



THE ACCOUNTS OF THE CHARITABLE TRUST FUNDS HELD

BY

NORTHERN HEALTH AND SOCIAL CARE TRUST

FOR THE YEAR ENDED 31 MARCH 2015

Laid before the Northern Ireland Assembly under Article 90 (5) of the Health and Personal Social Services (NI) Order 1972 by the Department of Health, Social Services and Public Safety.

on

2nd July 2015

Northern HSC Trust
Charitable Trust Funds
The Trustees' Annual Report
and
Accounts for the year ended 31 March 2015

Reference and Administrative information

Trustees

The Trust Board

Dr Tony Stevens	Chief Executive
Larry O'Neill	Director of Finance (Lead Director for CTF matters)
Dr Ken Lowry	Director of Medical and Governance
Olive MacLeod	Director of Nursing and User Experience
Marie Roulston	Director of Children's Services
Bob McCann	Chairperson
Jim Moore	Non Executive Director (Chairman of the Charitable Trust Funds Committee)
Dr Carol Ackah	Non Executive Director
Stanley Forsythe	Non Executive Director
Liz Ensor	Non Executive Director
Billy Graham	Non Executive Director
Pamela Montgomery	Non Executive Director
Professor Dorothy Whittington	Non Executive Director

Principal Office

Trust Headquarters Bretten Hall, Antrim Area Hospital, Bush Road, Antrim,
BT41 2RL

Charity Number: XT5430

Bankers

Bank of Ireland
Ballymena Branch
155 Church Street
Ballymena
BT43 6DG

Solicitors

Directorate of Legal Services
Business Services Organisation
2 Franklin Street
Belfast
BT2 8DQ

Auditors

Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU

Report of the Trustees for the year ended 31 March 2015

The Trustees of Northern HSC Trust Charitable Trust Funds present their annual report for the year ended 31 March 2015. This has been prepared in accordance with the Statement of Recommended Practice (SORP) Accounting Reporting by Charities issued in March 2005, and with relevant guidance issued by Department of Health, Social Services and Public Safety (DHSSPS).

Structure, governance and management

The Northern HSC Trust Board members are the Trustees of the Charitable Trust Funds.

The Charitable Trust Funds consist of a number of individual accounts created through donations, gifts and endowments from the public to enhance the health and social care provision already provided through public funds within the Northern HSC Trust.

Fund managers carry out the day to day administration of the funds. All funds are administered in line with the Northern HSC Trust's Charitable Trust Funds Policy and Procedures documents. Within the procedures there are strict authorisation levels applied to control expenditure. Administration of the funds is subject to both internal and external audit. The financial transactions, banking arrangements and investment activities are carried out by the Trust's Finance Directorate.

Risk Management

Within the Northern HSC Trust as Trustees, the risk management process was given a high profile at all levels.

Risk management and risk registers are a standing agenda item on the monthly Governance Forum meeting and this demonstrated leadership of the risk management process.

Training in risk management and the risk assessment process was available as part of the Trust's training directory.

Accountability for risk management was embedded within the Northern HSC Trust's governance organisational structure and provided clear lines of responsibility and accountability. The direction and leadership for governance, inclusive of risk management, was through the Senior Management Team (SMT) Governance Forum, which was chaired by the Chief Executive.

The Governance Committee of the Northern HSC Trust Board, chaired by a Non-Executive Director, in turn provided direction to the Senior Management Team and assurance to the Trust Board.

The Northern HSC Trust Audit Committee was chaired by a Non Executive Director and required a quorum of two Non Executive Members. The Committee was updated on all recommendations implemented and any outstanding action points. The Audit Committee met four times during 2014/15 and the membership consists of two non-executive directors and the Director of Finance.

The Charitable Trust Funds Committee oversees the administration of the Trust's Charitable Funds and ensures that they are managed within the Trust's Standing Financial Instructions, Departmental guidance and relevant legislation. The Committee also oversees the investment and appropriate disbursement of the funds, ensuring value for money and also ensuring that funds are not unduly accumulated. The Committee is chaired by Mr Jim Moore, Non-Executive Director. The Director of Finance is also in attendance with other senior staff. The committee met twice in 2014/15.

Financial Controls

The Trustees of the funds were aware of their financial responsibilities for the money that is held on trust. Appropriate policies and procedures were in place to ensure these responsibilities were adequately discharged, and these were reviewed on a regular basis.

Statement of risk

The management of risk in relation to the Charitable Trust Funds was closely aligned with the Trust's risk management procedures. These are outlined in detail in the Governance Statement contained within the Trust's public funds annual financial statements.

Reserves policy

The Charitable Trust Funds did not enter into future commitments and so have not created any reserves for this. Activities were only authorised when funding was available.

Investment Policy

For investment purposes the available balances on the Charitable Trust Funds were invested in either bank deposits for short term funds or in the Northern Ireland Central Investment Fund for Charities, which was established under the Charities Act (NI) 1964, and is managed by the Department for Social Development for longer term investments.

Plans for future periods

The Charitable Trust Funds Committee has put in place plans for effectively managing and monitoring Charitable Trust Funds in 2015/16 and to ensure that funds are utilised effectively and appropriately.

Objectives and Activities

Charitable Trust Funds are administered by the Trust as Trustees under the Health and Personal Social Services (NI) Order 1972 as amended by Article 16 of the Health and Personal Social Services (NI) Order 1991.

The normal purposes to which funds may be applied include all relevant expenditure likely to assist in the provision of health and social services in accordance with

current legislation relating to Charitable Trust Funds, the Standing Financial Instructions of the Trust, and operational procedures.

Financial Review and results for the year

The Charitable Trust Funds activities for the year generated a net surplus of £14K in that receipts exceeded expenditure by this amount.

Income & Expenditure

Income to the Charitable Trust Funds is derived mainly from individual donations, investment income and legacies, which mean that income, can fluctuate from year to year. In 2014/15 income decreased by £164K to £783K. Expenditure in 2014/15 decreased by £349K to £769K.

Investment performance

Investment income from cash and investments for 2014/15 was £84K (2013/14 £105K) representing a decrease of 20% from the previous year, due to the decrease in the returns from investments held by the Charitable Trust Funds. The market value of fixed asset investments increased by £98K in 2014/15 compared to an increase of £48K in 2013/14.

Northern Ireland Charity Commission

The Charities Act (NI) 2008 established the Charity Commission for Northern Ireland (CCNI) which is the independent regulator of charities in NI. The Northern HSC Trust Charitable Funds is on the deemed list of charities as it is registered with Her Majesty's Revenue and Customs for charitable tax purposes. The Charities (2008 Act) (Commencement No. 4) Order (Northern Ireland) 2013 came into effect on 24 June 2013. The Commencement Order will allow the Charity Commission to begin compulsory registration of all charities operating in Northern Ireland later this year. As a registered charity, the Northern HSC Trust Charitable Funds will have to provide certain information about the way in which it operates and how it uses its resources. This information will be made available online by the CCNI so that everyone can see how the charity's money is used.

