

# Annual Report and Accounts 2020-2021

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Northern Health and Social Care Trust  
Annual Report and Accounts  
for the year ended 31 March 2021

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Department of Health

On

7 July 2021



Northern Health  
and Social Care Trust

# Annual Report 2020/21

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## Foreword from the Chairman

I am pleased to present the Northern Health and Social Care Trust (the Trust) Annual Report and Accounts for the year ended 31 March 2021.

The 2020/21 year has been a year like no other. The global COVID-19 pandemic changed priorities considerably as the Trust necessarily shifted its focus to dealing with the considerable pressures posed by often very ill patients whilst at the same time trying to maintain as many health and social care services as possible.

That collective effort has been exceptional and I pay tribute to staff at all levels and in all roles for their dedication and resilience throughout the past year, often in the face of seemingly insurmountable challenges.

Many staff have been redeployed into unfamiliar roles to meet urgent demand. The Trust successfully launched in a very short time, a new Nightingale facility on behalf of the region on the Whiteabbey Hospital site, to meet the intensive rehabilitation requirements of recovering COVID-19 patients. A Mass Vaccination Centre in Ballymena for staff and members of the public was also quickly established and continues to operate. This has been backed up by mobile teams, with vaccines being administered to care home residents and staff, the housebound and the homeless.

In my Foreword to the 2019/20 Annual Report, I alluded to the creative and innovative ways of working that were beginning to emerge even in the early days of the pandemic. Service delivery and the way people work will see many positive changes. The Trust has also participated in the roll-out of some of the components of the Minister for Health's 'No More Silos' programme and that process of transformation will continue over the coming year.

I have no doubt that staff are physically and mentally exhausted after such a monumental effort and need time to recover. It is our hope that the vaccination programme, careful decision making by those in key positions and people continuing to adhere to the guidelines will prevent further surges and see some return to normality as we all knew it. That will allow us to continue the process of rebuilding those health and social care services upon which the population of the Northern area depends.

Finally, in commending this report, I once again thank the Chief Executive, her senior management team and all staff throughout the Trust. Their considerable input and personal sacrifice in the face of adversity have been inspirational.



**Mr Bob McCann - Chairman**  
**24 June 2021**

# PERFORMANCE REPORT

## PERFORMANCE OVERVIEW

### Purpose

This section of the report presents the Chief Executive's perspective on the Trust's performance over the period 2020/21. It also summarises the purpose and activities of the Trust and provides a brief description of the business model and operating environment, organisational structure, objectives and strategies. Key issues and risks that could affect the organisation in delivering against its objectives are identified and the section concludes with an outline of performance over the reporting period.

### Chief Executive's Statement

This report reflects the challenges of what has been a very different year for health and social care systems not just here in Northern Ireland but across the world. It has been a year dominated by the COVID-19 pandemic and in common with other Trusts, normal business in a lot of areas in the Northern Trust was put on hold, with the required focus being the response to the emergency that unfolded over the course of the year.

The safety of our patients, service users and staff has been paramount. In spite of the fact that many of our services had to be suspended or reduced to allow us to protect emergency and urgent services, Trust staff went to great lengths to ensure that, where possible, services were sustained.

Regional surge planning arrangements were put in place in relation to critical care, respiratory care and elective care, in order to ensure capacity was maximised to treat COVID-19 patients on a system-wide basis, regardless of place of residence. This saw Antrim Area Hospital ICU scale up from a baseline of seven beds to 14 beds in line with the regional Critical Care Network Northern Ireland (CCaNNI) Surge Plan. Resourcing this increase in ICU beds was one of many reasons why staff had to redeploy throughout the course of the year to meet demand in priority areas. Although we were forced to stop all elective activity in Antrim, I am pleased to say that we were able to continue to provide much of the required surgery for priority red-flag patients from across the Trust area in Causeway Hospital.

In recognition of an emerging potential crisis in care homes, we set up a Partner Hub during the first surge to provide advice, support and vital PPE to independent sector homes. Over the course of the year, we also provided in-reach, multi-disciplinary staff support to several homes for older people and those with a learning disability.

In late 2020 we successfully piloted the 'Phone First' telephone triage and assessment service, which is one of the ten elements of 'No More Silos', the DoH's Urgent and Emergency Care Action. Over the coming year, this service will be rolled out by all Trusts, using a single regional number. Urgent Care Centres will be developed across the region and new direct referral pathways to services in primary, secondary and community settings will be developed.

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As I have previously acknowledged, even before the pandemic many of our services were already facing significant strategic and demographic challenges. Unfortunately one of the long lasting consequences of the COVID-19 pandemic will be ever-growing waiting lists. However, a regional focus will help to ensure that we prioritise resources for those most in need.

The mental health of many of our population – young and old – has undoubtedly been significantly impacted by the pandemic and we will need to ensure that our services can respond to that need. Adult in-patient services regularly see bed occupancy rates over 100% and heightened acuity levels, including a threefold increase in special observations and doubling of the proportion of detained patients. Community mental health services are also reporting increasing levels of low level anxiety and depression. A similar position is reflected in our younger population with referrals to Child and Adolescent Mental Health Services (CAMHS) continuing to increase. The higher level of acuity has resulted in the regional inpatient unit operating to capacity and young people being admitted to our adult inpatient services. The Eating Disorder service has experienced particular pressures with a fourfold increase in admission rates.

Similarly, as COVID-19 has placed additional stress on already vulnerable families, the number of children in care has increased by 11%. We really value the important contribution of extended families, foster carers and residential social workers who have provided such good care to all our children and young people. We fully expect the impact of COVID-19 on families will continue to place pressure on all our children's services.

The integrated care prototype, which we led in partnership with general practitioners in our geographical area, has delivered the blueprint for a new integrated model for planning and commissioning services which is now being developed regionally. Working across primary, secondary and community care interfaces, this is a vital component of the necessary health and social care service transformation that needs to take place.

There are many examples of how services within the Trust have adapted to meet the challenge of the pandemic, providing innovative ways to ensure our service users continued to receive care throughout this period. These include widespread adoption of telephone triage, virtual clinics and video calls. We now have the opportunity to harness such innovation and to review, reform and potentially reconfigure in order to build better services. We are committed to providing a carefully considered, balanced and evidence-based response to rebuilding services and we will continue to work innovatively with our primary care/community partners and our clinical leaders to maximise the rapid scale and spread of technology.

Throughout the pandemic and in developing our rebuild plans, the Trust has been keen to promote the health and wellbeing and recovery of our staff. Staff across a range of service areas, including human resources, occupational health, psychology, infection control and health improvement, have worked collaboratively to pool their expertise and resources to draw together a comprehensive package of practical support.

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The Trust opened its COVID-19 Mass Vaccination Centre on 21 December at the Seven Towers Leisure Centre in Ballymena, with a multi-disciplinary team of vaccinators and administrators including Trust staff and volunteers. Staff in the Partner Hub have also planned and implemented the Care Home, Supported Living and Housebound elements of vaccination programme, through a team of mobile vaccinators. By the end March over 100,000 vaccinations had been delivered by the Trust.

I am deeply indebted to staff at all levels and disciplines for their unwavering professionalism and commitment in the face of considerable adversity. I am filled with pride and the certainty that our staff are the foundations and the building blocks for what we must now do to continue to meet the health and social care needs of our population going forward.

### **The Trust**

#### *Purpose and Activities*

The Trust became operational on 1 April 2007. It has an annual net expenditure of around £965m (revenue) and £37m (capital) and employs around 12,000 people. Funding is secured from a range of commissioners, the main one of which is the Health and Social Care Board. The Trust is responsible for the delivery of safe and effective health and social care services to a population of approximately 479,000, the largest resident population in Northern Ireland. The Trust also provides services to Rathlin, the only inhabited island off the coast of Northern Ireland.

#### *Business Model*

A highly skilled workforce delivers services from over 150 facilities including two major general hospital sites, a mental health hospital, local community hospitals, health centres, social services, and a significant network of community services as well as provision of care in the home. Further information on Northern Trust services is available at: [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net).

#### *Vision and Values*

The Trust's vision is 'to deliver excellent, integrated services in partnership with our community.' In delivery, planning and reforming of its services, all staff are guided by the Health and Social Care Values for All – Working Together, Excellence, Openness and Honesty, and Compassion.

#### *Corporate Objectives*

The Trust's principal corporate objectives give a structured, consistent and concentrated focus to its efforts. The objectives are:

## PERFORMANCE REPORT

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

### *Strategic Planning*

The COVID-19 pandemic has presented unprecedented challenges for the planning and delivery of Health and Social Care services in Northern Ireland. The Trust remains committed to delivering safe and effective care for clients and patients and the focus will be on treating the most urgent cases first. A stepped approach to rebuilding of Trust services will be guided by regional priorities and plans.

In addition, a new, integrated model for planning and commissioning of services is being developed regionally, building on the learning from the Trust's Northern Area Prototype. The new 'Integrated Care Systems Prototype' is a partnership between trusts and primary care. The Trust and local General Practice leaders (GPs) have facilitated the development and testing of the Prototype which will change how health and social care is planned and managed across Northern Ireland.

### *Operating Environment*

The Trust covers four local council areas – Antrim and Newtownabbey, Causeway Coast and Glens, Mid and East Antrim and Mid Ulster. The population profile indicates that the Trust has the largest older population and the largest child population, when compared to other health and social care trusts in Northern Ireland.

### *Key Issues and Risks*

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

- A Growing Older Population – Advances in screening, medicines and treatments as well as lifestyle and an improved economic environment, mean that people are living longer;
- Quality and Standards – Advances in our understanding of diseases, in medicine and technology mean minimum acceptable standards evolve. This requires service models to adapt and change to ensure consistently achieved quality outcomes;

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- Demand – The demand for services continually exceeds the growth in population due to the increased focus on screening, early diagnosis and intervention and the potential to successfully treat more conditions;
- Workforce – We face challenges, particularly in fulfilling recruitment needs for key roles due to supply shortages in some professions; particularly in certain medical specialties, nursing, social care and home care; and
- COVID-19 - We continue to live with COVID-19 and this will impact on how we can deliver services in Northern Ireland. Waiting lists are high and there is a backlog of unmet care. Significant demands have been placed on our staff both physically and emotionally. Reform and investment is required to rebuild services in an environment that is safe for staff and service users and to protect capacity for the highest priority patients whilst ensuring equitable access across Northern Ireland

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

### *Organisational Structure*

The Trust has an Executive Team comprising the Chief Executive, and six executive directors: Director of Operations, Medicine, Nursing, Social Work, Finance/Deputy Chief Executive and the Director of Human Resources, Organisation Development and Corporate Communications. Trust services are delivered through seven operational divisions. Each division is managed by a divisional director, reporting to the Deputy Chief Executive and Director of Operations. One of the divisional directors, the Director of Women, Children and Families Division, is also the Director of Social Work and a member of the Executive Team. The seven operational divisions are Community Care, Integrated Care, Medicine and Emergency Medicine, Mental Health, Learning and Community Wellbeing, Strategic Development and Business Services, Surgical and Clinical Services and Women, Children and Families.

### *Objectives*

The following section of the Performance Overview provides illustrative 'performance' examples under the Trust's five corporate objectives. Objective 3 - To use all resources wisely, is embedded throughout the Performance, Accountability and Accounts Report.

The Performance Overview concludes with brief sections on Emergency Planning, Complaints and User Experience, Compliments and Ombudsman measures.



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

Since March 2020, COVID-19 has had a detrimental impact on services across all areas of health and social care. Many services were suspended or reduced, including many elective procedures, to allow the Trust to protect emergency and urgent services. Regional planning arrangements were put in place for critical care, respiratory care and elective care, to maximise capacity to treat COVID-19 patients, regardless of their place of residence. Trust staff adapted to meet the challenge and worked in an exceptionally dynamic way to provide care.

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### *Surgical and Clinical*

A number of services were stepped down within the Surgical and Clinical Division, to allow staff to be redeployed to support essential services. Alongside emergency surgery, surgical and clinical teams strived to maintain red flag diagnostics including endoscopy and cancer surgery although necessarily at a reduced level. Other alternative pathways such as the establishment of dedicated phlebotomy and virtual clinics were initiated.

### *Respiratory Service*

Ward C7 in Antrim Area Hospital was re-profiled as a respiratory ward to meet increased demand, and to allow for isolation of patients. Nursing and medical teams were redeployed to support the Respiratory Team who faced significant pressures.

### *Service transformation through integration and partnership*

The new Integrated Care Systems Prototype partnership took forward a number of service development initiatives - in particular, the local implementation of 'No More Silos' – a regional priority programme with ten key actions which aim to rapidly reform urgent care services across primary and secondary care. This includes the protection of acute hospital emergency departments for life threatening conditions, with patients who need urgent care (usually within 24 hours) being assisted to access the most appropriate service through a 'Phone First' initiative.

The Trust has launched 'Phone First' – an initiative which encourages anyone who is considering attending a hospital emergency department to telephone first. A clinician will assess their situation by phone and provide advice or arrange for the patient to be seen at the emergency department or other service through one of the urgent care service pathways. Since its launch in November 2020, Phone First has received on average 150 telephone calls a day. The service operates 24 hours a day, seven days a week. Early evaluation shows excellent patient and staff experience.

In response to the COVID-19 pandemic, a number of initiatives were taken forward in partnership with General Practice, care homes, other providers (including community pharmacies), service users, community and voluntary sector.

The Nursing Innovation Team was deployed to the REACH Team (Responsive Education, Support and Anticipatory Care to Care Homes). The Team joined professionals and divisional support services leads to form a Trust COVID-19 Surge Support Group to Care Homes, providing support to those experiencing significant challenges due to the impact of the pandemic. This work included daily data surveillance which supported monitoring and assurance and helped direct purposeful interventions in care homes. Multidisciplinary Team Link Workers made regular contact with the 125 nursing and residential homes in the Trust's geographical area, building relationships, offering access to guidance and practical support.

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A Partnerhub was established as a single point of contact for all partner organisations including care homes, and for individuals requiring guidance regarding COVID-19. The Hub continues to provide Personal Protective Equipment (PPE) for care homes and for independent domiciliary care providers.

A care home vaccination programme commenced in December 2020. The Partnerhub planned and managed the delivery of the programme. Mobile teams assisted with vaccination of people living in supported living schemes and hostels. These teams also assisted GPs with vaccination of patients who were housebound. By March 2021, 14,317 vaccinations were administered to vulnerable people and staff in these community settings and 1,715 to GP patients who were housebound.

As the Trust eased out of the peak of the pandemic, the REACH Team focused on proactive interventions for care homes residents. Data collation to predict and respond to care home population needs resulted in educational programmes and skills training for care home staff, building a resilient care home partnership with the Trust and GPs in local Federation areas. In total, 48 training sessions were delivered to 402 care home staff.

In the East Antrim GP Federation area and Causeway Federation area, Anticipatory Care Models are operating to anticipate care needs for care home residents and prevent deterioration and avoidance of need for hospital where possible. The East Antrim GP Federation is also testing a Multi-professional Enhanced Care Response Team in partnership with the Trust (initially in three care homes). Service users and the voluntary sector are involved in developing the programme of work and its evaluation.

### *Whiteabbey Nightingale Hospital*

The COVID-19 pandemic resulted in urgent project management of a number of capital schemes including the construction and commissioning of a new Nightingale facility at Whiteabbey Hospital. This service operated as an Enhanced Nursing and Therapies Rehabilitation and step-down unit for the region, providing extra bed capacity to aid the flow of patients from acute care.

### *Lower gastrointestinal (Lower GI) Cancer Pathway*

A Lower GI cancer pathway was implemented to support reduced access to endoscopy diagnostics. This pathway has proven so successful that it will be rolled out across the region in 2021.

### *Infection, Prevention and Control*

The Infection, Prevention and Control Team led on many planning arrangements for containment of COVID-19, providing fundamental knowledge and leadership during COVID-19 outbreak meetings seven days a week.

### *COVID-19 Testing*

A new appointments and attendance system went live in December 2020, delivering the capability to manage the booking and delivery of COVID-19 testing for staff and service users.

## PERFORMANCE REPORT

### *Vaccination Management*

A Vaccination Management System was implemented in the Vaccination Centre and in care homes. This delivered the capability to manage the booking and delivery of COVID-19 vaccinations throughout the Trust area.

### *Pharmacy Interventions*

Pharmacy services participated in a wide range of interventions to ensure continued access to medicines and pharmaceutical care. This included innovations in preparation of IV medicines for Intensive Care, modelling of supplies of critical care medicines and oxygen, delivery of specialist medicines, cancer treatments and medical devices directly to patients' homes. The Service also established COVID-19 clinical trials and early access to a Remdesivir (antiviral medication) scheme. Enhanced clinical pharmacy services were provided to critical care, palliative care, care homes, respiratory and Whiteabbey Nightingale Hospital. The service also redesigned the role of the clinical pharmacist in emergency departments. Distribution of PPE took place seven days per week. New premises for PPE storage were established and over 133 million articles of PPE were distributed over the period 2020/21.

The Pharmacy service also played a significant role in the COVID-19 vaccine roll-out programme, establishing vaccine stock management and correct transportation of COVID-19 vaccines to maintain the cold-chain to care homes and other community settings.

Pharmacy premises were established at the Mass Vaccination Centre in Ballymena. The Team also played a key role in the delivery of allergy clinics. Core pharmacy services in hospital and community locations were also maintained.

### *Antimicrobial stewardship*

Participation in a UK wide survey of antimicrobial stewardship activities during COVID-19 showed that it had an impact on routine antimicrobial stewardship activities. Positive outcomes were identified including the increased use of technology as a tool to facilitate stewardship.

### *Outpatient Parenteral Antimicrobial Therapy*

The Outpatient Parenteral Antimicrobial Therapy service adapted and continued to develop with the set-up of multidisciplinary virtual diabetic foot clinics and a pilot of elastomeric pumps for 24 hour continuous intravenous antimicrobial infusions.

### *Mental Capacity Act (NI) 2016*

The implementation of the Mental Capacity Act (NI) 2016 Legislation continues to be a challenge in terms of capacity and meeting legal obligations within the set timeframes. The Mental Health Division contributed towards completion of legacy work - new processes are in place to meet the new legislative requirements such as Tribunal reports and Rule 6 reports. Confidence with the implementation of this new process has grown and considerable progress has been made with no breaches noted.

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### *Towards Zero Suicide Patient Safety Collaborative*

The Towards Zero Suicide Collaborative Programme was set up in 2019 to identify, test and implement best practice in suicide prevention across mental health services and prison healthcare in Northern Ireland. In 2020/21, a self-assessment tool measuring existing practice and provision against national patient suicide safety recommendations was completed, and a series of quality improvement projects commenced in key areas. These included: implementation of an information system to gather and analyse detailed patient suicide data aimed at informing practice and service improvements; introduction of a Collaborative Safety Planning model; enhancing ward safety and therapeutic experience; and, increased workforce access to learning on suicide prevention practice and models of care.

### *Family Liaison Officer Role*

A Family Liaison Officer role was developed to assist in care homes during the pandemic to provide communication between resident and their next of kin and family. This role was invaluable for individuals with dementia. Also, additional bespoke, one-to-one care was provided to those who were required to self-isolate due to COVID-19, and who could not do so by themselves due to cognitive impairment.

### *Mental Health Liaison Service*

Service user satisfaction surveys continue to reflect high levels of satisfaction with all aspects of the Mental Health Liaison Service which is now fully embedded within the Trust's acute hospital sites.

### *Psychological support service*

A psychological support service was introduced to help staff through the many challenges presented during 2020/21. The service continues to provide various psychological supports aimed at mitigating the impact of the pandemic on psychological wellbeing. Early data from the COVID-19 Health and Social Care Staff Wellbeing survey shows Trust staff reporting psychological impacts to a lesser extent than other Trust comparators.

### *Falls Learning Outcomes*

Inpatient falls resulting in a moderate to catastrophic injury were investigated by the Trust's Falls Prevention Team. Learning was identified and shared with relevant wards and directorates and implemented to improve falls prevention.

### *Nursing Revalidation*

There was complete compliance with nursing revalidation in 2020/21. Revalidation allows nurses to maintain their registration with the Nursing and Midwifery Council and demonstrate their continued ability to practice safely and effectively. A new revalidation assurance process for nursing was also established.

### *Medical Appraisals*

Medical staff across all directorates (including locums) engaged in the Medical Appraisal process; approximately 324 staff are registered and completed their appraisals online resulting in 81% completion.

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### *Corporate Parenting*

The number of children who are looked after by the Trust has increased. There is a regional shortage of foster care placements and other types of placements that children and young people require to meet their assessed needs.

### *Social Care Workforce*

The Trust has worked with the DoH and the Health and Social Care Board to develop a strategy to increase the number of placements for childcare social workers.

### *Catering*

The Catering Service maintained the highest level of food safety standards to ensure risks were minimised in all areas. A Microbiological food sampling programme was set up with the Belfast Health and Social Care Trust (BHSCT) to provide an additional assurance in relation to food safety. An Allergen Management Policy was developed as well as e-learning to support its implementation. E-Learning Level 2 in Food Safety was also introduced.

### *Domestic Services*

Additional Touchpoint cleaning was introduced in line with infection, prevention and control recommendations. This is the process of disinfecting key areas or items that are touched frequently. Additional cleaning was undertaken to support the independent sector as well as enhanced cleaning schedules in Trust community facilities, scaled up and down in response to COVID-19 infection levels. A replacement disinfectant was also rolled out across the Trust.

### *Support Services*

Residential accommodation for staff isolating due to COVID-19 was developed in collaboration with Estates Services.

### *Portering*

Portering staff played a key role in the movement of COVID-19 positive patients across all hospital sites. The Team designed and implemented a training and handover procedure to ensure staff were updated and received the right training as COVID-19 guidance changed.

### *Allied Health Professionals (AHP) Education and Workforce Development*

Allied Health Professionals continued to support undergraduate education by providing practice placements across AHP services.

### *Domiciliary Care*

The Homecare Service continued to function effectively during the pandemic, providing care to service users safely in their own homes, through compliance with PPE and infection control guidance.

### *Residential Homes*

Trust residential homes provided bed-based recovery services to assist with timely hospital discharges and avoid hospital admissions where appropriate.

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### *Occupational Health Management*

A new occupational health management solution went live in early 2021. The system captures staff details of pre-employment activity, referrals, health surveillance and recalls, and enables managers to communicate with the Occupational Health Service through a secure portal.

### *Northern Ireland Electronic Care Record (NIECR)*

The Northern Ireland Electronic Care Record was extended in December 2020 to include more information and access for more users. Further work enabled the electronic transfer of clinical correspondence to GPs by March 2021.

### *Encompass*

Over 110 staff have been identified as Operational Readiness Owners to support Encompass - the digital integrated care record for Northern Ireland.

### *Information Communications Technology*

A full corporate ICT network was established at the COVID-19 Vaccination Centre in Ballymena including Wi-Fi, multi-functional devices and 24-hour monitoring of pharmacy fridges. ICT was also implemented for the Nightingale Hospital, COVID-19 testing site and mobile vaccination teams deployed to hospital wards, care homes and other community locations.

During 2020/21, the ICT Team supported 150 networks, 400 servers, 8,000 personal computers and laptops, 12,000 user accounts and 40,000,000 user files.

### *Early Medical Abortion*

The Abortion (Northern Ireland) Regulations 2020, which were laid before Parliament on 25 March 2020 and came into force on 31 March 2020, provided a new legal basis for medical professionals in Northern Ireland to terminate pregnancies lawfully. Pre the COVID-19 surge period, women who presented to the health service (in the main via a referral through Informing Choices NI) requesting a termination in Northern Ireland were directed to the British Pregnancy Advisory Service (BPAS) in the UK. However, during the COVID-19 surge, tight restrictions on travel made the BPAS service effectively unobtainable for women in Northern Ireland. All Trusts responded and provided an interim localised service for women.

The Human Rights Commission has lodged judicial review proceedings in the High Court against the Secretary of State, the Northern Ireland Executive and the Department of Health for Northern Ireland. The legal action, which is now with the Court for consideration, relates to the failure to commission and fund abortion services in Northern Ireland.

The Trust will continue to work with regional colleagues to agree a regional future plan for the delivery of abortion services within Northern Ireland.

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

### *Integrated Care - Improvement initiatives*

The Integrated Care System Prototype brought a focus to improvement on the basis of outcomes. Whilst it continues to be vitally important to have quality standards to measure delivery against, as well as measurable targets for access to services including waiting times and safety indicators, it is important to aim for improved outcomes on a continuous basis. Outcomes which are shared by all involved in population health and the delivery of safe and effective health and care systems include: patient and staff experience; clinical and social care outcomes; addressing inequitable health outcomes; and overall efficiency in use of resources across the whole system. These outcome measures underpin the context for the Trust's Corporate Objectives.

The new Integrated Care programme (under No More Silos initiatives) adopted shared improved outcomes setting the direction of travel. The aim is to ensure that urgent care services are provided at home where possible, or through pathways to services that avoid the need to attend an emergency department. A number of improvement initiatives were progressed.

Work started on development of a new trolley area at Antrim Emergency Department, to improve the handover of patients from the Northern Ireland Ambulance Service to emergency department clinicians. This will not only enable patients to get prompt access to assessment and treatment, it will also help ambulance teams improve turnaround times to care for other patients.

Direct access services and pathways have been developed across hospital and community services to enable GPs to directly refer patients for assessment and treatment without the need to go through an emergency department. This helps protect emergency departments for emergency cases.

A new Urgent Care Centre is being developed at Antrim Area Hospital enabling patients coming through the 'Phone First' service to be provided with a primary care led physical assessment and treatment, and for some patients then to be referred straight through to the Urgent Care services. This is due to open by June 2021.

A key action under No More Silos is the development of a regional Anticipatory Care Pathway for nursing homes. A new framework is being developed in partnership with the care home sector for provision of clinical care. This includes how we can enhance nursing, medical and multidisciplinary support, clinical leadership and specialist skills in collaboration with care home staff and care home providers.

In Causeway, this model of care is led by an Anticipatory Care GP who regularly visits care home residents in nursing homes to provide clinical support to those residents where a change in their general condition has been noted. This service is supported by Trust's Allied Health Professionals. An additional Anticipatory Care Planning model currently operates in the East Antrim Area where the specialist

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nurses within the REACH Team assess and provide a clinical plan of care for vulnerable residents, as an extension of their GP Anticipatory Care service. The anticipatory care plan is available through NIECR (electronic care record) enabling a range of professionals to have access to the agreed care plan. The new Northern Ireland GP proactive Local Enhanced Service proposes to have this in place in all independent sector care homes for all residents in the future. Anticipatory care has been proven to reduce emergency department attendances and has received very positive feedback from residents, family and staff.

In addition, a Multidisciplinary Enhanced Care Response Team has been piloted in East Antrim (initially in three care homes) from January 2021 - the purpose is to provide a joined up multi-professional response in a timely, effective and scheduled manner to residents of care homes who are in rapid decline, requiring palliative/end-of-life care, functional decline, management of increasing frailty and cognitive decline. The Team will support residents to remain in their home, where it is safe and appropriate to do so, and prevent avoidable emergency department attendances and hospital admissions. This Enhanced Team will complement the Anticipatory Care service and may lead to the development of a hospital at home service, where a resident's needs require an acute care response within their own care home.

### *Emergency Department COVID-19 Response*

Both Antrim and Causeway emergency departments implemented COVID-19 and non-COVID-19 pathways for patients which focused on maintaining social distancing measures. The teams were dynamic in facing COVID-19 swabbing protocol changes and the challenges this presented for the management of patients. Rapid testing for COVID-19 was implemented in both departments to allow more efficient patient management and department flow.

### *Emergency General Surgical Unit*

The establishment of the Emergency General Surgical Unit at Antrim Area Hospital was expedited: the Unit fast tracks surgical patients who require assessment but not necessarily admission through the Emergency Department. The average length of stay reduced from 4.9 days (April 2019 to March 2020) to 3.4 days (April to November 2020) which equates to 5,643 annual bed days avoided. Feedback has been very positive.

### *Virtual clinics*

One of the most immediate impacts of the COVID-19 pandemic was the need to reduce the number of people coming through hospitals. This severely compromised the delivery of face-to-face services, particularly in the outpatient setting. In order to preserve as much activity as possible with the resources available, many services moved to virtual appointments using video and telephone contact. Service user feedback on this change has been very positive especially for review appointments. The use of virtual clinics (where appropriate) will now become part of our normal service delivery model in the future.

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### *Electronic Treatment Advice Note*

An electronic Treatment Advice Note (eTAN) for GPs was developed to assist staff in acute settings. This improvement has reduced the risks identified with the use of handwritten notes for GPs, enabling more timely access to treatment recommendations.

### *Fracture Liaison Service (FLS)*

A new Fracture Liaison Service database was developed to support the management of patients and administrative processes. This has resulted in less paperwork for nursing staff and the creation of a dataset which feeds into the national FLS database.

### *Echocardiography*

The Clinical Physiology Service achieved the British Society of Echocardiography Accreditation.

### *UKAS accreditation*

The Pathology Service retained UKAS accreditation, demonstrating technical competence to audit and certify in accordance with national and international standards.

### *Catering*

Catering services retained the top score in the Food Standards Agency hygiene rating scheme. The Team also rolled out a bulk meals system on acute and sub-acute sites, standardised patient menus, streamlined the management of recipes, allergen management and benchmarking on cost per patient meals.

### *Domestic Services*

Domestic Services won the 2020 Northern Ireland British Institute of Cleaning Science Award and a Customer Service Excellence Award.

### *Future Nurse Future Midwife*

The Trust supported the achievement of compliance across six regional workstreams under Future Nurse Future Midwife (FNFM). FNFM standards of proficiency and education set out the knowledge, understanding and competencies that nurses and midwives must have in order to safely and effectively practice in the UK. Awareness sessions were arranged across the Trust, practice education facilitators aligned to learning areas to support implementation, and approval visits for Nursing and Midwifery Council nursing programmes across approved educational institutions were successfully supported. The Trust was the only trust to achieve a target of 100% completion of educational audits by 31 March and 100% completion of NMC Standards to support learning assessment in practice. Existing nursing student numbers increased by 32%; the Trust was the only trust to meet the regional target set for one person increase per practice learning environment. A regional implementation plan for midwifery is being rolled, e-learning and face to face preparation programmes are underway. Over 2000 nurses have been prepared for transitioning to new roles as practice teachers and assessors.

## PERFORMANCE REPORT

### *Tissue Viability Team*

The Tissue Viability Service reviewed the process for triaging all referrals. All complex wound care clinic referrals are now triaged by the Tissue Viability Nurse resulting in a reduced waiting list. The Trust now offers a telephone advice service resulting in more timely assessments.

### *Job Planning*

New arrangements were implemented to facilitate the continuation of the medical job plan process. Medical staff responded to this change resulting in 78% completion. Processes continue to be reviewed with an updated Consultant Job Planning policy approved and implemented in 2020/21.

### *Model for Childcare Social Work*

The 'Signs of Safety' evidence-based model for childcare social work practice is being embedded across all family and child care teams and services. Ongoing training is provided to wider health and medical professions, and other agencies involved in the network that support children and families.

### *Maternity Services*

The Trust continued to maintain the same level of inpatient maternity service for women during 2020/21. A pregnancy helpline was set up to support women during the COVID-19 pandemic. The Trust also appointed a bereavement midwife and opened a remembrance garden.

### *Gynae Admissions Unit*

The Gynae Service established a Direct Access Assessment Unit at Antrim Area Hospital to reduce the flow of people through the Emergency Department and provide women with direct access to Gynae services.

### *Dementia*

A Dementia Service Improvement Lead was appointed for acute and community services. An important element of this work will be the implementation of a regional Dementia Care Pathway.

### *Benzodiazepine and Z Drugs Reduction Programme*

Through engagement with stakeholders, a multidisciplinary Benzodiazepine and Z Drugs Reduction Programme was successfully implemented in the Northern area. This programme utilises the specialist knowledge of a pharmacist and nurse alongside the patient and their GP, to support and sustain benzodiazepine and Z drug reductions, ensuring that patients are in receipt of evidence-based prescribing and appropriate reviews and support.

### *Community Care*

The Community Care Division continued to report on regionally agreed targets and indicators across a range of services. The division is in the process of agreeing new targets for each service area to ensure a strategic and focused approach to service delivery in the coming year.

## PERFORMANCE REPORT

### *Community Nursing*

The Community Nursing Service continued to provide safe and effective care throughout 2020/21 whilst also seeking to continually make improvements. A District Nursing SKIN bundle was rolled out across all teams to assist staff in implementing pressure ulcer prevention strategies.

