## Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman’s Report</td>
<td>3</td>
</tr>
<tr>
<td>Chief Executive’s Report</td>
<td>6</td>
</tr>
<tr>
<td>About the Trust</td>
<td>9</td>
</tr>
<tr>
<td>Trust Board - How We Do Business</td>
<td>11</td>
</tr>
<tr>
<td>Management Commentary</td>
<td>16</td>
</tr>
<tr>
<td>Performance</td>
<td>18</td>
</tr>
<tr>
<td>Governance</td>
<td>23</td>
</tr>
<tr>
<td>Equality</td>
<td>27</td>
</tr>
<tr>
<td>The Workforce</td>
<td>30</td>
</tr>
<tr>
<td>Research and Development</td>
<td>33</td>
</tr>
<tr>
<td>Around the Directorates</td>
<td>35</td>
</tr>
<tr>
<td>Environment and Sustainability Report</td>
<td>60</td>
</tr>
<tr>
<td>Remuneration Report</td>
<td>64</td>
</tr>
</tbody>
</table>
Chairman’s Report

“To provide for all, the quality of service we expect for our families and ourselves”
Chairman’s Report

This year has been largely defined by attempts to find sustainable solutions to long standing challenges. Early in the year the HSC Board launched a province wide consultation on the future shape of services – Transforming Your Care. This was supported with a comprehensive engagement process to seek views from as wide a range of people as possible. The Trust rolled out a series of workshops, in partnership with local councils, across our area and was pleased with the extensive feedback we received. Essentially people told us that they want high quality services and they expect to be treated with dignity and respect. People would also like services to be provided locally where possible and indeed to remain in their own homes if at all feasible. The Trust fully understands these sentiments and would concur wholeheartedly with them.

In providing care the standard that we have set for ourselves, is as set out in our mission statement which is… ‘to provide for all, the quality of service we would expect for our families and ourselves’. A simple statement to make, though extremely challenging to live up to for every patient experience on every occasion. But that is what we commit ourselves to doing. We also recognise that there are times when we do not get it right, and as part of our effort to keep this to the forefront of our mind, we have introduced a patient story at the outset of every board meeting. In doing so we recognise that we have many satisfied ‘customers’, however we have chosen to focus on patient experiences that have not lived up this standard as this provides the Board with the opportunity to reflect and to challenge operational directors to ensure that we all learn from such occasions.

Our care is delivered by people and we have a strong, motivated workforce of 11,782 people many of who regularly “go the extra mile” to ensure our patients receive the high quality care they deserve. Two examples, among many, spring to mind. The staff in our Emergency Departments work in a less than optimum environment with the number and complexity of patients increasing year on year, but they have shown resilience and commitment second to none. Overcrowding in our Emergency Departments can be a persistent problem, and while targets in this area have been difficult to achieve, staff have always ensured that no matter how challenging conditions become, the consistent provision of high quality and safe care is their paramount priority.

Similarly during the recent exceptional weather – the worst in 50 years in many parts of our area – the drive and dedication of our community staff was highlighted in their determination to reach our clients whatever the road conditions – they used tractors, four wheel drives and in one instance a helicopter to reach very frail and seriously ill people who were dependent on their care. And while many of us were rightly happy to be safe at home, our hospital based staff made sure that throughout the entire period, they made it to work no matter how severe the conditions were, to ensure that our patients care continued unaffected. It would be all too easy to take such dedication for granted, but we need to acknowledge it and thank all those involved for their unfailing commitment to delivering high quality care.

We are not complacent as an organisation though and we do recognise that there are areas where we need to improve the way we do things. In this regard, and following on from an earlier review of unscheduled care undertaken by Mary Hinds and Dr Ian Rutter, the Trust is currently working with a Turnaround and Support Team headed by Sue Page who has extensive experience of healthcare management. We are extremely grateful to Sue and her team for all their assistance.
Arising out of this work we will now be working ever more closely with our GP colleagues in the primary care sector to ensure that we improve our ways of working together to be able to collectively provide a better overall service to our community.

The numerous initiatives that have been taken in this area, combined with the opening of the new Emergency Department which provides a significantly improved environment for both patients and staff, means that we now have good grounds for believing that our combined efforts will start to be reflected in an improvement in waiting times.

While high quality patient care is our top priority we must also ensure that we deliver value for money and we have a statutory duty to ensure that we manage within the resources entrusted to us each year. I am therefore pleased to report that, due to a sustained effort by staff in all parts of the Trust, we succeeded in breaking even.

During the year the former chair Jim Stewart left the Trust. I would like to offer the Board’s thanks to Jim for his committed service and for overseeing the creation of the Trust through the amalgamation of the three legacy Trusts.

I would also like to thank the former Chief Executive, Sean Donaghy, who left the Trust in May 2013. This role is now undertaken by two Senior Directors, Mary Hinds and Paul Cummings.

I undertook the role of Interim Chair from 14 December 2012 and during this period there have been many truly testing challenges. On each occasion though, I have been supported by a strong, committed and extremely talented team. The Board, the senior management team, and the numerous staff who continually give me their unstinting support, would be a credit to any organisation. My thanks go out to them all.

___________________________

Bob McCann
Interim Chairman

Date 14/6/2013
Chief Executive’s Report

“To provide for all, the quality of service we expect for our families and ourselves”
Chief Executive’s Report

It has been another busy year for the Northern Trust, with the need to transform services for the future sitting alongside the need to ensure we deliver safe, reliable high quality services now.

Staff are proud of the many achievements of excellent standards in service provision, in Mental Health & Learning Disability Services, Children’s Services, Services for Older People and in Hospital Services. Performance targets monitored through ‘Priorities for Action’ confirm strong performance in most Trust services when compared with other services in N Ireland.

The important exception is the long standing problem of emergency care waiting times that are simply too long, and create poor experience for many patients, alongside anxiety for staff when overcrowding occurs. Emergency Department attendance levels in the latter part of the year have continued to increase, with Antrim Area hospital recording the highest ever number of attendances in March 2013. This underlines the challenge for primary, community and secondary care services to work together to improve how we support the most vulnerable in our community. Reviews undertaken during the year by Mary Hinds and Dr Ian Rutter reflect this and we have been working hard to implement actions from the reports and to improve the patient’s journey.

Our starting point has been to further develop close working relationships with our primary care colleagues. Beginning early last year, we established joint hospital and community action groups, jointly led by GPs and hospital consultants, to look at short and long term changes to bring about further service improvement.

We know that for some people, particularly frail elderly, coming to the emergency department is not appropriate. We have worked with GP colleagues to design an Assessment unit so that GPs can urgently refer patients they are worried about for assessment to avoid a later emergency attendance. GPs can also phone in for advice. We have also introduced rapid X-Ray reporting for GPs, and early evidence shows that this prevents some people having to attend the ED for urgent X-Ray.

It’s vital that this working together continues to develop to improve our ability to offer care options that better support the most vulnerable without resort to an emergency department attendance. We will continue to invest in integrated working across our system, and welcome the active participation of our GP colleagues in the joint design and management of services across the Northern area.

It’s also vital that we make the best possible use of our hospital capacity. The Northern Trust has just been confirmed as one of the ‘CHKS Top 40’ hospital Trusts in the UK for 2012/13. This is a welcome acknowledgement of the hard work of staff that has delivered improvements in Antrim and Causeway, and I want to congratulate staff for that achievement. We know that further improvement is possible, and it is vital that we continue to pursue that to eliminate the delays for patients presenting for emergency care at Antrim and Causeway.

An extensive capital development programme has meant that construction on the Antrim site has been continuous for the past number of years. At the time of writing, the new ward block is in use providing 24 single en suite rooms, improving our capacity to protect those who are vulnerable to infection. The new Emergency Department will open in June this year.
A further new build on the Antrim site is the Rowan Sexual Assault Referral Centre - a joint initiative between the Police Service Northern Ireland (PSNI), Department of Health and Social Services and Public Safety (DHSSPS) and the Trust. This new facility for N Ireland will support a higher standard of service from 7 May 2013.

Plans are well advanced for a further new build at Antrim, and the space available in the ‘old' Emergency Department will be ‘reused' to provide services that support the Assessment Unit. In the Northern Trust acute care is delivered from two sites – Antrim Area and Causeway hospitals. We believe that this two site model is the optimum model for effective delivery. The Trust was asked by the HSCB during the latter part of the year to further develop its proposals for the development of renal services on the Causeway site, alongside expansion at Antrim. This is very welcome, and we look forward to this and other investment on the Causeway site.

The majority of services delivered by Trust staff are delivered in a community setting. Throughout this year staff have continued programmes of modernisation that support people with mental health problems, children and adults with disabilities and frail older people to remain in their homes and in their communities. This reform will continue with the on-going reduction of reliance on institutional care whether in Muckamore Abbey, or in residential and nursing homes. High levels of capital investment have been made in community facilities, including health centres, services for children and young people, and at the Mid-Ulster site. The program of investment is set to continue, including the agreement of plans for a new mental health hospital.

The Trust achieved a balanced budget again this year, thanks once more to the commitment and industry of our staff. It is vital to have that stability to allow the steady management of necessary reform. Delivering high quality services within the resources available remains a real challenge. In the coming years, the significant service reform outlined in Transforming Your Care is essential to enable us to deliver on the challenge of providing quality health and social care to a growing and aging population.