Accounts

The full 2014/15 accounts for Northern HSC Trust Charitable Trust Funds follow.

Please note that the Charitable Trust Funds have also been consolidated to the Northern HSC Trust Annual Accounts in 2014/15

Statement of Northern HSC Trust Accounting Officer's Responsibilities in relation to Trust Funds Accounts

Under the Health and Personal Social Services (NI) Order 1972, (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health, Social Services and Public Safety has directed the Northern HSC Trust to prepare for each financial year a statement of accounts in respect of endowments and other property held on trust by it in a form determined by the Department of Health, Social Services and Public Safety (DHSSPS). The financial statements are prepared on an accruals basis and must provide a true and fair view.

In preparing the financial statements the Accounting Officer is required to;

- Observe the accounts direction issued by DHSSPS including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in Charities SORP 2005 have been followed, and disclose and explain any material departures in the financial statements;
- Keep proper accounting records; and
- Ensure an effective governance framework and establishing arrangements for the prevention and detection of fraud and corruption

The Permanent Secretary of the DHSSPS as Accounting Officer for health and personal social services resources in Northern Ireland has designated Dr Tony Stevens of the Northern HSC Trust as the Accounting Officer for the Northern HSC 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 Northern HSC Trust's assets, are set out in the Accounting Officer Memorandum issued by the Department of Health, Social Services and Public Safety.

**CERTIFICATES OF DIRECTOR OF FINANCE, CHAIRMAN AND SENIOR
DIRECTOR OF CORPORATE MANAGEMENT**

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 36 - 47) 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 in accordance with the accounting policies for HSC Charitable Trust Funds as approved by the Department of Health, Social Services and Public Safety.

Laurence

.....Director of Finance

11/6/2015

.....Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (page 36 - 47) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.

[Signature]

.....Chairman

11/6/2015

.....Date

Anthony Stwalley

.....Chief Executive

11 June 2015

.....Date

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NORTHERN HSC TRUST CHARITABLE TRUST FUNDS GOVERNANCE **STATEMENT – 2014/15**

Please note that this Governance Statement is an extract of the information contained within the Trust Governance Statement, included in the public funds accounts for 2014/15, that pertains to Charitable Trust Funds.

1. Introduction / Scope of Responsibility

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

In addition to the DHSSPS, the Trust has a close and positive working relationship with colleague agencies in HSC, particularly our commissioners, the HSC Board, the Public Health Agency, and the various directorates of the Business Services Organisation (BSO). The Trust has regular accountability meetings with the HSC Board and DHSSPS and is informed by the Commissioning Plan. The Trust prepares a Trust Delivery Plan to reflect its activities for each year. The Trust also participates in a wide range of groups designed to enhance the services provided to its population. The Trust works closely with the community and voluntary sector.

The Trust also works closely with the Public Health Agency to promote and improve public health and well-being in the delivery of the Trust Delivery Plan.

2. Compliance with Corporate Governance Best Practice

The Northern Health and Social Care Trust applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Trust does this by undertaking continuous assessment of its compliance with Corporate Governance Best Practice. In July 2014, the Trust commissioned, through the HSC Leadership Centre, an independent review of its integrated governance arrangements. This review made 51 recommendations to

improve the effectiveness and robustness of the Trust's integrated governance systems and these recommendations are being implemented, under the direction of an oversight group made up of the Executive Directors.

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 DHSSPS Sponsored Arm's Length Bodies issued on 18 November 2014. This was subject to independent verification through the HSC Leadership Centre. This assessment reflected significant improvements since the previous year's assessment and an action plan has been produced to take forward further improvements during 2015/16 to continue with improvement.

The Trust also issued new Standards of Business Conduct in October 2014 which included revised guidance on conflicts of interest and other governance matters.

3. Governance Framework

The Trust Board is the primary Governing Body of the Trust. It is constituted by DHSSPS 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. The quorum for a Board Meeting is half of the total number of the Board (including at least two Executive Directors and two non-executive members). The notice of Board Meetings is advertised in the press and on the Trust's website. Board agenda, minutes and papers, where appropriate, are also published on the Trust website.

During the year, the Trust undertook an in-depth review of the frequency of meetings and adjusted its normal pattern of Board meetings to incorporate a programme of Trust Board workshops and public Board meetings. This has been done to facilitate Board development and allow more in depth review of key issues.

During 2014/15, a total of 8 Trust Board meetings were held in public.

Name of Director	No of Meetings attended	Comments
Mr B McCann Chairman	8	
Dr C Ackah Non Ex Director	6	
Mr S Forsythe Non Ex Director	8	
Mr J Moore Non Ex Director	8	
Ms P Montgomery Non Ex Director	7	
Professor Whittington Non Ex Director	8	
Mrs L Ensor Non Ex Director	5	Commenced 21 July 2014
Mr B Graham Non Ex Director	4	Commenced 21 July 2014
Dr T Stevens Chief Executive	5	Commenced 1 August 2014
Dr G Furness Interim Medical Director	5	Interim Medical Director 1 February – 31 December 2014
Mr L O' Neill Director Finance	8	Acted as Chief Executive 1 June – 31 July 2014
Mrs M Roulston Director Children Services/Ex Director Social Work	7	
Mrs O MacLeod Director Nursing and User Experience	5	
Mrs U Cuning Director PCCOPS	4	
Mr O Donnelly Director Mental Health and Disability Services	8	
Ms B Donaghy Interim Director Planning and Performance Management	5	Interim Director from 3 July 2014 to date
Mr M Sloan Director Planning and Performance Management	2	Until 30 June 2014
Dr B Hunter GP Medical Director	7	

Mrs M O'Hagan Director Acute Services	8	
Mrs C Duffield Director Human Resources	5	Commenced 1 September 2014
Mr D McAlister Director Human Resources	2	Left the Trust 31 July 2014
Mr P Cummings Senior Director	2	Left the Trust 31 May 2014
Dr K Lowry Medical Director	2	Commenced 1 January 2015

A new Assurance Framework was agreed by the Trust Board to replace the Integrated Governance Strategy. This details the governance arrangements for the Northern Health and Social Care Trust and is based on an integrated governance model that links financial governance, risk management and clinical and social care governance into a single framework.

The Governance Review recommended that the governance accountability arrangements be reviewed and the Trust Board Committee structure be revised. As a result, in February 2015, the Governance Committee was replaced by a new Assurance Committee, comprising membership by all Non-Executive Directors.

The Trust Board has five committees 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;
- Assurance Committee (formed in February 2015 to replace the Governance Committee); and
- User Feedback and Involvement Committee.