### *Care Opinion*

The launch of Care Opinion in August 2020 provided a platform for improvements driven directly by feedback from patients and their families.

### *Podiatry*

The Podiatry Service introduced a photo triage system to assist with risk stratification, and to ensure that patients who were potentially at risk received appropriate timely intervention. This was an effective means of referral management and has now been implemented as a core component of service delivery.

### *Recovery Service*

The Recovery Service developed a range of tele-rehabilitation programmes tailored to meet individual service user need.

### *Mental Health Information System*

A new information system for Mental Health Services (PARIS) went live on 1 March 2021, reducing the need for paper records and increasing security and governance of information.

### *Building IQI Capability in the Trust*

Over the past year, 7,754 staff received training in Level 1 Innovation and Quality Improvement training, 804 trained in Level 2 IQI 'Pocket Sized' training, 17 in Level 3 QI Programmes and 45 doctors completed a STEP Programme (Specialist Trainees engaged in Leadership). Five Safety Quality North (SQN) projects were completed and 13 are underway. SQN was also delivered in conjunction with a new service user QI course 'Northern Improvers'. Over 100 staff completed Human Factors training (the study of all factors which make it easy to do work in the right way).

### *Celebrating and supporting IQI capability*

Over 350 staff took part in a week-long virtual Festival of Appreciation and Learning in 2020. The Trust's IQI Virtual Hub continues to provide staff with information on the latest quality improvement projects (1,900 visits in 2020/21). IQI Team of the Month Awards continued for staff. In addition, the Trust won £30k funding through Q Exchange (a network for those interested in quality improvement) for a new project 'Gamification in Human Factors', and again in 2021, for developing a Clinical Health Psychology Pathway for Intensive Care trauma patients.

In 2020/21, the 'What Matters to You' campaign coincided with Carers Week - many staff joined in the conversation with service users. A Learning the Lessons from COVID-19 report was compiled with an analysis of 120 changes implemented as a result of COVID-19 along with stories shared by staff. The IQI Team reviewed the

## PERFORMANCE REPORT

impact of virtual consultations, interviews and virtual visiting during the COVID-19 pandemic; this helped shape and inform regional collaboration. Virtual visiting was rolled out across acute, sub-acute and mental health hospitals. Comfort boxes were distributed to staff as a way of thanking them, and to help them refresh during shifts and an initiative to help identify team members wearing PPE and scrubs on wards was also introduced.

### *G2 Digital Dictation*

From 1 April 2020, G2 Mobile App implementation enabled remote dictation of clinical notes from Trust smartphones, from any location within Northern Ireland. This enabled home working and supported the provision of remote, telephone clinics and consultations during the COVID-19 pandemic.

### *Business Intelligence Solutions*

The Trust continued to develop and enhance Qlik apps (task-specific, purpose-built applications), providing real-time and historical activity to support operational services and monitor service improvement and performance.

### *ISO Assessment*

The Information Communications Technology Service passed ISO 27001 and 20000 assessments for delivering efficient and effective IT services whilst protecting organisational information.



### **Objective 3: To use all resources wisely**

#### *Acute Renal Dialysis Services*

The COVID-19 pandemic stretched existing resources of many services and departments. In response to demand for services for COVID-19 patients, the Medicine and Emergency Medicine Division and Renal Service implemented a relocation of Acute Renal Dialysis Services. This supported patient cohorts with COVID-19 and those with higher acuity and risk factors. Renal services continued to address the requirements of patients with COVID-19 in wards who also required Dialysis. Portable equipment was purchased to ensure the most effective use of existing resources and ensure patient safety.

#### *Automated Dispensing Cabinet*

Pharmacy Services took delivery of the first automated dispensing cabinet in the Trust. Benefits include improved controls access, optimised storage, potential reductions in medication errors, an automated register of medication stock and supply, and quicker dispensing.

#### *Allied Health Professionals*

The Allied Health Professional workforce showed tremendous adaptability and contributed greatly to the Trust's response to the COVID-19 pandemic. Large numbers of staff were redeployed and supported to work in acute services. A number of Allied Health Professionals also completed competency training to become COVID-19 vaccinators.

## PERFORMANCE REPORT

### *Advancing Healthcare Award (AHA) for best use of resources*

The Orthopaedic Integrated Clinical Assessment and Treatment Service (ICATS Team) won the UK Advancing Healthcare Award for best use of resources for re-modelling a review triage system which improved patient outcomes and made substantial cost savings

### *Nursing Recruitment and Retention*

2020/21 was an unprecedented year of demand for nursing services. In addition to normal recruitment processes and interviews, the Trust focused urgently on recruiting a temporary workforce to deploy to Intensive Care, Whiteabbey Nightingale Hospital and mobile teams to provide vaccinations, swabbing, family liaison, contact tracing and other services. The Trust also supported 264 paid student nurse placements as well as medically-trained military personnel who were brought in to assist nursing staff on wards during the COVID-19 pandemic. Staff who moved into new roles were supported by Practice Education Teams to undertake induction. Despite new pressures, the Trust continued to focus on professional development, increasing student placement capacity, supporting Trust staff through Open University programmes, and international recruitment. The voluntary transfer process for nurses continued with 124 applicants and 55 posts filled, which leads to staff working in areas of their choice.

### *Paediatric Autism Spectrum Disorder (ASD) Assessment*

The Paediatric Autism Spectrum Disorder (ASD) Service successfully piloted virtual assessment processes for primary school children. The Trust is now exploring the potential to adopt this as part of its future service profile, to reduce waiting times.

### *Catering Initiatives*

Contactless payment was introduced as a result of COVID-19. Funding was secured to standardise breakfast beverage trolleys in all hospital sites and community kitchen facilities were renovated to meet infection control and environmental health standards.

### *Domestic Services*

Ride-on Floor Scrubbers and Stick Vacuum Cleaners were procured to alleviate musculoskeletal issues and reduce corresponding absence levels in an ageing workforce.

A capital project enabled the introduction of the Trust's first robotic cleaning in Antrim Area Hospital, releasing staff to complete more detailed touch point, high and low-level cleaning.

### *Linen Services*

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

### *Transport Services*

The Trust purchased 31 new vehicles. All new freight vehicles were completed with Rhino lining to meet infection control requirements. During 2020/21, the Transport Service delivered COVID-19 vaccines throughout the Trust area.

## PERFORMANCE REPORT

### *Enhancing Clinical Care Framework*

The Trust has prepared a bid for 2021/22 to remodel the current purpose and formation of the existing REACH Care Home Team which currently provides skills, resilience training and development for care home staff in nursing homes only, transitioning to a Trust Support Team for both nursing and residential care settings. The REACH Care Home Support Team will consist of nursing and Allied Health Professional staff, supported by pharmacy and psychology input.

### *Surgical and clinical services*

The Pathology Service provided in-house COVID-19 testing 24 hours a day, seven days a week, following the release of regional funding. Local testing reduced turnaround time for COVID-19 results, improved patient flow by reducing length of stay in hospital, and negated the potential for cross infection, resulting in more effective and efficient service delivery.

### *Mobile scanner supporting unscheduled and elective activity*

In advance of the installation of a second permanent CT scanner in Causeway Hospital, the Trust utilised a mobile scanner on site to support unscheduled and elective activity.

### *Scope of Practice of Advanced Practitioner Radiographers*

The Scope of Practice of Advanced Practitioner Radiographers in Ultrasound was widened to include examinations previously only within the remit of consultant medical staff. This reduced waiting times from 57 to six weeks for patients requiring ultrasound examinations for a range of conditions.

### *Day Care*

The Trust's day care services provided a range of programmes. While services were initially stood down during the first COVID-19 surge and staff were redeployed to critical service areas, Trust centres remained operational during subsequent surges and adapted to ensure provision was maximised while maintaining safe environments.

### *Permanent Placement Team (PPT)*

The Permanent Placement Team reviews the care of people who are placed in permanent residential and nursing care homes. The Team provided significant support to care homes as part of the COVID-19 response, including the delivery of direct care in homes that were in outbreak status. In addition, PPT practitioners acted as link workers assisting care homes to proactively manage COVID-19-related challenges.

### *Human Resources Electronic Document Management*

A new project to digitilise employee files has helped to achieve key performance indicators and increase the mobility of the HR workforce to work outside of fixed office spaces. Work is due to complete by December 2021.

## PERFORMANCE REPORT



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

Over the past 12 months, the Trust's workforce has played a pivotal role in stepping up to support the response to COVID-19. It has required strength and hard work to meet the changing needs and expectations of service users and patients.

### *Health and wellbeing*

A programme of colleague and team support was launched including provision of information on caring, parenting, shielding and redeployment, Cognitive Behavioural Therapy, relaxation, mindfulness programmes and pause spaces, telephone coaching and counselling sessions and advice and signposting for accommodation.

### *Staff welfare and engagement*

Free food and comfort packs were provided across the organization. Staff amenities were increased. Support was provided to those staff who were living away from home in accommodation in order to continue working. A 'Northern Stars' peer recognition programme was introduced to publicly thank and provide feedback to staff. Flexibility was given to parents and carers as well as flexibility for staff to carry up to five days of unused annual leave over one year.

### *Communication to staff*

Communication was fundamental in 2020/21. The Trust introduced a Coronavirus online hub of information for staff and a 'talking heads' Chief Executive blog. A Core Team Brief for leaders was issued through internal communications channels and COVID-19 guidance was developed, maintained and distributed weekly to managers.

### *Health and Safety*

Health and safety have never been more important; the Trust distributed PPE, provided COVID-19 testing for all staff, risk assessments, and COVID-19 antibody testing.

### *Occupational Health*

From March 2020, the Occupational Health Service provided a COVID-19 helpline which received almost 18,000 calls. The helpline provided advice and support to staff and managers with wide ranging queries including symptoms, positive/negative results, self/household isolation, close contacts and risk assessments for vulnerable staff. Over the past year almost 5,000 staff and household members were referred for testing. The Occupational Health Team also undertook contact tracing for more than 1500 staff positive for COVID-19 and assisted in the management of over 50 outbreaks in teams across the Trust. The Occupational Health Team also provided 5,940 Trust staff with their annual flu vaccination, 4,426 of whom were front line staff.

### *Training and redeployment*

Support was provided to redeployed staff across the Trust. Strong leadership and collaborative working were required to support many teams. As part of the regional Critical Care Network response to COVID-19, the Trust doubled its intensive care capacity and staffing was increased to support additional care

## PERFORMANCE REPORT

beds. This required extensive redeployment and reskilling of staff from other service areas.

Additional bank staff (student nurses and social care) were recruited to meet demand. Internal and external workforce appeals were set up. The Trust also provided enhanced e-learning opportunities, introduced virtual leadership Schwartz Rounds and bite-sized leadership learning opportunities through videos, webcasts and webinars. Schwartz Rounds provided a structured forum where all staff, clinical and non-clinical were able to come together regularly to discuss the emotional and social aspects of working in healthcare.

### *Doctor in Training*

The Trust continued to support the Northern Ireland Medical and Dental Training Agency Valued Strategy. It aims to ensure junior doctors receive excellent training and opportunities to fully contribute to services in health and social care.

The Doctors in Training Group remained in place during 2020/21 to ensure the smooth transition of the current model of employment for junior doctors to the centralised 'Single Lead Employer'.

### *Social Care Induction*

The Social Care Governance Department developed and successfully delivered a first line managers induction programme giving more in-depth knowledge of management and the expectations in terms of governance including health and safety.

### *District Nursing*

'Delivering Care' focused on district nursing – this is a regional initiative to support high quality, safe and effective care in hospital and community settings. Recurrent funding was secured to recruit 21 additional district nursing sisters by the end of 2021/22 and a project structure is now in place to manage the implementation of the programme which seeks to provide district nursing services 24 hours per day, seven days per week.

### *Podiatry induction*

A Leadership Development Programme led to the design of a bespoke induction programme for all grades of new podiatry staff. The programme is aimed at providing support and mentorship within the first year of commencing a new post within the service.

### *Informatics and ICT supported new ways of working*

Informatics and Information Communication Technology Teams responded to various requirements arising from new ways of working, achieved through collaborative working and effective leadership from the highest level of the organisation to the operational delivery of effective solutions. An increased number of staff were required to work remotely and were supported by ICT to gain access to the Trust network. A new home worker service was introduced enabling over 1000 staff to access the Trust network through their own personal device.

## PERFORMANCE REPORT

### *Medicine and Emergency Medicine*

Across the Trust, services have worked together and across divisions to ensure that the teams which were experiencing significant pressure were supported as much as possible. Site, co-ordination and clinical lead medical meetings were increased to ensure senior medics had a forum to discuss issues. Work is ongoing in supporting teams through recovery.

### *Primary Care Multidisciplinary Teams*

A new model for primary care, multi-disciplinary teams is being implemented through a phased approach across Northern Ireland, led by the DoH. This new model embeds new professional roles into the GP Practice. These include physiotherapists, mental health practitioners and social workers. In the Trust area, the Causeway GP Federation was the first Federation to take forward and develop these teams. The Trust has deployed 10 physiotherapists, 10 mental health workers and similar numbers of social workers into almost two thirds of GP Practices in the Causeway area. Feedback from patients and staff is positive. There is an ambitious programme to take forward this work across the region, subject to an evaluation, which the Integrated Care partnership is fully committed to.



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

The Northern Integrated Care System Prototype and the partnerships that have been developed to create and support it, is built on layers of partnerships and involvement. Service users, carers, citizens, community and voluntary sector, local Councils, education as well as those from across the Health and Social care system are involved, working together with the shared objective of improving population health outcomes and addressing inequitable health outcomes. This initiative places partnership and involvement at the heart of service planning and delivery. This approach will take the place of some of the processes that are provided by the existing HSC Board as regional Commissioner, when it closes in March 2022, with functions moving to the DoH.

The locality Integrated Care Partnerships involve local stakeholders to draw in local knowledge and intelligence and local strengths and assets, to share in the development of local initiatives and form part of a wider Northern Area Network. Its shared objective is to improve population health outcome - appreciating that our health outcomes are affected by many factors including behaviours, access to an integrated health and care system, education, housing and income amongst other fundamental factors. A collaborative approach is essential to improving outcomes for all in a sustainable way. The local No More Silos (NMS) Implementation Group is co-chaired by a local GP and the Trust's Emergency Department Consultant. Group membership includes service user representatives working alongside professionals. Members have led and participated in regional NMS Share the Learning events and in local Trust area workshops.

## PERFORMANCE REPORT

### *Improving outcomes for children and young people*

The Trust is a partner of NI Children and Young People's Strategic Partnership. This partnership brings together a range of agencies, including voluntary and community sector organisations, with the aim of improving the lives of children and young people in Northern Ireland. The Northern Outcomes Group, chaired by the Trust, continues to work with partner agencies to carry out localised, integrated planning and delivery of supports and services to improve outcomes for children and young people which cannot be achieved by agencies acting separately.

### *Community Wellbeing*

As part of support to vulnerable households during the COVID-19 pandemic, the Mid Ulster Council Healthy Eating sub group and Northern Healthy Lifestyles Partnership launched a slow cooker scheme aimed at those accessing local food bank services. The Children and Young People's Strategic Partnership locality planning groups carried out a needs survey with children, young people and parents. This identified mental health and emotional wellbeing needs, and arts and crafts as a way of addressing need. Almost 400 craft packs were developed in association with Causeway, Antrim/Ballymena and Mid Ulster groups and distributed through 20 organisations to children and young people. In recognition that the arts can play a significant role in helping to improve mental health and wellbeing, a series of arts and wellbeing workshops were delivered virtually from September 2020 to March 2021 for staff, volunteers and carers.

### *Platinum Award for the Workplace Charter on Domestic Violence*

The Trust achieved renewal of the Platinum Award for the Workplace Charter on Domestic Violence. This recognises the Trust's work in developing, reviewing and renewing policy and working with other agencies that seek to support, protect and reassure victims of domestic violence.

### *Links with universities*

The Trust linked with universities across the UK in relation to placements for student nurses. Over 500 student nurses are on placement. The Trust also conducted a regional review of access to postgraduate learning opportunities for Black, Asian and minority ethnic (BAME) staff members in conjunction with approved educational institutions. A new process for the allocation of pre-registration students across the five trusts in Northern Ireland was designed in conjunction with approved institutions and Business Services Organisation (BSO) Recruitment Shared Services.

### *Dysphagia support*

The Dysphagia Support Team worked in partnership with the Mid and East Antrim Agewell Partnership to design and test resources to support people who have dysphagia.

### *REACH Team*

In taking forward various work streams under No More Silos, the REACH Team has engaged with primary care, community and secondary care stakeholders in collaboration with residents, carers and care home staff, GP Federation colleagues, integrated care partnership colleagues and expert service users. This work includes Anticipatory Care planning, the Enhanced Care Response Team and Enhancing Clinical Care Framework.

## PERFORMANCE REPORT

### *Family Liaison*

Nursing and User Experience Teams played a key role in introducing and implementing services such as the Family Liaison Service during the COVID-19 pandemic, making contact with families of inpatients and providing them with timely updates.

### *Community Social Work*

The Community Care Division recognised the importance of facilitating effective and up-to-date communication between families and their loved ones who were resident in care homes. Social workers acted as the communication link between the homes and family members, ensuring daily contact was maintained.

### *Equality Matters*

The Trust achieved much in promoting equality and good relations. However despite progress, the last year has shown that health inequalities remain. The Trust will continue to take steps to promote equality and ensure inclusion and accessible services.

The Trust worked with AccessAble - a disability-led organisation to develop guides for people with disability, to help them access services in Causeway and Antrim Area Hospitals.

A Health and Social Care Good Relations Statement was co-produced and launched on International Human Rights Day (10 December 2020). Posters will be displayed in all Trust facilities to promote good relations between people of different race, religion or political opinion.

The Trust was highly commended in the Best Race Initiative category at the digital Legal Island NI Equality and Diversity Awards 2020 in recognition of partnership working to support BAME communities.

### *Involvement Network*

An Involvement Network was established with over 250 service users, carers and representative organisations who work in partnership with the Trust to develop services. Engagement events provided valuable feedback on the Whiteabbey Nightingale facility, virtual consultations and the development of the new 'Phone First' service. Service users will continue to be involved in shaping this service further.

### *Support to carers*

In its first year, the Carer Hub received 4,838 requests for advice and support, 550 carers participated in training, 810 welcome packs were issued to new carers and there were 8,000 mail-outs of the Trust's Carers Newsletter and information. There is an increased number of carers joining the Online Carer Support Programme. A new online information resource 'Caring during COVID-19' was created, highlighting latest Departmental advice, visitor and carer information. From March 2020, the Carer Hub provided weekly updates to carers across the Trust area which included information on home deliveries for food and helpline numbers for services. To support young carers aged 8-18 years old, the Trust worked closely with Barnardos

## PERFORMANCE REPORT

Young Carers Service, to provide resources to help young carers manage school life and caring, and look after their own wellbeing. A project involving the provision of slow cookers helped young carers to develop life skills and learn how to cook nutritional meals for the family. From 24 February 2021, the Carer Hub assisted with the COVID-19 vaccination programme. By end of March 2021, 3,213 unpaid, informal family carers were advised of how to book a vaccine for carers.

### Emergency Planning

The Trust continued to develop its Emergency Planning resilience and capability to respond to incidents as outlined in the Northern Ireland Civil Contingencies Framework. It has a wide-ranging suite of plans to deal with major incidents and business continuity disruptions. These are developed in line with DoH guidance. All plans have been developed in consultation with regional stakeholders to ensure that there is consistency in planning and a coordinated approach to emergency response arrangements across agencies. Plans are kept under review to reflect learning from incidents, with the Trust Corporate Business Continuity Plan being reviewed and updated during the year.

The Trust Emergency Response Team continues to be a highly regarded and valuable Trust asset during a major incident response. The Trust was alerted to eight potential incident responses during the year and the Community Incident response plan was successfully invoked on one occasion. Work continued with other organisations and agencies in preparing for and maintaining the Major Incident Plan through participation in local emergency planning forums. The Trust has continued to be involved in and contributes to, along with multi-agency partners, events planning and training. The Trust contributed, as part of a multi-agency approach including local borough councils, to a new regional Emergency Support Centre (ESC) protocol, which has addressed new safety measures required as a result of COVID-19. This was successfully rolled out during the year. Familiarisation events with agency partners have been, and continue to be, held by Borough Councils in conjunction with the Trust, across all available ESCs, in response to the new protocol. Governance and EPBC supported extensive planning for the EU Exit End of Transition Period date of 31 December 2020 and now to manage the potential impact of the new Trade Agreement and NI Protocol. The EU Exit Business Continuity Plan was reviewed and updated during the year to reflect the changing circumstances and potential impact.

The Trust has participated in four multi-agency exercises, which included scenarios regarding response to Mass Displacement of Control of Major Accident Hazards sites, COVID-19, Corporate Communications and Event Risk Management. Training staff who are involved in an incident response is fundamental to the Trust's ability to handle any type of emergency, and to support this. A training exercise for the Trust Chief Executive and directors was facilitated on Major Incident Response including Mass Casualties. EPBC has been involved in the regional response to the QUB Cyber event in respect of business continuity arrangement across all Trusts.

Within best practice, the Civil Contingency Arrangements for Northern Ireland require that organisations facilitate a live exercise every three years. To meet this requirement in 2019/20 the Trust hosted a live exercise in Antrim Area

## PERFORMANCE REPORT

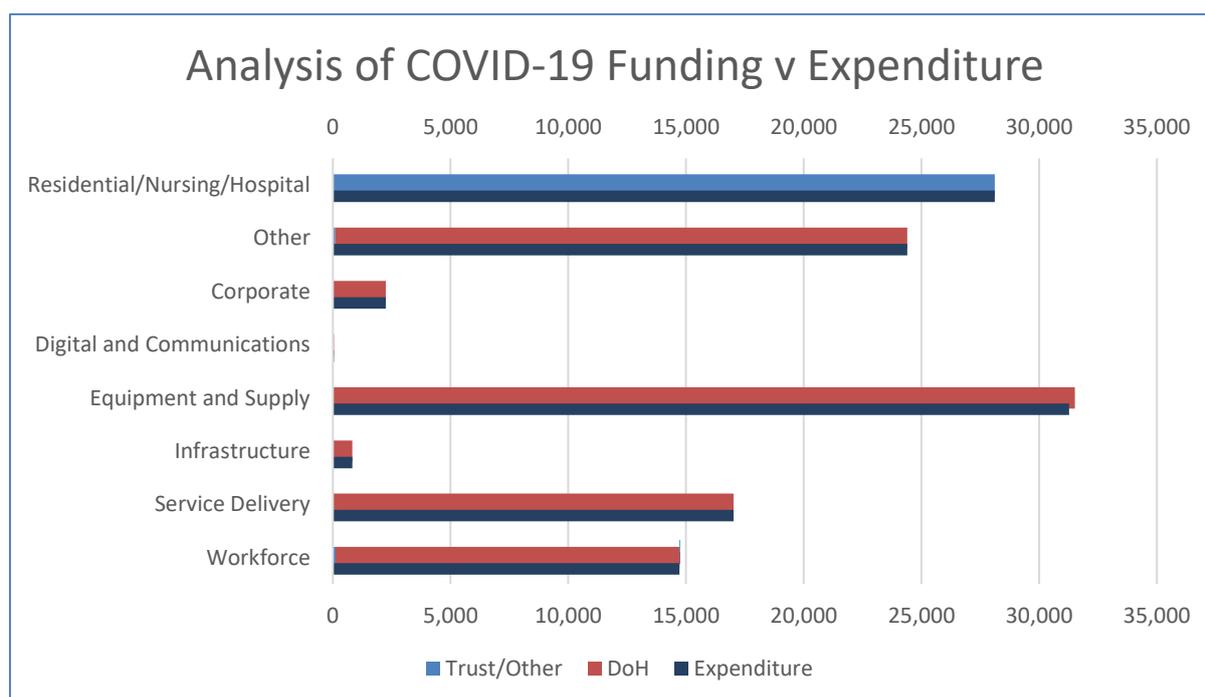
Hospital to test the response to an incident involving the contamination of a caustic chemical agent, requiring the activation of the Chemical, Biological, Radiological, Nuclear Plan. During the year, the Trust continued to invoke its Business Continuity Arrangements as a result of the impact due to the COVID-19 pandemic.

### COVID-19 – Impact on Performance

The COVID-19 pandemic has impacted on the ability to widen out update training to all staff involved in major incident response and to allow for further testing of plans. The EPBC has also fulfilled a key role during the response to COVID-19 in supporting the Trust Command and Control arrangements. However, as planning recommences to rebuild, restart and restore some of the services which had to be ceased there will again be further opportunities to learn from experiences and to think about how the Trust might do things differently in the future.

### COVID-19 Funding

The Trust was provided with additional funding (£119m) to ensure that critical services were maintained during the pandemic. The graph below outlines the funding provided, activities delivered and outcome achieved:-



This funding enabled the Trust to continue to deliver critical services through the purchase of PPE and other necessary equipment; opening additional wards and vaccination centres; carry out testing; additional support to Infection Prevention Control; recruitment through Workforce Appeals and develop technological solutions to support virtual working for staff, etc. The Trust was also able to provide support to residential and nursing homes, the community and voluntary sector and the independent sector to ensure that they could also continue to deliver critical services during the pandemic.

## PERFORMANCE REPORT

There was a small surplus of £176k attributed to PPE in respect of a small surplus of stock held at year end.

### EU Exit

The Trust continues to monitor the EU Exit implications and is working with regional colleagues and the DoH in this area. To date the Trust has not seen any significant impact on costs as a direct result of EU Exit.

The Trust has incurred the costs of additional supplies where risk assessments required increased stockholding to mitigate the risk. At the 31 March 2021 the cost of the additional stocks was £142k. The Trust also continues to incur additional premises costs in the storage of stock and these costs total £20k. Therefore, costs incurred to date have been in the discharging of risk mitigation measures.

No specific allocations of funding have been received by the Trust for EU Exit costs.

No staff have been redeployed to deal with EU Exit. Each Trust division/service area have EU Exit nominated leads who sit on the Trust EU Exit working group chaired by a current Assistant Director of Finance.

### Complaints and User Experience

We continue to listen to our service users who make complaints or enquiries and try to ensure that complaints are dealt with effectively. Learning is identified from complaints and changes and improvements to practice and care delivery are made. The total number of formal complaints received for the period 1 April 2020 – 31 March 2021 was 636 (including 88 follow on complaints), set out in the table below by Division.

<b>Division</b>	<b>2020/21</b>	<b>2019/20</b>
Medicine and Emergency Medicine	166	139
Surgery and Clinical Services	85	132
Women, Children and Families	162	137
Nursing and User Experience	6	31
Finance	19	18
Medical and Governance	2	4
Mental Health, Learning Disability and Community Wellbeing	127	111
Community Care	69	99
Strategic Development and Business Services	0	2
HR, OD and Corporate Communication	0	0
<b>Total</b>	<b>636</b>	<b>673</b>

Where possible, we aim to respond to complaints within 20 working days and strive to ensure that there is a full, fair and objective investigation of the issues and concerns raised, and that an effective response and outcome is provided. The Trust responded to 67% of complaints within 20 working days. In addition, there were 25 COVID-19 specific complaints.

## **PERFORMANCE REPORT**

### **Compliments**

Services across the Trust receive many compliments on a frequent basis; these can range from written letters and thank you cards, verbal feedback and donations to our Charitable Trust Funds in recognition of the service provided. In addition, a number of compliments are received directly by the Chief Executive, and for the year ended 31 March 2021, the Chief Executive received a total of 2,236 compliments.

### **Ombudsman**

Sometimes people are not always happy with the outcome of the investigation into their complaint. For those who remain dissatisfied, they may approach the NIPSO Office directly. The Advice, Support Service and Initial Screening Team (ASSIST) is the public's first point of contact with the office. Where the ASSIST team decide that they cannot resolve the complaint, the case is forwarded to the Ombudsman's Investigations Team. In 2020/21, there were 13 requests for information from the NIPSO Office. Four cases were closed and not upheld and nine are ongoing. Of six older complaints investigations, three were issued a letter of apology, two remain open, and one was not upheld.

### **Going Concern**

Whilst 2021/22 will continue to be financially challenging for the Trust, it is expected that the Trust will continue to operate on a "going concern" basis.

## PERFORMANCE REPORT

### PERFORMANCE – ANALYSIS

The Trust monitors its performance against Commissioning Plan Direction targets issued by DoH by means of a Performance Report which is produced every month and reviewed by the Trust Board. Trust Board reports are also available on the Trust's website [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net). Due to the COVID-19 pandemic 2020/21 brought a new set of challenges to meet the targets set, as was the case across all HSC organisations. The DoH acknowledged the impact the pandemic was having on elective activity and in June 2020 wrote to Trusts to confirm the suspension of the formal commissioning process. The Health and Social Care Board will continue to work with Trusts to stabilize and restore service delivery as quickly as possible.

In the implementation of the Trust's surge plans in response to the COVID-19 pandemic elective activity was significantly reduced to allow staff to be redeployed to support ICU. As a consequence, the Trust has been unable to meet its SBA across most service areas. The reduction in elective activity has meant that waiting times have grown across all services.

In June the Trust was asked by the DoH to develop quarterly plans on how it would restart and rebuild its services and to set challenging but realistic correlated activity targets. The targets are monitored at the Regional Management Board. This process will continue into 2021/22.

Due to the pandemic and associated restrictions put in place, the number of attendances to the emergency departments at Antrim and Causeway Hospitals was reduced by over 20% in 2020/21. Just over 100,000 people attended across both sites. The Trust achieved an average of 67% in four hour performance across both sites in 2020/21 which is similar to what it achieved in 2019/20. According to the latest regional performance report produced by HSCB up until February the Trust remains the second best performer in the region in 2020/21.

In order to optimise performance in spite of increasing demand and the ongoing pandemic the Trust implemented various modernisation projects in 2020/21. The surgical ambulatory emergency care unit that opened on 23 March 2020 was an integral part of managing demand during COVID-19 surges. A new Cardiology ambulatory pathway was implemented in Antrim Area Hospital in September 2020 for patients experiencing Atrial Fibrillation. The Phone First service was rolled out in December 2020 to divert patients away from the emergency departments if they were suitable for an alternative service.

The Trust will continue to innovate and deliver services in different ways, including a much greater use of technology to connect and engage with our service users. However, the continued constraints of PPE and social distancing mean that activity is unlikely in the short term to reach the levels delivered before the pandemic.

## PERFORMANCE REPORT

### Summary of Trust Performance against 2020/21 Commissioning Plan Targets

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

Summary of Trust Performance against 2019/20 Commissioning Plan Targets, March 2020	
By March 2021, secure a reduction in the number of MRSA infections. Trust target is no more than 7 cases.	R
By March 2021, secure a reduction in the number of CDI infections. Trust Target is no more than 49 cases.	G
By 31 March 2021 secure an aggregate reduction of 21% of GNB bloodstream infections acquired after two days of hospital admission.	R
By March 2021, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	R
By March 2021, all urgent diagnostic tests should be reported on within 2 days.	R
During 2020/21, all urgent suspected breast cancer referrals should be seen within 14 days.	R
During 2020/21, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	R
During 2020/21, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days	R
By March 2021, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	R
By March 2021, no patient should wait longer than 52 weeks for an outpatient appointment.	R
By March 2021, 75% of patients should wait no longer than 9 weeks for a diagnostic test	R
By March 2021, no patient should wait longer than 26 weeks for a diagnostic test	R
By March 2021, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test.	R
By March 2021, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test.	R
By March 2021, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment.	R
By March 2021, no patient should wait longer than 52 weeks for inpatient/ daycase treatment	R
By March 2021, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	R
By March 2021, to establish a baseline of the number of hospital cancelled, consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2021 seek a reduction of 5%.	G
By March 2021, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department	R

## PERFORMANCE REPORT

By March 2021, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours	R
By March 2021, at least 80% of patients to have commenced treatment, following triage, within 2 hours	G
By March 2021, ensure that 90% of complex discharges from an acute hospital take place within 48 hours	A
By March 2021, ensure that no complex discharge from an acute hospital takes more than seven days	R
By March 2021, all non-complex discharges from an acute hospital to take place within six hours.	R
By March 2021, no patient waits longer than nine weeks to access adult mental health services	R
By March 2021, no patient waits longer than 9 weeks to access dementia services.	R
By March 2021, no patient waits longer than 13 weeks to access psychological therapies (any age)	R
During 2020/21, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge	R
During 2020/21, no learning disability discharge to take more than 28 days from the patient being assessed as medically fit for discharge	R
During 2020/21, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge	A
During 2020/21, no mental health discharge to take more than 28 days from the patient being assessed as medically fit for discharge.	R
By March 2021, the proportion of children in care for 12 months or longer with no placement change is at least 85%.	G
By March 2021, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission).	R
By March 2021, no patient waits longer than 9 weeks to access child and adolescent mental health services.	R
By March 2021, secure a 10% increase in the number of direct payments to all service users.	R
By March 2021, secure a 10% increase (based on 2019/20 figures) in the number of carers' assessments offered to carers for all service users.	R
By March 2021, secure a 5% increase (based on 2019/20 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	G

### Inpatients, Daycases and Outpatients

Inpatient and daycase activity has been severely impacted by the pandemic with the main reasons for reduced activity being the redeployment of staff to support patients in ICU, clinicians isolating and patient cancellations for reasons related to COVID-19. After the first surge the Trust exceeded its monthly inpatient and daycase activity targets as set out in its rebuild plan until November when the second wave started. Since November further reductions in inpatient and daycase activity were required to keep staff and patient safe. In January and February 2021 the Trust was only providing emergency surgery in Antrim with a small amount of red flag surgery being performed in Causeway. Cumulative

## **PERFORMANCE REPORT**

inpatient and daycase activity to March 21 was 64% below the annual SBA target.