I want to pay tribute to both acute and community staff for their dedication and hard work. I wish to take this opportunity to thank each and every one of them. I also thank the senior management team and the Board for their support.

[Signature]

Paul Cummings
Accounting Officer

Date 16TH JUNE 2015

1 This report refers to the 2012/13 financial year during which Mr Sean Donaghy was Chief Executive. Mr Donaghy left his position on 13th May 2013. The Chief Executive Report has therefore been signed by Mr Paul Cummings who is the Accounting Officer for the Trust at the date of signing.
About the Trust

“To provide for all, the quality of service we expect for our families and ourselves”
About the Trust
The Northern Health and Social Care Trust became operational on 1 April 2007. The Trust has an annual turnover of £650m and employs 11,782 people. Funding is secured from a range of commissioners, the main commissioner being the Health and Social Care Board.

The Trust covers ten local council areas – Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Magherafelt, Moyle and Newtownabbey - and provides services for a population of approximately 459,000, the largest resident population in Northern Ireland. We also provide services to the only inhabited island in Northern Ireland, Rathlin.

The profile of the population we serve currently reflects the Northern Ireland average. The Northern Coast is also popular with older people as a retirement and holiday venue, additionally the older population is growing significantly with a 24.4% in those age 65 or more and a 57% increase in those age 85 plus, this can put significant pressure on resources.

The Trust provides a range of health and social care services, the majority of which are provided in peoples’ own homes. We also provide community based health and social care services including day centres, health centres and residential care, from approximately 210 locations.

Acute and emergency hospital services are based on two main sites, at Antrim Area Hospital and at Causeway Hospital in Coleraine. A range of non-acute services are provided at Whiteabbey and Mid Ulster sites. Services are also provided from the Braid Valley, Dalriada, Moyle and Robinson Hospitals. Further information on the services we provide can be obtained from our website: www.northerntrust.hscni.net.

Holywell Hospital is a 165 bedded psychiatric hospital based in Antrim. It is the base for a wide range of mental health and addiction services. The Trust also provides mental health services from the 23 bedded Ross Thompson Unit in Causeway.
Trust Board - How we do business

“To provide for all, the quality of service we expect for our families and ourselves”
**Trust Board - How we do business**

The Trust Board is the governing body of the organisation. It has six key objectives for which it is accountable to the Department of Health, Social Services and Public Safety.

**The Board**
- Sets the strategic direction of the Trust;
- monitors performance against objectives;
- ensures effective financial stewardship;
- ensures that high standards of corporate governance and personal behaviour are maintained;
- appoints, appraises and remunerates Senior Executives; and
- ensures that there is effective dialogue on its plans and performance between the Trust and the local community.

The Trust Board also oversees the role and function of its Audit, Remuneration, Governance, User Involvement and Feedback and Charitable Trust Funds Committees. Details of Trust Board members can be found on the Trust website at www.northerntrust.hscni.net.

The Trust Board holds meetings in public, normally on the fourth Thursday of each month. These are held at various locations throughout the Trust area to encourage public attendance. There were 11 meetings during 2012/13. Details of meetings are placed on the Trust website.

**Governance Committee**
The Governance Committee overviews and encourages governance activities throughout the Trust. It provides assurance to the Board regarding all non financial aspects of the Statement of Internal Control and works with the Audit Committee to ensure the integration of financial and non financial control. The Committee seeks assurance that the Trust has a robust and comprehensive system of risk management and that it can demonstrate continuous improvement in the safety, quality and effectiveness of the services it provides. It also seeks assurance that both risk management and quality improvement systems are embedded and pervasive in the organisation and that they inform business strategy appropriately.

**Audit Committee**
The Audit Committee is responsible for the internal control systems in the Trust. The Committee ensures that there is an effective internal audit function that meets the Government internal audit standard. It reviews the work and findings of the NI Audit Office’s external audit and considers the implications of management response to this work. The Committee reviews the financial extract of the Trust’s annual report and financial statements before submission to the Board. The Trust is spending public funds; the Audit Committee rigorously monitors the Trust’s arrangements for ensuring that it gets value for money.

**User Feedback and Involvement Committee**
The main purpose of the User Feedback and Involvement Committee is to seek assurance, on behalf of the Trust Board, that complaints and other forms of user feedback and personal and public involvement are managed in line with best practice and that these inform service improvements and contribute to business decisions. The Committee seeks to encourage and facilitate service user feedback. The scope of the Committee includes the Trust Complaints Procedure and the Children Order Complaints Procedure.
The Audit, Governance and User Feedback Committees work together to ensure there is a system of integrated governance in the Trust. The Committees have common membership and exchange minutes to ensure items of common interest are shared.

**Charitable Trust Funds Advisory Committee**
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.

**Declaration of Interest**
All Directors are required to declare, on appointment, and on an ongoing basis, any interest they have in organisations, which may have a financial relationship with the Trust. A formal Register of Interests is maintained and available for public scrutiny. If you have any queries concerning the Register, or the Trust Board generally, please contact the Chief Executive’s Office at Trust Headquarters, The Cottage, 5 Greenmount Avenue, Ballymena, BT43 6DA. Telephone number: 028 2563 3701 and e-mail address: marsha.mcdowell@northerntrust.hscni.net

**Trust Board Members**

**Bob McCann, Interim Chair (from December 2012)**
Mr McCann is a chartered certified accountant. He has a broad management background having held a number of senior management posts in both the private and public sectors.

He is currently a member of the Northern Trust’s User Feedback and Involvement Committee and Remuneration Committee, a Non Executive Director of Agri Food and Bio Science Institute and a Non Executive Director of Warrenpoint Harbour Authority. He is also an independent member of the Housing Executive Audit Committee, a member of the NI Valuation Tribunal and a member of the Solicitors Disciplinary Tribunal.

Previously Mr McCann has been a member of the Consumer Council for Northern Ireland, a Non Executive Director of United Hospitals Trust, Chair of the Audit and Risk Committee of the NI Commissioner for Children and Young People and a Director of Victim Support NI.

**Jim Stewart, CBE, Chair (until December 2012)**
Mr Stewart was a former Non Executive Director of the Eastern Health and Social Services Board and completed a term as Chair of Greenpark Health and Social Services Trust. He also held the position of Chair of Warrenpoint Harbour Authority until 2011.

Mr Stewart is currently Managing Director of Training Solutions (NI) Ltd, which provides training and development for both public and private sector organisations. He has served on the Boards of LEDU, AFBI, the Diary Council for NI and the NI Quality Centre. Mr Stewart is also the Chairman of Sentinus, a registered charity promoting training in science, engineering and maths in schools in NI.

**Prof Dorothy Whittington, Vice Chairman**
Until 2006, Prof Whittington was Director of Education and Research at North Bristol NHS Trust. Previously, she was Professor of Health Psychology and Head of the School of Health Sciences at the University of Ulster. She has a substantial record of academic publication with a strong emphasis on health care quality assurance and governance. From 2003 until
2011, Prof. Whittington was a member of the Board of the Higher Education Academy. She has been an assessor for the Postgraduate Medical Education and Training Board and is currently an associate of the General Medical Council. She is also an associate of the General Pharmaceutical Council and serves as a lay accreditor of pharmacy education programmes. She is involved in a number of educational consultancies and continues to act as a reviewer and editorial board member for academic journals.

Prof. Whittington is the Chair of the Trust’s Governance Committee and of its Organ Donation Committee. She is also a member of the User Feedback and Involvement Committee.

Dr Carol Ackah, Non Executive Director
Dr Ackah is a self-employed consultant in Human Resource Management, having formerly been a lecturer at the University of Ulster. She was a non-executive director of United Hospitals HSS Trust and is also an arbitrator for the Labour Relations Agency and an Industrial Tribunal panel member.

Dr. Ackah is the Chair of the Trust’s User Feedback Committee and is also a member of the Governance Committee.

Jim Moore, Non Executive Director
Mr Moore is Professional Head of Signaling and Telecoms for Northern Ireland Railways, which is an operating company of Translink. He was previously Operations Manager at Richardson's Fertiliser Industries. Jim is Chair of the board of governors of a local primary school and is also a Director of Sentinus, a registered charity promoting training in science, engineering and maths in schools in Northern Ireland.

Mr Moore is a member of the Trust’s Remuneration and Terms of Service Committee and is also Interim Chair of the Audit Committee. He is also chair of the Charitable Trust Funds Advisory Committee.

Mervyn Rankin, Non Executive Director
Mr Rankin spent 39 years in local government until his retirement in 2006. 22 years were spent as an environmental health professional and 17 years as a Chief Executive with Cookstown and Ballymena Councils. Currently he is Chairman of the Local Government Staff Commission, a Member of the Public Service Commission, a Director on Ballymena Business Centre, a social economy company, and High Sheriff for County Antrim for 2013. Mr Rankin is a member of the Trust's Governance Committee and the Remuneration Committee

Pamela Montgomery, Non Executive Director
Ms Montgomery is an independent consultant specialising in research, evaluation and organisational development. She has a background in academic research. Previous roles include Chief Investigation Officer in the former Equal Opportunities Commission and Global Director of Reconciliation and Human Rights in Atlantic Philanthropies. She was a non-executive director of Homefirst Community HSS Trust.