The Chairs of the Audit Committee and of the Governance Committee meet annually to ensure an integrated approach to governance within the Trust. Each Committee reports back to the Trust Board on a regular basis.

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 2014/15 the Committee met on two occasions.

4. Framework for 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.

Risk Management

Further to the publication of the Governance Review, the Board of Directors has reviewed the systems and resources in place for managing risk. The Assurance Committee commenced operation in February 2015, providing Board level oversight in this key area. The Assurance Framework has been revised to ensure a clear and concise framework for reporting key information to the Board.

The revised Risk Management Strategy was approved by Trust Board in January 2015. The Risk Management Strategy describes the ongoing processes in place to identify and prioritise the risks to achievement of the organisation's objectives and system for the identification, analysis, control and review of risks.

The Board Assurance Framework, a document which considered the risks to the achievement of the organisation's objectives, was last presented to Trust Board in June 2014. This tool was reviewed to ensure that there is a comprehensive method for the effective and focused identification and management of the principal risks that arise in meeting the Corporate Objectives. The Principal Risk Document was developed and used to provide the Trust Board with a simple and comprehensive account of the risks identified, actions required and outstanding gaps in control. This was presented to Trust Board and Assurance Committee in January and February 2015 respectively.

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

There are structured processes in place for managing risks, incident reporting and the investigation of serious adverse incidents. The introduction of a web-based reporting system for risks and the reporting of adverse incidents has been approved for implementation. The Trust has encouraged the open and transparent reporting of incidents and has supported staff by producing guidance for use by investigation teams and service users and providing training on investigation methodology.

5 Information Risk

Information risks are managed within the context of the Trust's Risk Management Strategy. Such risks are identified and documented at a number of levels including the Corporate Information Governance Risk Register. This register is reviewed at the quarterly Information Governance Forum and, as appropriate, risks are escalated or removed from the Corporate Risk Register.

Information Governance Incident reporting (including Serious Adverse Incident (SAI) reporting) is performed using the normal Trust procedures which incorporate guidance on reporting Information Governance incidents. The Trust continues to experience increased reporting of Information Governance incidents, and this is considered to be due to a heightened awareness among managers that such breaches must be reported as incidents. Since April 2014 four data security breaches have been reported by the Trust to the Information Commissioner's Office (ICO); three of which occurred in 2013/14 and were reported to ICO in May 2014. Further to the ICO undertaking imposed on the Trust in August 2013, the ICO visited the Trust in October 2014 to undertake a voluntary audit in respect of the Trust's data protection and information security arrangements. The outcome of this Audit was 'Overall Limited Assurance'. An action plan has been drawn up and is being implemented. It is also planned that the ICO will review progress against this plan in December 2015. The main themes requiring action were staff training, information risk management and physical security.

The Trust has identified and provided training to its Senior Information Risk Owner (IRO), Information Asset Owners (IAO) and Information Asset Administrators (IAA). These roles are still developing and new IAO's, Deputy IAO's and IAA's continue to be identified. Training is being arranged for these staff on an on-going basis. 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 established an Information Governance Forum which reports to the Executive Team. The Information Governance Forum oversees and directs a rolling work programme that addresses a number of risk areas.

Information Governance

A range of Information Governance courses are offered in-house, some of which are mandatory:

- Information Governance Awareness for all staff;
- Protection of Personal Information for Managers; and
- ICT Security training for all ICT users.

Robust project management is used to ensure that information governance matters (e.g. access control, contingency planning) relating to new Information Systems are addressed as part of implementation. A process for assessing risks associated with Information assets is being implemented, with the initial focus being on systems that hold personal information.

The Trust is reliant to a significant extent on the services provided by BSO Information Technology Services (ITS), for which Service Level Agreements are in place. BSO ITS also provide formal assurance to DHSSPS as part of the corporate governance process.

The Trust has in place a number of policies that support information risk management including:

- Policy (and associated procedures) on Processing of Personal Information;
- Policy (and associated procedures) on Making Information Available to the Public;
- Information Systems Security Policy;
- Records Management Policy;
- Risk Management Strategy; and

- Incident Reporting Policy.

As of March 2015 the Trust achieved substantive compliance with the Information and Communications Technology (ICT) Controls Assurance Standard and the Information Management Controls Assurance Standard. In addition to this the Trust ICT Service also achieved ISO 270001 Accreditation in March 2015.

During 2014/15 two Serious Adverse Incidents were reported. One investigation has concluded and one continues. The percentage of Trust staff that have completed the mandatory Information Governance training has increased from 50% in March 2014 to 69% at March 2015. Attendance at this training has been prioritised.

The outcome of the voluntary audit conducted by the ICO was overall limited assurance. The two areas assessed were the processing of Subject Access Requests and the physical security arrangements in place to protect sensitive personal data. While the processing of Subject Access Requests received a 'reasonable assurance' score the physical security arrangements were deemed to have a 'limited assurance' score. The Trust has agreed a number of improvement actions and is currently working towards achieving these by early December 2015 when the ICO will review progress.

6. Public and Stakeholder Involvement

The Trust is committed to Personal and Public Involvement (PPI) and has assigned responsibility for this to the Executive Director of Nursing and User Experience. The Trust's User Feedback and Involvement Committee's terms of reference include Complaints and PPI and the Committee seeks assurance that service users, carers and communities are fully involved in the development of Trust services and that their feedback informs, identifies risk and helps shapes our business. The membership includes a representative from the Patient and Client Council (PCC).

The Trust's PPI Strategy 2013-15 sets out the Trust's objectives to involve patients, service users, carers and the public in decision making processes in health and social care. The PPI Strategy will be reviewed during 2015 to reflect the new standards for PPI for health and social care organisations which were launched in March 2015.

The PPI Annual Report for 2013/14 was presented to the Trust Board in December 2014 which provided a corporate overview of the engagement activities taking place in the Trust. It was encouraging to note from this report that PPI activity continued to

increase and there was evidence that engagement activity was influencing plans for services.

The Trust continues to use a range of methods to monitor compliance with the DHSSPS' standards document "Improving the Patient & Client Experience". We gather feedback from service users about their experiences to identify patterns that help us to review our service. A combination of service user surveys, stories and observations are used to gather information about service users' experiences of services they receive. Also, 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.

In addition, the Trust collects and reports on complaints, comments and suggestions made by members of the public and service users received through the 'Your views matter' process. All feedback is acknowledged and cascaded to the relevant service for action so as to improve services for our users.

There are also a number of well-established User Panels that operate in the Northern area, e.g. The Disability Consultation and Older People's Panels. These panels provide a forum to promote partnership working and an opportunity for service users and their representatives to be involved in the developing and planning of services.