The reduction in elective activity has meant that waiting times have grown significantly. The regional performance standard is that 55% of patients should wait no longer than 13 weeks for inpatient or daycase treatment and no patient should wait longer than 52 weeks. At the end of March, only 13% of people were waiting less than 13 weeks for treatment and almost 5,000 people were waiting for more than 52 weeks. Addressing the growth in waiting lists will remain a significant challenge for the Trust and the region as a whole for some time to come.

The Trust delivered almost 40,000 new outpatient appointments throughout 2020/21, a 60% delivery of the SBA. The regional performance standard is that 50% of patients should wait no longer than nine weeks for an outpatient appointment and no patient should wait longer than 52 weeks. At the end of March in the Trust, 83% of people had been waiting for more than nine weeks since referral and more than 28,000 people were waiting for more than 52 weeks.

### **Diagnostic Tests**

The regional performance standard for the waiting time for diagnostic tests is that 75% of patients should wait no longer than nine weeks and no patient should wait longer than 26 weeks.

The percentage of patients waiting less than nine weeks has increased from a low of 32% in May to 61% at the end of March.

The number of diagnostics patients waiting more than 26 weeks steadily increased during the first part of the year. Funding was secured during the year to begin the transfer of patients to the Independent sector and this reduced the waits from over 13,000 in October to fewer than 3,000 at the end of March. Diagnostics have continued to exceed the projections in the rebuild plan.

Endoscopy services were significantly impacted by COVID-19 with a large percentage of activity turned down to allow staff to be redeployed. The percentage of patients waiting less than nine weeks reduced significantly to 14% during the first surge but increased gradually throughout the year as the most urgent patients were prioritised. At the end of March 2021, 22% were waiting less than nine weeks. The ongoing transfer of patients to the independent sector stemmed the increase in the numbers waiting over 26 weeks. At the end of March over 3,000 were waiting over 26 weeks.

### **Allied Health Professional Therapies**

For the combined Allied Health Professional therapies such as speech and language therapy, occupational therapy and physiotherapy, the regional performance standard is that no patient should wait longer than 13 weeks from referral to beginning treatment. At the end of April 2020 there were 5,182 waiting

## **PERFORMANCE REPORT**

more than 13 weeks, due to reasons related to the pandemic this increased to over 7,000 by March 2021; within this, by far the greatest number were waiting for physiotherapy and dietetics treatment.

The cumulative activity in 2020/21 remains 33% behind SBA but 11% above the cumulative projected activity in the rebuild plan.

### **Cancer Services**

Due to COVID-19, in April the number of red-flag referrals reduced to 50% of the referrals received in April 2019. However, referrals continued to increase throughout the year to beyond pre-COVID-19 levels and this is particularly evident in the breast service. Demand has continued to exceed capacity and this has negatively impacted on the 14-day breast target where it reached a low of 15% in January. The Trust has written a letter to the Health and Social Care Board to seek help in addressing the demand/capacity gap in this service. Delays accessing outpatients and reduced access to theatres have led to challenges in meeting the 31 and 62 day targets. The Trust achieved an average performance of 91% in the 31-day target against a target of 98% and achieved an average performance of 54% against a target of 95%. A regional process for prioritisation of theatre capacity is now in place and is ensuring that patients are allocated to available theatre space in line with clinical priority. The Trust continues to manage the increase in demand through the use of additional sessions using elective access funding, securing capacity in other health and social care trusts in the region, transferring to Independent Sector and recruitment of clinicians.

### **Mental Health Services**

Due to the migration from EPEX to the Paris information system, at the time of publication Adult Mental Health and Learning Disability performance information is only available up until the end of February 2021.

The regional waiting times standard was better in the area of adult mental health services. At the end of February 2021 there were three patients waiting more than nine weeks for an appointment. In the dementia services, after several months of increasing numbers waiting over nine weeks largely due to social distancing, patients shielding and self-isolating, there was a small reduction in the last few months of the year. At the end of February there were 301 patients waiting. There has been a similar pattern in psychological therapy services, at the end of February there were 173 patients waiting over 13 weeks.

Due to the second and third waves of COVID-19, waits in CAMHS increased in the latter part of the year. The service had a number of staff redeployed and this impacted the number of patients waiting over nine weeks for an appointment. The number of patients waiting over nine weeks at the end of March was 89.

The mental health services continue to meet activity projections set out in the Trust's rebuild plan.

## **PERFORMANCE REPORT**

### **Community Services**

The Trust's Community Services operate with less capacity than they require to meet demand and this is evident in the Trust's performance in the area of achieving timely discharges. 90% of patients being discharged from an acute site, whose discharges are complex, should take place within 48 hours; the average for the year in Antrim was 82% and the average for Causeway was 79%. All those patients whose discharges are not complex should be discharged from acute hospitals within six hours; during the year the Trust averaged 91%.

During surge periods community staff have been required to reduce footfall when carrying out domiciliary visits. This has reduced the opportunities for staff to encounter carers face to face thus reducing the amount of carers assessments offered and completed. Despite a reduction in assessments offered and completed, there has not been a reduction in support to carers.

The number of Community based short break hours has been impacted by social distancing, service users shielding and self-isolating.

### **Adoption**

There is one regional performance indicator which governs adoption. It is that 90% of children, who are adopted from care, are adopted within a three-year timeframe; the Trust's average performance during the most recent report year was 44%. There are factors outside the Trust's control, which mitigate against its ability to achieve this timeframe, namely the timeframes of court proceedings. However, the Trust continues to monitor each child's adoption timeline and reviews cases with the judiciary in an effort to reduce timeframes where this is possible.

### **Healthcare Acquired Infection**

There are three regional targets in the area of healthcare acquired infection; the Trust was to experience no more than seven cases of Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia, 49 cases of Clostridium Difficile (CDI) infection and 75 cases of Gram-negative (GNB) bloodstream infections during the year. At the end of March 2021, the Trust had experienced 12 cases of MRSA, 35 cases of CDI and 77 cases of GNB. Work is continuing at ward level to raise awareness of MRSA management and placement of at risk patients. CDI cases continue to present challenges in relation to early identification and isolation. The issues of insufficient acute beds and increasing patient acuity contribute to the challenge of managing CDI by potentially increasing the risk of transmission.

### **Staff Absence**

For 2020/21, the Trust was set a sickness absence compliance target of 6.61% by the DoH, excluding COVID-19 related absences. At year end 2020/21, the Trust sickness absence percentage was 6.68%. Moving into 2021/22, the Trust will create a new absence action plan which will set out the actions the organisation will take to

## **PERFORMANCE REPORT**

ensure absence is managed effectively and employees are supported in returning to work. The Corporate absence action plan will be supported by Divisional absence action plans which will detail Division specific actions addressing operational absence matters.

### **Staff Appraisal**

For 2020/21, the Trust was set an annual staff (agenda for change) appraisal compliance target of 72% by the DoH. At year end 2020/21, 61% of staff have been given the opportunity to undertake an annual appraisal conversation and agreed Personal Development Plan. The Trust remains committed to the appraisal process and the benefits that it brings to our staff and to the wider provision of services for patients and service users. During 2021/22 the Trust will continue its efforts to promote and embed the annual staff appraisal conversation as a crucial component of the staff/manager relationship.

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

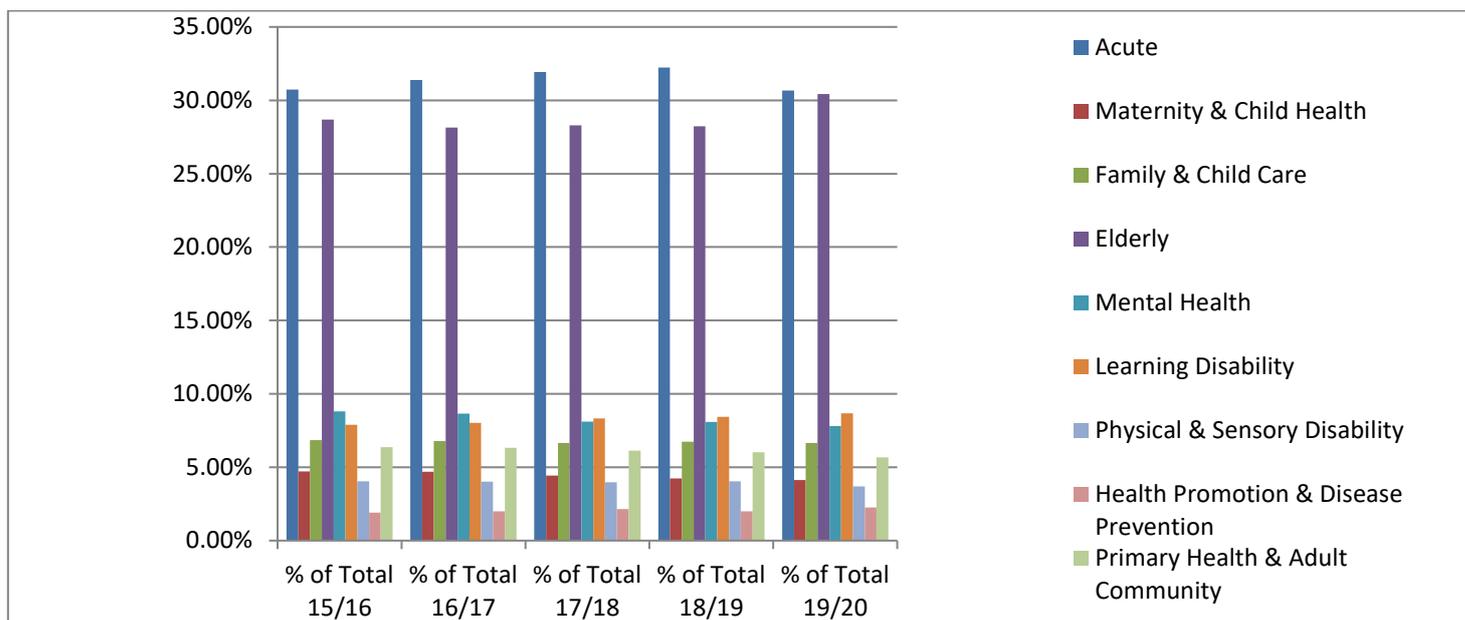
The Trust operates a zero tolerance approach to Fraud and Bribery and has policies and procedures in place to combat and investigate, headed up by a Fraud Liaison Officer and supported by the Counter Fraud Service in BSO.

### **Long Term Expenditure Plans**

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

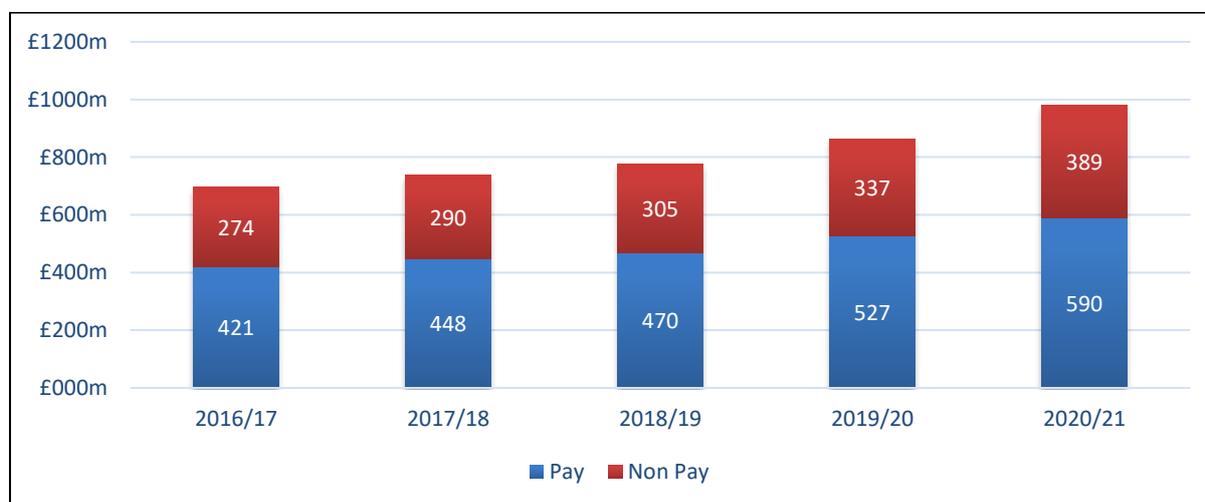
## PERFORMANCE REPORT

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



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

### Analysis of Outturn Total Revenue Expenditure (2016/17- 2020/21)

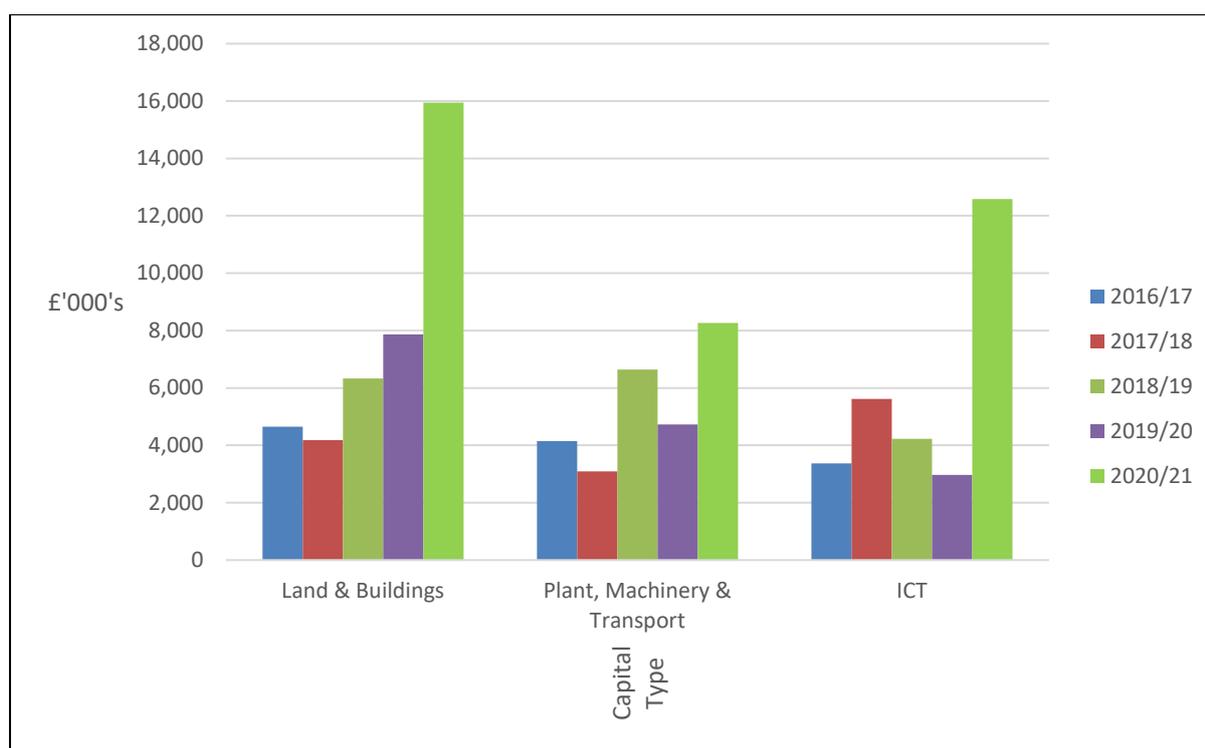


Further divisional analysis can be found within the segmental information shown in note 2 to the Accounts.

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

## PERFORMANCE REPORT

### Analysis of Outturn Total Capital Expenditure (2016/17 – 2020/21)



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

The Trust continues to plan for the next stages of capital infrastructure development with the DoH Investment Directorate and Strategic Investment Group. The Trust has aspirations over the next 10 year capital development cycle for major developments and investments including: the new Mental Health In-Patient Hospital to replace the Holywell facility (outline Business Case was approved in August 2020); a new 72 bed, three storey building block at Antrim Area Hospital; additional theatre capacity at Antrim Area Hospital; investment in HSDU; a new Woman's and Children's Unit at Antrim (outline Business Case was approved in March 2021); a new residential unit for children with complex needs; replacement of two adult centres in Ballymena and Larne; and a new Health and Care Centre in Newtownabbey. These projects are included in ongoing capital planning work with various timeline profiles over future years.

### Prompt Payment

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

## PERFORMANCE REPORT

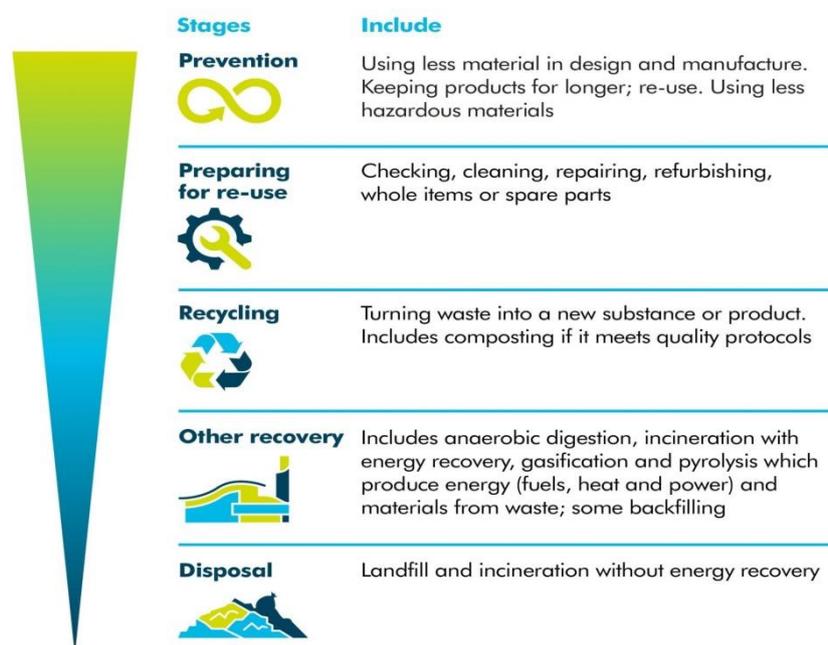
Prompt Payment	Number	£000s
Total Bills Paid	252,438	445,045
Total Bills Paid within 30 days of receipt of an undisputed invoice	242,031	424,632
<b>% Bills Paid within 30 days of receipt of an undisputed invoice</b>	<b>95.88%</b>	<b>95.41%</b>
Total Bills Paid within 10 days of receipt of an undisputed invoice	207,012	376,012
<b>% Bills Paid within 10 days of receipt of an undisputed invoice</b>	<b>82.01%</b>	<b>84.49%</b>

Late Payment Charges	£
Amount of compensation paid for payment(s) being late	545
Amount of interest paid for payment(s) being late	0

## Environment and Sustainability Report

The Trust is committed to safeguard the environment from the adverse effects from the waste that is produced throughout the Trust. This is documented through the Waste Strategy and Waste Policy and managed by the dedicated Waste and Recycling manager. The various waste management options are placed in an order known as the Waste Management Hierarchy, which reflects the relative sustainability of each.

### THE WASTE HIERARCHY



The Trust's domestic waste is managed using several options, mainly a service contract for:

- the recycling of the co-mingled recyclable waste;
- recovery (into fuel) for the general waste; and
- Landfill for that fraction which cannot be reused; recycled or recovered.

## PERFORMANCE REPORT

The Waste Strategy set out the target for 2020/21 for 100% landfill diversion (the least favourable option), emphasising less on recycling and using other waste management options to achieve 'zero to landfill'. During 2020/21, all hospitals have achieved 100% landfill diversion, with community facilities achieving 99.9%.

To complement the service contract and to aid prevention, reuse and the minimising of waste, a web-based portal to trade items internally was implemented on the 26 January 2019. The portal (Warp-it) allows staff to exchange items no longer required increasing the lifecycle of items and reducing disposal costs. Since start-up, the Trust has saved £88,705 and saved 39,053kg of CO<sub>2</sub> (equivalent of taking 16 cars off the road and planting 53 trees), avoided 19,155kg of waste and has 814 staff signed up to the Warp-it portal. To further offset carbon production 200 trees were planted during 2020 at Antrim and Causeway hospitals, enhancing each sites biodiversity with native saplings.

Other recycling projects operating across the Trust include:

- Clothes banks;
- Toner cartridge returns;
- Battery bins;
- Florescent tube recycling; and
- Bulky metal recycling banks.

Food waste within the catering departments across the Trust and residential homes is segregated, collected and reprocessed 100% by anaerobic digestion to generate green electricity. During 2020/21 (excluding March), 1,791 bins (108.79 tonnes) of food waste had been collected across 39 facilities.

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

Under contract this waste type is recycled; during 2020/21 (excluding March) the following was collected and recycled across the Trust

- 57 fridges;
- 6,195kg of small domestic appliances;
- 1,190kg of large appliances;
- 180kg of florescent tubes; and
- 26 televisions.

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

During 20/21 the amount of clinical waste being produced across the Trust increased considerably due to COVID-19. The contributing factors were the increased use of PPE across the Trust, the increase of patient numbers within the acute hospitals, and testing and vaccination centres across the Trust. The amount of healthcare

## PERFORMANCE REPORT

waste increased by 41.58 tonnes from 987.12 tonnes in 2019/20 to 1028.7 (excluding March) in 2020/21.

During COVID-19 waste audits could not be conducted however continuous meetings with contractors to implement the many changes required during the pandemic ensured continuity of service and compliance.

### Energy Report

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

An internal campaign was rolled out to improve energy awareness and communicate advice to staff on how to reduce energy consumption. Every member of staff can contribute to reducing the Trust's energy bill and small changes can make a massive impact; Simple things such as closing doors, turning off lights in unoccupied areas and shutting off unused electrical equipment will all ensure resources are used more efficiently. A targeted campaign was implemented at the start of winter to inform staff of the consequences of using electric heaters.

During 2020/21, the Trust invested in energy efficiency and emissions reduction, funded by the Invest to Save Scheme from the DoH. Projects included the upgrade of Building Management Systems, lighting upgrades and oil to gas conversions. Year-on-year, the Trust reduced carbon emissions from utilities by over 200 tonnes. The Trust continues to work towards lowering net energy consumption by 30% by 2030, based on a 2016/17 baseline year\*.

During 2020/21, the Trust worked closely with the Modern Energy Partners (MEP) programme to deliver a concept design for Antrim Area Hospital to reduce carbon emissions by at least 50% by 2032. MEP is a collaborative programme, funded by the Department for Business, Energy and Industrial Strategy (BEIS), with Energy Systems Catapult providing programme delivery, analytical and technical support. Antrim Area Hospital was one of forty sites selected across the UK public sector estate, one of thirteen NHS hospital sites, and the only site in Northern Ireland.

\*Energy Management Strategy and Action Plan to 2030 for Northern Ireland Central Government  
<https://sibni.org/app/uploads/2019/03/Energy-Management-Strategy-March-2019.pdf>

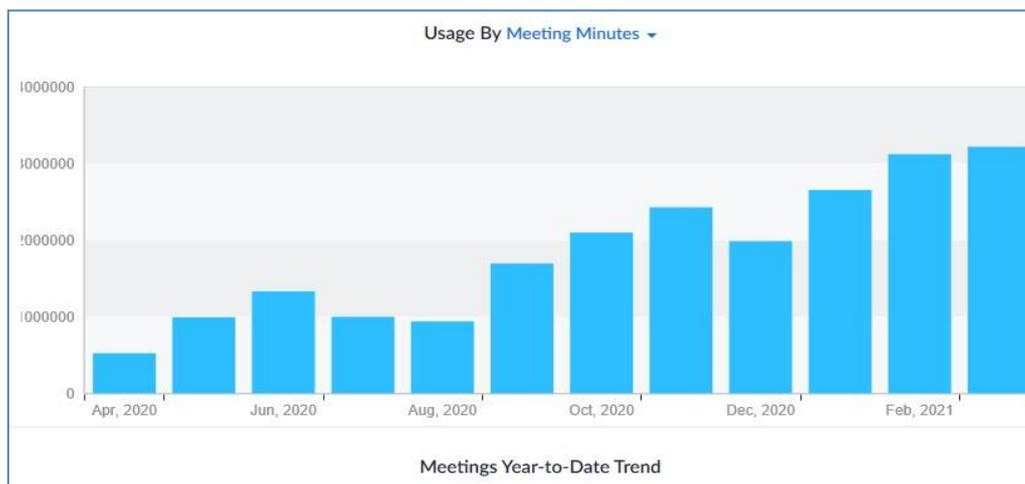
### Telecoms Report

Through 2020/21, the Estates Telecom Team has maintained the deployment of VoIP phones and the associated benefits such as Agile / remote teleworking. Various services are now utilising this capability by enabling staff to take their Mitel desk phones home and plugging into home broadband.

## PERFORMANCE REPORT

A testament of the investment, in the Trust's Mitel telephone system, has been the ability to restructure and re-programme according to services needs at short notice and with minimal disruption or cost. The system has coped well with the doubling of land line usage and has been extremely reliable and able to deliver everything it has been designed to do.

Over the past 12 months we have seen an unprecedented use of video conferencing technology. Zoom was adopted regionally and the Trust's Estates Specialist Services Team supported both other health and social care trusts and BSO. The Telecom Team led the initial trials and created resources such as user guides and security profiling which were shared regionally. Zoom has been an unprecedented success and as of March 21 there are 3,612 registered Trust users. Over the past 12 months there has been approximately 21.8 million minutes of video calls, with the average number of meetings held per day during March 2021, ranging between 800 and 1,000:



The Estates Telecoms Team continues to support and manage the interim Zoom Helpdesk. This fast-paced transition is testament to the capability and flexibility of the Estates Specialist Services team.

The Trust's Video Conferencing system, Pexip has been critical in facilitating the Virtual Visiting for service users during COVID-19 into the acute sites; especially for the End of Life conversations. Moving forward it will be reviewed if there can be integration with the Patient Booking systems.

Growth has continued with respect to mobile phones and especially the provisioning of smart phones (iPhones) to enable the various services to have increased mobility and provide continuity of service. In total, the Trust has nearly 6,000 mobile phones, which are configured and managed by the Estates Specialist Services team.

Text messaging usage continued to increase during 2020/21 and the Trust sent over ½ million texts to various groups of people. One of the main users are the Nurse Bank office who provide nursing cover for the whole of the Trust and send hundreds of messages every week. In addition the PAS patient reminders use this service.

## PERFORMANCE REPORT

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

The Multitone Ecotek staff attack alarm system is now the standard / default system the Trust uses and has been recently installed in Loughview Resource Centre. Installations are currently in progress for Millbrook Resource Centre and the George Sloan Centre. Holywell Hospital and the Ross Thompson are also being upgraded to utilise the latest pagers and Touchscreens.

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

### Human Resource Policies

#### *Equality and Diversity*

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

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

#### *Disabled Persons*

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

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

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

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

## PERFORMANCE REPORT

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

### *Staff Benefits*

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

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

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

### *Further Disclosure*

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



**Mrs Jennifer Welsh – Chief Executive/Accounting Officer**  
**24 June 2021**

# **ACCOUNTABILITY REPORT**

## **Accountability Report**

### **Overview**

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

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

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

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

## ACCOUNTABILITY REPORT

### Non-Executive Directors (NEDs) Report

2020/21 has been a challenging year for the Trust in ensuring the planning and delivery of services during the COVID-19 disruption.

Throughout the year the NEDs have continued to provide support, challenge and guidance to assist the Trust in delivering for everyone using our services, both at the hospitals and in many community settings, through the Board and its sub-committees. The NEDs maintained oversight of the Trust COVID-19 response including Surge Situation Reports, updates on COVID-19 Inpatients, ICU and Acute Bed Occupancy, Staff Absence and Care Home status.

The Board completed an annual assessment of its compliance with Corporate Governance best practice using the Board Governance Self-Assessment Tool which was formally approved by the Trust Board in May 2020. There were no material concerns identified and the verification supported the outcome of the self-assessment. An action plan was developed to take forward the small number of actions identified.

The Board continues to build on the already effective delivery of our governance arrangements and will continue with the annual self-assessment process.

In delivering their roles the NEDs act as chairs of sub-committees of the Board namely:

- Audit Committee;
- Remuneration Committee;
- Charitable Trust Funds Advisory Committee;
- Organ Donation Committee;
- Strategic Change and Improvement Capability Committee;
- Performance and Finance Committee; and
- Assurance Committee.

Leadership of these committees focuses on continuous improvement and strong governance and accountability throughout the Trust. The Governance Statement provides additional detail on all Committees and Board meetings held during 2020/21. In addition, there were four Board workshops which focussed on a range of strategic matters.

There have been a number of changes in the Executive Team including one change to the NEDs profile this year. We pay tribute to those who have retired during the year: Mrs Eileen McEaney (Executive Director of Nursing) and Mrs Geraldine McGahey (NED), for their dedication and enthusiasm shown in their roles and send them our best wishes for the future.

## ACCOUNTABILITY REPORT

## CORPORATE GOVERNANCE REPORT

### Directors' Report

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

- i. Non-Executive Directors
  - Mr Bob McCann (Chairman);
  - Mr Paul Corrigan;
  - Mrs Geraldine McGahey (left 30 June 2020);
  - Mr Jim McCall;
  - Mr William Graham;
  - Mr Glenn Houston; and
  - Mr Gerard McGivern.
- ii. Executive Directors
  - Mrs Jennifer Welsh, Chief Executive from 22 July 2020 (previously Interim Chief Executive from 1 April 2020);
  - Mr Seamus O'Reilly, Executive Director of Medicine;
  - Mr Owen Harkin, Executive Director of Finance (and Interim Deputy Chief Executive from 1 April 2020);
  - Mrs Eileen McEneaney, Executive Director of Nursing (retired 31 August 2020);
  - Mrs Suzanne Pullins, Interim Executive Director of Nursing and User Experience (commenced 1 September 2020); and
  - Miss Maura Dargan, Executive Director of Social Work.
- iii. Directors
  - Mrs Karen Hargan, Director of Human Resources; and
  - Mrs Wendy Magowan, Interim Director of Operations (commenced 22 June 2020).

## ACCOUNTABILITY REPORT

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

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

Any relevant disclosures are recorded in the Trust Register of Interests and details are included in Annual Accounts Note 20 Related Party Transactions, where applicable. The executive and senior management, along with the Director of Finance have responsibility for the preparation of the accounts and the Annual Report. As far as the Directors are aware, there is no relevant audit information of which the Trust's auditor is unaware. They have taken all steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information. The Board are content with the quality and accuracy of the data presented to assist them in the decision making process.

Since April 2020, two incidents have been reported to the ICO. Further information is disclosed within the Governance Statement.

The auditor for the Trust is the Northern Ireland Audit Office. The notional cost of the audit for the year ending 31 March 2021 which pertained solely to the audit of the accounts is £70,000 made up as follows, Public Funds £64,500 and Charitable Trust Funds £5,500.

## ACCOUNTABILITY REPORT

### Statement of Accounting Officer's Responsibilities

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

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

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

The Permanent Secretary of the DoH as Principal Accounting Officer for Health and Personal Social Services resources in Northern Ireland has designated the Chief Executive of the Trust as the Accounting Officer for the Trust. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Trust's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the DoH, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

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

## ACCOUNTABILITY REPORT

### GOVERNANCE STATEMENT

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

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

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

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

The Board of the Trust applied the principles of good practice in Corporate Governance and continued to further strengthen its governance arrangements. The Trust does this by undertaking continuous assessment of its compliance with Corporate Governance Best Practice. During 2020/21, the Trust undertook a further review of its Integrated Governance and Assurance Framework Strategy. The revised strategy was approved by Assurance Committee and became operational in January 2021. This strategy sets out the strategic context, responsibilities, management and accountability arrangements to manage risk effectively in the organisation.