Ms Montgomery is a member of the Trust’s Governance Committee and Audit Committee. She also chairs the Trust’s Equality Steering Group.
Stanley Forsythe, Non Executive Director
Mr Forsythe was headmaster of Coleraine Academical Institution from 1984-2003 and worked in the education sector for almost 40 years. Stanley was a non-executive director of Causeway HSS Trust. Mr Forsythe is a member of the Trust’s Adoption Panel.

Directors
- Mr Sean Donaghy Chief Executive
- Mr Larry O’Neill Director of Finance
- Dr Peter Flanagan Director of Medical and Governance
- Ms Valerie Jackson Director of Acute Hospital Services (on outward secondment)
- Mrs Margaret O’Hagan Director of Acute Hospital Services
- Mrs Jacinta Melaugh Director of Human Resources
- Mr Martin Sloan Director of Planning, Performance Management and Support Services
- Mr Oscar Donnelly Director of Mental Health
- Mrs Marie Roulston Director of Children’s Services
- Mrs Una Cunning Director of Primary Care in the Community and Older Peoples Services
- Mrs Olive Macleod Director of Nursing and User Experience
Management Commentary

“To provide for all, the quality of service we expect for our families and ourselves”
Management Commentary
The Trust has reported a surplus in 2012/13, which has been achieved against a backdrop of major financial pressures.
The Trust began the year with a potential deficit of £3.5 million; however it developed and agreed a transitional plan for Acute Services and for Children's Services to bridge the gap in 2012/13. The HSCB provided additional funds to support the plan and the Trust implemented its savings plans to achieve a small surplus in this financial year.
The HSC faces major financial pressures in 2013/14 and the Northern HSC Trust will, like all Trusts, be faced with a share of these pressures. The savings targets for 2013/14 total over £18.5 million and plans are developed to deliver this.
Performance

“To provide for all, the quality of service we expect for our families and ourselves”
Performance
The Health and Social Care Commissioning cycle begins with the Health and Social Care Board in conjunction with the Public Health Authority developing a Commissioning Plan. This plan identifies the health and care needs for the population of Northern Ireland, and in turn sets out the appropriate level of health and social care service which the population should expect to receive. Through this plan the Health and Social Care Board aims to improve Safety, Quality and Patient Experience. In response to the Commissioning Plan the Northern Trust submitted a Trust Delivery Plan for 2012/13 detailing how we intended to address specific targets and standards.

These targets were split into Ministerial priority themes and are aligned to the following service areas:

- H&S Wellbeing, Health Protection & Screening
- Unscheduled Care
- Elective Care
- Cancer Care
- Palliative and End of Life Care
- Long Term Conditions
- Maternity and Child Health
- Community Care, Older People and Physical Disability
- Children and Families
- Mental Health and Learning Disability
- Specialist Services

The A&E 4 hour and 12 hour targets continued to be a key focus throughout the year for the Trust with an Improvement Action Group and several work-streams put in place aiming to improve the performance, with a particular focus on Antrim Area Hospital. Specific work-streams included providing a GP Out of Hours service and an Acute Medical Assessment Area in Antrim A&E. In addition the group focused on other areas such as patient flow and discharge processes. The performance against the 4 hour target for Antrim Hospital was 60% in March 2013 and an average of 64% for 2012/13. With regard to the 12 hour target for Antrim, there were 310 such cases in March 2013 compared to the year average of 160. More needs to be done to eliminate these in all but exceptional cases and it will take a number of actions that go beyond the Accident & Emergency Department to achieve this.

Performance in other areas has been more positive. During 2012/13 the Trust performed well against a number of targets in particular those relating to, Allied Health Professionals services where no person waited longer than the 9 week target at the end of March and with regard to Acute Outpatients waits there were no waits over the maximum 18 week target at the end of March. In addition 80% of Outpatients attended appointments within 9 weeks where the target was 60% by March. In delivering outpatient and treatment targets the Trust has received additional support from the HSCB through the agreement of maximum ‘backstop’ positions in certain specialties where the demand outstrips the capacity available, even when clinical staff provide extra sessions.

The Trust Board review performance against Commissioner Targets each month at Trust Board meetings and reports are available on the Trust website www.northerntrust.hscni.net or from the Trust Performance Department, at Bush House, Antrim Area Hospital, telephone: 9442 4631. The following table is a summary of some of the key performance areas monitored.
### Social Care

**Children’s & Families**

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Target</th>
<th>Date</th>
<th>Status</th>
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<tbody>
<tr>
<td><strong>Care Leavers</strong></td>
<td>72% of care leavers aged 19 are in education, training or employment</td>
<td>76% (34) @ 31/03/2013</td>
<td></td>
<td>G</td>
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<tr>
<td><strong>Children In Care</strong></td>
<td>Children admitted to residential care (Looked After) should have an initial assessment completed within 10 working days from date of child becoming looked after</td>
<td>Mar 13 100% completed within 10 w. days</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td>100% of all child protection referrals are allocated to a social worker within 24 hours of receipt of referral and investigated and an initial assessment completed within 10 working days</td>
<td>Mar ’13 34 refs &amp; 34 allocated 47 assesses &amp; 47 complete &lt; 10 w. days</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td><strong>Family Support</strong></td>
<td>90% FS referrals allocated to social worker &lt; 20 working days for Initial Assessment. 100% must have initial assessment completed &lt;10 working days from date referral allocated to social worker.</td>
<td>Mar ’13 (117)66% refs alloc. &lt;20 w. days (65) 42% IA complete &lt; 10 w.days</td>
<td></td>
<td>R</td>
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</table>

**Mental Health & Learning Disability**

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Target</th>
<th>Date</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td><strong>CAMH’S</strong></td>
<td>From Apr’12 no waits &gt; 9wks to Access child and adolescent mental health services</td>
<td>0 &gt; 9wks @ 31/03/2013</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td><strong>Psychological Therapies</strong></td>
<td>From Apr’12 maintain 13wk max waiting time from ref. to assessment &amp; start of treatment</td>
<td>0 &gt; 13wks @ 31/03/2013</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td><strong>Delayed Discharges</strong></td>
<td>From Apr’12 100% of patients admitted as Learning Disability Inpatients for assessment and treatment discharged &lt; 7 days of decision to discharge</td>
<td>93% (42 of 45) Cum to Mar ‘13</td>
<td></td>
<td>A</td>
</tr>
<tr>
<td><strong>Autism</strong></td>
<td>No children should wait longer than 13 weeks for assessment for Autism following referral and a further 13 weeks for commencement of specialised intervention</td>
<td>26 &gt; 13wks for assessment 0 &gt; 13 wks for intervention @ 31/03/13</td>
<td></td>
<td>A</td>
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**Note:** The table above provides a summary of key performance indicators for various services within the Social Care sector. The targets and dates indicate the desired outcomes and adherence by period. The status column indicates the level of compliance with the targets. G indicates Green, R indicates Red, A indicates Amber.
### Community Care, Older People & Physical Disability

<table>
<thead>
<tr>
<th><strong>Acquired Brain Injury</strong></th>
<th>Maintain 13 max waiting time from referral to assessment and commencement of specialised treatment</th>
<th>0&gt;13 wks @ 31/03/13</th>
<th>G</th>
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</thead>
<tbody>
<tr>
<td><strong>Care Needs for Older People</strong></td>
<td>From April 2012 no waits &gt; 8 weeks for a completed assessment</td>
<td>100%(2,288) Cum to Mar’13</td>
<td>G</td>
</tr>
<tr>
<td>From April 2012 all components of care needs to be met within 12 weeks</td>
<td>99%(1,063) Cum to Mar’13</td>
<td>A</td>
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**Unscheduled Care**

| **By Mar’13 reduce MRSA infections** | (all ages) Target: not more than 12 cases per annum | 13 cases @ 31/03/13 | A |
| **By Mar’12 reduce C Difficile** | (>2 yrs) Target: not more than 59 | 80 cases @ 31/03/13 | R |

**A&E** - From April 2012 95% of patients attending any A&E Dept. should be admitted or discharged home within 4 hours and there should be No waits > 12 hours

|  | Mar’13 | Ant 60%, CAU 71%< 4hrs | R |
|  | Ant 310, CAU 123 > 12 hrs | R |

### Cancer Care

**62 Day** – From April 2012 95% of urgent patients with suspected cancer to commence treatment within 62 days

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<th></th>
<th>81.8%% Mar’13</th>
<th>R</th>
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**31 Day** – From April 2012 98% of patients to commence treatment within 31 days of decision to treat

**Breast Referrals** - From April 2012 all urgent referrals seen within 14 days

|  | 100% Feb’13 | G |

### Elective Care

**Inpatients / Day cases** – By March 2013, 60% of patients waiting for an IP/DC wait no longer than 13 weeks and no patient wait > 30 weeks

<table>
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<th>82% within 13 weeks. @ 31/03/13</th>
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<tr>
<td></td>
<td>57 (1%) &gt;30 wks @ 31/03/13</td>
<td>RR</td>
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**Outpatients** – By March 2013, 60% of patients waiting to be seen as an outpatient waits no longer than 9 weeks for a 1st Appointment and no patient wait > 18 weeks.

|  | 80% seen within 9 weeks. 2,561 (20%) > 9 wks @ 31/03/13 | G |
| **Diagnosis Waits** - From Apr'12 no waits > 9 wks for a diagnostic test | 0 (0%) >18 wks @ 31/03/13 | 800 > 9 wks 31/03/13 | **RR** |
| AHP Waits - From Apr’12 no waits > 9 wks from referral to treatment | 0 > 9 wks @ 31/03/13 | **G** |
Governance

“To provide for all, the quality of service we expect for our families and ourselves”
Governance

Risk Management
The Trust continues to operate its governance systems in line with the Integrated Governance Strategy. With effect from early 2012/13 the Trust implemented a revised Risk Management Strategy which describes the Trust’s governance arrangements for the corporate management of its clinical, social care, financial, information management and emergency and business continuity risks.