In line with best practice, each Trust Board meeting includes an account of a patient/client experience. These accounts recount positive experiences as well as stories where a poor experience affected service users.

7. Assurance

Quality of Assurance

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

- BSO Internal Audit – through its regular reports;
- Northern Ireland Audit Office – through its Annual Audit; and
- Regulation and Quality Improvement Authority (RQIA).

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 (this replaced the Board Assurance Framework in January 2015);
- Controls Assurance Standards;
- Risk Registers;
- Board appointed committees including the Assurance Committee, Audit Committee and User Feedback and Involvement Committee; and
- Reports from Directors at Board Meetings.

The Trust Board has delegated authority to its committees and receives regular feedback from the Committee Chairs at Board meetings. The Trust commissioned an independent review of its governance arrangements in July 2014 and is implementing the recommendations arising from this review. This also took account of the recommendations of the Turnaround and Support Team (TAST).

8. Sources of Independent Assurance

The Northern Health and Social Care Trust obtains independent assurance from the following sources:

- Internal Audit;
- Northern Ireland Audit Office;
- RQIA; and
- The Business Services Organisation in respect of services provided on behalf of the Trust.

RQIA

Since April 2014, the Trust has received 10 final reports from RQIA Thematic Reviews, and I can confirm that all accepted recommendations have been, or are being, implemented. The reports received relate to the following:

1. Review of the Implementation of NICE Clinical Guidelines 42: Dementia;
2. Review of Oversight of Patients' Finances in Residential Settings;
3. Review of Care of Older People in Acute Hospital Wards (Antrim & Causeway);
4. Review of actions taken in response to concerns raised about the care delivered at Cherry Tree House;
5. Review of Theatre Practice (Antrim & Causeway);
6. Guidelines and Audit Implementation Network (GAIN) Caring for People with Learning Disability in General Hospital Settings
7. Review of Discharge Arrangements from Hospital;
8. Review of Services for People with Stroke;
9. Independent Inquiry into Child Sexual Exploitation in Northern Ireland;
10. Independent Review of the Arrangements for the Management and Coordination of Unscheduled Care in the Belfast HSC Trust and related regional considerations.

Listed below are those reviews that commenced during the 2014/15 year:

- Review of Risk Management of Addiction Services;
- Review of Eating Disorder Service;
- Review of Provision of Services for People with an Acquired Brain Injury;

- Review of Adverse Incident Management, Reporting and Learning;
- Regional Evaluation of the Physical Health Needs of People with a Mental Illness/Learning Disability; and
- RQIA carried out 2 hygiene inspections within Critical Care Units. Each generated an action plan that is monitored by the Directorate Governance Team.

RQIA also issued a number of Failure to Comply Notices to the Trust and all necessary arrangements were made to comply with the terms of the notices.

Internal Audit

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

In 2014/15 Internal Audit reviewed the following systems:

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE PROVIDED
Finance Audits:	
Mental Health and Learning Disabilities Directorate Finance Audit	Satisfactory: Management of Client Monies within Trust Adult Supported Living Services, Use of FPL & Management of Patients Property within Mental Health and Disability Services Limited: Management of Client Monies in Independent Adult Supported Living Services
Use of HRPTS	Limited
Non Pay Expenditure	Satisfactory
Bank and Cash	Satisfactory
Direct Payments	Satisfactory
Client Monies & Cash and Valuables Handling in	Satisfactory

Social Services Setting	
Management of Contracts with the Independent and Voluntary Sector	Satisfactory: Overall Limited: Procurement of Social Care Contracts
Client Monies in Independent Sector (Residential Homes and Adult Supported Living Facilities)	Satisfactory: Overall Limited: Home 1, 2 & 3
Corporate Risk Audits:	
Transforming Your Care and Efficiency Savings	Satisfactory
Performance Management	Satisfactory
Review of Management of Agency and Locum Staff	Satisfactory: Management of Locums Limited: Management of Agency Staff
Supervision of Social Work	Satisfactory
Management of Waiting Lists	Satisfactory
Governance Audits	
Risk Management (Directorate and Service Level)	Satisfactory
Business Cases	Satisfactory
Decontamination of Re-Usable Medical Devices	Satisfactory: Decontamination of reusable Acute medical devices Limited: Decontamination of dental and podiatry medical devices
Management of ICT Contracts	Satisfactory
Claims Management	Satisfactory

In their annual report, the Internal Auditor reported that the Northern Health and Social Care Trust's system of internal control was adequate and effective.

However, weaknesses in control were identified in a number of areas, notably relating to management of client monies in the independent sector and the use of the HRPTS system requires further embedding.

Recommendations to address the control weaknesses have been or are being implemented.

The following Priority One findings were identified during 2014/15:

Mental Health and Disability Directorate Finance Audit

(with regard to Independent Sector)

- The Trust does not have any specific procedures in place for management of Service Users' finances/property within an Adult Support Living setting.
- Trust Service User care plans or other form of documented correspondence from the Trust setting the needs of the Service User were not readily available at any of the 3 facilities visited. In the absence of these, the capacity of the Service User to manage their own financial affairs is unclear within the facilities. Management in one Home were not aware of the named worker (the social worker assigned with individual responsibility for the service User) for 5 of the Service Users. The role of the named worker includes implementation and monitoring of the care plan.
- A number of control issues were identified regarding the charging of users for some services, and the administration of their finances.

Use of HRPTS (Trust Controls)

- Management within the Mental Health and Learning Disability Directorate identified that a member of staff, who was no longer in employment, was still on the staff in post report. It was highlighted on the December staff in post return that the staff member had resigned in 2009. The last payment was made to this employee in October 2010. At the time of audit (February 2015) this employee was on the HRPTS system as a current employee. The circumstances around exactly how long this member of staff was employed within the Trust were unclear from personnel records and there was no termination of employment form held on the personnel file. Management within the employee's department have been asked to supply details of the

exact dates that the employee worked within the Trust. At the time of reporting this information had not been provided. In the absence of this information, Internal Audit is unable to verify if this employee's pay ceased at the correct time.

- Roles and responsibilities of the Shared Service Centres and the Trust including clarity over controls exercised and extent of checks conducted have not been clarified, documented and agreed by both parties.
- There is no independent oversight or scrutiny of the on-system activity for Human Resources and Finance staff with the following access to HRPTS:
 - 4 staff within Organisational Management (OM) have responsibility for assigning and managing HRPTS roles. This facility allows users to set up a new employee and place them within a structure within the organisation. However, new starts have to be unlocked within the payroll function in order for a payment to be made. Management informed Internal Audit that the allocation of these roles was necessary for full functionality in order to fully populate and verify the OM structure of the Trust.
 - For 9 staff sampled within the Finance Department there were multiple conflicts in relation to the segregation of duties matrix per their assigned roles on the system. These include specialist roles clashing with processing roles and specialist roles in one area clashing with specialist roles in another. Management informed Internal Audit that these roles were necessary for the retained Payroll staff to have full functionality to provide support to the Trust during the migration phase to BSO Shared Services. This role should be restricted to a very small number of staff that require it.
- Employee Self Service (ESS) and Manager Self Service (MSS) have not yet been fully deployed and Organisational Management (OM) structures verified for staff below Band 6 in 2 Directorates. It is noted that progress on deployment is in accordance with the Trust's deployment plan. Deployment to a number of staff cannot take place due to a range of issues including availability of Active Directory accounts.