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

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

## ACCOUNTABILITY REPORT

The Trust Board undertook an annual assessment of its compliance with Corporate Governance best practice by completing the Board Governance Self-Assessment Tool for use by DoH Sponsored Arm's Length Bodies (ALBs). This involved assessing Board Performance across a total of 17 criteria, all of which were rated as Green. The assessment and associated Action Plan was formally approved by Trust Board at a meeting on 27 May 2020.

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

### 2. Governance Framework

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

During 2020/21, 7 Trust Board meetings were held in public and the following table provides information on attendance.

<b>Name of Director</b>	<b>No of Meetings attended</b>	<b>No of Possible Meetings</b>	<b>Comments</b>
Mr B McCann Chairman	7	7	
Mr B Graham Non Ex Director	6	7	
Mrs G McGahey Non Ex Director	2	2	Resigned 30/6/20
Mr P Corrigan Non Ex Director	7	7	
Mr J McCall Non Ex Director	7	7	
Mr G McGivern Non Ex Director	6	7	
Mr G Houston Non Ex Director	7	7	
Mrs J Welsh Chief Executive	7	7	
Mr O Harkin Director of Finance	7	7	
Maura Dargan	7	7	

## ACCOUNTABILITY REPORT

Director of Women, Children and Families/ Ex Director Social Work			
Dr S O'Reilly Medical Director	7	7	
Mrs E McEneaney Director of Nursing and User Experience	2	3	Retired 31/8/20
Mrs Suzanne Pullins Interim Director of Nursing and User Experience	4	4	Took up post 1/9/20
Mrs K Hargan Director of Human Resources	7	7	
Mrs P Hughes Divisional Director Community Care	2	2	Retired 31/7/20
Mr R Hamill Interim Divisional Director of Community Care	4	5	Took up post 11/7/20
Mr O Donnelly Divisional Director Mental Health, Learning Disability and Community Wellbeing	1	2	Retired 30/6/20
Dr P Corr Interim Divisional Director Mental Health, Learning Disability and Community Wellbeing	5	5	Took up post 20/7/20
Ms B Donaghy Divisional Director Strategic Development and Business Services	5	7	
Mrs W Magowan Interim Director of Operations	7	7	Took up post 22/6/20
Mrs M O'Hagan Divisional Director Acute Services	5	7	
Mrs Audrey Harris Interim Divisional Director of Medicine and Emergency Medicine	2	5	Took up post 14/7/20
Mr N Martin Interim Divisional Director Strategic Development and Business Services	7	7	

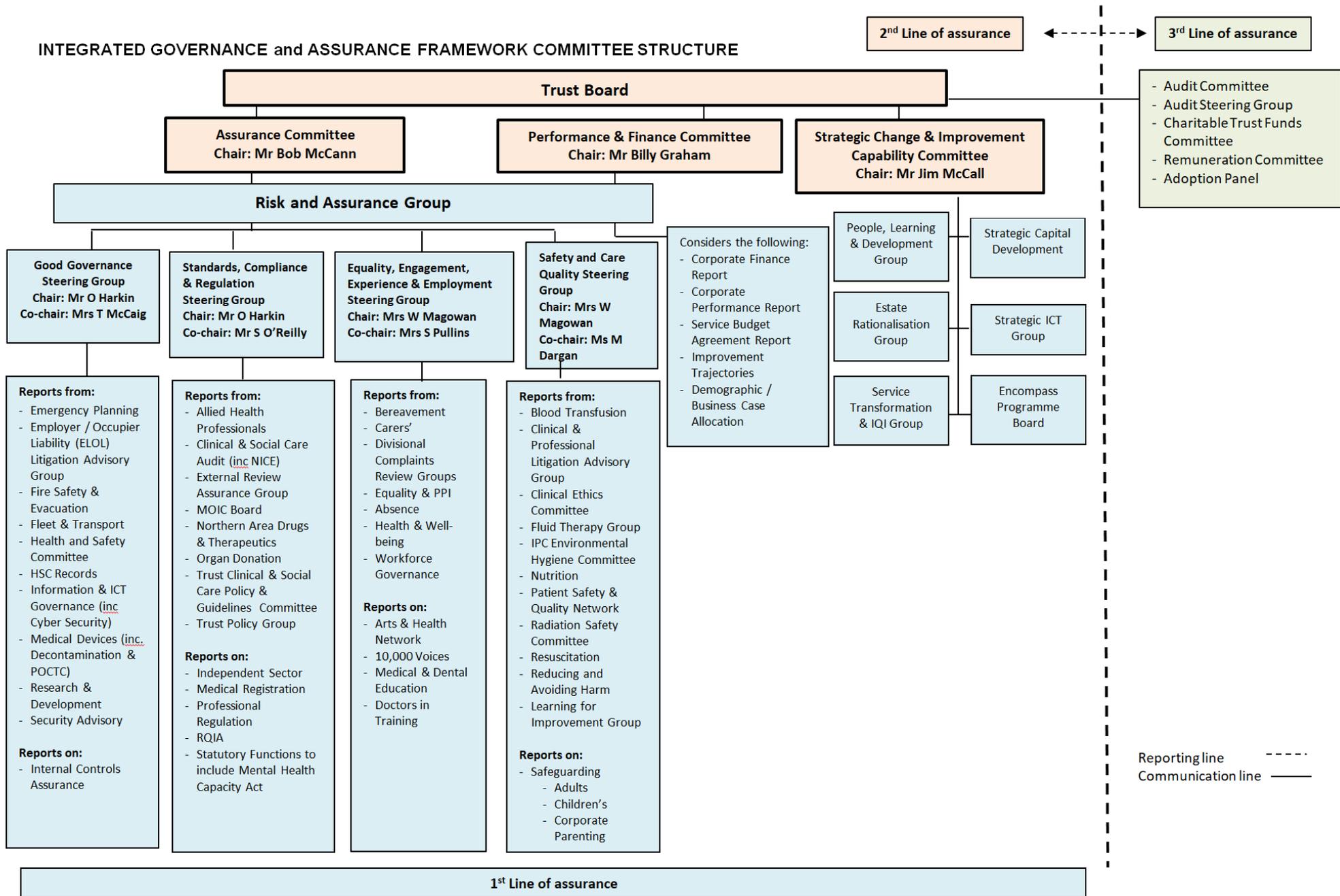
*On occasions, Divisional Directors were absent from the Trust Board due to the need to carry on crucial Covid-19 related business.*

## **ACCOUNTABILITY REPORT**

The governance arrangements for the Trust are based on an Integrated Governance model that links financial governance, risk management and clinical and social care governance into a single framework (see chart overleaf). During the year the Trust established an External Review Assurance Group to review External Reports including those from statutory bodies and other external bodies where issues have been identified that may have relevance for the Trust and where there is opportunity for learning and improvement. The SAI Review Group was replaced by the Learning for Improvement Group and the Safety Information and Learning Committee (SILC) has been replaced by the Reducing Avoidable Death and Harm Committee. These revised arrangements are captured within the Assurance Framework Committee Structure.

# ACCOUNTABILITY REPORT

## INTEGRATED GOVERNANCE and ASSURANCE FRAMEWORK COMMITTEE STRUCTURE



## ACCOUNTABILITY REPORT

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

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

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

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

The Committee currently has three Non-Executive members and is chaired by a Non-Executive Director, and met five times during 2020/21. The Committee provides assurance to the Trust Board and the Accounting Officer on the systems of internal control. Minutes of meetings are presented to the Trust Board.

The Audit Committee completed the National Audit Office Audit Committee Self-Assessment Checklist and an Action Plan was implemented to address the issues identified. The Audit Committee has produced an annual Audit Committee Report for 2020/21.

**The Remuneration Committee** is a Committee of the Trust Board tasked with the responsibility for approving the remuneration of Executives. The Committee is chaired by a Non-Executive and is comprised of three Non-Executive Directors in total. It met three times during 2020/21.

The main functions of the Committee are as follows:

- To advise and make recommendations to the Board on performance, development, succession planning and appropriate remuneration and terms of

## ACCOUNTABILITY REPORT

service for the Chief Executive and all Senior Executives, guided by DoH policy and best practice, and on the advice of the Chief Executive and other Senior Executives as appropriate;

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

**The Assurance Committee** consists of all Non-Executive Directors and met on four occasions during 2020/21. The Committee has oversight of Integrated Governance and the effectiveness of the Assurance Framework of the Trust. It will evaluate all available evidence to provide an assurance to the Board that the systems of control are operating effectively and that structures support good governance. The Committee is chaired by the Trust Chairman.

The Committee:

- Evaluates risks to the achievement of the Trust's objectives;
- Regularly reviews arrangements for risk management and corporate governance and agrees further updates/changes with Executive Directors;
- Considers the effectiveness of the key controls through which risks will be managed;
- Ensures the views of the local community, relevant experts and staff input are incorporated into the development of services; and
- Seeks assurance that timely reports are made on recommendations and remedial actions taken or proposed to mitigate any internal failing in systems or services.

The work of the Assurance Committee is supported by the Risk and Assurance Group, composed of Executive and Operational Directors, which provides an operational focus to risk management and integrated governance. The Risk and Assurance Group is chaired by the Chief Executive. Two significant issues which are kept under review by both the Group and the Committee are COVID-19 and the Report into Hyponatraemia related deaths. During the year, due to the impact of COVID-19 meetings of many of the supporting groups within the Assurance Framework were temporarily stood down, as staff and teams continued to support the Trust Wide plans to manage the ongoing response. In the absence of formal meetings these groups continued to report, by exception, any issues which arose and which were required to be brought to the attention of the Assurance Committee.

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- During the year the Trust continued to respond to the COVID-19 pandemic. The pandemic meant that services have had to be suspended or reduced, including many elective procedures, allowing the Trust to protect emergency and urgent services. The Trust instigated its command and control arrangements with the establishment of regular Bronze meetings to strategically lead and support the Trust preparedness and planning to ensure the safe and effective operational management of COVID-19 for the various phases of response, including the monitoring, containment and three respective surges. These structures have been retained during the year and operate flexibly as required to support the Trust response.

During the year Internal Audit undertook an audit of governance during COVID-19. The audit reviewed the robustness of the governance arrangements that the Trust put in place to address the consequences of COVID-19. This included a review of the Bronze Command and associated Groups and also the management of decisions. The audit reviewed the arrangements in place to ensure that key governance arrangements continued through the pandemic particularly at Trust Board and Trust Board sub-committee level. Lessons learnt were also considered as part of the audit and controls in place for gifts and hospitality received during COVID-19. The resulting audit report provided Satisfactory assurance on the basis that the Trust responded quickly to the COVID-19 pandemic and governance structures were enhanced to allow effective monitoring and accountability.

The Trust continues to plan for the rebuilding of health and social care across all our services, following the third COVID-19 surge, with the development of its Phase 3 Plan for April, May and June 2021:

- The Trust commenced planning for the COVID-19 vaccination programme in November 2020. With roll out of the programme following the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI), an independent expert group. JCVI recommended which groups should be prioritised to receive the vaccine. The Trust set up a Mass Vaccination Centre in the Seven Towers Leisure Centre, Ballymena, which opened on 20 December 2020 for the vaccination of Health and Social Care staff, alongside the programme within the community for vaccination of Care Home residents and staff who were among the highest priority groups to receive a COVID-19 vaccination. The Trust has progressed with the phased roll out of the COVID-19 vaccination programme to priority groups following JCVI recommendations. The Trust established a Vaccination Oversight Group, Chaired by the Deputy Chief Executive and with GP representation, and also an Operational Group to oversee the Governance and Performance of the Vaccination Programme. Up to the end of March 2020, the Trust has delivered in excess of 100,000 vaccinations.
- In July 2020, the report on “A Review of Leadership Governance at Muckamore Abbey Hospital” was issued. The report identified a number of failings including in relation to systems of governance, Discharge of Statutory Function (DSF) Reports, multidisciplinary working, failure to use data and learn from it, staffing difficulties, the impact of the resettlement agenda and culture. The report was considered by the Trust External Reference Group and an oversight group was established to consider the report and to identify any transferrable learning. Work in this area has been impacted by COVID-19.

## ACCOUNTABILITY REPORT

The **Equality, Engagement, Experience and Employment Group** (formerly the Engagement Experience and Equality Group) is a sub-committee of Assurance Committee, chaired by the Deputy Chief Executive and has met on four occasions in 2020/21. The group includes representation from Trust Board including Non-Executive Directors, the Patient and Client Council, Service Users and Senior Management Team. The group assures the Trust is compliant with the following legislation/guidance:

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

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

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

**The Charitable Trust Funds Advisory Committee** is chaired by a Non-Executive Director with senior staff including the Director of Finance in attendance. The Charitable Trust Funds Advisory Committee oversees the administration of Charitable Trust Funds in line with the Trust's Standing Financial Instructions. During 2020/21 the Committee met on three occasions. The role of the Committee is to oversee the administration, including banking arrangements, of Charitable Trust Funds, its investment and disbursement. It also ensures that a strategic approach is adopted with regard to charitable expenditure and that Directorates produce and implement annual expenditure plans relating to all funds at their disposal.

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

The Trust has a Procurement Board which oversees and reports on the procurement and contract management arrangements for the Trust, ensuring best practice in compliance with Procurement Policy and internal controls for all non-payroll expenditure including Regulations 32 spend. For Social Care procurement, this is reviewed in the context of the Light Touch Regime (LTR) and in order to minimise the risk of non-compliance with the Public Contract Regulations (2015), all DoH ALB's are extending Centre of Procurement Expertise cover for social and healthcare services in the LTR. This is being taken forward via a formally constituted project, reporting to Regional Procurement Board.

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

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

## ACCOUNTABILITY REPORT

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

The Trust's vision, values and corporate priorities are set out in the four year Corporate Plan, which is subject to Departmental approval. The current Corporate Plan covers 2020/21. A new single year corporate plan has been developed for 2021/22. Normally The Ministerial targets and HSCB Commissioning Plan priorities are responded to in the annual Trust Delivery Plan (TDP) and the Corporate Plan and the TDP set the context for the development of corporate support and operational divisional Directorate Plans, which set out how each Directorate will support the delivery of targets and priorities appropriate to their service areas. The HSCB did not produce a Commissioning Plan this year due to the pressures HSC services faced in response to the pandemic and therefore no TDP was produced. The achievement of plans and performance are normally progressed through internal Accountability meetings across the year however these in the main were stood down due to the Trust's response to COVID-19. These have now been re-established with the first round completed in March 2021. The Finance and Performance Committee and Strategic Change and Improvement Capability Committee, both of which normally meet quarterly and are chaired by Non – Executive Directors, met over the summer months but were stood down as we moved into the second and third surges. The Trust Board did continue to receive a monthly Performance Report setting out performance against each of the Ministerial targets and HSCB Commissioning objectives (carried forward from the previous year) and this is reviewed as part of the Trust Board meeting held in public.

Progress on the reform of services is managed through the Service Transformation and IQI group. This group was remodelled during 2020/21 to act as Project Reset: Project Board, to oversee the rebuilding of services post COVID-19 surges and to monitor the implementation of learning from our response to COVID-19. This group reports to the Strategic Change and Improvement Capability Committee, the meetings of which, as referenced above, were stood down during the COVID-19 surges but are now being re-established.

### ***Risk Management***

The Assurance Framework including the Principal Risk Document describes the objectives, identifies potential risks to their achievement, the key controls through which these risks will be managed and the sources of assurance about the effectiveness of these controls. During 2020/21, the Integrated Governance and Assurance Framework Strategy was kept under review with some changes being made to the committee structure which were approved by the Assurance Committee and the revised strategy became operational in January 2021.

The Risk Management Strategy describes the ongoing processes in place to identify and prioritise the risks to the achievement of the organisation's objectives and the systems that are in place for the identification, analysis, control and review of risks. The Risk Management Strategy also sets out the risk appetite of the organisation which is expressed by a series of boundaries, authorised by the Executive Team, giving clear guidance on the limits of risk and at what level in the organisation these can be managed. Delegated limits are defined for acceptance of risk, dependent up on the level of risk, ie, Low, Medium, High or Extreme. All Directors, Assistant Directors, Clinical Directors, Clinical Leads, Clinicians, Senior Managers, Facility/Ward Managers and Heads of Department ensure that all

## ACCOUNTABILITY REPORT

activities within their area of responsibility are assessed for risk and that any identified risk is eliminated or controlled.

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

Risk can be identified from a number of information sources such as adverse incidents, complaints, legal proceedings or risk assessments. Each risk record includes a description of the risk, current control measures in place to manage the risk, an assessment of the impact and likelihood of realisation of the risk (initial, current and target risk levels) as well as action necessary to treat/remove the risk.

The Principal Risk Document highlights the key risks to the achievement of the organisation's objectives. This tool was developed to ensure there is a comprehensive method for the effective, focused identification and management of the principal risks that arise in meeting the corporate objectives. The Principal Risk Document is used to provide the Trust Board with a simple and comprehensive account of those risks identified, actions required and outstanding gaps in control. This document was last presented to the Assurance Committee in March 2021.

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

There are structured processes in place for incident reporting and the review and learning from Serious Adverse Incidents (SAIs). The Trust has in place a Corporate Trigger List, which identifies incidents that must be reported by all staff, onto Datixweb. In addition, Trigger Lists have been developed for all Divisions, which also include service specific reportable incidents. These arrangements are supported by Risk Management Awareness training, which is available to all staff as an e-learning package.

In September / October 2020, the Trust trained 29 staff in the methodology and processes for completing a SAI review. Family/service user involvement was intrinsic within the SAI review process; and that the outcome of each SAI was focused on internal and regional learning.

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

## ACCOUNTABILITY REPORT

### ***Information Risk***

Information risks are managed within the context of the Trust's Risk Management Strategy. Such risks are identified and documented at a number of levels including the Corporate Risk Register. Information governance is a Principal Risk for the Trust and this is reviewed at the quarterly Information Governance Forum chaired by the Trust's Senior Information Risk Owner.

Information Governance Incident reporting (including SAI reporting) is performed using the normal Trust procedures, which incorporate guidance on reporting Information Governance (IG) incidents. The number of IG incidents reported during the quarter ended 31 March 2021 was 47, a decrease of 11 incidents on the previous quarter. Incidents and trends are reviewed by the Trust's Information Governance Forum and learning shared across divisions. There were two data security incidents notified to the Information Commissioner's Office (ICO) during the period 1 April 2020 to 31 March 2021. One incident has been closed by the ICO with no further regulatory action and the second incident is pending the outcome of their assessment.

A GDPR focussed audit undertaken by BSO Internal Audit across all Trusts during Autumn 2018 resulted in a Limited Assurance for the Trust. All recommendations have now been completed, with the exception of a priority two finding in respect of GDPR compliance of all contracts with any external organisation under which the Trust is sharing personal information. This area of work is a key priority within Divisional IG Action Plans, as we work towards full compliance by March 2022.

Information security remains on the Corporate Risk Register. Internal Audit carried out an audit on Managing User Privileges and Risk Management Regime during 2019/20. The Trust achieved satisfactory assurance for both Managing User Privileges and ICT Risk Management. The Trust Information and Communications Technology (ICT) Service continues to hold ISO270001 and ISO20000 Accreditations, most recently achieved in February 2020. The Trust is reliant to a significant extent on the services provided by BSO Information Technology Services (ITS), for which a Service Level Agreement is in place. BSO ITS also provides formal assurance, via their SIRO, to the DoH as part of the corporate governance process.

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

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

- Information Governance Awareness for all staff;

## ACCOUNTABILITY REPORT

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

Compliance with mandatory training (as at 31 March 2021) for Trust staff is 83% for IG Awareness, 76% for ICT Cyber Security and additionally 76% of managers have undertaken the mandatory POPI training. Attendance at this training continues to be a priority for Divisions and is reviewed at Accountability meetings with the Deputy Chief Executive. Divisional IG Action Plans are integrated into the internal Accountability meetings review process.

### ***Fraud Risk***

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

Fraud Awareness training is mandatory for all Trust staff and is delivered initially at corporate induction and thereafter every 3 years. It can be completed via an e-learning portal or delivered, face to face by the Fraud Liaison Officer for those staff with no access to a computer. However, due to the COVID-19 pandemic all face to face training was stood down during 2020/21. At 31 March 2021, 73% of all Trust staff had completed Fraud Awareness training.

## **4. Public Stakeholder Involvement**

Service users and carers are at the heart of everything we do. Involvement is a process of interaction and engagement with service users and carers to enable us to shape our services to meet their needs, improve patient experience, and to use our resources in ways that have the greatest impact on their health and wellbeing. The Trust is committed to Personal and Public Involvement (PPI) and has assigned responsibility for this to the Director of Operations/Deputy Chief Executive. The Trust has established an Equality, Engagement, Experience and Employment Group (EEEEG) to ensure compliance with and mainstreaming of personal and public involvement. The EEEEEG seeks assurance that service users, carers and communities are fully involved in the development of Trust services and that their involvement shapes our business. The membership includes a service user representative and the Patient and Client Council (PCC).

The Trust has established and continues to support a number of service user panels in partnership with service users, carers and the community and voluntary sector. Our User Panels are established groups of individuals and representative organisations who have a keen interest in the standard and quality of our services. They work in partnership with Trust staff to ensure their views are part of the planning, delivery and monitoring of services. Each panel is user led, chaired by a service user or carer and provides an opportunity for stakeholders and their representatives to be involved in the developing and planning of services. We will

## ACCOUNTABILITY REPORT

continue to support and value the networks we have already established and work in partnership with them to ensure the most marginalised are involved. Members of Carer Pathway Steering Group are now members of the regional Expert Carers Panel and are influencing the carer strategy for Northern Ireland and the development of future services.

The Trust's Involvement Network is a group of individuals who enjoy working with us to develop our services - whether this is co-designing a new service, co-producing training or having input into the information we provide, they are a key resource for the Trust.

Effective involvement is a priority outlined in the DoH Health and Wellbeing 2026 – Delivering Together Strategy. PPI has been a statutory requirement since 2009 and has been further enhanced by the DoH Co-production Guidelines which were published in 2018. The Trust has done much work with Divisions, service users and carers to create an integrated partnership plan which builds on and harmonises existing PPI, Co-production and patient experience work as a key enabler to transformation. We continue to support our 'Involvement Network' of over 250 service users and carers, to connect and build on our existing involvement infrastructure. Many of our service users and carers have been involved in our rebuild plans by attending engagement events and will continue to be involved in shaping services.

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

### 5. Assurance

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

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

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

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

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

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

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

### ***Internal Assurance Standards***

From 1 April 2018 the process for completion of Controls Assurance Standard (CAS) self-assessments ceased. The Trust established alternative methods of internal assurance for the 22 previous Controls Assurance Standards. Internal Audit reviewed the design of the new Assurance Framework in March 2019 and advised that this was adequate to provide appropriate assurances. The Trust self-assessed its compliance with the 20 applicable Internal Assurance Standards. The Trust achieved the following levels of compliance for 2020/21.

<b>Internal Assurance Standard</b>	<b>Method of Assurance</b>	<b>Score</b>	<b>Trust Level of Compliance</b>
Building, Land, Plant and Non-Medical Equipment	Regionally agreed Assurance Standards	81%	Substantive
Decontamination of Medical Devices	CAS Framework	85.4%	Substantive
Emergency Planning	Regionally agreed Assurance Standard	N/A*	Compliant
Environmental Cleanliness	Regionally agreed Assurance Standards	N/A*	Compliant
Environmental Management	Regionally agreed Assurance Standards	N/A*	Compliant

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Financial Management	Process for assurance agreed by DoH, HSC Assistant Directors and BSO Internal Audit	89%	Substantive
Fire Safety	Regionally agreed Assurance Standards	82%	Substantive
Fleet and Transport	Replacement Template	N/A*	Compliant
Food Hygiene	Regionally agreed Assurance Standards	N/A*	Compliant
Health and Safety	CAS Framework	78%	Substantive
Human Resources	CAS Framework	92%	Substantive
Infection Control	CAS Framework	95%	Substantive
Information and Communication Technology	ISO27001		The Trust remains ISO accredited. The audit that had been due to take place February 2021 will now take place in June/July 2021
Information Management	Assurance Checklist	N/A*	Compliant
Medical Devices and Equipment	CAS Framework	86%	Substantive
Medicines Management and Optimisation	Regionally agreed self-assessment tool	76%	Substantive
Procurement	Standard based on DoH guidance	84.2%	Compliant
Research Governance	This year's performance metric has been stood down.		PHA has indicated a submission date for June 2021
Security Management	Replacement Template	N/A*	Compliant
Waste Management	Regionally agreed Assurance Standards	N/A*	Compliant

\*There is no individual scoring of criterion within these standards, rather an assessment of whether or not the Trust is compliant.

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

## ACCOUNTABILITY REPORT

### 6. Sources of Independent Assurance

The Trust obtains Independent Assurance from the following sources:

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

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

The Trust utilises an internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the body is exposed and annual audit plans are based on this analysis. Internal Audit's follow up review on the status of implementation of previous recommendations, which should have been implemented by 31 March 2021, determined that a total of 65% were fully implemented, with 34% partially implemented and 1% not implemented. The impact of the Trust's response to the pandemic has meant a delay in implementing some of the recommendations and a plan to drive performance during 2021/22 is underway. The Audit Committee and Audit Steering Group have been and will continue to focus on those not yet fully implemented.

In her annual report, the Internal Auditor reported that the Trust system of internal control was satisfactory. However, weaknesses in control were identified in a number of areas as set out in the table below. Action plans have, or are being, developed to address the related recommendations. Implementation will be closely monitored by the Executive Team, Audit Steering Group and Audit Committee during 2021/22.

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In 2020/21 Internal Audit reviewed the following systems:-

AUDIT ASSESSMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT RECOMMENDATIONS
Review of Funding to Independent Homes	Completed (Consultancy Report)	N/A
COVID-19 Payment Validation Work - Domiciliary Care Organisations	Completed (Consultancy Report)	N/A
Payments to Staff	Completed (Limited)	<p>The Staff In Post (SIP) checking process should be strengthened to ensure SIPs are issued to those staff that are best placed to confirm the accuracy of the organisation management structure for their area of responsibility / span of control. Directorates should ensure that all SIPs are checked for accuracy and returned to HR, with those not returned being followed up. A process for escalating repeated non-returns should put in place.</p> <p>In order to improve controls within the current processes the financial governance controls surrounding the completion, approval and sending of timesheets to PSSC should be reviewed to ensure clarity, around the roles and responsibilities of each party in regard to the timesheet processing and to ensure that sufficient accuracy and verification controls are in place</p>
Non-Pay Expenditure (WCF)	Completed (Satisfactory)	N/A
Budgetary Control	Completed (Satisfactory)	N/A
ICT Procurement and Contract Management	Completed (Satisfactory)	N/A
IT Line of Business (LoB) (Regional Audit)	Completed (Satisfactory for 3 out of 4 sampled LoBs and Limited)	The Abacus system should be upgraded and maintained on a supported version. As part of this, the Trust should seek to utilise existing eFinancials interface functionality. The Abacus application and database servers should be upgraded to supported versions.

## ACCOUNTABILITY REPORT

AUDIT ASSESSMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT RECOMMENDATIONS
	for 1 of the 4 sampled LoBs)	<p>System access held by staff in the Abacus system should be comprehensively reviewed to ensure they are in line with least privilege. This should include:</p> <ul style="list-style-type: none"> <li>• the creation of bespoke roles for Brokerage and Cash Office staff;</li> <li>• reducing the number of staff with the “manager” role; and</li> <li>• reviewing additional user group privileges.</li> </ul> <p>Responsibility for managing the database (including access and applying database updates) should be clarified with the supplier.</p>
Management of Community and Voluntary Contracts during COVID-19	Completed (Satisfactory)	N/A
Governance and Management of Revenue Business Cases	Completed (Advisory Report)	N/A
Risk Management	Completed (Satisfactory)	N/A
Governance during COVID-19	Completed (Satisfactory)	N/A
Retention of Board/Committee Minutes and Papers	Completed (Satisfactory)	N/A
Whistleblowing	Completed (Satisfactory)	N/A

## ACCOUNTABILITY REPORT

### **Business Services Organisation Assurances**

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

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

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

<b>Shared Service Audit</b>	<b>Assurance</b>
Payroll Shared Service	Satisfactory – Elementary PSC Processes Limited – End-to-End HSC Timesheet Processing, SAP / HMRC RTI Reconciliation, Overpayments and Holiday Pay
Recruitment Shared Service	Satisfactory
Accounts Payable Shared Service	Satisfactory
Business Services Team	Satisfactory

### **RQIA**

The Trust has received the following reports in 2020/21 from RQIA and have reviewed and taken action where applicable:

Final reports:

- Review of Implementation of NICE Clinical Guideline 174 Intravenous (IV) Fluid Therapy in Adults in Hospitals in Northern Ireland, September 2020

Draft reports:

- Review of Governance Arrangements in Independent Hospitals and Hospices in Northern Ireland – draft report received August 2020

New reviews commenced:

- No new reviews have commenced

Hospital Inspection Programme:

- Phase 3: Outpatients inspection commenced in May 2019

The RQIA inspection programme continued during 2020/21. Quality Improvement plans are monitored by Divisional Governance Teams, with updates on progress against actions / recommendations being provided to RQIA. These are then

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reviewed by RQIA to oversee progress or sign off in terms of completeness of actions.

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

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within the 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, the Audit and Assurance Committees and other related sub-committees, and a plan to address weaknesses and ensure continuous improvement to the system is in place.

### 8. Internal Governance Divergences

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

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

##### ***Falls***

The Trust continues to monitor the number of falls, and falls resulting in moderate to severe injuries. The 'FallSafe' bundle monthly KPI audits continue, and compliance is reviewed on a monthly basis. In-patient falls resulting in moderate to catastrophic harm continue to be investigated, with identified areas for improvement / learning, disseminated within the Trust and the PHA. This issue should now be closed as an Internal Control Divergence.

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

A condition of the Confidence and Supply funding to the Trust was approval of each business case by the Trust Senior Management Team and then approval by PHA, HSCB or DoH by 31 March 2019. All schemes for which the Trust submitted business cases approved by the Trust Senior Management Team in 2018/19 were subsequently funded. As per HSCB, allocation letters 023 dated 16 April 2019 and 014 dated 8 April 2019 from HSCB and PHA respectively represent formal approval for all 2018/19 Confidence and Supply business cases.

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

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### ***Homecare Service***

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

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

Area Managers continue to carry out audits as part of their monthly quality monitoring. The work of the Area Managers has been adapted further to drive improvements with the quality of audits completed by officers concentrating on reviewing all audits carried out in the month by HCO's.

In continuing to provide assurance from all levels of staff, from recommendations to improve on the governance monitoring of the service, in June 2020 supervision templates were reviewed and amended for Homecare Workers, Homecare Officers and Domiciliary Care Locality Managers. Monthly Accountability meetings increase focus on ensuring staff at all levels within the service are maintaining their responsibilities regarding quality improvement.

Domiciliary care is one of the main workstreams within the Community Care Reset, Rebuild and Reform programme. Task and Finish Groups will focus on a new service model, performance framework and Service User outcomes. All outstanding recommendations from the Internal Audit have been implemented and closed off as at September 2020. We are now in a position to close the divergence for this service area.

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

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

The Endoscopy Service at Whiteabbey Day Procedure Unit received notification from JAG on 28 January 2020 advising that 'the service had not been able to demonstrate adherence to JAG standards and accreditation had been withdrawn.' Full JAG assessment will be required to regain accreditation, it is only when the service feels that it meets the required standard in all areas that a further application can be made. We are not in a position to make this application, as yet as we do not meet the standard required for patient waiting times. We continue to work through audits required and implementing feedback systems to Consultants.

The Trust completed a further JAG census in April 2021 for all of its Endoscopy units. This identified that the service was not meeting the current standard against

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waiting times so is not in a position to apply for full accreditation. A further census will be completed in October 2021.

Bowel Cancer Screening is continuing on Whiteabbey site as there is no alternative JAG accredited site and no option of ceasing the service.

### ***Unscheduled Care***

In response to the recognised capacity gap in Antrim Area Hospital, the Trust has submitted an Outline Business Case to the DoH for a 72-bedded ward block on the Antrim Area Hospital site, which is being considered as part of the DoH's 10-year capital priorities. The Trust has Commissioner support for this resourced bed capacity expansion, and continues to seek consideration of the capital funding required to make progress on this project. In the interim, the Trust has secured a temporary 24-bedded ward, which opened to patients in July 2019.