Focus will remain on promoting and strengthening learning within the Trust. The Shared Learning Model will continue to be embedded into day-to-day practice within specialties/services. Local Governance Groups, other governance meetings and forums and staff will continue to play a key role in identifying governance issues including current and future risks, safety issues or required quality improvements.

Audit and quality improvement activities
Trust staff continue to participate in regional and national clinical audit projects which collect data on compliance with evidence based standards and provide the Trust with benchmarked reports on compliance and performance.

They also in some cases measure and report patient outcomes. These reports help us to identify where actions and improvements to care and practice are needed. The opportunity for re-audit enables us to measure if improvements have been implemented and sustained.

Trust staff at local level have also been involved in reviewing their practice against evidence based standards or best practice guidance including National Institute for Health Care Excellence (NICE) clinical guidelines, Royal College or profession specific standards, Trust policies and procedures and other guidance.

These audit and quality improvements activities help us to obtain feedback on the standard of care provided and identify if there are any patient/client safety issues which need to be addressed.

Our annual Sharing Excellence, Leading Quality Awards once again provided an opportunity for individuals, services and departments/teams who completed quality improvement related activities or initiatives to demonstrate and share the learning from these improvements in patient / client care or safety, user experience, outcomes, standards of care, efficiency or effective partnerships. Service improvements and positive outcomes through excellence in team working were also demonstrated in the ‘Team of the Year’ Category.

Patient safety
Patient Safety continues to be a top priority for the organisation and continues to evolve through the Trust’s Patient Safety Quality Improvement Plan (PSQIP), which is reviewed annually. This continues to be achieved by building capacity and capability in the organisation by using proven patient safety methodologies to implement and build upon patient safety.

Patient safety performance is monitored on a monthly basis by Trust Board.

The Patient safety work in the Trust was recognised in 2012-13 when three Trust officers presented their work at the International Forum on Quality and Safety in Healthcare.
Conference in Paris. They displayed their quality improvements through poster presentations. These presentations were as follows:

- Anna Lappin, Medicines Governance Pharmacist - ‘Enhancing Patient Safety by Learning from Clinical Pharmacist Interventions’
- Linda Millar, General Manager Surgery – ‘The Elective Surgical Pathway’

These initiatives attracted international interest with follow-up enquiries to share our knowledge.

**Complaints and user experience**

The Trust continues to listen to its service users who make complaints or enquiries, investigating and responding to their issues and concerns. Compliments and suggestions/comments are also welcomed and are cascaded to relevant staff, services and departments.

We try to ensure complaints are dealt with effectively, learning is identified from complaints and that changes and improvements to practice and care delivery is initiated. Staff training in complaints management is on-going. In addition, our senior staff also attended a ‘Complaints Masterclass’.

A comprehensive complaints and service user feedback annual report will be produced later in 2013 which will be available on the Trust website.

**Information Breaches**

There were three reports made to the Information Commissioner. Two of these incidents concerned the inappropriate dissemination of confidential patient information and correspondence and the third involved the loss of a USB memory stick, containing sensitive client information. The memory stick was subsequently found. All three instances were designated serious adverse incidents and reported through to the Trust’s Governance Management Board and Governance Committee. Appropriate actions including informing affected clients and patients, staff training and updating of relevant policies and procedures have taken place.

**Personal and public involvement**

Engagement with service users, carers and our communities continues to be a top priority for the organisation.

The Trust’s Personal and Public Involvement (PPI) toolkit provides staff with a road map to engaging with stakeholders. In addition, face to face training has been provided for key staff to ensure they have the skills to engage effectively with service users and carers.

The Trust is committed to working in partnership with local public representatives in developing and delivering services. In response to Transforming Your Care the Trust instigated a series of meetings with local councils and MLAs.

We continue to collect data from service users about their experiences (both qualitative and quantitative), we analyse it, turn it into a format that helps us see patterns and then review
our service in the light of this information. In other words the data we have gathered help us make better decisions about how to move the service forward.

The Trusts survey programme is an important mechanism for becoming more patient focused and provides a quantifiable way of achieving this. Through examining the patients’ experience, these views can help to inform change and improvements within the Trust.

Service user information leaflets are key to effective engagement. Currently, leaflets are available on our web site, within wards and departments throughout the Trust giving information on our services. Other information leaflets are available from external organisations on services and support provided.

An Accessible Communication Guide has been developed by disabled people and representative groups to ensure staff have access to guidance on how to communicate effectively with disabled people.
Equality

“To provide for all, the quality of service we expect for our families and ourselves”
**Equality**

This has been another productive year for the Trust’s equality agenda. In December Trust Board approved our Disability Action Plan (DAP) having considered the feedback received during formal consultation. We worked closely with the other Trusts and the disability sector in developing the Plan and hosted a regional event in Unison Headquarters in May, which was well attended by a range of disability organisations.

This year we have trained a number of staff from across the organisation in disability equality in partnership with members of our Disability Consultation Panel. To make sure that our staff were being training by experts the training was delivered by people with a range of disabilities including a member with sight loss, a wheelchair user and members with learning disabilities which brought a wide variety of experiences of disability to the work that we do.

The Trust worked with the Ballymena Inter-Ethnic Forum (BIEF) to find out if our mental health services are as accessible to black and minority ethnic communities. The research which included a survey of 100 respondents and three focus groups identified a number of issues that will be examined further in partnership with BIEF to ensure that the Trust develops it cultural capability in delivering services.

During 2012/13 we launched a 6th module of our Discovering Diversity E-Learning Package to ensure Trust staff can work with and provide services to people with different cultural backgrounds. The module helps staff to communicate with dignity and respect in a way that is sensitive to people's needs and to promote positive attitudes towards service users from Black and Minority Ethnic Communities including the Traveller Community.

The Trust’s User Panels continue to meet regularly to ensure that those who are mostly affected by our decisions are involved in the decision making process. These groups provide a useful source of consultation for the Trust and a much appreciated discussion forum for those involved. We thank the members of the panels for their involvement and continued support and look forward to working with them in the future. More information about the panels can be found on our website.

This year we held a very successful inaugural meeting of our Learning Disability User Forum. Over 45 service users, representing all of the Trust’s learning disability services, came together to decide how the user forum would work and to vote for elected representatives. The Forum will meet four times and year and will be organised by an elected committee of people with learning disabilities. We would like to thank everyone who attended this event for their valuable contribution and for making the day such a success.

In March the Trust hosted an event called ‘Better Services for Invisible Clients’ in partnership with key organisations including , Rainbow Project, Carafriend and Unison. The event was aimed at integrating the health needs of lesbian, gay, bisexual and transgender clients into design and delivery of health and social care in recognition that the Trust has a part to play in taking the lead to make changes which will positively impact on the health outcomes. All those who attended agreed that it was a great success and we look forward to our continued work with the representative organisations to ensure clients feel that they belong in services.

During 2013 we launched the Trust’s Carers Strategy which outlines our commitment to the continued support of family carers. We also ran a number of carer’s events including ‘Refresh and Relax’ days and ‘Stress Management’ days. Our carers register continues to
grow and during the year we distributed 151 small grants to carers to enable them to sustain their caring role.

In the coming year we will continue operating in a difficult economic climate but we are as committed as ever to ensuring that equality remains at the heart of what we are seeking to achieve.
The Workforce

“To provide for all, the quality of service we expect for our families and ourselves”
The Workforce

The Trust continues to assess the workforce implications of the Transforming Your Care agenda and the Human Resources Directorate, along with other corporate support teams, have been supporting senior managers in taking this forward during the year.

The Trust has developed a Staff Engagement policy and we continue to work to improve our ability to engage with the workforce effectively at all levels. A second Staff Engagement Survey was undertaken during this year which indicated that we have further work to do in the areas of communication, leadership and staff health and well-being.

We had a very successful Leadership Conference during the year. The key themes covered were ‘models of service transformation and experience gained elsewhere’ and ‘the importance of engaging staff in major change’. This commenced a series of engagement sessions involving senior managers throughout the Trust.