The Trust now has 2 separate and distinct methods for paying staff overtime; via ESS/MSS and/or Electronic Time Management. Controls need to be developed and formalised to ensure that those staff who are processing payments via ETM cannot also process payments via ESS/MSS (and vice

versa) and that ETM is restricted only to those managers that have the delegated authority to approve timesheets and overtime claims.

Whilst authorisation controls for payroll and travel are built into the OM structure within HRPTS, where this has not been rolled out there is currently no Authorisation Framework in place within the Trust for Payroll and Travel related documentation. As a consequence, staff processing payroll documentation within BSO will not be in a position to confirm that authority for payroll transactions is appropriate.

- There are a large number of outstanding items on various control accounts with some of these uncleared items dating back to 2008/2009. Many of these items relate to overpayments, which cannot be cleared until they are paid in full or written off.
- As at 28 February 2015, there were a total of 316 identified overpayments within the Trust with a value of £502,862.75. Of these, 87 with a value of £198,795.97 had no agreement in place for recovery. An overpayments spreadsheet is used to monitor overpayments and the recovery of these. However, this spreadsheet is not fully populated with details of some overpayments including the date of discovery and the amount of the overpayment. In addition there are a number of overpayments for which it is recorded that no details are available.

Non Pay Expenditure (Trust Controls)

- In relation to the Trust's Management of BSO Shared Services:
 - The Service Level Agreement between the BSO and the Trust, in respect of the accounts payable functions is still in draft format and has yet to be signed.
 - Roles and responsibilities of both the Accounts Payable Shared Service Centre and the Trust including clarity over controls exercised and extent of checks conducted have not been fully documented and agreed by all parties. This includes responsibility for checking the processing of trader changes and assuring the accurate processing of these and also responsibility for review of payments to identify potential duplicates and for recovery of any overpayments.
 - The Trust has only received two duplicate payment reports from BSO Payments Shared Services, since the transfer of the payments function.

Trust Finance have identified potential duplicate payments that have not been highlighted on the BSO Payments Shared Services duplicate payment report.

- The FPL system does not currently provide functionality to monitor expenditure against contracts. This finding was previously reported in 2013/14.

Direct Payments

- In a previous audit in 2013/14, a number of issues were highlighted in respect of one direct payment recipient. Bank statements have not been submitted to the Trust to validate payments of £4500. In the absence of any bank statements it is unclear if the direct payment has been appropriately used in line with the direct payment agreement. (Note: since the date of audit, investigations have confirmed that the payments have been correctly applied for care purpose.)

Management of Contracts in the Independent and Voluntary Sector

- The commissioning database for Social Care Contracts does not currently provide transparency over when contracts were originally procured and what contracts have been rolled forward without any form of competitive tendering or market testing. There are approximately 79 longstanding social care contracts (value circa £5.5m) which have not been subject to formal competitive tendering/market testing. In addition 17 Domiciliary Care contracts (core providers - annual value approximately £13m) continue to be rolled forward without any form of competitive tendering or market testing.
- There was no evidence that the Trust was in receipt of any monitoring reports from one Organisation in respect of a block contract for Provision of Medical Services to Support Intermediate Care Bed Services. Payments are being made to this provider upon receipt of an invoice.

Management of Client Monies in Independent Sector Homes

This audit identified a number of areas where financial and other controls were found to be below the necessary standard:

Resident Funds

- In respect of transport charges, there were discrepancies in the recording of mileage travelled and participants in journeys. There were also inconsistencies in relation to the amounts charged to residents.
- Personal allowances for residents are not being correctly administered and recorded in individual resident accounts.
- A resident's bank account was not being reconciled and had incomplete records to support transactions.

General

- The Trust is required to obtain annual written assurance from the independent homes, that appropriate controls are in place surrounding safeguarding of Trust residents' monies, as required by circular HSS (F) 57/2009. Requests were sent on 13 November 2013 to 282 homes. At the time of audit, 130 responses (46%) were received by the Trust.

Transforming Your Care (TYC) and Efficiency Savings

- In relation to service delivery against TYC, there is no overall summary report tabled at Trust Board meetings, which summarises the status of each project and its RAG rating. The Trust currently has no quantifiable tangible means by which it can measure overall success/impact arising from the delivery of TYC/Service Reform objectives, to identify if the benefits of TYC are being realised.
- The Trust has inconsistent planning and monitoring arrangements for managing the delivery of its Quality Improvement and Cost Reduction (QICR) programme.

Performance Management

- The Trust's Performance Management Report could be developed to make it more succinct, reader friendly, with enhanced detail on qualitative targets such as patient experience and culture of the organisation and more detail

regarding the actions being taken to address poor performance areas (red status). This view is supported by the results of the performance survey completed by Executive and Non-Executive Directors; 50% of those that completed the survey tended to disagree that performance targets set provided sufficient analysis and evidence of actions being taken when targets are not being achieved. A revised performance management report is now in place.

Supervision of Social Work

- The Current Regional DHSSPS Supervision Policy, Standards and Criteria (applicable to Children's) and Trust policies do not provide clear guidance to staff on the required level of detail to be recorded within supervision records. The completeness of supervision records varies throughout the Trust and in some instances compliance with standards is not clearly evident from these records.
 - There were occasions where records did not clearly demonstrate, due to the lack of recording of discussion, that the management, support and engagement functions and promoting commitment to diversity were being appropriately considered.
 - In one instance (Children's) it was noted where the supervision record consisted of a one page document which did not demonstrate compliance with any of the standards.
 - For 13 (22%) out of a sample of 60 supervision files, there was no record on the Supervision file to support which case files had been reviewed as part of the supervision process.
 - Supervision records evidencing review of case files vary in terms of detail and in some instances only the service user name will be recorded whereas other files will document discussion held.

Risk Management (Directorate and Service Level)

- Risk treatment action plans are not being consistently completed and populated with clear and specific future actions to mitigate risks, along with clear timescales for implementation and responsible officers. Progress updates are not consistently linked to identified actions and there is often not a

clear audit trail within action plans and risk registers to support reductions in risk scoring.