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

Transformation funding supported further expansion of Antrim Direct Assessment Unit (DAU) in 2019/20, alongside the creation of a *Programmed Treatment Unit* (PTU), which treats patients for planned procedures on an ambulatory basis, thus avoiding unnecessary inpatient stays. Both DAU and PTU have been fully utilised to address demand-related issues and effectively manage increasing pressure on inpatient beds even during the highs and lows of COVID-19 admissions into Hospital during 2020/21.

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

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

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

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currently exploring possibilities for a Virtual Hub facility for support / follow up of patients.

An acute frailty service project focused on establishing an acute frailty pathway and the team has remained totally committed to realising this service despite the challenges of COVID-19 within their service and team. The aim of this unit is to provide a comprehensive geriatric assessment including a MDT review and to discharge patients from an acute hospital bed within 72 hours of admission if it is safe to do so.

As part of No More Silos work a new 'Phone First' service for Northern Ireland is being trialled in our Emergency Departments in Antrim and Causeway hospitals. The 'Phone First' service will ensure patients can get direct access to the right care, avoid busy Emergency Departments and stay safe. The 'Phone First' service aims to keep our Emergency Departments for emergencies, whilst ensuring rapid access, assessment and treatment on a 24/7 basis for patients who need urgent care.

Further work under No More Silos in relation to Ambulance turnaround has commenced in the Emergency Departments in Antrim Hospital in February 2021. The aim of this project is to provide a dedicated six bedded area for ambulance arrivals at Antrim Emergency Department.

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

COVID-19 financial arrangements have been in place across these sectors for the past year.

There are continued cost pressures, with sectors anticipating a significant tariff increase due to ministerial comments during surges in recognition of the how much the sectors are valued.

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

Within domiciliary care an increasing reliance on what is termed 'secondary' domiciliary care providers, whose rates are generally higher than those of 'primary' providers, has increased the average cost of an hour of domiciliary care provision. Work has been completed to reduce the number of tariff rates in place, with those providers on multiple tariffs being brought onto one consolidated rate. This should provide a greater ability to monitor costs. A Project Board had been established to progress procurement, with the intention to tender the service during the latter part of 2020/21. Unfortunately due to COVID-19 work pressures this work was paused but is due to recommence imminently with a tentative timescale to procure of summer 2022. This will ensure going forward the cost paid reflects the true market price.

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

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Homes have been adversely impacted by COVID-19. There are now an unprecedented number of vacancies within the sector which will need to be monitored as this could create volatility.

Several workstreams are in place for the Trust/Region to support the sectors, including specific financial measures. Work has now commenced across the Trusts with the support of Internal Audit to validate payments made.

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

During the COVID-19 pandemic a large percentage of the Trust's elective activity was stood down to enable staff redeployment to other areas. As a consequence of this scaling back of services, the Trust has been unable to meet its funded SBA in most service areas. This was recognised by the DoH and Health and Social Care Board, and the Trust was required to produce quarterly rebuild plans, setting out challenging but realistic activity projections for a range of service areas. Performance against these rebuild plans is monitored at the Rebuilding Management Board.

The reduction in elective activity has meant that waiting times have grown across all service areas. A regional approach to elective theatre capacity has been established to ensure equity of access for patients across all five Trust areas. Nevertheless, addressing the growth in waiting lists will remain a significant challenge for the Trust and the region as a whole for some time to come.

The number of red-flag referrals has continued to increase to beyond pre-COVID-19 levels and this is particularly evident in the breast service. Demand has continued to exceed capacity and this has negatively impacted on the 14-day breast target where it reached a low of 15% in January. The Trust has written a letter to the Health and Social Care Board to seek help in addressing the demand/capacity gap in this service. Delays accessing outpatients and reduced access to theatres has led to challenges in meeting the 31 and 62 day targets.

Demand continues to increase across all elective AHP Services. Investment is needed in Physiotherapy, Speech and Language Therapy, Occupational Therapy and Dietetics to meet demand above funded capacity.

The Trust will continue to innovate and deliver services in different ways, including a much greater use of technology to connect and engage with our service users. However, the continued constraints of PPE and social distancing mean that activity is unlikely in the short term to reach the levels delivered before the pandemic.

The Trust's Paediatric Autism Service continues to experience annual growth in new referrals. There was a 12.5% increase between 2017/18 and 2018/19 and 15.5% increase between 2019/20 and 2020/21. The demand for services exceeds the capacity of the service despite recruitment to internal vacancies and additional staff. There continues to be internal waits for diagnostic assessments to be completed. Of the total waits for commencement of diagnostic assessment, 80% are waiting in excess of the target. The impact of COVID-19 and restrictions around ability to validate scoring of Autism Diagnostic Observation Schedule (ADOS) assessments, means the waiting list will continue to increase. As a result, the service is currently

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developing alternative ways of undertaking diagnostic assessment during this pandemic, in line with the other four Trusts.

During the COVID-19 period, the service focused on the intervention waiting list. This led to a 50% reduction in the total numbers waiting for intervention. The Paediatric ASD service has also redesigned the delivery of services and is offering immediate intervention to support children and their families to meet presenting need prior to completion of the diagnostic process.

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

### ***Infection Prevention and Control***

For the 2020/21 year, no Priority for Action targets for HCAs were set by DoH to allow Trust's to focus on the COVID-19 pandemic. Internally, the Trust agreed to use the previous year's targets to benchmark performance against (ie, for 2019/20). The Trust performance on C difficile infections as at March 2021 was 35 cases (47 last year) against an internal target of 49. The Trust performance on MRSA bloodstream infections as at March 2021 was 12 cases (nine last year) against an internal target of 7. Enhanced monitoring of compliance with the Trust MRSA Policy and MRSA Care Bundle continues Trust-wide with particular focus on areas of clinical practice, environmental maintenance and cleanliness to prevent Healthcare Acquired Infections.

Monitoring of additional targets for healthcare associated Gram-negative bloodstream infections (HAGNBSI) has occurred from 2018/19. There were 77 HAGNBSI during the 2020/21 year, against a target of 75 from the previous year. The Trust has maintained focus on the ongoing reduction plans in the overall antibiotic use including Tazocin and Meropenem. The use of the Antibiotic Review Kit (ARK) study; an applied research programme funded by National Institutes of Health Research (NIHR) which assists clinicians in their decision making regarding antibiotic use. The close out process for the ARK study began in January 21. The ARK decision tool has now been incorporated into the antimicrobial pages of the adult acute kardex for use within the Trust.

From November 2020 high levels of community transmission of COVID-19 were observed throughout the Trust area. Subsequently patients required admission to Trust facilities and by mid- January 2021, 48% of Antrim Hospital's available beds were occupied by inpatients who had tested positive for COVID-19. Two Trust Senior Infection Prevention and Control Nurses worked closely with Independent Sector Care Homes to provide support to manage outbreaks.

From April 2020 until March 2021 15 COVID-19 outbreaks solely amongst Trust staff have been reported to the Health Protection Team of the Public Health Agency and reported according to RIDDOR requirements to the Health and Safety Executive. Forty two COVID-19 outbreaks involving patients have also been notified during the same period. The Trust continues to work closely with the Regional Nosocomial,

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Infection Control and Testing Cells to ensure that guidance is implemented in a timely way. The Trust continues to validate nosocomial infection and mortality data.

The Trust continues to recognise that transmission of healthcare associated infections is a significant risk both to patient safety and to the business of the organisation and therefore this issue remains on our Principal Risk Register.

### ***Dysphagia***

As previously reported a SAI was reported to HSCB in early 2015 involving a patient who died following an episode of choking. The joint Police Service Northern Ireland (PSNI) and Health and Safety Executive Northern Ireland (HSENI) investigation into this incident has now completed. The investigation file has been forwarded to the Public Prosecution Service.

The Trust Dysphagia Group co-ordinates the implementation of the Trust action plan which includes the actions to address identified areas for improvement. The Trust Policy is regularly updated to take cognisance of any regional directives from Dysphagia NI (the regional multi agency working group). The implementation and standardisation in the use of International Diet Descriptors Standardisation Initiative (IDDSI) which commenced on the 15 October 2018 as indicated in 'HSC (SQSD) 16/18 Resources to Support the Safer Modification of Food and Drink' has been completed.

A review of elective Adult and Language Therapy (SLT) services has identified a significant demand capacity gap, and waiting times for SLT assessment in community settings continues to be an area of risk. A business case has been developed and submitted to HSCB to seek funding to manage the current shortfall. Funding for four Band 6 staff has been secured. The first recruitment round was unsuccessful, so recruitment of development Band 5/6 posts is currently in progress. COVID-19 has also impacted significantly on community waiting lists for SLT.

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

There is an ongoing workforce challenge to secure nurse staffing across sites against Delivering Care staffing levels. This results in significant use of agency nurses to meet our duty of quality and the provision of safe staffing levels within the Trust. Consequently this is also a financial risk for the organisation.

- Through Transformational Funding there has been a significant investment in band 6 registered nurses in the acute hospitals. This resulted in a funded uplift of 41.75wte band 6 nurses from band 5, these posts contribute to improve clinical outcomes and provide a career pathway for acute nurses leading to improved retention; there was also a temporary uplift of staff from band 5 to band 6 working in critical care and respiratory wards in respect of COVID-19 roles.
- Proactive nurse recruitment includes rolling weekly and web based recruitment, bespoke and Trust wide recruitment with on line marketing continues, Nurse vacancies are monitored and reported monthly; this demonstrates an improving permanent vacancy rate
- Attendance of Trust teams to recruit graduate nurses at mainland Universities has continued online;
- Retire and return guidance has been finalised;

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- Voluntary transfer policy is operational;
- A second agency is being utilised through regional tender to increase International Nurse recruitment;
- A Nurse Utilisation Group has been established to increase efficiency of nursing resource;
- Development of Advanced Nurse Practitioner and Specialist practitioner roles continues;
- Open University Virtual Roadshows have been provided across trust sites to promote application to preregistration programmes; and
- Graduate level Masters in Nursing rotational programme has been continued through confidence and supply transformational funding.
- Development of Advanced Nurse Practitioner and Specialist practitioner roles continues;
- Open University Roadshows have been provided across trust sites to promote application to preregistration programmes;
- To support additional pressures Combat Military Technicians and Medical Technicians have been utilised to support Non Registrant workforce.

### ***Medical Workforce***

The Trust continues to have challenges in recruiting medical workforce (Consultant, Middle and Training Grades) in a number of specialties which has the potential to disrupt services provided. Gaps remain in training programmes due to an inability of NIMDTA to recruit; this remains essentially unchanged. The impact of COVID-19 also necessitated the redeployment of senior and junior medical staff throughout the Trust as well as a reconfiguration of services within Obstetrics/Gynaecology and Paediatrics; Causeway Hospital relocating to Antrim Hospital for an interim period.

Recruitment to substantive posts within Causeway Hospital, Emergency Medicine Department has had notable success with the recruitment of three permanent SAS doctors which compliments the previous success in recruitment of four substantive consultants within this Department. There have been some permanent Consultant and SAS appointments within Paediatrics, Obstetrics and Gynaecology, Radiology and General Surgery.

The Trust continues to take the following actions:

- Maximising the use of recruitment advertising for those in at risk specialties;
- Proactive targeting of eligible doctors at the end of training or other available Consultants internal or external to Northern Ireland;
- Introduction of Locum Scrutiny meetings for all Directorates to review the utilisation of locum agencies, Trust recruitment processes, governance around locums and locum rates to reduce locum usage/expenditure;
- We have set up a clinical skills group to explore the use of other professional practitioners such as Phlebotomists, Physicians Associates, Pharmacists and Advanced Nurse Practitioners to enable the most efficient and effective use of available medical resource;
- Enhancement of the current Phlebotomy Service, now offering evening (5-9pm) and Weekend Phlebotomy Service on Antrim Area and Causeway Main Outpatient Department (NEW);

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- The use of internal locums from Antrim Area Hospital who provide out-of-hours cover in Paediatrics and Emergency Medicine in Causeway Hospital;
- Collaborative working with NIMDTA with Single Employer process to improve the working lives of junior doctors to ensure smooth transition of processes;
- Close liaison with and support from DoH, HSCB and PHA regarding workforce planning which is continually monitored;
- Engagement for International Recruitment (Regional and Trust Lead);
- Appointment of a Trust SAS Lead who will address and engage with regional counterparts on enhancing the role of this group of staff as well as assisting with the implementation and rolling out of the new SAS Contract.(NEW); and
- Establishment of BAME Task Group which is jointly chaired by Chief Executive and Lead Clinician representing BAME employees. This group is tasked on improving the working lives of those who are new to the Trust as well as to the UK/NI through a number of support mechanisms.

A Trust International Medical Recruitment/Graduate Group has been set up to improve the support and experience for doctors new to Northern Ireland (Regional and Trust lead).

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

Residential Care and Foster Care on a regional and local level. The Trust has on the whole been able to provide placements in-house for young people with challenging and complex needs, however, two young people are currently being cared for in bespoke arrangements with a staffing level of 2:1 ratio. Availability of care placements continues to be challenging, particularly given the increase in the number of Looked After Children from 674 at 31 March 2020 to 728 at 8 February 2021. The Trust's Escalation Panel which oversees placement availability remains in place and has noted a particular shortfall for placements for children with disabilities. All Trusts have indicated similar pressures and the HSCB is prioritising children with disabilities in the forthcoming months.

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

As stated in previous reports there have been a number of Internal Audit reports within the Northern HSC Trust and regionally which identified issues over the terms of the contract and contract management with domiciliary care independent sector providers. A number of recommendations relating to the internal monitoring, verification and authorisation processes within the Trust were made. The Trust has developed Action Plans to address the recommendations contained in the reports. On foot of these reports the DoH established an Oversight Scrutiny Committee (OSC), led by senior Departmental officials, to scrutinise the Internal Audit reports and assurances.

This OSC published a Closure Report on 24 March 2021 setting out its recommendations relating to mechanisms to ensure all recommendations are implemented, procurement of domiciliary care and contract management. The Trust has arrangements in place to address the findings of this report.

Following the publication of 'Power to People' and on-going work with the HSCB on the most effective domiciliary care model for future service delivery, the NHSCT has delayed full procurement as we await the outcome of this regional work. In the

## ACCOUNTABILITY REPORT

interim, the Trust continues to apply full openness in engagement with Providers and indeed regularly tenders for work when Primary Providers are unable to meet the requirement. With regard to Contract Compliance, the NHSCT has recruited two Compliance Officers in September 2018 and has commenced a rolling audit plan across all domiciliary care independent sector providers.

During the initial COVID-19 surge the Compliance Officers who complete audits on domiciliary care providers, were re-deployed to the Partnerhub for a six month period. Following their return to post a compliance initiative has been completed which provides a modest assurance that care hours commissioned by the Trust were delivered. This initiative spanned all independent domiciliary care providers.

A revised work plan has been drafted for consideration and approval by senior management on the work to be completed by the Compliance Officers during 2021/22. This plan will ensure that all providers are audited on an annual basis.

Work is being finalised on a revised monthly monitoring template. This template has been developed in excel format and will reduce time currently spent by Trust staff on transposing information into databases and permit this time to be invested in analysing information submitted (incidents, accidents and complaints) and enable benchmarking to be developed. It is envisaged this will provide a more robust analysis on the quality of services delivered and increase our ability to hold providers to account.

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

The Shared Services Centre for Payroll has consistently received Limited Internal Audit Assurance since 2014/15, with the exception of 2016/17 when an additional unacceptable assurance was issued in respect of Payroll System and Function Stability. The Audit Report issued in March 2021 provided a split level of assurance, satisfactory in respect of elementary PSSC processes and limited assurance in respect of timesheets, management of overpayments and HMRC reconciliations. Internal Audit highlighted that PSSC had successfully delivered the Medical and Dental pay award, managed increased processing demands and led on a regional workstream on timesheet processing, and that five of 14 previous recommendations were now considered implemented or superseded.

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

The Trust continues to work towards implementing and maintaining best practice through delivery of a Trust Information Governance Improvement Plan and individual Divisional Information Governance Action Plans. Progress continues to be closely scrutinised during 2021 with Action Plans being reviewed at internal Accountability meetings.

Compliance with mandatory training for Trust staff is at 83% for IG Awareness and 76% for POPI (at 31 March 2021). ICT Security compliance (including Cyber Security) at same period was 76%.

## ACCOUNTABILITY REPORT

The number of IG incidents reported during the quarter ended 31 March 2021 was 47. IG incidents and trends are reviewed by the Trust's Information Governance Forum, with identified learning shared across divisions.

Since April 2020, two incidents have been reported to the ICO. One incident which has been closed by the ICO was in respect of a Professional's version of a Child Protection Case Conference (CPCC) report having been shared with the parent instead of the redacted Parent's version of the CPCC report. The second incident involved the inadvertent disclosure of a service-user's pregnancy to another family member by a healthcare professional – this incident is still open to the ICO. All recommendations and associated actions from ICO reported incidents are reviewed by the Trust's SIRO and at quarterly Information Governance Forum meetings.

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

### ***Financial Position***

Whilst the Trust achieved a breakeven financial position in the year to 31 March 2021, it is important to note that this was achieved following the receipt of significant non-recurring funding for COVID-19 activities. The Trust also experienced significant expenditure downturn as an impact of actions taken in relation to the management of the pandemic within its services. As a result, the Trust is aware that the underlying recurrent deficit position it carries coupled with further in-year emergent pressures ensures that these significant budgetary challenges will continue throughout 2021/22. Planning for the year 2021/22 has been ongoing both at Departmental and Trust level. The Trust continues to carry a recurrent underlying deficit of £43.762m and will continue to work proactively with the HSCB, PHA and DoH on a plan to address these pressures in 2021/22.

The Assembly passed the Budget Act (Northern Ireland) 2021 in March 2021 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2020-21 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2021 also authorised a Vote on Account to authorise departments and their Arms' Length Bodies' access to cash and use of resources for the early months of the 2021-22 financial year. This will be followed by the 2021-22 Main Estimates and the associated Budget (No. 2) Bill before the summer recess which will authorise the cash and resource balance to complete for the remainder of 2021-22 based on the Executive's 2021-22 Final Budget.

### **Winter Resilience**

The Trust developed a resilience plan to address Winter Pressures and any subsequent waves of COVID-19 Pandemic Trust 2020/21. The areas of focus and actions reflected on previous winter plans and their impact, as well as what was a second COVID-19 surge. The Trust's objective throughout each winter period is to ensure a safe and responsive emergency care service across our two acute sites, supported by effective community and social care, with a continued focus on quality and patient experience. Additional community bed capacity was available (with extra staffing resource) through existing community hospital facilities as well as the

## ACCOUNTABILITY REPORT

purchase of private nursing, dementia and delirium beds. We were unable to access additional hospital capacity bar that provided regionally through the Nightingale facilities at Belfast City Hospital, Ulster Hospital and Whiteabbey Hospital. We also focused on reforming services through optimising new and developing ambulatory care pathways at both acute sites and further developing same day emergency pathways, We expanded community and primary care capacity and provided additional workforce capacity (medical, nursing, labs, admin and AHPs) at the acute sites. Close co-operation with our Partners is embedded, including with other Trusts, NIAS, Primary Care and Social Care provision. We continued to focus on protecting our staff including a focus on staff wellbeing, take up of the flu vaccine, infection control measures (including PPE fit testing) and ensuring a positive experience for our patients.

As a second COVID-19 wave coincided with winter pressures comprehensive surge plans were drawn up for critical care, hospital beds and care homes and all the services that support these key areas. The Trust maintained as many services as possible during this second wave however, to allow us to manage demand from COVID-19 and winter pressures, elective care services were dramatically reduced to red flag referrals only impacting on our ability to deliver rebuild plans prior to the second surge.

### ***Cyber Security***

The Trust continues to work with colleagues through the Regional Cyber Security Programme Board to address issues highlighted through external assessment and audit, to take common/consistent actions to strengthen cyber security issues.

HSC organisations have come together to agree on a list of priorities to enhance the Cyber Security Posture. The highest priority identified is to create a strategy for all Organisations to focus and come together on. This will be alongside the technical infrastructure that has already been implemented to increase the Trust's and HSC's resilience. The Trust has been successful in retaining the ISO27001 standard for Information Security by external audit through SGS Certification body and is working towards the external recertification audit due in June 2021.

A cyber security incident took place at Queen's University Belfast (QUB) in February 2021. The Trust's technology teams took a number of actions to reduce potential disruption to Trust services, and continue to liaise with QUB on the impact of the cyber incident. Further detail is noted within the New Divergences section below.

### ***Community Equipment***

The Trust was in receipt of an unacceptable assurance report from its Internal Auditor in 2019/20 in respect of control of Community Equipment. Five priority one and 15 priority two recommendations were issued relating to management of stock, installations, servicing and maintenance, contract management and governance and oversight of this area. All priority one recommendations have now been implemented and 14 of 15 priority two recommendations have already been fully implemented and confirmed by Internal Audit. The remaining recommendation relates to the installation of an asset monitoring system required for community sub-stores' assets.

## ACCOUNTABILITY REPORT

As at March 2021, a review of suitable commercially available products has indicated that there are limited options available. Before progressing further it is recommended that a review of the specification for this monitoring system be further assessed. A pilot project is on-going in the acute hospital sector to track equipment and it would be beneficial to have the evaluation of this work to inform the way forward. It is anticipated this process may take 12 months to complete. Consideration may have to be given to sourcing a bespoke solution. In the meantime, regular stock checks and quarterly audits will be undertaken to determine compliance with the need to record equipment provision on ELMS 2.

### ***Neurology***

The Trust is committed to the sustainability of Neurology in Trust in conjunction with regional colleagues and our commissioners. The first of the joint NHSCT/BHSCT Consultant Neurologist posts has commenced at the start of March 2021. We are continuing to work with HSCB and BHSCT to recruit to further joint appointments, including the development of Fellowship posts to try to attract local trainees due to complete training in August 2021. The Trust continues to have a presence from Consultant Neurologists from the BHSCT and active support from the BHSCT Neurology team who are providing real time Neurology telephone advice to support our medical teams caring for inpatients in both Antrim and Causeway hospitals (this includes the ability to transfer patients to BHSCT if necessary). Our new Neurology Liaison Nurse has commenced into post and is working with the new consultant to develop pathways for neurology patients admitted into Antrim hospital. The Trust has also put arrangements in place to ensure the triage of new referrals and escalation of urgent cases. This has been communicated to secondary and primary care.

The Trust continues to locally deliver nurse led services for patients with Parkinson's disease and for those with Multiple Sclerosis (MS) and we are working with commissioners to develop a weekend service for the infusion of MS disease modifying drugs. We have appointed a second Parkinson's nurse specialist and a number of our Care of the Elderly consultants also provide care for patients with Parkinson's disease.

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

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

The impact of COVID-19 has meant that the timeline developed by the Trust to have all legacy cases processed for those who required a DoL authorisation has needed to be adjusted. An extension for full compliance was agreed by DoH to 31 May 2021. The Trust has completed DoL applications for all identified legacy cases by the implementation timeframe of 31 May 2021.

There are sufficient numbers of staff identified and trained to carry out the functions required however additional training is ongoing to support staff to develop the necessary confidence and competence in this area of practice. A Trust training

## ACCOUNTABILITY REPORT

subgroup has been established and will support the ongoing identification and delivery of the necessary training for the Trust's workforce. A regional training group has also recently been established in order to ensure standardisation of training.

Regional thresholds for patients who require a DoL including those patients with palliative care needs have now been agreed between Trusts, Directorate of Legal Services, Attorney General, Mental Health Review Tribunal and DoH and guidance has been issued to staff.

Our ability to treat patients in the hospital using Short-Term Detention Authorisations has been significantly impacted by COVID-19. The current model for Short-Term Detentions has been successfully implemented within the acute hospital settings and there has been improvement in staff engagement. The numbers of Short Term Detentions completed per month is improving. The lead practitioner for acute services in partnership with lead medical staff continue to drive forward the processes in place to ensure continued full compliance in relation to Short-Term Detentions. This will be monitored as we move forward.

Compliance with the legislation in all Divisions is monitored on a monthly basis through the Cross Divisional Programme Board.

The two main risks currently are:

- The impact of the direction to submit Statements under Rule 6 which will require a minimum of an additional three hours of staff time for all cases referred to the Review Tribunal. There is an average of 40 Trust cases listed for hearing by the Review Tribunal per month requiring an up to date Statement under Rule 6. The Trust has secured a solicitor via the Directorate of Legal Services on a full time basis to support staff in completion of these Statements and in the provision of responses to any Review Tribunal directions.
- Three Trusts have now moved to a position where they are paying their medical staff a higher tariff than the regionally agreed rate of £200/session. This may make it more attractive for staff to move to other Trusts. Equally it will put financial pressure on the Trust if they have to increase the rate that is paid to medics.

There is a further financial risk given the gap between the funding identified for this regionally and the Trust's preliminary cost estimates. The impact of COVID-19 has resulted in loss of activity and there is sufficient funding available to meet the cost occurred by the Trust in 2020/21. Although the Trust has sufficient staff appointed to undertake the range of roles required the cost of these staff is above what is available from the DoH. Reduced funding will impact on delivery. Review of the business case will be taken as part of the regional overview to reflect the resources needed to consolidate the current model to ensure continued compliance.

The Trust has put in place a lead director, programme lead, professional advisor and programme structures and processes aimed at managing the associated risks and ensuring compliance with legislation.

## ACCOUNTABILITY REPORT

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

In response to internal and external reviews associated with the regulations and guidance for fostering, the Trust has progressed a review of its fostering assurance framework to ensure there are robust governance arrangements associated with the delivery of foster care.

The review of the fostering assurance framework was undertaken through a consultancy process by Internal Audit. The review is complete and management's response has been finalised. This report was tabled at the Audit Committee in October 2020 and the service has developed an action plan which is being progressed and subject to regular review by internal audit.

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

There has been an increase in the number of unaccompanied young people entering Northern Ireland. The Trust continues to engage in regional discussions regarding this area of pressure and a regional rota for placements for unaccompanied young people has been set up with each Trust open for placements on a two monthly cycle.

## **New Divergences**

### ***Fit testing***

In June 2020 an issue was identified by another HSC Trust in relation to the fit testing of FFP3 masks. As a result a Severe Adverse Incident (SAI) was initiated through the Public Health Agency. This resulted in an audit of fit testing results which was required to provide assurance over those tests and to identify any staff that would require re-fit testing due to the incorrect standard being used during testing or hand written corrections on certificates. A total of 423 staff were identified to be refit tested. To date 307 staff have been retested, 92 staff did not require retesting, five Trust staff have not replied to emails, letters and phone calls, six Trust staff did not attend their appointment. Three staff were unidentifiable or were non-Trust staff and we were unable to obtain contact details. Ten staff were non-Trust, they have been advised via a letter and contacted by email or phone but have not come forward for testing.

The regional SAI is ongoing. There were seven learning points from the regional early alert.

Action point one was to ensure that all fit testing was carried out using HSE INDG 479 standard and that all training records are accurate and up to date. The Trust continues to use an external company to carry out all fit tests. There is a daily audit carried out by a Trust co-ordinator to ensure that the portacount machines are set to the HSE INDG 479. The co-ordinator is also present at each fit testing session to answer any questions. The external company has provided written confirmation that all their operators carrying out fit testing in the Trust have completed the company's internal training programme. All staff are provided with email confirmation of their fit test appointment which provides guidance on preparation for the test.

## ACCOUNTABILITY REPORT

The second action point was to ensure that at the beginning of each session to check that the correct standard is being used. There is now an independent review by the Trust co-ordinator at the beginning of each session and a daily record is kept of this review.

Action point three was to ensure that all certificates are reviewed to ensure they align with the UK requirements. There is now a daily rolling audit in place where all certificates are checked to ensure they meet the correct standards.

Action point four was to ensure all staff are given a copy of their certificate and the outcome explained. As of the 8 July 2020 all staff are provided with a copy of their test certificate. The results of the fit test are explained to the staff member, if they have any queries these can be addressed at the time or the staff member can contact the Fit Testing Team through a dedicated email address. Work has begun on providing those staff who were fit tested prior to 8 July 2020 with a copy of their fit testing certificate.

Action points five and six focused on improving the recording of data, specifically ensuring that all data was secured and available for the review panel for the SAI. The Trust has developed an Excel database where all fit testing outcomes are uploaded. This database is available to view on staffnet and is updated on a weekly basis. Work is ongoing to maintain and update this database and ensure all data is accurate.

Action point seven was to put in place an end to end monthly fit testing audit programme. In September 2020 a monthly audit was put in place to check both the certificates and data held in the central database to ensure all information is recorded correctly through the fit testing journey.

The supply of FFP3 masks is ever changing and the Trust now has a dedicated team within Occupational Health assigned to managing fit testing. The team continues to communicate with staff and management on a regular basis to help identify those staff who require fit testing and ensure that they can be fit tested in a timely manner.

### ***Breach of Radioactive Substances Act 1993***

On the 19 August 2020, following elective breast surgery and sentinel node biopsies, it was discovered that radioactive waste by-product of the surgery was not disposed of in accordance with procedure. The Trust informed the Northern Ireland Environment Agency (NIEA) of the incident, in accordance with the Radioactive Substances Act 1993.

A similar incident occurred on 28 October 2020, when it was discovered yet again that radioactive waste was not disposed of in accordance with procedure. The Trust informed the NIEA of the incident, in accordance with the Radioactive Substances Act 1993.

As a result of the repeated breaches of legislation the Trust was issued with an 'Enforcement Notice' (by NIEA). The requirements of the enforcement notice, a report on which was required to be submitted to NIEA by 31 January 2021, were:

## ACCOUNTABILITY REPORT

“A review of the procedures covering the disposal of sentinel node biopsy waste to be carried out. A report of the review, including improvements identified and a timescale for implementation, to be submitted to the Chief Inspector”

A full SAI investigation into the circumstances of the incidents was completed. The subsequent report included a 14 point incident action plan, which included details on improvements identified and a timescale for their implementation . The report and action plan were shared with NIEA within the timescale required, and on 1 February 2021 NIEA advised that they were content that the documents provided satisfied the remedial steps required by the enforcement notice, and as such that the notice had been complied with.

### ***Waiting lists in Dementia and Psychology***

Waiting times for memory assessment have grown significantly due to a capacity demand gap and also reduction in service delivery due to COVID-19. As a consequence the nine week target for assessment is currently not being met and a growing number of people are breaching this target. The service review is underway to explore in detail demand within the service and will take forward the development of a model which aims to provide an efficient and effective response to address the waiting list. A waiting list initiative had been developed however inability to identify temporary locums had meant this could not progress. A demography bid to help address pressures has been submitted to enable recruitment of additional psychiatry staff to join a Multidisciplinary Memory Assessment Clinic to address the gap between capacity and demand.

### ***Waiting lists in Psychological Services***

Waiting list pressures continue within Psychological Services and the 13 week target for assessment is currently not being met across a number of services due to capacity routinely exceeding demand. COVID-19 has heightened levels of psychological distress and mental health issues within the population. Services particularly impacted include Psychological Therapies (PTS), Clinical Health Psychology, Adult and Children’s Learning Disability and the Adult Autism Service. A demography bid to help address pressures across PTS and Clinical Health Psychology has been submitted. Funding has been identified for inescapable pressures at HSCB which has been directed toward LD psychology staff to support delivery of evidence based approaches to community treatment.

### ***Recruitment and Retention of Child Care Social Work Staff***

The number of regional student social work placements is insufficient to ensure adequate qualified social workers to fill vacant posts within all Trusts. In addition, the implementation of initiatives through Transformation Funding has led to a greater number than usual vacancies within frontline statutory child care social work teams, with retention of new and experienced staff becoming problematic. This impacts on the Trust’s ability to fulfil its obligations under the Delegated Statutory Functions legislation, and inconsistency in service delivery. Currently there is between 25-30% vacancy rate in Trust child care social work. The Trust is working with Department of Health Social Services and Public Safety Northern Ireland (DHSSPSNI) and HSCB to develop a strategy to increase future placements.

## ACCOUNTABILITY REPORT

### ***Cyber security incident at Queen's University Belfast***

A cyber security incident took place at Queen's University Belfast (QUB) in February 2021. The Trust has multiple contractual interactions with QUB, some concerning personal information, the Trust technology teams, with the backing of the Trust's SIRO's, took a number of actions to reduce potential disruption to Trust services, and continue to liaise with QUB on the impact of the cyber incident. The impact on the Trust is being fully investigated, and there may be a financial risk in relation to possible future liability, for potential claims for loss of personal data. As the breach occurred in a third party's systems the potential for liability is unclear and any financial impact is unquantifiable at present.