The staff health and well-being agenda continues to have priority and initiatives continue such as the introduction of the Cycle to Work scheme. Events such as ‘Backcare Awareness Week’ and ‘Stress Awareness’ for Support Services Staff in Holywell Hospital, were held throughout the year. Topics and information on staff health and well-being are updated on a monthly basis on the Trust’s ‘Staffnet’ including advice on ‘healthy eating’ and ‘living life to the full’.

Robust training continues in terms of safe use of cleaning agents and procedures which reduce the risk of infection. Occupational Health continues to provide vaccination programmes protecting against a number of diseases including the annual winter flu vaccination programme.

Sickness absence for the year was 5.75%. We continue to review the area of sickness absence in line with best practice and research for managing attendance and a further review of our Managing Attendance protocol is scheduled for the incoming year. During the year we updated our corporate action plan and each Directorate developed their own action plan. We provided improved monitoring information and increased provision of training in this area for managers.

Equality remains a key area of focus. We implemented our new Policy on the Employment of People with Disabilities, incorporating Reasonable Adjustment Guidelines for Managers, in the latter part of the year. Consequent to this we intend to highlight the importance of this through a series of awareness sessions during the incoming year.

The Agenda for Change implementation has progressed to its final stages as the Trust implements the regional agreement in respect of clustering.

Significant resources were committed within the HR and Finance disciplines towards preparations for implementation of the new systems in respect of the Business Services Transformation Programme. The new Human Resources, Payroll and Travel system will change current practices for the majority of staff and managers in respect of how staff claim apply for leave, learning and development and expenses, how payroll and travel expenses are processed and approved and will provide increased reporting capability in respect of the workforce.
Recruitment statistics continue to show an increase in both job vacancies and applications for posts from candidates, as would be expected with the existing external economic climate. Innovative approaches to recruitment to include electronic developments, a redeployment unit and Trust-wide recruitment have led to the Resourcing team being awarded the Healthcare Personnel Management Associations UK’s HR Team of the Year in June 2012.

Details of the Trust’s pension scheme are noted in the Remuneration Report and the Annual Accounts Note 1 Accounting Policies Section 1.20 Employee Benefits.
Research and Development

“To provide for all, the quality of service we expect for our families and ourselves”
Research and Development

The Research & Development Office relies on its collaborations with the other Trusts in NI and across the rest of the UK, with universities, charities, commercial companies, Northern Ireland Clinical Research Nurses (NICRN), Northern Ireland Cancer Clinical Trials Unit (NICCTU), Health & Social Care (HSC) R&D division and HSC Innovations, to maintain rigorous standards of governance, increase the recruitment to portfolio adopted studies and develop future capacity to increase the range and depth of research studies available to patients and clients.

The Research Governance Committee met on five occasions during the year and approved a total of 58 new studies. This has been the fifth year of the HSC Research Discretionary Fund which provided funding for 7 small Trust related research studies.

The new Pharmacy and Medicines Management Centre centralises pharmacy services in one place, providing a more effective, efficient service. The centre is engaged in re-engineering medicines processes together with the integration of novel health care technologies to optimise medicines use. This will lead to innovative ways of providing safe, effective and economic medicines utilisation that will be generalisable across the UK health sector and further afield. The new centre will also collaborate with academia and industry on R&D projects in these areas.

A number of innovative medicines management related systems have been developed at Antrim Area Hospital. These include;

- **EPICS (Electronic Pharmacist Intervention Clinical System)** – This is a pharmacist interventions system developed in conjunction with both the School of Pharmacy, Queen’s University Belfast and Yarra Software Ltd, and is used to record pharmacist interventions based on a grading scale which relates to the degree of impact on improving patient care as a result of pharmacy action,

- **Keyless Locker** – This initiative, developed by the Trust in conjunction with Hospital Metalcraft Ltd, is a fob operated locker whereby patients can access their own medicines as required in line with Audit Commission recommendations. The lockers are also linked to a computerised system that monitors and records use by both patients and staff.

Emergency Planning & Business Continuity Management

The Trust continues to develop Emergency Planning resilience to respond to major incidents in line with the requirements outlined in the Northern Ireland Civil Contingencies Framework. This includes a Major Incident Plan and Mass Prophylaxis Centre Plan.

Training on major incident responses has been provided to a wide range of Trust staff. Trust staff have attended both the ‘Major Incident Medical Management & Support’ and the ‘Hospital Major Incident Medical Management & Support’ training programmes.
Around the Directorates

“To provide for all, the quality of service we expect for our families and ourselves”
Around the Directorates

Acute Services

The Northern Trust provides services to a resident population of around 440,000 people. This number can swell in the summer particularly along the north coast. The vast majority of these services are provided in people’s own homes or in their local community. When required, acute services are provided from two sites – Causeway Hospital in Coleraine and Antrim Area hospital.

The acute hospitals have come under sustained pressure in the past year. Antrim Area hospital in particular has experienced prolonged pressure in its Emergency Department due to increased number of patients requiring unscheduled/unplanned care. The acuity, co-morbidity and age of the patients presenting has also increased. This increased and sustained pressure on the Emergency Department is not unique to the Northern Trust however the limited size and layout of Antrim ED hospital adds to the challenges. The Trust is looking forward to opening its new purpose built facility in June 2013.

As a result of the on-going pressures within acute services the Trust has been provided with some external assistance in the shape of independent reviews by Mary Hinds and Ian Rutter in the early part of the year. More latterly the Trust has been working with a turnaround team made up of a number of individuals with experience in specific areas of the health service who have been able to offer their support through shared learning.

The Trust is working to improve the patient journey between primary and secondary care. To date the main access to the acute hospital for unscheduled admissions has been through the Emergency Department. The Acute Medical Assessment Area is the first step in facilitating direct referrals by General Practitioners (GPs) for patients requiring unscheduled hospital assessment / admission. It is also the first stage in the GP Unscheduled Care Access Hub project, a project that aims to provide alternative clinical pathways for patients rather than attendance at the Emergency Department thus allowing patients and professionals to work across the primary and secondary care interface in a more seamless fashion.

2012 saw the Acute Medical Assessment Unit identified as a dedicated assessment area in ward B1, Acute Medical Unit, Antrim Area Hospital. This area is protected for the use of assessing patients referred into hospital by GPs. The formation of the direct admission area is part of the Trust’s commitment to offer an improved patient journey for patients referred by GPs requiring hospital assessment and management. It is anticipated that this option will help reduce pressure on the Emergency Department. The AMAU became operational for a pilot period on 11 September 2012 and can accommodate up to 7 ambulatory patients. The unit is supported by a senior doctor who is also available to provide verbal advice to GPs from 11am to 4pm, Monday to Friday.

GP also have direct access to X-Ray reporting negating the need to send people to ED for an urgent X-Ray. The concept of direct access is to be further developed for other services later in the year. The Trust Radiology Department in partnership with Northern LCG will commence a local Primary Care facing DEXA (Dual Energy X-ray Absorptiometry) scanning service in April 2013. A Dexa scan is a special type of X-ray that measures bone density. The new scanner will be sited in a purpose built department in the refurbished Braid Valley Hospital. The scanner will provide diagnostic capacity to undertake an initial 2,000 examinations per year.
**New Ward C7**

As part of the Trust’s commitment to improve medical and unscheduled care services, a new medical ward, C7 opened on 17 April 2013. The ward is an integral part of the Trust’s modernisation and reform programme that aims to improve the experience of all patients across the acute setting.

The new 24 bedded ward is designed to a high specification with 100% single rooms, each with its own en-suite facilities, which allows greater privacy and dignity to patients undergoing treatment. Easy access and good observation of all patients was a key requirement of the design. The rooms have been built to the current spacious medical ward floor space standards and have been developed to maximise natural light and outside views where practical.

The ward is divided into three areas, each with a dedicated nurses’ station which has special lighting to sign post ambulant patients as appropriate to nursing staff at night time. The individual room layout promotes a patient centred approach and enhances the ability of staff to prevent transferable infections that are easily spread through either direct contact or via the air. One of the rooms is an isolation room that is equipped with a modern negative air pressure system that assists patients with certain infectious illnesses.

**Length of Stay**

To reduce the number of people waiting in ED to be admitted we are managing patient flow in the hospital and thus decrease length of stay and improve efficiency. Our overall length of stay in both hospitals has continued to fall, with Antrim non-elective medical admissions significantly down from the previous year.

**Timely Discharge**

We are also focusing on the safe and efficient discharge of patients back in to the community. The intermediate care service facilitates timely discharge by providing necessary support, such as physiotherapy and occupational therapy at home. They may also place patients in intermediate care beds in a community hospital or residential home, as an interim step, where in-reach support into the facility can be provided to maximise the rehabilitation potential of the patients.

There is more work to be done, including extensive work in developing pathways of those with long term illness, who should ideally be treated outside an ED environment.

**Elective Care**

The Trusts’ busy Acute Hospitals perform approximately 20000 day case procedures/scopes and 4200 elective admissions, 45000 non elective admissions and 51000 new outpatient appointments a year. The elective side of the house includes outpatients, inpatient and day case admissions. Sometimes when the unscheduled side of acute hospitals are under a lot of pressure it impacts on elective care and non-urgent procedures have to be postponed at short notice. This is the safest way of managing the balance between unscheduled and elective care. However staff work very hard to make sure this only happens in extreme circumstances as it is appreciated that this is often inconvenient and distressing for those patients affected.