Business Cases

- In relation to Post Project Evaluations (PPE):
 - For three business cases reviewed there was no evidence that a PPE had been completed when due. One of these was due as far back as June 2014.
 - There is no formalised means by which learning identified from Capital and Revenue projects is shared as appropriate.
 - The pro-forma used by HSC Trusts for Revenue PPE's does not require the Trust to outline the actual spend on the project against the allocation and any resulting over or under spends.
 - Staff within the Planning Department conducted an internal review and low completion rates for PPE's were noted.
 - Trust guidance on Revenue Business Cases could be strengthened to address how this process is managed within the Trust.
 - The status of PPE's is not specifically reported to the Trust Board or sub-committee of Trust Board.

Decontamination of Re-Usable Medical Devices

- In line with DHSSPS Circular HSS (SC) 3/04 Decontamination of Re-usable Medical Devices, decontamination of all re-usable surgical instruments used by Health and Social Care organisations should be carried out in accredited Sterile Services Departments. Internal Audit noted that decontamination of community dental and podiatry reusable medical devices is still being conducted locally and not within the Trust Hospital Sterilisation and Decontamination Unit (HSDU). At the time of audit, draft outline business cases had been approved by Trust Board and submitted to the DHSSPS with a view to providing a service that complies with legislative standards and guidance. Until such time as the business cases are fully implemented, the Trust is not in compliance with Departmental guidance. Internal Audit visited a number of sites where podiatry and dental devices were subject to local decontamination and noted instances where audit trail was not always available to support start/end time and temperature of washes (due to IT compatibility

issues), evidence of daily/weekly inspections of sterilisers was not always available as well as audit trail to support servicing and inspection of sterilisers.

- Internal Audit reviewed the patients' notes for 64 patients who have been through a recent procedure. In four (6%) cases, there was no evidence on patient file to support traceability of the medical devices used and their decontamination.

Management of ICT Contracts

- In relation to Use and Management of the Technology Partnership Agreement (TPA):
 - During the first year of the TPA framework, Northern Trust procured approximately £3.5M through 80 TPA contracts. 26% (£12M) of total TPA spend across the HSC has been where the supplier has been specifically selected by the HSC customer. This can validly occur for a variety of reasons, but this decision process is not clearly documented by HSC organisations, including NHSCT, and there is a risk that proper process was not consistently applied when using the TPA in this manner. Note: information is not readily available to split this HSC wide figure by organisation.
 - It is appreciated that the Trust was able to provide email exchanges and various other evidence to support the process in the sample of 16 NHSCT TPA orders selected, albeit that a formal structured audit trail was not in place.
 - One of the main reasons for a HSC organisation placing an order where they have specified the supplier is in a sole source situation. HSC organisations, including NHSCT are utilising the TPA for such activity. Whilst it is appreciated that a Single Tender Action (STA) approval form is not required under public procurement guidance where single source suppliers are engaged using a framework (the TPA), in the absence of records, there is a lack of transparency over the volume and nature of the use of single source suppliers through the TPA. As with all orders put through the TPA, sole source orders will attract an HP TPA administration fee. Audit noted that once a TPA contract is raised, HP only indicate the final price for the items orders after TPA

discounts therefore it is difficult to see how much actual saving has been achieved by using the TPA.

- There is a tiered schedule of HP administrative costs which has flexibility within the arrangement for HP to increase charges based on the complexity of the procurement. The HP administrative cost for smaller value procurements is proportionately much higher (and 72% of all HSC contract orders by volume were less than £50K each). While there was some evidence of challenge to variations in charges this should take place and be evidenced for all variations to non-standard administrative charges.

For each finding management have accepted the recommendations and have drawn up plans for their implementation, have designated responsible officers to take forward the resulting actions and will continue to monitor progress. In addition, an Audit Steering Group, (ASG), chaired by the Chief Executive, will oversee the internal audit process. All audit reports will be reviewed and follow up actions will be monitored.

Internal Audit have also taken into account the results of the year end follow up on previous audit recommendations, the verification of controls assurances standards, the BSO Shared Service audits and the following non-assurance assignments conducted, when forming the overall annual opinion:

- Follow up on Recommendations arising from Estates Services Special Investigation
- Review of Investigation into Charging and Management of a Service User
- Review of Management of Pharmacy Contracts
- Follow Up of Waiting List Initiative – Management of Independent Sector Work

From the review of the evidence provided, Internal Audit agree that the NHSCCT's self-assessments of compliance in regards to Controls Assurance. The Governance, Financial Management, Risk Management, Research Governance, Infection Control and Building, Land, Plant and Non-Medical Equipment Standards are reasonable.

NHSCT has met the DHSSPS requirement for substantive compliance with all six standards.

With regard to the wider corporate governance environment, the Trust has in place a range of organisational controls designed to promote the efficient and effective discharge of its business in accordance with the law and departmental direction. Every effort is made to ensure that the objectives of the Trust are pursued in accordance with recognised and accepted standards of public administration.

The Trust has in place an Anti-Fraud Policy, a Fraud Response Plan and an Anti-Bribery Policy which gives details of responsibilities and relevant officers in the event of a suspected or detected fraud. Extensive work has been undertaken in promoting fraud awareness throughout the Trust, including continued provision of an Internal Control / Fraud Awareness training programme and communication with staff regarding the recent phase of the National Fraud Initiative, with investigation of data matches continuing.

The Trust liaises closely with Counter Fraud and Probity Service to investigate relevant cases and to promote an anti-fraud culture.

Business Services Organisation Assurances

The Business Services Organisation (BSO) provides a range of services to, and on behalf of, the Trust. These include:

- The Directorate of Legal Services (DLS) which provides legal services across the range of services of the Trust;
- Procurement and Logistics Services (PaLS) which provides procurement and logistics and acts as a Centre of Procurement Excellence (COPE) for HSC;
- The Shared Services Centre (SSC) which provides Accounts Payable (AP), Accounts Receivable (AR) and Human Resources, Payroll and Travel Services (HRPTS) on behalf of the HSC;
- Information Technology Services (ITS) which provides a range of systems support for the HSC.

The Chief Executive of BSO has provided the Trust with a "Provisional Assurance for 2014/15" at the date of preparing this Governance Statement. The Assurance

outlines a number of areas of the activities of BSO where the Internal Auditor has identified weaknesses in internal controls including Payroll Shared Services and Payments Shared Services, both of which received "Limited Assurance" in the audits carried out in September 2014. The results of further audits in February 2015 also concluded:

- Payments Shared Services – "Satisfactory" overall, and "limited" on Management of Duplicate Payments;
- Payroll Shared Services – "limited".

The Payments Report demonstrated improvement however there remain internal control weaknesses around duplicate payments. The Trust will be working with other Trusts through the Customer Forum to pursue further improvement in the SSC processes and controls.