### ***COVID-19 Funding***

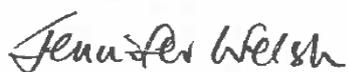
The Trust was provided with additional funding to ensure that critical services were maintained during the pandemic. This funding enabled the Trust to continue to deliver critical services during 2020/21 across the Trust and also enabled the Trust to provide support to residential and nursing homes, the community and voluntary sector and the independent sector to ensure that they could also continue to deliver critical services during the pandemic. A portion of this funding was administered through a grant and claim process.

Further analysis on this funding and expenditure is detailed within the Performance Report.

### **Conclusion**

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

Further to considering the accountability framework within the Body and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the Trust has operated a sound system of internal governance during the period 2020/21.



**Mrs Jennifer Welsh – Accounting Officer**  
**24 June 2021**

## ACCOUNTABILITY REPORT

## REMUNERATION AND STAFF REPORT

### Remuneration Report

#### *Scope of the report*

The Remuneration Report summarises the remuneration policy of the Trust and particularly its application in connection with senior managers.

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

#### *Remuneration Committee*

The Board of the Trust, as set out in its Standing Orders and Standing Financial Instructions, has delegated certain functions to the Remuneration Committee including the provision of advice and guidance to the Board on matters of salary and contractual terms for the Chief Executive and Directors of the Trust, guided by DoH policy.

The current members of the Remuneration Committee in 2020/21 are:

- Mr Bob McCann;
- Mr Jim McCall; and
- Mr Gerard McGivern (member since 1 July 2020).

Mrs Geraldine McGahey had been a member until 30 June 2020.

The Remuneration Committee met on three occasions during the financial year 2020/21 to consider the starting salaries of the new Senior Executives appointed in year, the performance assessment of all Trust Senior Executives and to approve the work objectives of the Chief Executive and Executive Directors.

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

There were no early retirements or payments of compensation for other departures relating to current or past Senior Executives in 2020/21.

## ACCOUNTABILITY REPORT

### *Remuneration Policy*

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

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

### *Service contracts*

All Senior Executives, except the Trust Medical Director, in the year 2020/21 were employed on the DoH Senior Executive Contract. The contractual provisions applied are those detailed within DoH Senior Executive circulars.

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

### *Pay Awards*

A pay award issued for Senior Executives for 2016/17 and 2017/18 was approved in March 2021 with payment processed in April 2021. An accrual has been included within the financial statements to reflect monies that may become due for pay awards for 2018/19, 2019/20 and 2020/21 that have not yet been issued.

A pay award issued for Agenda for Change staff for 2020/21, which included Divisional Directors, was applied in April 2020.

A pay award issued for Medical and Dental staff for 2020/21 was applied retrospectively in March 2021.

A pay award issued for Non-Executive Directors for 2018/19 and 2019/20 was approved in April 2021, therefore an accrual has been included within the financial statements to reflect monies that may become due for those years and for 2020/21.

### *Notice period*

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

### *Retirement benefit costs*

The Trust participates in the HSC Pension Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to 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

## ACCOUNTABILITY REPORT

Scheme can be found in the HSC Pension Scheme Statement in the Departmental Resource Account for DoH.

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

### *Premature retirement costs*

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

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

## ACCOUNTABILITY REPORT

### *Fair Pay Disclosures (Audited)*

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

	<b>2020/21</b>	<b>2019/20</b>
Band of Highest Paid Director Remuneration	£180k - £185k*	£180k - £185k
Median Remuneration	£30,616	£29,854
<b>Ratio</b>	<b>5.79</b>	<b>6.11</b>
<b>Range of Staff Remuneration</b>	<b>£18,005 - £191,805</b>	<b>£17,652 - £247,196</b>

\* This amount includes back pay that was paid during 2020/21

The midpoint of remuneration of the highest paid Director in the Trust was £177,500 (2019/20 £182,500). This was 5.79 times (6.11 2019/20) the median remuneration of the workforce, which was £30,616. The ratio calculation for 2020/21 has indicated minimal movement from 2019/20. The calculation of the median excludes agency staff because inclusion of these costs had a limited impact on the ratio.

The calculation of the median also excludes the accrual in respect of the HSC Staff Recognition Payment because of these costs cannot currently be attributed to individual employees but would also have a limited impact on the ratio.

## ACCOUNTABILITY REPORT

### Senior Employees' Remuneration (audited)

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

Name	2020/21				2019/20				2020/21				
	Salary £000s	(8) Benefits In Kind (to nearest £100)	Pensions benefit (to nearest £1,000)	Total £000s	Salary £000s	Benefits In Kind (to nearest £100)	Pensions benefit (to nearest £1,000)	Total £000s	Real Increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	(9) CETV at 31/3/20 £000s	CETV at 31/3/21 £000s	Real increase in CETV £000s
<b>Non-Executive Members</b>													
B McCann	30 - 35	0	N/A	30 - 35	30 - 35	100	N/A	30 - 35	N/A	N/A	N/A	N/A	N/A
P Corrigan	5 - 10	0	N/A	5 - 10	5 - 10	100	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
G McGahey (1)	0 - 5	0	N/A	0 - 5	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
J McCall	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
B Graham	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
G Houston	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
G McGivern	5 - 10	0	N/A	5 - 10	5 - 10	100	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A

## ACCOUNTABILITY REPORT

Executive Team & Divisional Directors	2020/21				2019/20				2020/21				
	Name	Salary £000s	(8) Benefits In Kind (to nearest £100)	Pensions benefit (to nearest £1,000)	Total £000s	Salary £000s	Benefits In Kind (to nearest £100)	Pensions benefit (to nearest £1,000)	Total £000s	Real Increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	(9) CETV at 31/3/20 £000s	CETV at 31/3/21 £000s
J Welsh	105 – 110	0	64,000	170 – 175	95 - 100	100	20,000	115 – 120	2.5 to 5 + lump sum 5 to 7.5	35 to 40 + lump sum 70 to 75	573	663	63
S O'Reilly	180 – 185	0	(1,000)	180 – 185	170 - 175	0	17,000	190 – 195	0 to 2.5 + lump sum 0 to 2.5	55 to 60 + lump sum 175 - 180	934	1418	18
O Harkin	95 – 100	200	40,000	135 – 140	85 - 90	200	19,000	105 – 110	2.5 to 5 + lump sum 0	55 to 60 + lump sum 0	797	871	37
E McEaney (2)	30 – 35	400	(4,000)	25 – 30	75 – 80	100	(6,000)	65 – 70	N/A	N/A	741	N/A	N/A
M Dargan	80 – 85	0	36,000	115 – 120	45 - 50	100	52,000	95 - 100	0 to 2.5 + lump sum 0 to 2.5	25 to 30 + lump sum 60 to 65	477	147	53
S Pullins (7)	45 – 50	0	53,000	100 – 105	N/A	N/A	N/A	N/A	2.5 to 5 + lump sum 2.5 to 5	35 to 40 + lump sum 80 to 85	N/A	733	54
P Hughes (3)	45 – 50	0	(4,000)	40 – 45	90 – 95	200	31,000	120 – 125	N/A	N/A	1139	N/A	N/A
O Donnelly (4)	30 – 35	400	(4,000)	25 – 30	90 – 95	100	(12,000)	75 – 80	N/A	N/A	N/A	N/A	N/A
B Donaghy	110 – 115	0	51,000	160 – 165	85 - 90	300	(8,000)	75 – 80	2.5 to 5 + lump sum 7.5 to 10	40 to 45 + lump sum 125 - 130	910	1033	66
W Magowan	95 – 100	0	52,000	145 – 150	90 - 95	0	20,000	110 – 115	2.5 to 5 + lump sum 7.5 to 10	30 to 35 + lump sum 100 to 105	678	787	65
M O'Hagan	100 – 105	200	1000	100 – 105	90 - 95	0	(9,000)	80 – 85	0 to 2.5 + lump sum 0 to 2.5	40 to 45 + lump sum 120 - 125	846	908	13
K Hargan	80 – 85	0	14,000	95 – 100	45 - 50	0	15,000	60 – 65	0 to 2.5 + lump sum 0	20 to 25 + lump sum 0	253	281	17
N Martin	75 – 80	0	21,000	95 – 100	35 - 40	0	25,000	60 – 65	0 to 2.5 + lump sum 0 to 2.5	15 to 20 + lump sum 30 to 35	264	299	19
G Hamill (5)	55 – 60	100	29,000	85 – 90	N/A	N/A	N/A	N/A	0 to 2.5 + lump sum 5 to 7.5	35 to 40 + lump sum 105 to 110	N/A	893	42
P Corr	105 – 110	0	19,000	120 – 125	N/A	N/A	N/A	N/A	0 to 2.5 + lump sum 0	35 to 40 + lump sum 80 to 85	N/A	675	19
A Harris (6)	55 – 60	0	107,000	160 – 165	N/A	N/A	N/A	N/A	5 to 7.5 + lump sum 12.5 to 15	25 to 30 + lump sum 85 to 90	N/A	617	108

*The Executive Team (ref page 6) are shaded in the above table, Divisional Directors are unshaded, Please note Divisional Directors are employed on Agenda for Change contracts, the Executive team are held on either DoH Senior Executive Contract or HSC Medical Consultant Terms and Conditions. For titles please refer to page 47. These figures are exclusive of the pay circular March 2021.*

## ACCOUNTABILITY REPORT

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

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

CETVs are calculated within the guidelines prescribed by the institute and Faculty of Actuaries.

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

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

## ACCOUNTABILITY REPORT

### Senior Employees' Remuneration - Notes

Notes to tables above:

- (1) *G McGahey left 30/06/20. Estimated full year salary £5 – 10K*
- (2) *E McEaney left 31/08/20. Estimated full year salary £75 - £80K*
- (3) *P Hughes left 12/07/20. Estimated full year salary £130 - £135K*
- (4) *O Donnelly left 30/06/20. Estimated full year salary £110 - £115K. O Donnelly is beyond the threshold for calculation of CETV/Real Increase, therefore, this is not applicable in 2020/21*
- (5) *G Hamill commenced Directorship 11/07/20. Estimated full year salary £80 – 85K*
- (6) *A Harris commenced Directorship 14/07/20. Estimated full year salary £80 – 85K*
- (7) *S Pullins commenced Directorship 01/09/20. Estimated full year salary £80 – 85K*
- (8) *Benefits in kind relate to the taxable benefits in kind on travel expenses reimbursed and leased cars where applicable*
- (9) *CETVs as at 31/03/20 for all Directors may have been adjusted by HSC Pensions Branch based on the current framework prescribed by the Institute and Faculty of Actuaries*

## ACCOUNTABILITY REPORT

### Staff Report Staff Costs (Audited)

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

Staff costs comprise:	2021		2020	
	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	425,210	54,112	479,322	424,079
Social security costs	34,582	380	34,962	32,307
Other pension costs	75,833	492	76,325	71,716
<b>Sub-Total</b>	<b>535,625</b>	<b>54,984</b>	<b>590,609</b>	<b>528,102</b>
Less recoveries in respect of outward secondments			1,985	2,197
<b>Total net costs</b>			<b>588,624</b>	<b>525,905</b>
Staff costs charged to capital projects during the year			945	780
Total net costs of which:			<b>£000s</b>	<b>£000s</b>
Northern HSC Trust			589,621	527,277
Charitable Trust Fund			44	45
			<b>589,665</b>	<b>527,322</b>

### HSC Pension Arrangements

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

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

Pension benefits are administered by BSO HSC Pension Service. Two schemes are in operation, HSC Pension Scheme and the HSC Pension Scheme 2015. There are two sections to the HSC Pension Scheme (1995 and 2008) which was closed with effect from 1 April 2015 except for some members entitled to continue in this Scheme through 'Protection' arrangements. On 1 April 2015 a new HSC Pension Scheme was introduced. This new scheme covers all former members of the 1995/2008 Scheme not eligible to continue in that Scheme as well as new HSC employees on or after 1 April 2015. The 2015 Scheme is a Career Average Revalued Earnings (CARE) scheme.

## ACCOUNTABILITY REPORT

Discrimination identified by the courts in the way that the 2015 pension reforms were introduced must be removed by the DoH. It is expected that, in due course, eligible members with relevant service between 1 April 2015 and 31 March 2022 may be entitled to different pension benefits in relation to that period. The different pension benefits relate to the different HSC Pension Schemes and is not the monetary benefits received. This is known as the 'McCloud Remedy' and will impact many aspects of the HSC Pension Schemes including the scheme valuation outcomes. Further information on this will be included in the HSC Pension Scheme accounts.

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

<b>Tier</b>	<b>Full-Time Pensionable Pay used to determine contribution rate</b>	<b>Contribution rate (before tax relief) 2020/21</b>
1	Up to £15,431.99	5.0%
2	£15,432.00 to £21,477.99	5.6%
3	£21,478.00 to £26,823.99	7.1%
4	£26,824.00 to £47,845.99	9.3%
5	£47,846.00 to £70,630.99	12.5%
6	£70,631.00 to £111,376.99	13.5%
7	£111,377.00 and over	14.5%

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

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

## ACCOUNTABILITY REPORT

### Average number of persons employed (Audited)

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

	2021		2020	
	Permanently employed staff No	Other No.	Total No.	Total No.
Medical and dental	508	193	701	658
Nursing and midwifery	3,420	308	3,728	3,547
Professions allied to medicine	926	23	949	906
Ancillaries	803	110	913	876
Administrative and clerical	1,630	102	1,732	1,693
Ambulance staff	0	0	0	0
Works	149	9	158	154
Other professional and technical	625	7	632	642
Social Services	2,259	45	2,304	2,363
Other	0	0	0	0
<b>Total average number of person employed</b>	<b>10,320</b>	<b>797</b>	<b>11,117</b>	<b>10,839</b>
Less average staff number relating to capitalised staff costs	22	0	22	17
Less average staff number in respect of outward secondments	45	0	45	46
<b>Total net average number of person employed</b>	<b>10,253</b>	<b>797</b>	<b>11,050</b>	<b>10,776</b>

Of which:

	2021 Composition
Northern HSC Trust	11,049
Charitable Trust Fund (re-charged)	1
	<b>11,050</b>

### Trust Management Costs

	2021 £000s	2020 £000s
Trust Management Costs	33,630	30,588
<b>Income:</b>		
RRL	964,875	865,806
Income per Note 4	57,997	59,074
Non cash RRL for movement in clinical negligence provision	(20,463)	(31,421)
<b>Total Income</b>	<b>1,002,409</b>	<b>893,459</b>
<b>% of total income</b>	<b>3.4%</b>	<b>3.4%</b>

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

## ACCOUNTABILITY REPORT

### Staff Redeployed

Due to significantly changed demands on the workforce during the COVID-19 pandemic, the Trust responded to requirements to support services where the need was greatest, ie, ICU and Emergency Departments, vaccination centres, establishment of the Nightingale Hospital at Whiteabbey, Fit Testing and providing support for 411 shifts in the independent care home sector.

Three approaches to redeployment took place throughout the pandemic: areas with downturned services directly arranged redeployments of staff to COVID-19 critical services; the Human Resources department managed 2 internal Workforce Appeals where staff volunteered for alternative duties and; during the surge peaks, Human Resources administered lists of available staff to respond to urgent needs.

The Organisational Development team developed an online resource called 'Colleague Support Pack' to provide information and guidance to all staff, including information on redeployment.

Due to the need for flexibility and speed during the COVID-19 surges, redeployments were overseen at a local level by line managers

### Staff Turnover

The table below provides an analysis of staff turnover in the period, being defined as the number of leavers over the average number of staff in the period:-

Contract Type	2020/21		2019/20	
	No of Leavers	%	No of Leavers	%
Permanent	718	5.71	727	5.90
Temporary	416	3.31	158	1.28
	<b>1,134</b>	<b>9.02</b>	<b>885</b>	<b>7.18</b>

### Staff Engagement

The Trust has carried out two staff surveys in recent years, one in 2015 and another in 2019. In 2019, the overall engagement score was 3.87 out of 5, which was an improvement on 3.72 following the 2015 survey:-

Count	2019	2015
Invite	13,083	12,891
Response	3,511	3,624
Overall Engagement Score	3.87	3.72

## ACCOUNTABILITY REPORT

Key findings from the survey, around staff engagement are detailed below:-

Key Finding	2019	2015
1: Staff recommendation of the organisation as a place to work or receive treatment	3.82	3.68
4: Staff motivation at work	4.10	3.98
7: Percentage of staff able to contribute towards improvements at work	67%*	3.07

\* Scores are out of 5, except for Key Finding 7 in 2019 which was reported as a %

### Retirements due to ill-health

During 2020/21 there were 33 (31 in 2019/20) early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £62k (£81k in 2019/20). These costs are borne by the HSC Pension Scheme.

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

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2021	2020	2021	2020	2021	2020
<£10,000	0	0	0	0	0	0
£10,001 - £25,000	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0
£100,001- £150,000	0	0	0	0	0	0
£150,001- £200,000	0	0	0	0	0	0
<b>Total number of exit packages by type</b>	0	0	0	0	0	0
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
<b>Total resource cost</b>	0	0	0	0	0	0

Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation (Northern Ireland) Order 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as

## ACCOUNTABILITY REPORT

operating expenses at Note 3. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Compensation packages payable to a former senior manager - nil

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

### Staff Composition by Gender

The following table provides an analysis of the number of employed staff as at 31 March 2021 by gender:

	Directors*		Non-Executive Directors		Senior Staff**		Other Staff		Trust Total	
	No	As%	No	As %	No	As %	No	As %	No	As %
Female	9	64%	0	0%	25	69%	10,702	85%	10,736	86%
Male	5	36%	6	100%	11	31%	1,782	15%	1,804	14%
<b>Total</b>	<b>14</b>		<b>6</b>		<b>36</b>		<b>12,484</b>		<b>12,540</b>	

\*Executive Team and Divisional Directors

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

### Staff Absence

The Trust was set a target of 6.61% by the DoH for staff absence. The Trust absence for 2020/21 was 6.68% (2019/20 6.96%).

### Off Payroll Engagements

The Trust did not have any 'off-payroll' engagements in 2020/21 that were in excess of £245 per day and/or that lasted longer than six months.

### Consultancy

Expenditure on Consultancy in 2020/21 was £24,158 (£4,158 funded through Charitable Trust Funds) (2019/20 £4,989 funded through Charitable Trust Funds).

## ACCOUNTABILITY REPORT

### ASSEMBLY ACCOUNTABILITY AND AUDIT REPORT

#### Financial Resources

The Trust managed revenue expenditure of £1,017m in 2020/21, £119m of which related to COVID-19.

The Trust employed an average of 11,050 staff serving a population of approximately 470,000 residents and manages a wide and geographically dispersed estate valued in excess of £404m.

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

Due to the COVID-19 impact a requirement for a Trust Delivery Plan for 2020/21 was stepped down; a financial update plan was submitted in July 2020 which identified a recurrent gap of £43.8m, after taking account of the cost pressures such as those listed above as well as additional recurrent and non-recurrent funding received from Commissioners. This gap was addressed by the Trust via a combination of financial savings measures as well as one-off cost containment measures and non-recurrent slippage on new investments. As a result of the pandemic a number of Trust services were stood down resulting in further service cost reductions, thus enabling the Trust to achieve a breakeven position for the financial year.

While the Trust achieved financial balance in 2020/21 it continues to drive forward the quality and safety agenda. This outcome was attributable in part to a significant level of non-recurrent measures within the Trust. The Trust, therefore, begins 2021/22 with a substantial underlying funding gap (£45.3m) which it continues to review with Commissioners and DoH. In addition, the estimated costs of COVID-19 impacted services including rebuild proposals is currently in the region of £72.6m, whilst Transformation proposals amount to £15.9m. This process will need to take account of a number of uncertainties and EU Exit. The Trust will continue to work with Commissioners and DoH, to both project and manage these impacts where possible.

#### Financial Targets

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

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

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

## **ACCOUNTABILITY REPORT**

### **Financial Governance**

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

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

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

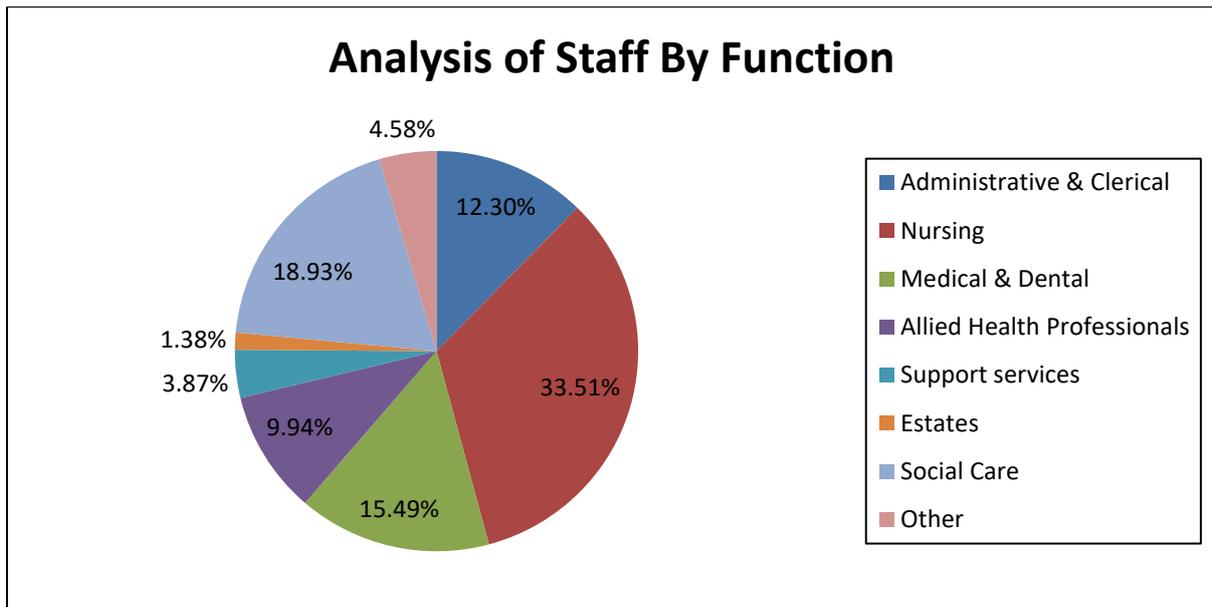
### **Income and Expenditure**

The information below provides an analysis of Trust's income and a breakdown of expenditure in 2020/21.

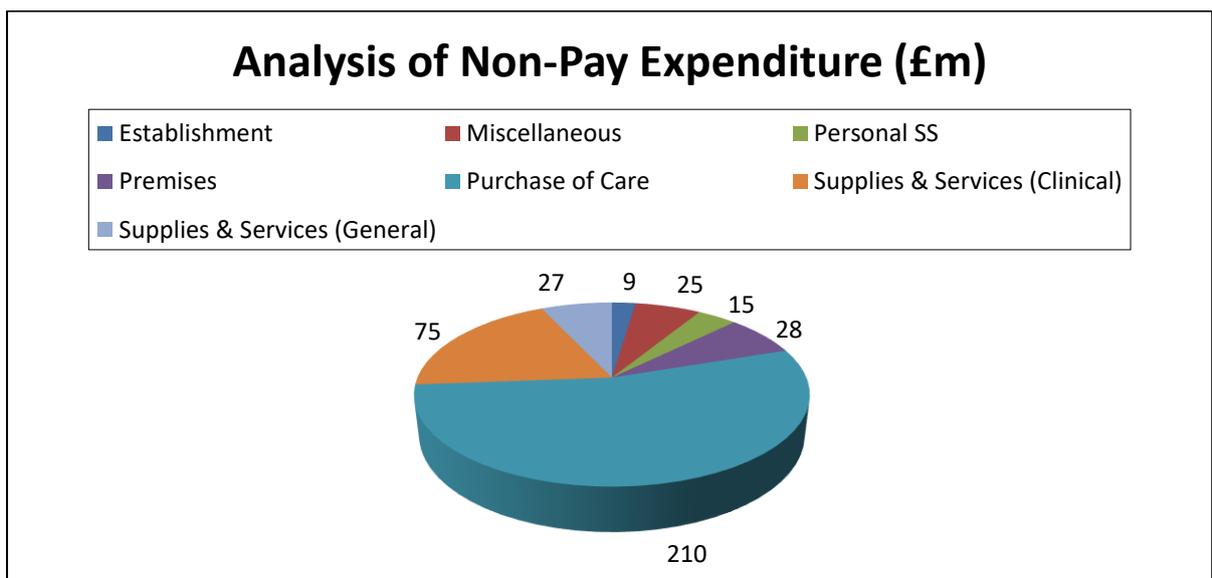
The largest cost incurred by the Trust is staff salaries, representing over 58% (£590m) of total expenditure covering a range of staff groups such as nursing, medical, diagnostic, social services and allied health professionals.

The chart below shows the percentage of Payroll spend (£590m) for the professional staff groups with the largest spend residing in the nursing category.

## ACCOUNTABILITY REPORT

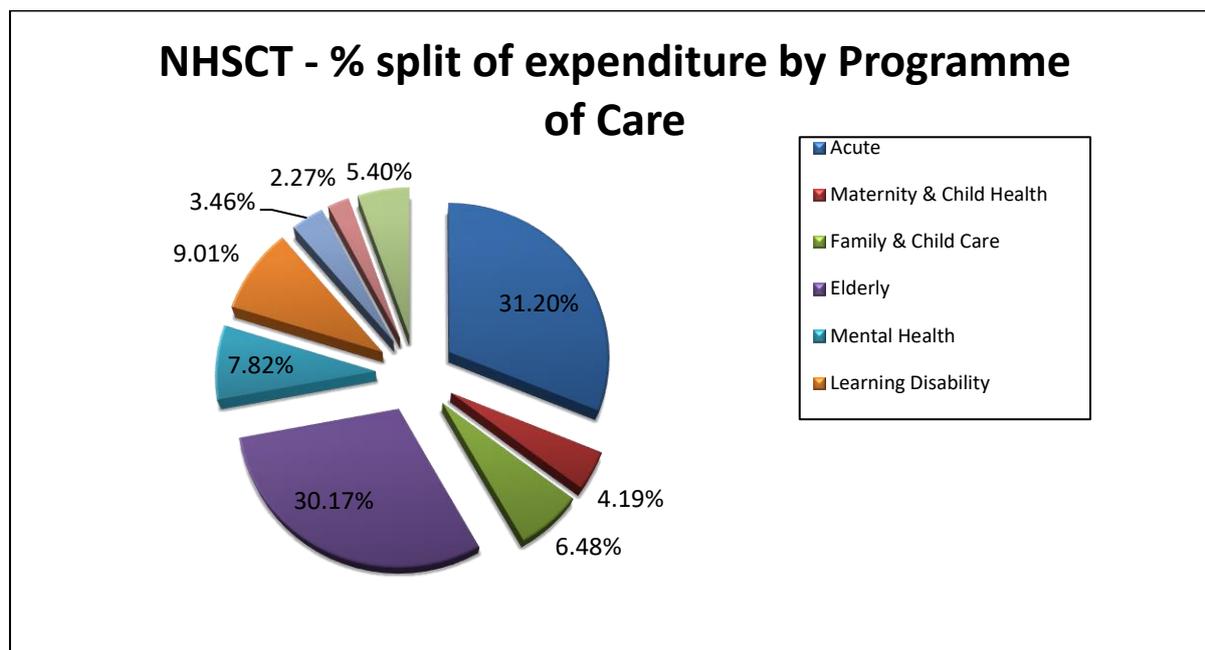


The Trust spent £389m non-pay expenditure (revenue) and the chart below provides an analysis of this.



## ACCOUNTABILITY REPORT

In 2020/21 the Trust provided services for a range of programmes of care as detailed in the graph below (source Trust Financial Returns 2019/20).



### Income

The majority of income, over 95%, comes from DoH, through the Health and Social Care Board and the Public Health Agency. The Trust also receives income for medical education from Northern Ireland Medical and Dental Training Agency (NIMDTA).

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

### Fees and Charges (Audited)

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

### Remote Contingent Liabilities (Audited)

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

### Capital Development Programme

For the 2020/21 financial year the Trust managed gross capital expenditure to the value of £36.9m to deliver capital projects. This included £35.4m of general capital covering minor capital estates schemes, medical devices, vehicles and ICT.

## ACCOUNTABILITY REPORT

We are delighted to say that the following schemes progressed during 2020/21, with a minor surplus against the Capital Resource budget of £135k due to the impacts of COVID-19 on the completion of schemes.

<b>Capital Scheme</b>	<b>Expenditure 2020/21 £m</b>	<b>Total Value of Project £m</b>
Whiteabbey Nightingale Hospital	£4.17m	£4.23m
COVID-19 Works and Equipment	£5.78m	£5.78m
ICT	£12.02m	£12.02m
Medical Devices	£3.63m	£3.63m
Vehicle Replacement	£0.87m	£0.87m
Galgorm Storage Facility	£1.44m	£1.44m
Urgent Care Centre at Antrim Area Hospital	£1.00m	£1.00m
Parking at Ballymena Health and Care Centre	£0.67m	£0.67m
GP Improvement Schemes	£0.61m	£0.61m
Second CT Scanner at Causeway Hospital	£0.56m	£0.56m
Community Addictions Team Accommodation	£0.55m	£0.55m
Car Parking and Improvement works at Holywell Hospital	£0.47m	£0.47m
Trust wide Lighting Upgrades	£0.36m	£0.36m

The Trust spent approximately £36.8m in total on capital schemes. The general capital allocation of £7.98m was spent on capital estates schemes, medical devices, vehicles, with a further £3m on backlog maintenance. The general capital allocation of £12.5m was spent on COVID-19 schemes including the Nightingale Hospital at Whiteabbey, medical devices, the GP COVID-19 Assessment Centre and No More Silos projects. The spend on the Trust's ICT infrastructure including COVID-19 related equipment totalled £12m, with Task and Finish works (£1.25m) to Holywell Hospital and Ross Thompson Unit in Causeway Hospital and GP improvement Schemes.

### Charitable Trust Funds

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

## ACCOUNTABILITY REPORT

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

In 2020/21 Charitable Trust Fund income amounted to £3,739k and expenditure was £682k including £5k notional audit fee. Total fund balances as at 31 March 2021 amounted to £9,302k.

The most significant donation received in 2020/21 was from the Department of Health for £3m which is to be used to support staff across the Trust.

In addition, the Trust also received generous donations of non cash items for use within the Trust to the value of £5.5k.

Investments showed an unrealised gain of £754k on their share valuation at 31 March 2021.

The annual accounts are prepared on a consolidated basis including both public and Charitable Trust Fund transactions.

There is also a separate Charitable Trust Fund Annual Trustees Report and Annual Accounts available for 2020/21. This is subject to audit.

### Losses and Special Payments (Audited)

<b>Losses Statement</b>	<b>2020/21</b>	<b>2019/20</b>
Total Number of Losses	156	184
Total Value of Losses (£000)	524	138

<b>Individual Losses over £250,000</b>	<b>2020/21</b>	<b>2019/20</b>
	<b>£000</b>	<b>£000</b>
Cash Losses	0	0
Administrative Write Offs	0	0
Fruitless Payments	0	0
Store Losses	0	0

<b>Special Payments</b>	<b>2020/21</b>	<b>2019/20</b>
Total Number of Special Payments	89	85
Total Value of Special Payments (£000)	3,225	3,950

## ACCOUNTABILITY REPORT

Individual Special Payments over £250,000	2020/21	2019/20
	£000	£000
Compensation Payments:		
- Clinical Negligence (2 cases)	1,863	2,906
- Public Liability	0	0
- Employers Liability	0	0
- Other	0	0
Ex-gratia payments	0	0
Extra contractual	0	0
Special severance payments	0	0
<b>Total Special Payments</b>	<b>1,863</b>	<b>2,906</b>

### Other Payments

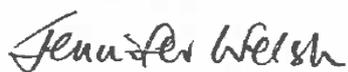
There were no other payments made during the year.

### Regularity Statement

The Trust has processes, procedures and controls in place to endeavour to ensure that the expenditure and income, reported for the year ended 31 March 2021, has been applied to the purposes intended by the NI Assembly and that transactions conform to the authorities which govern them.

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

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



**Mrs Jennifer Welsh – Accounting Officer**  
**24 June 2021**

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

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

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

I certify that I have audited the financial statements of the Northern Health and Social Care Trust for the year ended 31 March 2021 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them.

The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards as adopted by the European Union and interpreted by the Government Financial Reporting Manual.

I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the group's and of Northern Health and Social Care Trust's affairs as at 31 March 2021 and of the group's and the Northern Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

#### **Emphasis of Matter**

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

#### **Opinion on regularity**

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

#### **Basis of opinions**

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements

section of this certificate. My staff and I are independent of Northern Health and Social Care Trust in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2019, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

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

In auditing the financial statements, I have concluded that Northern Health and Social Care Trust's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Northern Health and Social Care Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

The going concern basis of accounting for Northern Health and Social Care Trust is adopted in consideration of the requirements set out in the Government Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

My responsibilities and the responsibilities of the Trust and the Accounting Officer with respect to going concern are described in the relevant sections of this report.