The Trust continually reviews how it delivers its services in line with clinical best practice and regional guidance. This includes initiatives aimed at increasing the type and amount of surgery carried out in day case units rather than as inpatient admissions. This has largely
come about due to changes in technology and equipment which have allowed many procedures to be carried out non-invasively. This is hugely beneficial to the patient as they get home quicker and has helped the Trust reduce the number of inpatient beds it requires and free up in patient theatre capacity to help improve waiting times for more complex surgery. Day surgery is carried out in Antrim, Whiteabbey, Mid Ulster and Causeway Hospital sites.

**Smoothing the patients journey**
Research shows preparing for surgery is as important as the surgery itself. Aware of this the Trust recently reviewed the entire process – or patient journey – to look at ways to streamline, improve quality and make best use of very expensive theatre time and theatre staff.

The patients’ journey now starts two weeks prior to their date of surgery with a hospital pre-admission and pre-assessment visit. During this visit the patient will speak to their doctor and if necessary their anaesthetist, nursing staff and a pharmacist should any medication be required post-operatively.

Traditionally patients’ would have come into hospital the day before surgery. We now admit patients on the day of surgery to the Elective Surgical Units (ESU), in both Antrim Area and Causeway Hospitals. Patients arrive in the receiving area and from there to theatre completely bypassing their inpatient bed. Following surgery, patients return to a designated post-operative bed in the surgical ward.

In addition new medical and nursing assessments and documentation, a modernised theatre checklist and protected elective beds has been introduced.

The new surgical units have capacity to accommodate 8 patients for a 23 hour stay. Effectively a one-way system has been created to smooth the patient journey.

This initiative has led to a significantly improved and a more productive elective inpatient surgical service.

**Pre-Assessment Service**
The Pre-Assessment Service, NHSCT were announced winner of the RCN OPeNN Award 2012 in recognition of the benefits to the ‘Older’ population within the NHSCT catchment area in providing a Nurse led Pre-operative Assessment Service for patients who need to attend hospital for elective surgery. All patients aged 60 and over are offered an appointment with a Nurse Specialist or Consultant Anaesthetist providing an opportunity to receive information and advice prior to admission. For the older person this can be key to alleviating anxiety and improving outcomes.

RCN’s Older People Network commended the service on their responsiveness to the needs of the older patient in enabling access to services at a time and location suitable for the patient and their relatives. The small team networks across sites to effectively utilise their resource and ensure maximum benefit for patients.

**Outpatients Appointment ‘TEXT’ Reminder Service**
The Acute Directorate has launched a new text messaging to help patients to remember by sending a text message a few days before the date of their appointment.
An introductory text message has been sent to all patients who have given a mobile number as a method of contact. Patients who want to provide mobile telephone details have been encouraged contact outpatient reception or telephone the outpatient booking offices.

**Single Casenote Project**

In January 2013, the Trust introduced one single Patient Administration System (PAS) by amalgamating the existing Antrim and Causeway PAS systems. One of the outcomes of the amalgamation of the Antrim and Causeway PAS systems was the introduction of a single Northern Trust (NHT) casenote number for each patient registered on the Patient Administration System.

Previously patients could have had an Antrim, Mid Ulster, Whiteabbey and Causeway Hospital number and a casenote on each of these sites. The introduction of one hospital number per patient means there will be one hospital casenote which will provide clinicians with a complete record of the patient’s outpatient appointments and hospital admissions in the Trust’s hospitals.

**Pregnancy Loss Bereavement Leaflet and Guidelines Launch**

The death of a loved one is extremely difficult and even more so when the loved one is a baby. The maternity and gynaecology services team of the Northern Trust has developed a number of new leaflets for parents and their families following a miscarriage. The leaflets were written with input from service users and provide information and guidance to support families through the bereavement process.

These leaflets cover a range of topics including information on treatment options, post-mortem examinations, funeral arrangements, memorials and support available to families through the Trust and other organisations.

The leaflet launch coincided with the training Northern Trust midwives completed recently. The training provided in conjunction with SANDS (the Stillbirth and Neonatal Death charity) focused on ways of supporting bereaved parents.

It well recognised that care received in these circumstances can have an enduring impact on the bereavement experience of the mother and family members either positively or negatively. The development of these new resources and the additional training will enhance the service provided and help support staff providing sensitive and appropriate care at a difficult time.

All staff in the Maternity and Gynaecology service are aware of the enormity of the loss experienced at this time by parents and indeed by the wider family circle. The service endeavours to provide the most sensitive, appropriate care at this difficult time. The development of these new resources and additional training will further enhance care in Maternity and Gynaecology services.

**Patient Experience**

Patient experience is a recognised component of high quality care and understanding the patient experience is an essential element of any service delivery, redesign or development. The Trust has a comprehensive programme of work in place to support the implementation of the Patient and Client Experience ‘core five’ Standards to include:
- Respect
- Attitude
- Behaviour
- Communication
- Privacy and Dignity

The Trust’s workplan to measure these standards covered 9 wards and departments. Findings indicate that patients are generally positive about their experience.

In demonstrating its commitment to the patient experience, the Trust has invested in an additional whole time equivalent (wte) Audit Officer to allow measurement of patient experience in all wards and departments on a yearly basis.

Patients report that the Trust consistently performs at the highest level in respect of the following five indicators:

**Respect**
- Staff considered and respected their wishes
- Respected their religious / spiritual needs
- Involved them in decisions regarding treatment and care

**Attitude and Behaviour**
Patients consistently reported that staff:
- Were approachable
- Were willing to help
- Were caring and compassionate
- Behaved in a polite, courteous and professional manner
- Asked for consent before treatment or care was carried out

**Communication**
Patients consistently reported that:
- They were spoken to in a way which they could understand
- Staff had time to listen to them
- Staff explained what was happening in relation to treatment and care

**Privacy and Dignity**
Patients consistently reported that:
- Privacy and dignity were maintained during personal examinations or during provision of treatment and care
- Steps were taken to prevent feelings of embarrassment during provision of treatment and care
- Appropriate action was taken to relieve pain
- They were assisted with eating and drinking when needed

**Where we need to improve**
- Reduce the number of **Interruptions** to care delivery
- **Introductions** to the patient and family
- Provision of **Information** leaflets
- Reduce the loneliness of **Isolation**
Summary – we need to have an ‘I’ for detail

What we are doing to improve patient experience

- Patient Care Rounds
- Introducing the concept of ‘Never Events’ – the ‘I’ for detail
- Focus on the A, B, Cs
- Increase sampling – use of volunteers
- 10,000 Voices workstream

League of Excellence

The following areas were all highly commended by patient and carers in all aspects of the patient experience:

- Minor Injuries Unit, Whiteabbey Hospital
- Ward 2, Whiteabbey Hospital
- Day Surgery Unit, Antrim Hospital
- Medical Assessment Unit / Medical 2, Causeway Hospital
- Coronary Care, Causeway Hospital
- Surgical 1, Causeway Hospital
- Robinson Hospital

HCAI

The work to continue to reduce the risk of Healthcare Associated Infection (HCAI) continues. The Trust can demonstrate a significant reduction in the number of cases of Clostridium Difficile with the diagnosis of 80 cases against a target of 59 cases. This represents a significant improvement against 2011/2012 when 94 cases were confirmed i.e. a reduction of 14.9%.

The Trust continued to demonstrate a significant reduction in the cases of MRSA with 13 cases diagnosed 2012/2013 against a target of 12, this was a significant improvement against 2011/2012 when 19 cases were diagnosed i.e. a reduction of 32%.

All cases of Clostridium Difficile and MRSA are reviewed using RCA methodology which involves review of the case with the relevant clinical team by the Medical Director/DIPC, Chief Executive and Director of Nursing.

Children’s Services

During 2012-13, the Children’s Directorate continued to deliver services in line with the objectives set out in the Trust’s Corporate Plan. The aim of the Directorate continued to be to deliver safe and effective care within available resources, striving to achieve and maintain Priorities for Action Targets. The focus in 2012-13 was around developing our vision and strategy in response to Transforming Your Care – Vision to Action. The strategic direction within Children’s Services is to focus on early intervention through a multi-disciplinary approach to ensure that families are supported in parenting skills and that where possible children are maintained within their family of origin or where that is not possible within alternative family settings. The number of Looked after Children and child protection cases increased during the year, so it is essential that we divert a greater proportion of our resources to early intervention, family support and parenting support, increasing foster carers alongside wraparound support.
The Directorate’s reform project Right for Our Children √ which has been focusing on the
reform and modernisation of the Directorate’s paediatric medicine and allied health
professional services continued to make progress. The work of the various task groups
included consideration of the needs of the local population, identifying best practice models
and beginning to identify a framework for developing ways of working to ensure a more
effective and efficient service delivered within models of care that is based on the profile of
needs and in a cost effective way. The Trust’s Health Visiting and School Nursing services
were integrated during 2012-13 as part of the overall reform plan. A pilot programme to
support first parents was initiated and an Infant Mental Health Strategy for 2013-14 was
completed. The Trust achieved the UNICEF Baby Friendly Award for Causeway Hospital in
partnership with local Sure Start Projects.