Whilst the Trust has transferred its Payroll function to the BSO SSC in January 2015, and is not directly affected by the findings of February 2015, it is nevertheless a matter of concern going forward. The Trust will be liaising with BSO via the relevant customer forum to ensure improvements in internal control are prioritised.

9. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of the 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 Northern HSC Trust, who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their Report to Those Charged with Governance 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 Audit Committee, Governance/Assurance Committees and the Trust Board. The Board continuously reviews its own operation from a governance perspective and plans its own development on an on-going basis by a programme of regular workshops.

10. Internal Governance Divergences – Current and New for 2014/15

An update on prior year control issues which have now been resolved and are no longer considered to be control issues;

There were no control issues re Charitable Trust Funds in the current or prior year. Detailed information relating to control divergences within the Trust is available from the Governance Statement contained in the Trust's financial statements for 2014/15.

11. Conclusion

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

Further to considering the accountability framework within the Trust and, taking into account the issues above, in conjunction with assurances given to me by the Head of Internal Audit, I am content that the Northern HSC Trust has operated a sound system of internal governance during the period 2014/15.

Signature of Accounting Officer and date of signature

A handwritten signature in black ink, appearing to read 'T. S. Has', written in a cursive style.

Accounting Officer

Date 11th June 2015

NORTHERN HEALTH AND SOCIAL CARE TRUST - CHARITABLE TRUST FUNDS

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

I certify that I have audited the financial statements of the Northern Health and Social Care Trust for the year ended 31 March 2015 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. These comprise the Statement of Financial Activities, the Balance Sheet and the related notes. These financial statements have been prepared under the accounting policies set out within them.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of the Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Northern Health and Social Care Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition I read all the financial and non-financial information in the Trustees Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

I am required to obtain evidence sufficient to give reasonable assurance that the incoming and outgoing resources 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.

Opinion on regularity

In my opinion, in all material respects the incoming resources and application of outgoing resources 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.

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the Northern Health and Social Care Trust's Charitable Trust Fund's affairs as at 31 March 2015 and of its incoming and outgoing resources for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health, Social Services & Public Safety directions issued thereunder.

Opinion on other matters

In my opinion the information given in the Trustees Annual 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

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 are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with Department of Finance and Personnel's guidance.

Report

I have no observations to make on these financial statements.


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

26 June 2015

NORTHERN HSC TRUST

Statement of Financial Activities for the year ended 31 March 2015

	Note	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	Total Funds £000	2014 Total Funds £000
INCOMING RESOURCES						
Incoming resources from generating funds						
Voluntary Income	2	400	56	0	456	414
Activities for generating funds				0		
Investment income	3	57	27	0	84	105
Incoming resources from charitable activities	4	98	10	0	108	328
Other incoming resources		135	0	0	135	100
Total Incoming Resources		690	93	0	783	947
RESOURCES EXPENDED						
Charitable Activities	6	(613)	(150)	0	(763)	(1,111)
Governance Costs	5	(4)	(2)	0	(6)	(7)
Total resources expended		(617)	(152)	0	(769)	(1,118)
Net incoming/(outgoing) resources before transfers		73	(59)	0	14	(171)
TRANSFERS						
Gross transfers between funds	8	0	0	0	0	0
Net Incoming/(Outgoing) Resources before other recognised gains and losses		73	(59)	0	14	(171)
OTHER RECOGNISED GAINS/LOSSES						
Gains/(losses) on investment assets	11	65	29	4	98	48
Net Movement in Funds		138	(30)	4	112	(123)
Adjustment to add back:						
Notional Audit Fee		4	2	0	6	7
Net Movement in Funds excluding Notional Audit Fees		142	(28)	4	118	(116)
RECONCILIATION OF FUNDS						
Fund balances brought forward at 1 April 2014		4,074	1,434	82	5,590	5,706
Fund balances carried forward at 31 March 2015		4,216	1,406	86	5,708	5,590


The Notes at pages 38 to 47 form part of this account.

NORTHERN HSC TRUST

Balance Sheet as at 31 March 2015

	Notes	31 March 2015 £000	31 March 2014 £000
Fixed Assets			
Investments:			
Investments	11	1,774	1,676
Total Fixed Assets		1,774	1,676
Current Assets			
Debtors	12	13	25
Short term investments and deposits		3,600	3,500
Cash at bank and in hand.		355	470
Total Current Assets		3,968	3,995
Creditors: Amounts falling due within one year	13	(34)	(81)
Net Current Assets / (Liabilities)		3,934	3,914
Total Assets less Current Liabilities		5,708	5,590
Net Assets		5,708	5,590
Funds of the Charity			
Restricted income funds	14	1,406	1,434
Endowment funds	14	86	82
Unrestricted income funds			
Unrestricted income funds	14	4,216	4,074
Total unrestricted funds		4,216	4,074
Total charity funds		5,708	5,590

The Notes at pages 38 to 47 form part of this account.

Signed: 
Accounting Officer

Date: 11 June 2015

NORTHERN HSC TRUST

Notes to the Accounts

1. Accounting Policies

1 (a) Basis of preparation

The financial statements have been prepared in accordance with 'Accounting and Reporting by Charities' The Statement of Recommended Practice issued in March 2005, and with relevant guidance issued by the DHSSPS.

1 (b) Incoming resources

All incoming resources are included in full in the statement of financial activities as soon as the following three factors can be met:

- i) Entitlement – normally arises when there is control over the rights or other access to the resource enabling the charitable trust fund to determine its future application;
- ii) Certainty – where it is virtually certain that the incoming resource will be received; and
- iii) Measurement – when the monetary value of the incoming resource can be measured with sufficient reliability.

1 (c) Incoming resources from legacies

All incoming resources are recognised once the charity has entitlement to the resources, it is certain that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

1 (d) Gifts in Kind

- i) Assets given for distribution by the charity are included in the Statement of Financial Activities only when distributed.
- ii) Assets given for use by the charity (e.g. property for its own occupation) are included in the Statement of Financial Activities as incoming resources when receivable.
- iii) Gifts made in kind but on trust for conversion into cash and subsequent application by the charity are included in the accounting period in which the gift is sold.

In all cases the amount at which the gifts in kind are brought into account is either a reasonable estimate of their value to the charity or the amount actually realised. The basis of the valuation is disclosed in the annual report.

1 (e) Intangible income

Intangible income (e.g. the provision of free accommodation) is included in the accounts with an equivalent amount in outgoing resources, if there is a financial cost borne by another party. The value placed on such income is the financial cost of the third party providing the resources.

1 (f) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. All expenditure is recognised once there is a legal or constructive obligation committing the charity to the expenditure. Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

1 (g) Allocation of support costs and overheads

Support costs and overheads have been allocated between Governance Costs and Charitable Activities. Costs which are not wholly attributable to an expenditure category have been apportioned. The analysis of support costs and the bases of apportionment applied are shown in Note 5. Where costs are shared by two or more charitable activities, support costs have been apportioned between categories and this is analysed in Note 6.