### **Other Information**

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

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 I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. 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, based on the work undertaken in the course of the audit:

- 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.

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

In the light of the knowledge and understanding of the Northern Health and Social Care Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. 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
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; 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.

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

As explained more fully in the Statement of Accounting Officer Responsibilities, the Trust and the Accounting Officer are responsible for the preparation of the financial statements and for

- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- such internal controls as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- assessing the Northern Health and Social Care Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by the Northern Health and Social Care Trust will not continue to be provided in the future.

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

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

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

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Northern Health and Social Care Trust through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder;
- making enquires of management and those charged with governance on the Northern Health and Social Care Trust's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of the Northern Health and Social Care Trust's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- communicating with component auditors to request identification of any instances of non-compliance with laws and regulations that could give rise to a material misstatement of the group financial statements;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial

statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;

- addressing the risk of fraud as a result of management override of controls by:
  - performing analytical procedures to identify unusual or unexpected relationships or movements;
  - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
  - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
  - investigating significant or unusual transactions made outside of the normal course of business.
- applying tailored risk factors to datasets of financial transactions and related records to identify potential anomalies and irregularities for detailed audit testing.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my certificate. In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

## Report

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



*KJ Donnelly*  
*Comptroller and Auditor General*  
*Northern Ireland Audit Office*  
*1 Bradford Court*  
*Belfast*  
*BT8 6RB*

*2 July 2021*

**FINANCIAL STATEMENTS**

**ANNUAL ACCOUNTS 2020/21 – FINANCIAL  
STATEMENTS AND NOTES TO THE ACCOUNTS**

## **FINANCIAL STATEMENTS**

### **Introduction**

The financial statements and notes to the accounts of the Trust for 2020/21 are included on pages 118 to 161.

The Patients and Residents Monies Accounts for 2020/21 are included on pages 162 to 163.

Charitable Trust Fund Accounts for 2020/21 are issued separately however they are consolidated within the public fund accounts to meet the requirements of the relevant consolidation accounting policy.

# **FINANCIAL STATEMENTS**

## **NORTHERN HSC TRUST**

### **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

#### **FOREWORD**

These accounts for the year ended 31 March 2021 have been prepared in accordance with Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by DoH.

# FINANCIAL STATEMENTS

## NORTHERN HSC TRUST

### ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

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

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 118 to 161) which I am required to prepare on behalf of the Northern HSC Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Northern HSC Trust and with the accounting standards and policies for HSC bodies approved by the DoH.

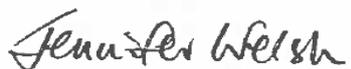


..... Director of Finance  
24 June 2021

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 118 to 161) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



..... Chairman  
24 June 2021



..... Chief Executive  
24 June 2021

## FINANCIAL STATEMENTS

### Consolidated Statement of Comprehensive Net Expenditure for the year ended 31 March 2021

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	2021 £000s			2020 £000s		
		Trust	CTF	Consolidated	Trust	CTF	Consolidated
<b>Income</b>							
Revenue from contracts with customers	4.1	54,039	0	54,039	52,990	0	52,990
Other operating income*	4.2	3,958	3,586	7,544	6,084	514	6,598
<b>Total operating income</b>		<b>57,997</b>	<b>3,586</b>	<b>61,583</b>	<b>59,074</b>	<b>514</b>	<b>59,588</b>
<b>Expenditure</b>							
Staff costs		(589,621)	(44)	(589,665)	(527,277)	(45)	(527,322)
Purchase of goods and services	3	(321,789)	0	(321,789)	(270,834)	0	(270,834)
Depreciation, amortisation and impairment charges	3	(23,911)	0	(23,911)	(28,251)	0	(28,251)
Provision expense	3	(21,038)	0	(21,038)	(32,674)	0	(32,674)
Other expenditures	3	(66,276)	(633)	(66,909)	(65,782)	(757)	(66,539)
<b>Total operating expenditure</b>		<b>(1,022,635)</b>	<b>(677)</b>	<b>(1,023,312)</b>	<b>(924,818)</b>	<b>(802)</b>	<b>(925,620)</b>
<b>Net operating expenditure</b>		<b>(964,638)</b>	<b>2,909</b>	<b>(961,729)</b>	<b>(865,744)</b>	<b>(288)</b>	<b>(866,032)</b>
Finance income	4.2	0	153	153	0	149	149
<b>Net expenditure for the year</b>		<b>(964,638)</b>	<b>3,062</b>	<b>(961,576)</b>	<b>(865,744)</b>	<b>(139)</b>	<b>(865,883)</b>
Revenue Resource Limit (RRL) and capital grants	23.1	964,875	0	964,875	865,806	0	865,806
Add back charitable trust fund net expenditure*		0	(3,062)	(3,062)	0	139	139
<b>Surplus / (Deficit) against RRL</b>		<b>237</b>	<b>0</b>	<b>237</b>	<b>62</b>	<b>0</b>	<b>62</b>
<b>OTHER COMPREHENSIVE EXPENDITURE</b>							
Items that will not be reclassified to net operating costs:	NOTE	2021 £000s			2020 £000s		
		Trust	CTF	Consolidated	Trust	CTF	Consolidated
Net gain/(loss) on revaluation of property, plant and equipment	5.1 /5.2 /9	36	0	36	21,530	0	21,530
Net gain/(loss) on revaluation of intangibles	6.1 /6.2 /9	0	0	0	0	0	0
Net gain/(loss) on revaluation of charitable assets		0	754	754	0	(236)	(236)
<b>TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March</b>		<b>(964,602)</b>	<b>3,816</b>	<b>(960,786)</b>	<b>(844,214)</b>	<b>(375)</b>	<b>(844,589)</b>

The notes on pages 122 to 161 form part of these accounts.

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

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

## FINANCIAL STATEMENTS

### Consolidated Statement of Financial Position as at 31 March 2021

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

	NOTE	2021		2020	
		Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
<b>Non Current Assets</b>					
Property, plant and equipment	5.1/5.2	434,646	434,646	428,695	428,695
Intangible assets	6.1/6.2	11,101	11,101	4,067	4,067
Financial assets	8	0	4,865	0	4,111
Trade and other receivables	12	0	0	0	0
Other current assets	12	0	0	0	0
<b>Total Non Current Assets</b>		<b>445,747</b>	<b>450,612</b>	<b>432,762</b>	<b>436,873</b>
<b>Current Assets</b>					
Assets classified as held for sale	10	410	410	548	548
Inventories	11	5,951	5,951	4,309	4,309
Trade and other receivables	13	20,738	23,757	16,954	16,966
Other current assets	13	4,108	4,108	3,912	3,912
Financial assets	8	0	1,000	0	1,000
Cash and cash equivalents	12	1,748	2,174	4,775	5,145
<b>Total Current Assets</b>		<b>32,955</b>	<b>37,400</b>	<b>30,498</b>	<b>31,880</b>
<b>Total Assets</b>		<b>478,702</b>	<b>488,012</b>	<b>463,260</b>	<b>468,753</b>
<b>Current Liabilities</b>					
Trade and other payables	14	(143,557)	(143,565)	(102,847)	(102,854)
Intangible current liabilities	14	0	0	0	0
Provisions	15	(28,362)	(28,362)	(13,509)	(13,509)
<b>Total Current Liabilities</b>		<b>(171,919)</b>	<b>(171,927)</b>	<b>(116,356)</b>	<b>(116,363)</b>
<b>Total assets less current liabilities</b>		<b>306,783</b>	<b>316,085</b>	<b>346,904</b>	<b>352,390</b>
<b>Non Current Liabilities</b>					
Provisions	15	(56,547)	(56,547)	(57,131)	(57,131)
<b>Total Non Current Liabilities</b>		<b>(56,547)</b>	<b>(56,547)</b>	<b>(57,131)</b>	<b>(57,131)</b>
<b>Total assets less total liabilities</b>		<b>250,236</b>	<b>259,538</b>	<b>289,773</b>	<b>295,259</b>
<b>Taxpayers' Equity and other reserves</b>					
Revaluation reserve		157,792	157,792	157,880	157,880
SoCNE reserve		92,444	92,444	131,893	131,893
Other reserves - charitable fund		0	9,302	0	5,486
<b>Total equity</b>		<b>250,236</b>	<b>259,538</b>	<b>289,773</b>	<b>295,259</b>

The financial statements on pages 118 to 121 were approved by the Board on 24 June 2021 and were signed on its behalf by;

The notes on pages 122 to 161 form part of these accounts.

Signed



(Chairman)

24 June 2021

Signed



(Chief Executive)

24 June 2021

## FINANCIAL STATEMENTS

### Consolidated Statement of Cash Flows for the year ended 31 March 2021

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

	NOTE	2021 £000s	2020 £000s
<b>Cash flows from operating activities</b>			
Net surplus after interest/Net operating expenditure		(961,729)	(866,032)
Adjustments for non cash transactions		44,791	60,758
(Increase)/decrease in trade and other receivables		(6,987)	(737)
(Increase)/decrease in inventories		(1,642)	(996)
Increase/(decrease) in trade payables		40,711	21,974
<i>Less movements in payables relating to items not passing through the Net Expenditure Account</i>			
Movements in payables relating to the purchase of property, plant and equipment		(303)	(2,513)
Movements in payables relating to the purchase of intangibles		(6,808)	(217)
Use of provisions	15	<u>(6,769)</u>	<u>(5,541)</u>
<b>Net cash inflow/(outflow) from operating activities</b>		(898,736)	(793,304)
<b>Cash flows from investing activities</b>			
(Purchase of property, plant & equipment)	5	(27,922)	(11,450)
(Purchase of intangible assets)	6	(1,756)	(1,381)
Proceeds of disposal of property, plant & equipment		144	55
Proceeds on disposal of assets held for resale		146	607
Proceeds from sale of investments		0	(2)
Other investing activities		<u>153</u>	<u>149</u>
<b>Net cash outflow from investing activities</b>		(29,235)	(12,022)
<b>Cash flows from financing activities</b>			
Grant in aid		<u>925,000</u>	<u>808,100</u>
service concession arrangements		<u>0</u>	<u>0</u>
<b>Net financing</b>		925,000	808,100
<b>Net increase (decrease) in cash &amp; cash equivalents in the period</b>		(2,971)	2,774
<b>Cash &amp; cash equivalents at the beginning of the period</b>	12	5,145	2,371
<b>Cash &amp; cash equivalents at the end of the period</b>	12	2,174	5,145

The notes on pages 122 to 161 form part of these accounts.

## FINANCIAL STATEMENTS

### Consolidated Statement of Changes in Taxpayers' Equity

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

for the year ended 31 March 2021

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
<b>Balance at 31 March 2019</b>		<b>189,365</b>	<b>136,462</b>	<b>5,861</b>	<b>331,688</b>
<b>Changes in Taxpayers Equity 2018/19</b>					
Grant from DoH		808,100	0	0	808,100
Other reserves movements including transfers (Comprehensive Net Expenditure for the Year)		112 (865,744)	(112) 21,530	0 (375)	0 (844,589)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	60	0	0	60
<b>Balance at 31 March 2020</b>		<b>131,893</b>	<b>157,880</b>	<b>5,486</b>	<b>295,259</b>
<b>Changes in Taxpayers Equity 2020/21</b>					
Grant from DoH		925,000	0	0	925,000
Other reserves movements including transfers (Comprehensive Net Expenditure for the year)		124 (964,638)	(124) 36	0 3,816	0 (960,786)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	65	0	0	65
<b>Balance at 31 March 2021</b>		<b>92,444</b>	<b>157,792</b>	<b>9,302</b>	<b>259,538</b>

The notes on pages 122 to 161 form part of these accounts.

# FINANCIAL STATEMENTS

## NOTES TO THE ACCOUNTS

### STATEMENT OF ACCOUNTING POLICIES

#### 1. Authority

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

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

#### 1.1 Accounting convention

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

#### 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 and Machinery, Information Technology, Furniture and Fittings, and Assets under Construction. This includes assets donated to the Trust.

#### Recognition

Property, plant and equipment must be capitalised if:

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

## FINANCIAL STATEMENTS

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

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

### Valuation of Land and Buildings

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

The last valuation was carried out on 31 January 2020 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance (DoF). The valuers are qualified to meet the ‘Member of Royal Institution of Chartered Surveyors’ (MRICS) standard. Subsequently, there was no valuation change in February or March 2020.

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

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

Fair values are determined as follows:

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

RICS, IFRS, IVS and HM Treasury compliant asset revaluation of land and buildings for financial reporting purposes are undertaken by Land and Property Services (LPS) at least once in every five year period. Figures are then restated annually, between revaluations, using indices provided by LPS. The last asset revaluation was carried out on 31 January 2020. LPS have confirmed that, provided the relevant Indexation Categories supplied for the Effective

## **FINANCIAL STATEMENTS**

Period 1 April 2020 to 31 March 2021 have been appropriately applied to the corresponding relevant asset classifications, as at 31 March 2021, then the restated 31 January 2020 land and building valuation figures remain appropriate at 31 March 2021.

As a result of the recent and ongoing COVID-19 pandemic events, and in line with current RICS guidance, LPS have advised that market evidence gathered as part of the recent 5-yearly valuation has attached to it, due to the worldwide impact of the pandemic, an increased level of subjectivity in terms of informing opinions of value. For the avoidance of doubt, this does not mean that figures cannot be relied upon, rather, the declaration of material uncertainty ensures transparency and provides further insight as to the market context under which valuation opinion has been prepared. Whilst at this stage there is no evidence of impairment as at year-end, the future impact of COVID-19 on land and building values cannot yet be accurately assessed therefore, the need for further future valuations will remain under consideration, subject to resources.

### **Modern Equivalent Asset**

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

### **Assets Under Construction**

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

### **Short Life Assets**

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

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

### **Revaluation Reserve**

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

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### 1.4 Depreciation

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

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset.

Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used:

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

### 1.5 Impairment loss

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

### 1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent

## FINANCIAL STATEMENTS

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 non-current asset. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

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

#### Recognition

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

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

Intangible assets acquired separately are initially recognised at fair value.

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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 through appropriate marketing at a reasonable price 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 and are included exclusive of VAT. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

### 1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with Trust activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the five essential criteria within the scope of IFRS 15 are met in order to define income as a contract.

Income relates directly to the activities of the Trust and is recognised on an accruals basis when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

## **FINANCIAL STATEMENTS**

Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

Income is stated net of VAT.

### **Grant in aid**

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

### **1.11 Investments**

The Trust does not have any investments.

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

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

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

### **1.12 Other expenses**

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

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

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

### **1.14 Leases**

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

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### The Trust as lessee

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

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

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

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

### The Trust as lessor

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

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

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

The Trust has had no PFI transactions during the year.

### **1.16 Financial instruments**

A financial instrument is defined as any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another equity.

The Trust has financial instruments in the form of trade receivables and payables and cash and cash equivalents.

#### **Financial assets**

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of

## **FINANCIAL STATEMENTS**

trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred.

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

Financial assets are classified into the following categories:

- financial assets at fair value through Statement of Comprehensive Net Expenditure;
- held to maturity investments;
- available for sale financial assets;
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

### **Financial liabilities**

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

Financial liabilities are initially recognised at fair value.

### **Financial risk management**

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

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

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### 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. There is, therefore, low exposure to currency rate fluctuations.

### Interest rate risk

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

### Credit risk

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

### Liquidity risk

Since the Trust body receives the majority of its funding through its principal Commissioner which is voted through the Assembly, there is low exposure to significant liquidity risks.

## 1.17 Provisions

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

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

		<b>Time period</b>	<b>Real rate</b>
Nominal	Short term	0 – 5 years	(0.02)%
	Medium term	5 – 10 years	0.18%
	Long term	10 - 40 years	1.99%
	Very long term	40+ years	1.99%
Inflationary	Year 1		1.20%
	Year 2		1.60%
	Into perpetuity		2.00%

The discount rate to be applied for employee early departure obligations is - 0.95% for 2020/21.

The Trust has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period,

## FINANCIAL STATEMENTS

unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the effect of any change in the discount rate.

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

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

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

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

### 1.18 Contingencies

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37 are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly

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

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

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

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

### 1.19 Employee Benefits

#### Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using the Trust's current WTE staff numbers and actual costs applied to the assessed average untaken leave balance determined from the results of an analytical review and survey to ascertain leave balances as at 31 March 2021. It is not anticipated that the normal level of untaken leave will vary significantly from year to year.

However, in respect of the current COVID-19 situation and pressures on the Trust during the year 2020/21, this position has altered significantly due to staff being unable to take all their leave due to the pandemic. Given this, a detailed review was carried out regarding the impact that this situation had on untaken leave for 2020/21 and an adjustment was made to reflect this.

#### Retirement benefit costs

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in FRoM to mean that the period between formal actuarial valuations shall be four years. However, it has been noted in HM Treasury guidance that the validation and processing of some of the Schemes' data may not be finalised until after the 2020/21 accounts are laid. Schemes are not automatically required to reflect 2020 scheme valuation data in the 2020/21 accounts. 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

## **FINANCIAL STATEMENTS**

Pension scheme updated to reflect current financial conditions and a change in financial assumption methodology will be used in 2020/21 accounts.

### **1.20 Reserves**

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

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

#### **Revaluation Reserve**

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

### **1.21 Value Added Tax**

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

### **1.22 Third party assets**

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

### **1.23 Government Grants**

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

The Trust had no Government Grants.

### **1.24 Losses and Special Payments**

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

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

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### 1.25 Charitable Trust Account Consolidation

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

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

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

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

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

The IASB have issued the following new standards but which are either not yet effective or adopted. Under IAS8 there is a requirement to disclose these standards together with an assessment of their initial impact on application.

*IFRS10 Consolidate Financial Statements, IFRS11 Joint Arrangements, IFRS12 Disclosure of Interests in Other Entities:*

The IASB have issued new and amended standards (IFRS10, IFRS11 and IFRS12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards were effective with EU adoption from 1 January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on 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 2022/23, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

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### *IFRS16 Leases:*

IFRS16 Leases replaces IAS17 Leases and is effective with EU adoption from 1 January 2019. In line with the requirements of FReM, IFRS16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2022.

### *IFRS17 Insurance Contracts:*

IFRS17 Insurance Contracts will replace IFRS4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of FReM, IFRS17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2023.

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

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

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

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### ANALYSIS of NET EXPENDITURE by SEGMENT

##### NOTE 2

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

Directorate	Staff Costs £000s	2021 Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	2020 Other Expenditure £000s	Total Expenditure £000s
Community Care	89,813	100,726	190,539	88,980	96,771	185,751
Surgical & Clinical Services	104,946	28,967	133,913	103,638	30,974	134,612
Medicine & Emergency Medicine	88,384	15,559	103,943	84,221	16,397	100,618
Medical Directorate	14,788	2,422	17,210	12,141	2,792	14,933
Women, Children and Families	94,426	28,644	123,070	92,324	29,047	121,371
Mental Health, Learning Disability & Community Wellbeing	79,141	115,653	194,794	76,552	113,723	190,275
Nursing User Experience	32,206	5,311	37,517	32,934	6,533	39,467
Other Trust Directorates*	85,917	90,862	176,779	36,487	40,329	76,816
<b>Expenditure for Reportable Segments net of Non Cash Expenditure*</b>	<b>589,621</b>	<b>388,144</b>	<b>977,765</b>	<b>527,277</b>	<b>336,566</b>	<b>863,843</b>
<b>Non Cash Expenditure**</b>			<b>44,870</b>			<b>60,975</b>
<b>Total Expenditure per Net Expenditure Account</b>			<b>1,022,635</b>			<b>924,818</b>
<b>Income Note 4</b>			<b>57,997</b>			<b>59,074</b>
<b>Net Expenditure</b>			<b>964,638</b>			<b>865,744</b>
<b>Revenue Resource Limit</b>			<b>964,875</b>			<b>865,806</b>
<b>Surplus / (Deficit) against RRL</b>			<b>237</b>			<b>62</b>

\*Includes COVID-19 expenditure

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

## **FINANCIAL STATEMENTS**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

#### **NOTE 2 (continued)**

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

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

#### **Community Care**

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

#### **Surgical and Clinical Services**

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

#### **Medicine and Emergency Medicine**

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

#### **Medical Directorate**

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

## **FINANCIAL STATEMENTS**

### **Women, Children and Families**

- Includes all services to children and adolescents including Paediatric Wards, Neo Natal unit, provision of complex care support to children in the community
- Maternity and Women's Health including Community Midwifery services
- Regional Sexual Assault and Referral Centre
- Specialist Services such as Family Planning and Sexual Health Services
- Corporate Parenting including Adoption, Fostering, Family Support and Residential Services
- Safeguarding and Family Support, Early Years Services and Disability Services including Respite.
- Health Visiting and School Nursing
- Early Intervention and CAMHS
- Speech and Language Services to both Adults and Children
- Other Services include Autism and Attention Deficit Hyperactivity Disorder (ADHD), Paediatric Occupational Therapy
- Social Services and Training and Governance Unit
- Business and Governance support to Division

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

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

### **Nursing User Experience**

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

### **Other Trust Directorates**

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

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 3 EXPENDITURE

Operating Expenses are as follows:-	2021 £000s			2020 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Staff costs*:						
Wages and salaries	478,334	44	478,378	423,254	45	423,299
Social security costs	34,962	0	34,962	32,307	0	32,307
Other pension costs	76,325	0	76,325	71,716	0	71,716
Purchase of care from non-HSC bodies	210,200	0	210,200	194,515	0	194,515
Personal social services	14,451	0	14,451	14,367	0	14,367
Recharges from other HSC organisations	2,393	0	2,393	2,969	0	2,969
Supplies and services - Clinical	74,191	0	74,191	57,609	0	57,609
Supplies and services - General	27,327	0	27,327	7,616	0	7,616
Establishment	8,710	0	8,710	11,211	0	11,211
Transport	2,263	0	2,263	2,867	0	2,867
Premises	27,957	0	27,957	26,193	0	26,193
Bad debts	188	0	188	12	0	12
Rentals under operating leases	910	0	910	868	0	868
Research & development expenditure	146	0	146	1	0	1
BSO services	6,187	0	6,187	5,991	0	5,991
Training	1,819	0	1,819	1,798	0	1,798
Professional fees	899	0	899	1,061	0	1,061
Patients travelling expenses	85	0	85	102	0	102
Costs of exit packages not provided for	0	0	0	0	0	0
Elective care	592	0	592	1,073	0	1,073
Other charitable expenditure	0	633	633	0	757	757
Miscellaneous expenditure	9,826	0	9,826	8,313	0	8,313
<b>Non cash items</b>						
Depreciation	22,368	0	22,368	22,476	0	22,476
Amortisation	1,530	0	1,530	1,869	0	1,869
Impairments	13	0	13	3,906	0	3,906
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(144)	0	(144)	(10)	0	(10)
Increase / Decrease in provisions (provision provided for in year less any release)	21,032	0	21,032	32,720	0	32,720
Cost of borrowing of provisions (unwinding of discount on provisions)	6	0	6	(46)	0	(46)
Auditors remuneration	65	5	70	60	5	65
Add back of notional charitable expenditure	0	(5)	(5)	0	(5)	(5)
<b>Total</b>	<b>1,022,635</b>	<b>677</b>	<b>1,023,312</b>	<b>924,818</b>	<b>802</b>	<b>925,620</b>

\* Further detailed analysis of staff costs is located in the Staff Report on page 96 within the Accountability Report.

During the year the Trust purchased no non audit services from its external auditor (NIAO), however, did pay NIAO £1,655 iro NFI

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 4 INCOME

##### 4.1 Income from Contracts with Customers

	2021 £000s			2020 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
GB/Republic of Ireland Health Authorities	92	0	92	149	0	149
Non-HSC:- Private patients	10	0	10	94	0	94
Non-HSC:- Other	696	0	696	1,358	0	1,358
Clients contributions	47,902	0	47,902	47,636	0	47,636
Seconded staff	1,985	0	1,985	2,197	0	2,197
Other income from non-patient services	3,354	0	3,354	1,556	0	1,556
<b>Total</b>	<b>54,039</b>	<b>0</b>	<b>54,039</b>	<b>52,990</b>	<b>0</b>	<b>52,990</b>

##### 4.2 Other Operating Income

	2021 £000s			2020 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Other income from non-patient services	3,879	0	3,879	5,867	0	5,867
Donations / Government grant / Lottery funding for non current assets	71	0	71	61	0	61
Charitable income received by charitable trust fund	0	3,586	3,586	0	514	514
Investment income	0	153	153	0	149	149
Research and development	0	0	0	0	0	0
Research and development income released	0	0	0	0	0	0
Profit on disposal of land	8	0	8	156	0	156
Interest receivable	0	0	0	0	0	0
<b>Total</b>	<b>3,958</b>	<b>3,739</b>	<b>7,697</b>	<b>6,084</b>	<b>663</b>	<b>6,747</b>

#### TOTAL INCOME

	<b>57,997</b>	<b>3,739</b>	<b>61,736</b>	<b>59,074</b>	<b>663</b>	<b>59,737</b>
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FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 5.1 Consolidated Property, plant & equipment - year ended 31 March 2021

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
<b>Cost or Valuation</b>									
At 1 April 2020	54,219	332,245	20,242	718	54,871	9,446	18,622	585	490,948
Indexation	0	0	0	0	67	0	0	6	73
Additions	0	14,037	142	1,767	6,962	1,187	4,017	113	28,225
Donations / Government grant / Lottery funding	0	0	0	0	71	0	0	0	71
Reclassifications	0	175	0	(175)	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	(15)	0	0	0	(15)
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(1,604)	(1,023)	(2,708)	0	(5,335)
									0
At 31 March 2021	<b>54,219</b>	<b>346,457</b>	<b>20,384</b>	<b>2,310</b>	<b>60,352</b>	<b>9,610</b>	<b>19,931</b>	<b>704</b>	<b>513,967</b>

**Depreciation**

At 1 April 2020	0	2,270	142	0	40,094	6,668	12,658	421	62,253
Indexation	0	0	0	0	33	0	0	4	37
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	(2)	0	0	0	(2)
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(1,604)	(1,023)	(2,708)	0	(5,335)
Provided during the year	0	13,895	862	0	4,187	865	2,516	43	22,368
At 31 March 2021	<b>0</b>	<b>16,165</b>	<b>1,004</b>	<b>0</b>	<b>42,708</b>	<b>6,510</b>	<b>12,466</b>	<b>468</b>	<b>79,321</b>

**Carrying Amount**

At 31 March 2021	<b>54,219</b>	<b>330,292</b>	<b>19,380</b>	<b>2,310</b>	<b>17,644</b>	<b>3,100</b>	<b>7,465</b>	<b>236</b>	<b>434,646</b>
At 31 March 2020	<b>54,219</b>	<b>329,975</b>	<b>20,100</b>	<b>718</b>	<b>14,777</b>	<b>2,778</b>	<b>5,964</b>	<b>164</b>	<b>428,695</b>

**Asset financing**

Owned	54,219	330,292	19,380	2,310	17,644	3,100	7,465	236	434,646
<b>Carrying Amount</b>	<b>54,219</b>	<b>330,292</b>	<b>19,380</b>	<b>2,310</b>	<b>17,644</b>	<b>3,100</b>	<b>7,465</b>	<b>236</b>	<b>434,646</b>

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

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £0 (2019 £0)

As a result of the recent and ongoing COVID-19 pandemic events, and in line with current RICS guidance, LPS have advised that market evidence gathered as part of the recent 5-yearly valuation has attached to it, due to the worldwide impact of the pandemic, an increased level of subjectivity in terms of informing opinions of value. For the avoidance of doubt, this does not mean that figures cannot be relied upon, rather, the declaration of material uncertainty ensures transparency and provides further insight as to the market context under which valuation opinion has been prepared. Whilst at this stage there is no evidence of impairment as at year-end, the future impact of COVID-19 on land and building values cannot yet be accurately assessed therefore, the need for further future valuations will remain under consideration, subject to resources.

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

	2021 £000s	2020 £000s
Donations (CTF)	0	38
Donations (Other)	71	0
Contribution to Asset Works	0	23
<b>Total</b>	<b>71</b>	<b>61</b>

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 5.2 Consolidated Property, plant & equipment - year ended 31 March 2020

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
<b>Cost or Valuation</b>									
At 1 April 2019	57,326	369,980	24,087	1,936	52,052	8,653	18,137	558	532,729
Indexation	0	0	0	0	372	67	0	0	439
Additions	0	6,697	256	911	3,632	1,066	1,374	27	13,963
Donations / Government grant / Lottery funding	0	45	0	0	16	0	0	0	61
Reclassifications	(229)	2,559	(430)	(2,129)	0	0	0	0	(229)
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	564	(37,966)	(2,286)	0	0	0	0	0	(39,688)
Impairment charged to the SoCNE	(3,433)	(2,706)	(492)	0	0	0	0	0	(6,631)
Impairment charged to the revaluation reserve	(9)	(6,334)	(893)	0	0	0	0	0	(7,236)
Reversal of impairments (indexation)	0	0	0	0	2	0	0	0	2
Disposals	0	(30)	0	0	(1,203)	(340)	(889)	0	(2,462)
<b>At 31 March 2020</b>	<b>54,219</b>	<b>332,245</b>	<b>20,242</b>	<b>718</b>	<b>54,871</b>	<b>9,446</b>	<b>18,622</b>	<b>585</b>	<b>490,948</b>

At 31 March 2020

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
<b>Depreciation</b>									
At 1 April 2019	0	54,802	3,632	0	36,895	6,179	11,049	383	112,940
Indexation	0	0	0	0	202	40	0	0	242
Reclassifications	0	2	(2)	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	(60,157)	(3,564)	0	0	0	0	0	(63,721)
Impairment charged to the SoCNE	0	(2,364)	(360)	0	0	0	0	0	(2,724)
Impairment charged to the revaluation reserve	0	(4,067)	(469)	0	0	0	0	0	(4,536)
Reversal of impairments (indexation)	0	0	0	0	1	0	0	0	1
Disposals	0	(30)	0	0	(1,203)	(340)	(852)	0	(2,425)
Provided during the year	0	14,084	905	0	4,199	789	2,461	38	22,476
<b>At 31 March 2020</b>	<b>0</b>	<b>2,270</b>	<b>142</b>	<b>0</b>	<b>40,094</b>	<b>6,668</b>	<b>12,658</b>	<b>421</b>	<b>62,253</b>

At 31 March 2020

<b>Carrying Amount</b>									
At 31 March 2020	<b>54,219</b>	<b>329,975</b>	<b>20,100</b>	<b>718</b>	<b>14,777</b>	<b>2,778</b>	<b>5,964</b>	<b>164</b>	<b>428,695</b>
At 1 April 2019	<b>57,326</b>	<b>315,178</b>	<b>20,455</b>	<b>1,936</b>	<b>15,157</b>	<b>2,474</b>	<b>7,088</b>	<b>175</b>	<b>419,789</b>

**Asset financing**

Owned	54,219	329,975	20,100	718	14,777	2,778	5,964	164	428,695
<b>Carrying Amount</b>	<b>54,219</b>	<b>329,975</b>	<b>20,100</b>	<b>718</b>	<b>14,777</b>	<b>2,778</b>	<b>5,964</b>	<b>164</b>	<b>428,695</b>

**Asset financing**

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

**Carrying amount comprises:**

Northern HSC Trust at 31 March 2021	54,219	330,292	19,380	2,310	17,644	3,100	7,465	236	434,646
	<b>54,219</b>	<b>330,292</b>	<b>19,380</b>	<b>2,310</b>	<b>17,644</b>	<b>3,100</b>	<b>7,465</b>	<b>236</b>	<b>434,646</b>
Northern HSC Trust at 31 March 2020	54,219	329,975	20,100	718	14,777	2,778	5,964	164	428,695
	<b>54,219</b>	<b>329,975</b>	<b>20,100</b>	<b>718</b>	<b>14,777</b>	<b>2,778</b>	<b>5,964</b>	<b>164</b>	<b>428,695</b>
Northern HSC Trust at 31 March 2019	57,326	315,178	20,455	1,936	15,157	2,474	7,088	175	419,789
	<b>57,326</b>	<b>315,178</b>	<b>20,455</b>	<b>1,936</b>	<b>15,157</b>	<b>2,474</b>	<b>7,088</b>	<b>175</b>	<b>419,789</b>

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 6.1 Consolidated Intangible assets - year ended 31 March 2021

	Software Licenses £000s	Total £000s
<b>Cost or Valuation</b>		
At 1 April 2020	16,370	16,370
Indexation	0	0
Additions	8,564	8,564
Donations / Government grant / Lottery funding	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	0	0
At 31 March 2021	<b>24,934</b>	<b>24,934</b>

<b>Amortisation</b>		
At 1 April 2020	12,303	12,303
Indexation	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	0	0
Provided during the year	1,530	1,530
At 31 March 2021	<b>13,833</b>	<b>13,833</b>

<b>Carrying Amount</b>		
At 31 March 2021	<b>11,101</b>	<b>11,101</b>
At 31 March 2020	<b>4,067</b>	<b>4,067</b>

<b>Asset financing</b>		
Owned	11,101	11,101
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
<b>Carrying Amount</b>		
At 31 March 2021	<b>11,101</b>	<b>11,101</b>

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

	<b>2021</b>
	<b>£000s</b>
Donations	0

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 6.2 Consolidated Intangible assets - year ended 31 March 2020

	Software Licenses £000s	Total £000s
<b>Cost or Valuation</b>		
At 1 April 2019	14,789	14,789
Additions	1,598	1,598
Disposals	(17)	(17)
At 31 March 2020	<b>16,370</b>	<b>16,370</b>

<b>Amortisation</b>		
At 1 April 2019	10,451	10,451
Disposals	(17)	(17)
Provided during the year	1,869	1,869
At 31 March 2020	<b>12,303</b>	<b>12,303</b>

<b>Carrying Amount</b>		
At 31 March 2020	<b>4,067</b>	<b>4,067</b>
At 1 April 2019	<b>4,338</b>	<b>4,338</b>

<b>Asset financing</b>		
Owned	4,067	4,067
<b>Carrying Amount</b>		
At 31 March 2020	<b>4,067</b>	<b>4,067</b>

<b>Asset financing</b>		
Owned	4,338	4,338
<b>Carrying Amount</b>		
At 1 April 2019	<b>4,338</b>	<b>4,338</b>

#### Carrying amount comprises:

Northern HSC Trust at 31 March 2021	11,101	11,101
	11,101	11,101
Northern HSC Trust at 31 March 2020	4,067	4,067
	4,067	4,067
Northern HSC Trust at 31 March 2019	4,338	4,338
	4,338	4,338

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 7 FINANCIAL INSTRUMENTS

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

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

	2021			2020		
	Non-Current Assets £000s	Assets £000s	Liabilities £000s	Non-Current Assets £000s	Assets £000s	Liabilities £000s
Balance at 1 April	5,111	0	0	5,345	0	0
Additions	0	0	0	200	0	0
Disposals	0	0	0	(198)	0	0
Revaluations	754	0	0	(236)	0	0
Balance at 31 March	<u>5,865</u>	<u>0</u>	<u>0</u>	<u>5,111</u>	<u>0</u>	<u>0</u>
Trust	0	0	0	0	0	0
Charitable trust fund	5,865	0	0	5,111	0	0
	<u>5,865</u>	<u>0</u>	<u>0</u>	<u>5,111</u>	<u>0</u>	<u>0</u>

The only other financial instruments held by the Trust as at 31 March 2021 are trade receivables, cash and trade payables. Details of these can be seen in Notes 11, 12 and 13 respectively. The situation also applied in 2019/20.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 8 INVESTMENTS AND LOANS

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

	<b>Held in UK £000s</b>	<b>Held outside UK £000s</b>	<b>2021 Total £000s</b>	<b>2020 Total £000s</b>
Investments in a Common Deposit Fund or Investment Fund	4,765	0	4,765	4,011
Short Term Investments and Deposits	1,000	0	1,000	1,000
Other investments	100	0	100	100
<b>Total market value of fixed asset investments</b>	<b>5,865</b>	<b>0</b>	<b>5,865</b>	<b>5,111</b>

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 9 IMPAIRMENTS

	<b>2021</b>	
	<b>Property, plant &amp; equipment £000s</b>	<b>Total £000s</b>
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	13	13
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0
<b>Total value of impairments for the period</b>	<b>13</b>	<b>13</b>

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

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

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

	Land	
	2021 £000s	2020 £000s
Opening Balance at 1 April	548	778
Transfers in*	0	229
(Disposals)	(138)	(459)
Revaluation / (Impairment)	0	0
Closing Balance at 31 March	410	548

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

The amounts disclosed in 2020/21 refer to land assets at the following sites: Rathmoyle (sold December 2020), Audley, Norfolk and MUH Laneway. The latter three remain as held for sale at 31 March 2021.