One positive outcome has been commitment to funding building work within the current
Paediatric In-Patient Unit in Antrim Area Hospital to assist with service pressures in the short-
term which can be consolidated as part of the Right for Our Children √ strategy. In addition,
significant capital funding has been secured to improve the space within the Trust’s Neonatal
Unit which includes addressing recommendations from the external reports in relation to
Pseudomonas. These schemes will be delivered during 2013-14.

In relation to Priority for Action Targets, the professions supporting the delivery of acute and
community paediatric services successfully met the 9 week access standard. This includes
Paediatric Occupational Therapy, Children’s Speech and Language Therapy, Orthoptics, and
Dental Services. The achievement of the standard has been very challenging in the current
environment; however staff worked very hard to ensure that treated was initiated for our
children and families within the waiting time standards.

Throughout 2012-13, the Trust’s Child and Adolescent Mental Health Service made
strenuous efforts to reduce waiting times for access to its service. The work undertaken by
the service managers, clinical and support staff meant that the service reduced its numbers
of patients waiting time in excess of 9 weeks for a new appointment from 109 in March 2012
to 0 in March 2013. The Commissioner allocated funding for the service in recognition of
historical underfunding and to assist with delivery of new models of care. The work to reform
services in line with the expectations of the Commissioner will be taken forward in 2013-14.
In addition, significant service improvement work has been undertaken in the latter part of
2012-13 within the Children’s ASD Service in response to increased waiting times for
assessment. These improvements resulted in minimal patients waiting in excess of the 13
week standard and will mean sustained improvements in access to this specialist service,
with an increase in productivity. The staff team involved worked tirelessly to implement the
service action plan within a short time to make sure children and families were responded to
within the shortest timeframe possible.

A number of service areas continued to work with colleagues from other Trusts as part of
regional meetings to develop regional standards to improve care pathways and ensure
consistency in relation to service delivery.

The Early Years Service within the Trust initiated a reform project. The project was to
improve performance against the standards set out in the Delegated Statutory Functions and
to respond to the new regional standards and guidance for all day care providers in Northern
Ireland. This project work resulted in meeting requirements under the Delegated Statutory
Standards and the work will continue into 2013-14.
Emphasis on early intervention through family support approaches continues to be the priority. This is progressed with input from a range of disciplines and agencies. During the year the Northern Outcomes Group continued to meet, Chaired by the Director of Children’s Services. This group has involvement of Trust, voluntary agency and community based organisations and works to identify priority areas for investment to provide support to those children and families who most need it. In addition, 2012-13 saw the roll out of further family support hub projects originally piloted in the Larne/Carrickfergus area to other areas within the Trust. The pilot was a partnership model between the statutory, voluntary and community sector and was very successful. The roll out of this model will be completed within the Trust area in 2013-14.

Primary and Community Care for Older Peoples Services

The demand for community services for older people continues to rise, as people are living longer and have indicated they wish to remain in their own homes for as long as possible. We continue to work with statutory, voluntary and community sectors to develop and provide an increasing diverse range of services so that people can stay at home.

In order to address the priorities identified within the Regional Review – Transforming Your Care – the Directorate has established a comprehensive project management structure, supported by a range of work streams to embrace the work that is required to review and restructure the way our services are delivered with a view to delivering the best possible outcomes for people and to promote the ethos of them remaining in their own home, supported as appropriate, for as long as possible.

Intermediate Care continues to plan strategically in partnership with our GP colleagues to ensure that everyone who is assessed as suitable will meet their full rehabilitative potential. The service continues to concentrate resources and increase the number of service users who can avail of this valuable service. By achieving these aims, the service has become more responsive to facilitating timely discharge from acute setting and to preventing unnecessary hospital admissions. Intermediate care remains committed to working across all care directorates to maximise service user experience and independence.

During 2012/13 domiciliary care re-ablement specific teams were established across the Trust. These teams provide intensive domiciliary support to assist service users to gain or regain as much independence as possible. When a service user has reached his/her optimum level of independence, through the re-ablement programme, they are discharged from the service; this is usually within a six week period. Some service users will be fully re-abled and will no longer require domiciliary care services on discharge; however, others may require onward referral to long term domiciliary care provision to provide a reduced level of care which will meet their long term needs.

The Trust has continued to work in partnership with statutory and other organisations towards the provision of supported living accommodation in Greenisland and Ballycastle. This options offers out older people the choice of living within a more communal setting with flexibility about the amount of support or care they need. Supported living combines all the advantages of living in your own home with the benefits of access to on-site support and care teams.

Day Centre managers and staff have developed four new 16-week re-ablement programmes that are delivered within day centres to educate, support and improve the health and
independence of service users and deliver measurable outcomes over clearly-defined time periods. This work was recognised in the NHSCT Sharing Excellence, Leading Quality Awards 2012 where it was ranked second highest in the Best Quality Improvement Initiative Award Category.

The Trust has established a project to develop partnership working with the community and voluntary sector in line with Transforming Your Care strategic direction. Partnership working with the community and voluntary sector continues to support people to retain their independence, reduce social isolation and help them to remain living in their own homes and communities. To support this work the Trust has carried out a scoping exercise of the community and voluntary services that are currently available in each of the 10 council areas within the Northern Trust. This scope will identify areas of good practice, capacity, gaps and issues the sector face. Building on this the Trust will develop a strategy for partnership working with the community and voluntary sector and other stakeholders to support the needs of older people.

As part of this work the Trust, in association with Age NI and the Alzheimer’s Society, has developed two pilot befriending schemes in the East Antrim area. These schemes are currently being evaluated to determine the benefits of such schemes for the service users and carers in this area. A pilot Good Morning scheme has also been established in this locality. Evaluation of these schemes will provide the Trust with valuable information which will aid the development of this work. Partnership working has also been established with Age Concern in relation to its SIGN project that aims to support people through active age programmes which includes, befriending, advocacy and advice services in addition to the dementia support pathway and meal time companions’ scheme.

The Trust continued to rollout the remote tele-monitoring initiatives to assist service users with long term conditions to receive intensive support and treatment at home. When assisted by this new technology and equipment these people can then remain independent for as long as possible. During 2012/13, almost 400 people availed of these services and it is anticipated that these numbers will increase significantly throughout the incoming year.

Directorate staff successfully established an interim Brokerage Service which acts as a single point of contact to source domiciliary packages of care from the Re-ablement Service, Trust Core In-house services and Independent Service providers, as appropriate, in a co-ordinated, efficient and timely manner. It is planned that in the future this service will merge with the Trust’s Central Bed Procurement Unit to provide access to residential and nursing placements and respite provision. The availability of the Brokerage service will, in the first instance, help people to remain in their own homes for as long as possible. Timely access to required services will help reduce the length of stays in acute, sub-acute and intermediate care settings thus also contributing to the attainment of the delayed discharges PfA targets.

The Community Equipment Service continued to provide timely delivery and collection of equipment and continues to facilitate timely delivery of equipment to support hospital discharges and the delivery of critical pieces of equipment to support people living at home.

During 2012/13 we have achieved a Trust-wide central referral system for District Nursing and Intermediate Care services which will also provide the ability to encompass other services in the future.

The profile of Specialist Palliative Care Services within the NHSCT continued to be
developed. Since opening in June 2011 the Macmillan Unit has become a well-established facility for service users and their families with complex palliative needs. The Unit attained the Macmillan Quality Environment Mark in March 2013 which reflects how the environment supports the personal wellbeing of patients and families and has made a positive contribution to their treatment and support. It is important to recognise the valuable contribution of a growing number of volunteers who have greatly enhanced the patient and family experience within the Unit.

In relation to Priority for Action targets, the professions supporting the delivery of Occupational Therapy and Podiatry services successfully met the 9 week access standard. The achievement of these targets has been very challenging in the current environment, however, staff worked very hard to ensure that these targets were met.

In the light of unprecedented levels of demands for acute services, Directorate staff have worked unrelentingly to strive to achieve Delayed Discharge PfA targets. Whilst this has been challenging and indeed difficult at times, considerable progress has been made and processes put in place, in partnership with acute colleagues, which will contribute towards the sustainability of the achievement of these targets.

A series of workshops were held throughout the year, at regular intervals, to provide an opportunity to link with our assigned business partners, colleagues from other directorates and HSCB staff to review achievements within the Directorate to date but also to review plans and consider challenges presenting in a timely manner. The Directorate performed well against its Modernisation and Recovery target due to the commitment and dedication of staff.

Mental Health and Disability Services
Vision
The vision for mental health and disability services is to provide person centred services offering appropriate treatment, therapies, care and support to enable people with a wide range of mental health problems and disabilities to live more independent and fulfilling lives.

The year commenced with early engagement, through a Transforming Your Care workshop, with a vast range of invited participants from across a range of sectors – primary, secondary, independent, voluntary as well as service users and carers.

The workshop focused on the services that the Directorate should take forward in line with TYC principles. This has informed much of our work this during 12/13, particularly from a planning perspective.

Mental Health Services
The reform of Mental Health Services has been driven for a number of years by the vision of the Bamford Review. Much has already been achieved through the development of improved community based services. This will remain our focus through close working with primary care to maximise opportunities for early interventions, enhancing services for people with severe and enduring mental health problems, reducing dependence on hospital admissions and the resettlement from hospital.