1 (h) Costs of generating funds

The costs of generating funds are the cost of investment management fees.

1 (i) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs comprise direct costs and an apportionment of overhead and support costs as shown in Note 5.

1 (j) Governance costs

Governance costs comprise all costs incurred in the governance of the charity. These costs include costs related to statutory audit together with an apportionment of overhead and support costs.

1 (k) Fixed assets

Capitalisation

The Charitable Trust Funds do not have any fixed tangible, intangible or heritage assets.

1 (l) Donated assets

The Charitable Trust Funds do not have any donated assets.

1 (m) Investment fixed assets

Investment Fixed Assets are shown at market value as at the balance sheet 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 balance sheet at mid-market price ex-div.

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

1 (n) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchased date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value (or purchase date if later).

1 (o) Funds structure

Where there is a legal restriction on the purposes to which a fund may be put, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot in itself be spent are accounted for as endowment fund. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the Trustees have chosen to earmark for set purposes are classified as designated funds.

1 (p) Pensions

The charitable trust fund has no employees.

NORTHERN HSC TRUST

2. Analysis of voluntary income

	Unrestricted Funds £000	Restricted Funds £000	2015 Total Funds £000	2014 Total Funds £000
Donations from individuals	323	56	379	354
Legacies	77	0	77	60
Grants	0	0	0	0
Total	400	56	456	414

3. Gross investment income

	2015 Total Funds £000	2014 Total Funds £000
Gross income earned from: Fixed asset equity and similar investments	59	65
Current asset investments	25	40
Total	84	105

4. Incoming resources from charitable activities

	Unrestricted Funds £000	Restricted Funds £000	2015 Total Funds £000	2014 Total Funds £000
Income from sale of goods or services	98	10	108	328
Total	98	10	108	328

NORTHERN HSC TRUST

5. Allocation of support costs and overheads

	2015 Total Funds £000	Allocated to Governance £000	Charitable activities £000	Basis of apportionment
Financial Administration	34	0	34	Average fund balances
External Audit	6	6	0	Notional costs
Total	40	6	34	

6. Analysis of charitable expenditure

	Activities Undertaken Directly £000	Grant funded activity £000	Support Costs £000	Total £000
Purchase of new equipment	176	93	0	269
Building and refurbishment	16	0	0	16
Staff education and welfare	117	0	0	117
Patient education and welfare	273	0	0	273
Other	88	0	0	88
Total	670	93	0	763

7. Analysis of grants

Grants payable – Contributions to HSC £93K

In 2014/15 grants payable of £93K (2013/14 £189K) related to expenditure made from Charitable Trust Funds for the purchase of medical equipment. This equipment has been donated to and for use by the Northern HSC Trust. The unconditional legal title of these assets has passed to the Northern HSC Trust and the assets are included in the donated asset register of the Trust. This expenditure is included in Note 6.

8. Transfers between funds

No material transactions were undertaken relating to fund transfers during the current or prior financial year

9. Auditor's remuneration

The auditor's remuneration of £6K (2014 £7K) related solely to the audit with no other additional work undertaken (2014 £0)

NORTHERN HSC TRUST

10. Total tangible fixed assets

The Charitable Trust Funds do not have any tangible fixed assets (2013/14 £0).

11. Analysis of fixed asset investments

11.1 Movement in fixed asset investment

	31 March 2015 £000	31 March 2014 £000
Market value at 1 April	1,576	1,678
Less: Disposals at carrying value	0	(150)
Add: Acquisition at cost	0	0
Net gain / loss on revaluation	98	48
Market value at 31 March	1,674	1,576
Historic cost at 31 March	938	938

11.2 Market value as at 31 March 2015

	Held in UK £000	Held outside UK £000	2015 Total £000	2014 Total £000
Investments in a Common Deposit Fund or Investment Fund	1,674	0	1,674	1,576
Other investments	100	0	100	100
Total market value of fixed asset investments	1,774	0	1,774	1,676

NORTHERN HSC TRUST

12. Analysis of debtors

	31 March 2015 £000	31 March 2014 £000
12.1 Amounts falling due within one year		
Trade debtors	0	0
Prepayments	0	0
Accrued income	0	0
Other debtors	13	25
Total	13	25

12.2 Amounts due over one year:

Trade debtors	0	0
Prepayments	0	0
Accrued income	0	0
Other debtors	0	0
Total	0	0

13. Analysis of creditors

13.1 Amounts falling due within one year

	31 March 2014 £000	31 March 2013 £000
Loans and overdrafts		
Trade creditors	0	0
Other creditors	34	81
Accruals	0	0
Deferred income	0	0
Total	34	81

NORTHERN HSC TRUST

14. Analysis of charitable funds

	Balance at 1 April 2014 £000	Incoming resources £000	Resources expended £000	Transfers £000	Gains and losses £000	Fund at 31 March 2015 £000
Endowment Funds						
Carrick Borough Nursing Assoc.	44	0	0	0	3	47
Moyle Hospital - Craig Bequest	13	0	0	0	0	13
Sarah Currie Bequest	7	0	0	0	1	8
Rathmoyle Day Centre	7	0	0	0	0	7
Other	11	0	0	0	0	11
Endowments Funds Total	82	0	0	0	4	86
Restricted Funds						
Coronary Care Medical Fund	302	2	(55)	0	0	249
Ida Young Bequest Capital	373	0	0	0	23	396
Coronary Care Nursing Fund	83	7	(2)	0	0	88
Palliative Care Development	84	9	(8)	0	0	85
Chemotherapy Day Unit Fund	68	3	(0)	0	4	75
Other	524	72	(85)	0	2	513
Restricted Funds Total	1,434	93	(150)	0	29	1,406
Unrestricted and material designated funds						
Trust wide Palliative Care Fund	187	93	(31)	0	0	249
Dixon Trust Whiteabbey Robinson Hospital	709	0	0	0	44	753
General Funds	961	146	(8)	0	9	1,108
Antrim Renal Unit General	687	6	(93)	0	0	600
Other	1,530	445	(481)	0	12	1,506
Unrestricted and material designated Funds Total	4,074	690	(613)	0	65	4,216
Total	5,590	783	(763)	0	98	5,708

NORTHERN HSC TRUST

15. Contingencies

There were no contingent losses or gains included in these accounts (2013/14 £0).

16. Commitments

The Charitable Trust Funds had no commitments at the current or prior year end.

17. Related Party Transactions

During the year none of the Trustees or members of the key management staff or parties related to them has undertaken any material transactions with Northern HSC Trust Funds.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

The Charitable Trust Funds has made revenue and capital payments to Northern HSC Trust where the Trustees are also members of the Trust.