#### NOTE 11 INVENTORIES

Classification	2021 £000s		2020 £000s	
	Trust	Consolidated	Trust	Consolidated
Pharmacy supplies	3,540	3,540	3,655	3,655
Building & engineering supplies	138	138	115	115
Laboratory materials	102	102	247	247
Heat, light and power	181	181	142	142
Other	1,990	1,990	150	150
<b>Total</b>	<b>5,951</b>	<b>5,951</b>	<b>4,309</b>	<b>4,309</b>

The above total includes £142k in stock across the Trust retained in relation to items specifically in respect of EU Exit contingency.

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

#### NOTE 12 CASH AND CASH EQUIVALENTS

	2021 £000s			2020 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Balance at 1st April	4,775	370	5,145	1,841	530	2,371
Net change in cash and cash equivalents	(3,027)	56	(2,971)	2,934	(160)	2,774
<b>Balance at 31st March</b>	<b>1,748</b>	<b>426</b>	<b>2,174</b>	<b>4,775</b>	<b>370</b>	<b>5,145</b>

The following balances at 31 March were held at	2021 £000s			2020 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Commercial banks and cash in hand	1,748	426	2,174	4,775	370	5,145
<b>Balance at 31st March</b>	<b>1,748</b>	<b>426</b>	<b>2,174</b>	<b>4,775</b>	<b>370</b>	<b>5,145</b>

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

The Trust did not have any liabilities arising from financial activities (GiA receipt) in 2020/21.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2021 £000s			2020 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
<b>Amounts falling due within one year</b>						
Trade receivables	12,093	0	12,093	9,998	0	9,998
VAT receivable	7,051	0	7,051	5,943	0	5,943
Other receivables - not relating to fixed assets	1,594	3,019	4,613	1,013	12	1,025
<b>Trade and other receivables</b>	<b>20,738</b>	<b>3,019</b>	<b>23,757</b>	<b>16,954</b>	<b>12</b>	<b>16,966</b>
Prepayments	2,272	0	2,272	1,916	0	1,916
Accrued income	1,836	0	1,836	1,996	0	1,996
Contract assets	0	0	0	0	0	0
<b>Other current assets</b>	<b>4,108</b>	<b>0</b>	<b>4,108</b>	<b>3,912</b>	<b>0</b>	<b>3,912</b>
<b>Intangible current assets</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Amounts falling due after more than one year</b>						
<b>Trade and other receivables</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other current assets falling due after more than one year</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<b>20,738</b>	<b>3,019</b>	<b>23,757</b>	<b>16,954</b>	<b>12</b>	<b>16,966</b>
<b>TOTAL OTHER CURRENT ASSETS</b>	<b>4,108</b>	<b>0</b>	<b>4,108</b>	<b>3,912</b>	<b>0</b>	<b>3,912</b>
<b>TOTAL RECEIVABLES AND OTHER CURRENT ASSETS</b>	<b>24,846</b>	<b>3,019</b>	<b>27,865</b>	<b>20,866</b>	<b>12</b>	<b>20,878</b>

The balances are net of a provision for bad debts of £1,850k (2020 £1,721k)

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

##### 14.1 Trade payables and other current liabilities

	2021 £000s			2020 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
<b>Amounts falling due within one year</b>						
Other taxation and social security	18,502	0	18,502	24,915	0	24,915
Trade capital payables - property, plant and equipment	14	0	14	8,003	0	8,003
Trade capital payables - intangibles	7,124	0	7,124	316	0	316
Trade revenue payables	34,001	0	34,001	30,422	0	30,422
Payroll payables	62,924	0	62,924	34,132	0	34,132
Clinical negligence payables	71	0	71	23	0	23
BSO payables	326	0	326	1,020	0	1,020
Other payables	64	8	72	67	7	74
Accruals	10,327	0	10,327	2,623	0	2,623
Accruals - relating to property, plant and equipment	8,879	0	8,879	587	0	587
Deferred income	1,325	0	1,325	739	0	739
Contract liabilities	0	0	0	0	0	0
<b>Trade and other payables</b>	<b>143,557</b>	<b>8</b>	<b>143,565</b>	<b>102,847</b>	<b>7</b>	<b>102,854</b>
<b>Other current liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Carbon reduction commitment	0	0	0	0	0	0
<b>Intangible current liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total payables falling due within one year</b>	<b>143,557</b>	<b>8</b>	<b>143,565</b>	<b>102,847</b>	<b>7</b>	<b>102,854</b>
<b>Total non current other payables</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES</b>	<b>143,557</b>	<b>8</b>	<b>143,565</b>	<b>102,847</b>	<b>7</b>	<b>102,854</b>

The Trust did not have any loans payable at either 31 March 2021 or 31 March 2020.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES - 2021

	Clinical negligence £000s	Other £000s	2021 £000s
<b>Balance at 1 April 2020</b>	65,513	5,127	70,640
Provided in year	21,706	701	22,407
(Provisions not required written back)	(1,251)	(124)	(1,375)
(Provisions utilised in the year)	(6,181)	(588)	(6,769)
Cost of borrowing (unwinding of discount)	8	(2)	6
<b>At 31 March 2021</b>	<b>79,795</b>	<b>5,114</b>	<b>84,909</b>

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

#### Comprehensive Net Expenditure Account charges

	2021 £000s	2020 £'000
Arising during the year	22,407	33,756
Reversed unused	(1,375)	(1,036)
Cost of borrowing (unwinding of discount)	6	(46)
	<b>21,038</b>	<b>32,674</b>

#### Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2021 £000s
Not later than 1 year	27,022	1,340	28,362
Later than 1 year and not later than 5 years	6,170	647	6,817
Later than 5 years	46,603	3,127	49,730
At 31 March 2021	<b>79,795</b>	<b>5,114</b>	<b>84,909</b>

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

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

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

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

#### Analysis of expected timing of discounted flows

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

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 16 CAPITAL AND OTHER COMMITMENTS

##### NOTE 16.1 Capital Commitments

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

	<b>2021</b> <b>£000s</b>	<b>2020</b> <b>£000s</b>
Property, plant & equipment	4,629	474
	<u>4,629</u>	<u>474</u>

##### NOTE 16.2 Other Financial Commitments

The Trust did not have any other financial commitments at either 31 March 2021 or 31 March 2020.

#### NOTE 17 COMMITMENTS UNDER LEASES (IAS17 DISCLOSURES)

##### 17.1 Finance Leases

The Trust did not have any finance leases as at 31 March 2021 or 31 March 2020.

##### 17.2 Operating Leases

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

	<b>2021</b> <b>£000s</b>	<b>2020</b> <b>£000s</b>
<b>Obligations under operating leases comprise</b>		
<b>Buildings</b>		
Not later than 1 year	598	690
Later than 1 year and not later than 5 years	658	647
Later than 5 years	0	0
	<u>1,256</u>	<u>1,337</u>
<b>Other</b>		
Not later than 1 year	173	129
Later than 1 year and not later than 5 years	183	108
Later than 5 years	0	0
	<u>356</u>	<u>237</u>

#### NOTE 17 COMMITMENTS UNDER LESSOR AGREEMENTS

##### 17.3 Operating Leases

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

	<b>2021</b> <b>£000s</b>	<b>2020</b> <b>£000s</b>
<b>Obligations under operating leases issued by the Trust comprise</b>		
<b>Land &amp; Buildings</b>		
Not later than 1 year	60	104
Later than 1 year and not later than 5 years	106	130
Later than 5 years	338	361
	<u>504</u>	<u>595</u>

The Trust acts as a lessor in the following arrangements: 1) Grazing Land - a small amount of land is leased to private individuals; 2) Joymount Carpark is leased to a local council; 3) Boots Chemist lease is part of Ballymena Health and Care Centre; 4) Shops in Antrim and Causeway Hospitals are leased to local businesses.

## **FINANCIAL STATEMENTS**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

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

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

The Trust had no off balance sheet (SoFP) PFI and other service concession arrangements schemes in 2020/21 and 2019/20.

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

The Trust had no on balance sheet (SoFP) PFI contracts and other service concession arrangements in 2020/21 and 2019/20.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 19 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.

	2021 £000s	2020 £000s
Clinical negligence	1,417	1,315
Public liability	38	35
Employers' liability	119	146
Accrued leave	0	0
Injury benefit	0	0
Other	0	0
Total	<u>1,574</u>	<u>1,496</u>

#### Unquantifiable Contingent Liabilities

A discount rate is applied by courts to a lump-sum award of damages for future financial loss in a personal injury case to take account of the return that can be earned from investment. Currently the rate in Northern Ireland has to be set in accordance with principles set out by the House of Lords in *Wells v Wells*. The Department of Justice made a statutory rule on 29 April 2021 changing the rate, under the *Wells v Wells* framework (from 2.5%) to -1.75%, with effect from 31 May 2021. The Department has also brought forward a Bill to change how the rate is set. The Damages (Return on Investment) Bill was introduced to the Assembly on 1 March and is currently at Committee Stage. Subject to the legislative process, it is anticipated that the Bill will be enacted early next year and the rate would then be reviewed under the new framework. There was 1 case settled under a periodic payment order where the estimated impact of the change in discount rate has been included in the clinical negligence provisions figure. However, for cases not yet settled, it was not possible to quantify the additional financial liability at this stage as this is a significant task given the number of claims involved. As such, a review will be undertaken in 2021/22 to establish the increase in liability that has arisen from the decrease in discount factor as personal injury compensation will be inflated for existing future loss.

The Court of Appeal (CoA) judgment from 17 June 2019 (*PSNI v Agnew*) determined that claims for Holiday Pay shortfall can be taken back to 1998. However, the PSNI has appealed the CoA judgment to the Supreme Court. The Supreme Court hearing was scheduled for the 23 and 24 June 2021 but this has subsequently been adjourned. Based on the position in the NHS in England, Scotland and Wales, an accrual at 31 March 2021 has been calculated by HSC management for the liability and is included in these accounts. However, the extent to which the liability may exceed this amount remains uncertain as the calculation has not been agreed with Trade Unions. The potential additional financial effect of this is unquantifiable at present.

The Trust utilises a system called Allocate to monitor Junior Doctors hours to ensure it reflects appropriate working patterns for trainee doctors and supports the Trust in adhering to the European working time directive and the new deal for doctors in training. The *Hallett v Derby Hospitals NHS Foundation Trust* in June 2019 brought a software algorithm issue to light in respect of these monitoring outcomes, in that the methodology by which NHS Trusts applied monitoring rules were incorrect. The algorithm has been corrected and released through a software update in April 2020. However, there is an implication that rotas previously determined to be compliant may no longer be compliant, thus giving rise to a potential financial liability. Until a review can be undertaken it is not possible to confirm if there have been any cases of non compliance, therefore, there is uncertainty around the number of instances of non-compliance (if any). As such, this cannot be quantified at this time. However, a further monitoring exercise is scheduled in May 2021 (expected to conclude in July 2021) which will seek to bring to light any incidences of non-compliance. This information will then be reviewed by the Trust to determine further actions, including remuneration, where appropriate.

A cyber security incident took place at Queen's University Belfast (QUB) in February 2021. The Trust has multiple contractual interactions with QUB, some concerning personal information, the Trust technology teams, with the backing of the Trust's SIRO's, took a number of actions to reduce potential disruption to Trust services, and continue to liaise with QUB on the impact of the cyber incident. The impact on the Trust is being fully investigated, and there may be a financial risk in relation to possible future liability, for potential claims for loss of personal data. As the breach occurred in a third party's systems the potential for liability is unclear and any financial impact is unquantifiable at present.

#### NOTE 19.1 Financial Guarantees, Indemnities and Letters of Comfort

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

The Trust has, however, relied on a Letter of Comfort received from the Health and Social Care Board on 22 April 2021 in respect of COVID-19 funding for the Healthcare Workers Payment and Vaccine Deployment, pending approval from the Department of Health which the HSC is advised is likely to be approved.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 20 RELATED PARTY TRANSACTIONS

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

During the year, the Trust entered into the following material transactions with the following related parties.

#### HSC Bodies

The Trust is an ALB of DoH, and as such the DoH is a related party and the ultimate controlling parent with which the Trust has had various material transactions during the year. During the year the Trust has had a number of material transactions with other entities for which the DoH is regarded as the ultimate controlling parent. These entities include the Health and Social Care Board, the five health and social care trusts and BSO.

#### 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 2020/21. Set out below are details of the amount paid to these organisations during 2020/21. In none of these cases listed did the Non-Executive Director have any involvement in the decisions to procure the services from the organisation concerned.

2020/21	Service Provided by Organisation	Payments to Related Party £000s	Income from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
Human Tissue Authority	Human Tissue Regulatory Body	0	0	0	0
Northern Ireland Water	Water Services	831	0	9	0
Northern Ireland Housing Executive	Housing Authority	10	226	1	0
Belfast Metropolitan College	Education and Training	1	0	0	0
Marie Curie	Palliative Care Charity	643	0	0	0

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

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

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

## FINANCIAL STATEMENTS

Mr Paul Corrigan (Non-Executive Director) is a volunteer driver for Marie Curie (since November 2020).

2019/20	Service Provided by Organisation	Payments to Related Party £000s	Income from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
Human Tissue Authority	Human Tissue Regulatory Body	4	0	0	0
Northern Ireland Water	Water Services	780	0	46	0
Northern Ireland Housing Executive	Housing Authority	14	189	0	0
North Regional College	Education and Training	2	0	0	0
Belfast Metropolitan College	Education and Training	1	0	0	0

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

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

### Other Board Members and Senior Managers

In a similar way, some other Trust Board members and Senior Managers have disclosed interests in organisations from which the Trust purchase services in 2020/21. The details are set out below. Again, the officers listed had no involvement in the decisions to procure the services from the organisations concerned.

2020/21	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
Healthcare Financial Management Association	Healthcare Financial Management and Governance Representative Group	8	0	0	0
Aware (Mental Health Voluntary Group)	Registered Mental Health Charity	0	0	8	0
Macklin Group	Private Nursing Homes	4,997	0	120	0

## FINANCIAL STATEMENTS

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

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

Mrs Eileen McEaney (Executive Director of Nursing) has a family member employed with Aware (Mental Health Voluntary Group) (Retired August 2020).

Mr Oscar Donnelly (Executive Director of Mental Health) Macklin Group is owned by relatives (Private Nursing Homes) (Retired 30 June 2020).

2019/20	Service Provided by Organisation	Payments to Related Party £000s	Income from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
Northern Ireland NHS Confederation	NI Health and Social Care Representative Group	5	0	0	0
Healthcare Financial Management Association	Healthcare Financial Management and Governance Representative Group	4	0	3	0
Aware (Mental Health Voluntary Group)	Registered Mental Health Charity	1	0	0	0
Macklin Group	Private Nursing Homes	4,513	0	48	0

Dr Anthony Stevens (Chief Executive) is Chair of the Northern Ireland NHS Confederation (Left 31 March 2020).

### NOTE 21 THIRD PARTY ASSETS

The Trust held £7,810k investments and cash at bank and in hand at 31 March 2021 which relates to monies held by the Trust on behalf of patients. This has been excluded from the cash at bank and in hand amounts reported in the accounts. A separate audited account of these monies is maintained by the Trust.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### NOTE 22 FINANCIAL PERFORMANCE TARGETS

##### 22.1 Revenue Resource Limit

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

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

	<b>2021</b>	<b>2020</b>
	<b>Total</b>	<b>Total</b>
	<b>£000s</b>	<b>£000s</b>
HSCB	905,932	788,681
PHA	8,828	9,206
SUMDE & NIMDTA	6,667	6,241
Non cash RRL (from DoH)	44,862	60,819
<b>Total agreed RRL</b>	<u>966,289</u>	<u>864,947</u>
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	(71)	(61)
Adjustment for Research and Development under ESA10	617	920
Adjustment for PPE Stock	<u>(1,960)</u>	<u>0</u>
<b>Total Revenue Resource Limit to Statement Comprehensive Net Expenditure</b>	<u><u>964,875</u></u>	<u><u>865,806</u></u>

For 2020/21 HMT are allowing new budgeting treatment agreed for COVID-19 Personal Protective Equipment (PPE). Any year end stock of COVID-19 PPE can be treated as Resource DEL on purchase. This is an exemption to the usual Consolidated Budgetary Guidance rules which usually require that items are only charged to the budget when they are used. The same budgeting treatment cannot be applied to any other inventory or asset type, it is solely for COVID-19 PPE. There will be no change to the accounting treatment of such stock items, therefore, as for PFI contracts with differing accounting and budgeting treatments, the revenue RRL that is reflected in the Statement of Comprehensive Net Expenditure will need to be reduced to exclude the budget cover in relation to this. An adjustment will also be needed in 2020/21 to reverse this one off treatment.

The Trust has relied on a Letter of Comfort received from the Health and Social Care Board on 22 April 2021 in respect of COVID-19 funding for the Healthcare Workers Payment and Vaccine Deployment, pending approval from the Department of Health which the HSC is advised is likely to be approved.

##### 22.2 Capital Resource Limit

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

	<b>2021</b>	<b>2020</b>
	<b>Total</b>	<b>Total</b>
	<b>£000s</b>	<b>£000s</b>
Gross capital expenditure	36,860	15,622
Less donation/charitable trust fund capital expenditure (Receipts from sales of fixed assets*)	(71)	(61)
	<u>(138)</u>	<u>(459)</u>
Net capital expenditure	36,651	15,102
Capital Resource Limit	37,403	16,074
Adjustment for Research and Development under ESA10	<u>(617)</u>	<u>(920)</u>
<b>Overspend/(Underspend) against CRL</b>	<u><u>(135)</u></u>	<u><u>(52)</u></u>

\* Receipts from sales will be the lower of the NBV of the asset and the net sale proceeds.

## FINANCIAL STATEMENTS

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### 22.3 Financial Performance Targets

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

	<b>2020/21</b> <b>£000s</b>	<b>2019/20</b> <b>£000s</b>
Net Expenditure	(964,638)	(865,744)
RRL	<u>964,875</u>	<u>865,806</u>
Surplus / (Deficit) against RRL	237	62
Break Even cumulative position (opening)	(4,131)	(4,193)
Break Even cumulative position (closing)	<u><u>(3,894)</u></u>	<u><u>(4,131)</u></u>
<b>Materiality Test:</b>		
	<b>2020/21</b> <b>%</b>	<b>2019/20</b> <b>%</b>
Break Even in year position as % of RRL	<u>0.02%</u>	<u>0.01%</u>
Break Even cumulative position as % of RRL	<u>-0.40%</u>	<u>-0.48%</u>

The NHSCT has achieved it's breakeven target in 2020/21.

#### NOTE 23 EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period having a material effect on the accounts

#### Date of authorisation for issue

The Accounting Officer authorised these financial statements for issue on 2 July 2021.

## **FINANCIAL STATEMENTS**

### **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

#### **STATEMENT OF TRUST'S RESPONSIBILITIES IN RELATION TO PATIENTS' / RESIDENTS' MONIES**

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

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

**FINANCIAL STATEMENTS**

**Year Ended 31 March 2021**

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

Previous Year	RECEIPTS		
£		£	£
5,950,000	Balance at 1 April 2020	6,500,000	
422,271	1. Investments (at cost)	444,664	
8,210	2. Cash at Bank	15,560	6,960,224
	3. Cash in Hand		
3,264,103	Amounts Received in the Year		3,171,974
44,576	Interest Received		21,572
<b>9,689,160</b>	<b>TOTAL</b>		<b>10,153,770</b>
PAYMENTS			
2,728,936	Amounts Paid to or on behalf of Patients/Residents		2,344,323
6,500,000	Balance at 31 March 2021	6,750,000	
444,664	1. Investments (at cost)	1,048,317	
15,560	2. Cash at Bank	11,130	7,809,447
	3. Cash in Hand		
<b>9,689,160</b>	<b>TOTAL</b>		<b>10,153,770</b>
Schedule of Investments held at 31 March 2021			
Cost Price £	Investment	Nominal Value £	Cost Price £
3,500,000	Invested: 02/10/20 - 01/10/21	3,500,000	3,500,000
3,000,000	Invested: 02/10/20 - 01/10/21	3,000,000	3,000,000
	Invested: 16/07/20 - 14/07/21	250,000	250,000

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



**Director of Finance**

**24 June 2021**

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



**Chief Executive**

**24 June 2021**

## **NORTHERN HEALTH AND SOCIAL CARE TRUST – PATIENTS’ AND RESIDENTS’ MONIES**

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

#### **Opinion on account**

I certify that I have audited Northern Health and Social Care Trust’s account of monies held on behalf of patients and residents for the year ended 31 March 2021 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 Northern Health and Social Care Trust for the year ended 31 March 2021 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 for opinions**

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law 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 Northern Health and Social Care Trust in accordance with the ethical requirements of the Financial Reporting Council’s Revised Ethical Standard 2019, and have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

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

In auditing the financial statements, I have concluded that Northern Health and Social Care Trust’s use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Northern Health and Social Care Trust’s ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

The going concern basis of accounting for Northern Health and Social Care Trust is adopted in consideration of the requirements set out in the Government Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue in the future.

My responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

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

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

- adequate accounting records have not been; or
- the account is not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit.

### **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 in accordance with the applicable financial reporting framework and for being satisfied that they properly present the receipts and payments of the monies held on behalf of the patients and residents;
- such internal controls as the Trust determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- assessing the Northern Health and Social Care Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trust anticipates that the services provided by Northern Health and Social Care Trust will not continue to be provided in the future.

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

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

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

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Northern Health and Social Care Trust through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included Health and Personal Social Services (Northern Ireland) Order 1972, as amended;
- making enquires of management and those charged with governance on Northern Health and Social Care Trust's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material

- misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of Northern Health and Social Care Trust's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud;
  - engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
  - designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
  - addressing the risk of fraud as a result of management override of controls by:
    - performing analytical procedures to identify unusual or unexpected relationships or movements;
    - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
    - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
    - investigating significant or unusual transactions made outside of the normal course of business.

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

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the financial transactions recorded in the account conform to the authorities which govern them.

## Report

I have no observations to make on this account.



*KJ Donnelly*  
*Comptroller and Auditor General*  
*Northern Ireland Audit Office*  
*1 Bradford Court*  
*BELFAST*  
*BT8 6RB*

*2 July 2021*

## GLOSSARY

ADHD	Attention Deficit Hyperactivity Disorder
ADOS	Autism Diagnostic Observation Schedule
AFC	Agenda for Change
AHA	Advancing Healthcare Award
AHPs	Allied Health Professionals
AIAO	Assistant Information Asset Owners
ALBs	Arm's Length Bodies
ARK	Antibiotic Review Kit
ASD	Autistic Spectrum Disorder
ASSIST	Advice Support Services and Initial Screening Team
BAME	Black, Asian and Minority Ethnic
BEIS	Business, Energy and Industrial Strategy
BHSCT	Belfast Health & Social Care Trust
BSO	Business Services Organisation
CAMHS	Child and Adolescent Mental Health Services
CARE	Career Average Revalued Earnings
CAS	Controls Assurance Standard
CCaNNI	Critical Care Network Northern Ireland
CDI	Clostridium Difficile
CETV	Cash Equivalent Transfer Value
COVID-19	Disease caused by a new strain of coronavirus. CO stands for corona, VI for virus, D for disease
CPCC	Child Protection Case Conference
DAU	Direct Assessment Unit
DHSSPSNI	Department of Health, Social Services, and Public Safety Northern Ireland
DoH	Department of Health
DoF	Department of Finance
DoL	Deprivation of Liberty
DSF	Discharge of Statutory Function

ED	Emergency Department
EEEEG	Equality, Engagement, Experience and Employment Group
ELOL	Employer Liability/Occupier Liability
ENT	Ear, Nose and Throat
EPBC	Emergency Planning and Business Continuity
EPEX	Electronic Patient Explorer Software
ESA	European System of Accounts
ESC	Emergency Support Centre
eTAN	Electronic Treatment Advice Note
EU	European Union
FLS	Fracture Liaison Service
FNFM	Future Nurse Future Midwife
FReM	Financial Reporting Manual
GB	Great Britain
GDC	General Dental Council
GDPR	General Data Protection Regulation
GI	Gastro Intestinal
GMC	General Medical Council
GNB	Gram Negative Bacilli
GP	General Practitioner
HAGNBSI	Healthcare Associated Gram-negative Bloodstream Infections
HCAI	Healthcare Acquired Infection
HCO's	Home Care Officers
HMRC/RTI	Her Majesty's Revenue & Customs / Real Time Information
HPSS	Health and Personal Social Services
HR	Human Resources
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSDU	Hospital Sterilisation and Decontamination Unit
HSENI	Health and Safety Executive Northern Ireland

IAA	Information Asset Administrators
IAO	Information Asset Owners
IAS	International Accounting Standards
IASB	International Accounting Standards Board
ICATS	Integrated Clinical Assessment and Treatment Service
ICO	Information Commissioner's Office
ICP	Integrated Care Providers
ICT	Information Communication Technology
ICU	Intensive Care Unit
IDDSI	International Diet Descriptors Standardisation Initiative
IFRS	International Financial Reporting Standards
IG	Information Governance
IPC	Infection Prevention and Control
IQI	Innovation and Quality Improvement
ISO	International Organisation for Standardisation
ITS	Information Technology Services
IVS	International Valuation Standards
IV	Intravenous
JAG	Joint Advisory Group
JCVI	Joint Committee on Vaccination and Immunisation
KPI	Key Performance Indicator
LCG	Local Commissioning Group
LD	Learning Disability
LPS	Land and Property Services
LTR	Light Touch Regime
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
MEP	Modern Energy Partners
MHRA	Medicines and Healthcare Products Regulatory Agency
MOIC	Medicines Optimisation Innovation Centre

MPMNI	Managing Public Money NI
MRICS	Member of Royal Institution of Chartered Surveyors
MRSA	Methicillin-resistant Staphylococcus Aureus
MS	Multiple Sclerosis
MSFM	Management Statement Financial Management
N/A	Not Applicable
NEDs	Non-Executive Directors
NEST	National Employment Saving Trust
NHS	National Health Service
NHSCT	Northern Health and Social Care Trust
NI	Northern Ireland
NIAS	Northern Ireland Ambulance Service
NICE	National Institute of Health and Care Excellence
NIEA	Northern Ireland Environment Agency
NIECR	Northern Ireland Electronic Care Record
NIHR	National Institutes of Health Research
NIMDTA	Northern Ireland Medical and Training Agency
NIPSO	NI Public Services Ombudsman
NMC	Nursing and Midwifery Council
NMS	No More Silos
OD	Organisational Development
OH	Occupational Health
OM	Organisational Management
ONS	Office for National Statistics
OPD	Out Patients Department
OT	Occupational Therapy/Therapist
PARIS	Primary Access Regional Information System
PAS	Patient Administration System
PCC	Patient Client Council
PFI	Private Finance Initiative

PHA	Public Health Agency
POC	Programme of Care
POPI	Processing of Personal Information for Managers
PPE	Personal Protective Equipment
PPI	Personal and Public Involvement
PPT	Permanent Placement Team
PSNI	Police Service Northern Ireland
PSSC	Payroll Shared Services Centre
PTS	Psychological Therapies Service
PTU	Programmed Treatment Unit
QI	Quality Improvement
QUB	Queen's University Belfast
RAMP	Reform and Modernisation Programme
REaCH	Responsive Education and Collaborative Health
RICS	Royal Institution of Chartered Surveyors
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
R&D	Research & Development
RQIA	Regulation and Quality Improvement Authority
RRL	Revenue Resource Limit
SAI	Serious Adverse Incident
SAP	Systems Applications and Products
SAS	Specialty and Associate Specialists
SBA	Service and Budget Agreement
SILC	Safety Information and Learning Committee
SIP	Staff In Post
SIRO	Senior Information Risk Owner
SKIN	Surface, Keep Moving, Incontinence, Nutrition
SLA	Service Level Agreement
SLT	Speech and Language Therapy
SQN	Safety Quality North

SQSD	Safety Quality Standards
STEP	Specialist Trainees Engaged in Leadership Programme
TDP	Trust Delivery Plan
UK	United Kingdom
UKAS	United Kingdom Accreditation Service
VAT	Value Added Tax
VoIP	Voice Over Internet Protocol
WCF	Women, Children and Families
WEEE	Waste Electrical and Electronic Equipment
WTE	Whole Time Equivalent