During the last year we have specifically focused on:

- Appropriate Hospital Facilities: Where hospital treatment is required, then inpatient care will be of a high quality and provided within a therapeutic environment. We have focused
on the continued improvement of recovery based inpatient care through the development of ward based teams and advocacy support.

- This year we secured funding to appoint a Recovery Facilitator to take forward Implementing Recovery through Organisational Change (ImROC). This approach will enable the Trust to put a truly person-centred approach at the heart of service delivery with the aim of improving service user outcomes and satisfaction levels with service provision.

- Community Mental Health Services: Supporting the shift towards home and community based provision of care; we have continued the further development of our community mental health teams for both adult and older people through the extension of New Ways of Working and Choice and Partnership Approaches.

- Residential and Supported Living: We have continued the development of a range of supported living options working with statutory and independent sector partners. This year we have secured community living schemes in Carniny Court and Braidwater Quay, Ballymena. Furthermore, we received approval for the Business Case that will take forward the development of supported living accommodation in Magherafelt.

- Resettlement from hospital: Resettlement from institutional care was a priority during the last year. This remains a Ministerial target, and will be prioritised to achieve the regional objective of no one living in a hospital setting by 2015.

- Older People in Acute Hospitals: During the year we piloted the Psychiatric Liaison Services for older people admitted to acute and general hospital care, with the aim of improved inpatient care and patient experience and more timely discharge. Building on the success of the pilot we will seek continued investment during 13/14.

Further significant developments include:
- the development of a cross-Directorate Dementia Pathway
- the remodelled memory service, with a pilot site commenced in the East Antrim locality
- the further development of the Personality Disorder Service
- the establishment of cross-Directorate safeguarding arrangements to manage the continued increase in referrals
- continued roll out of Releasing Time to Care/Productive Ward initiative strengthened Serious Adverse Incidents arrangements.

**Learning Disability Services**

The reform of Learning Disability Services is underpinned by the Bamford Vision as set out in the Equal Lives report. The past number of years as seen much achievement, with the resettlement of individuals living in long stay hospitals and the development of community learning disability services including respite and day opportunities.

Service developments taken forward this year:
- Day Services: This year our focus has been the further development of a diverse range of day opportunities, including access to employment, leisure and educational activities, that promote independence and choice, and the continued movement of people as appropriate to their needs.
• Respite Services: Choice and flexibility for respite users have been enhanced through the development of host carers which include Share the Care host carer based respite allowing a reduced reliance on bed based placements. This will be our continued focus.

• Community Living Options: We recruited adult placements providing long term family placements. This has allowed us to move away from institutional care.

• Resettlement of people living in hospital: A number of patients assessed as being suitable for community living were resettled from Muckamore Abbey Hospital. Whilst this has been challenging, we will continue to commission and source community placements based on the principle that everyone should live in their own home in the community.

• The Health Facilitation service is continuing to successfully engage with Primary Care services to provide annual health checks to adults a learning disability living within NHSCT.

• The launch of the new advocacy service for people with a learning disability within NHSCT.

Physical and Sensory Disability Services
This year we took forward a number of developments aimed at enabling and empowering people living with a disability. This included building on partnerships with statutory bodies and the provision of floating support services, enabling people with a disability to live in their own homes.

We continued our focus on the increased availability of Direct Payments enabling a significant number of individuals to create and buy their own service packages.

Another important aspect of our work is the need for transition planning, and the early commencement of planning for that transition of young people to adulthood.

The Physical Health and Disability Teams moved to a single point of contact for all referrals/enquiries on 11 February 2013. The central point of contact enabled Physical Health and Disability Teams to ensure a robust referral structure which provides timely access to services.

TYC Modernisation and Service Developments:
Generally day services has seen the continuing progression of individuals towards community-based day services in line with Trust strategy and TYC; concentrating our buildings-based services on those with most complex care needs and/or challenging behaviours.

• New Satellite and Base Drop-In facilities opened off Main Street Cookstown.
• In Moyle Main Street Ballycastle.
• In Larne in partnership with Kilcreggan Homes and Acceptable Enterprises Larne.
• Cookstown Adult Centre to meet the complex care needs of new referrals.
• New Satellite facility acquired as a further development of George Sloane Adult Centre facility in Ballymena.
• Day Opportunities Service now providing accredited Independent Travel Training to service users.
• New Social Enterprise Strategy developed and implemented across the Directorate.
Capital Development
During the last financial year the Northern Trust spent £35.470m on capital schemes. This included £9.20m spent on general capital covering minor capital estates schemes, medical devices, vehicles and ICT.

The following schemes progressed during 2012/13.

Emergency Services and Additional 24 Medical Beds at Antrim Area Hospital
Work commenced on the new ward and Emergency Department on Antrim Area Hospital site in November 2011 and the new ward opened on 17 April 2013 with the Emergency Department planned to open at the end of June 2013. The total cost of the project will be £15m. The new Emergency Department will have the capacity for up to 90,000 attendances. The medical ward is constructed on the floor above the Emergency Department and provides single rooms with en-suite facilities.

Ballymena Health & Care Centre
The Outline Business Case for the £25m Ballymena Health and Care Centre on the Braid Valley Site was approved by the Minister on 26 March 2012. The enabling works are complete at a cost of £3.5m with the main scheme to be on site in early May and completed by summer followed by a commissioning period to be open in autumn 2014.

Ballee Children’s Home
On the 28 October 2010 the DHSSPS approved the Trust’s Outline Business Case for the provision of a new six bedded Intensive Support Unit in Ballymena to replace the existing Ballee Residential Children’s Home which had opened in 1982 as a 24 bedded residential children’s home. This supported the Children’s Matter Task Force strategy which identified the need for sub regional specialist provision for the more challenging and emotionally traumatised child. A Trust owned site at the rear of the existing Ballee Children’s Home was chosen as the location for a new intensive support unit. Planning approval was received in December 2011 and the contractors started on site in August 2012, with a 12 month construction programme. The new unit is to be open in September 2013.

Sexual Assault Referral Centre (SARC)
The building of a Sexual Assault Referral Centre (SARC) was identified as a key action point resulting from Tackling Sexual Violence and Abuse: a Regional Strategy 2008 – 2013. This will be a healthcare facility that provides victims with all of the care that they need in the immediate aftermath of a sexual assault, rape or an instance of childhood sexual abuse. In 2007 Antrim Area Hospital was identified as a suitable site for the facility.

Work commenced on site in February 2010, however this contractor went into administration and a new contractor was appointed in December 2011. Construction recommenced in January 2012 and the building was completed and handed over to the Trust on 25 March 2013. Victims of sexual assault will be able to use the services within the unit from 7 May 2013. The project is a joint initiative between the PSNI, DHSSPS and the Trust.

Maintaining Existing Services
A variety of schemes have been delivered Trust wide including Firecode works, Legionella works, replacement boilers, electrical upgrades to meet statutory standards, lift upgrades, installation of nurse call systems, asbestos removal (specifically Holywell Hospital) asbestos surveys, generator, glazing and staircases upgrades Trust wide. Most work was picked up through the Trusts Measured Term Contract (MTC). Full spend achieved in year.
Refurbishment of Health Centres
This £1.26m scheme was delivered across nine of the Trusts Health Centres in Antrim, Ballymoney, Ballycastle, Ballymena, Coleraine, Cookstown, Cullybackey, Fairhill and Whiteabbey. In each it involved external elemental improvements to the roofs, replacement windows, doors and screens and Disability Discrimination Act accessibility improvements with some internal redecoration. A further £400k is being spent on the replacement of the treatment room at Antrim Health Centre during this year.

Hawthorne Adult Centre
A scheme commenced in 2011 on the Hawthorne Adult Centre, Carrickfergus including improvements and refurbishment works such as reroofing and new rain water goods; replacement of the existing skylights; replacement of the existing windows, doors and screens; DDA accessibility improvements, renewal of the heating system and significant internal alterations and redecoration. The total cost of the scheme was £495k and was completed in the autumn of 2012.

Carrick Ward Refurbishment, Holywell Hospital
Work completed during 12/13 on the refurbishment of Carrick Wards involving the internal reconfiguration of Carrick 4 to provide 16 single en-suite bedrooms (4 female and 12 male) interview rooms, treatment rooms and office accommodation. The scheme also includes external window replacement, upgrade of all sanitary ware fixtures and fittings to ensuites and shower rooms, redecoration, new flooring and heating system pipe work, radiators and ironmongery all to meet Anti Ligature standard. The scheme included the provision of a lift to the top floor of the Carrick block and the provision of a secure, landscaped garden for use by Carrick patients. The total cost of the scheme was £495k and was completed in September 2012.

Accommodation Schemes
Work has commenced to design and tender the refurbishment of Mid-Ulster Hospital to provide accommodation for Primary and Community Care Services in the Mid-Ulster area. This scheme will commence on site summer 2013 and complete mid 2014 at a total cost of approximately £1m.

Refurbishment of Inver House (Larne) and Carrick Day Centre provided the opportunity to relocate virtual primary care teams to central locations and vacate leased properties generating a savings on rental.

Car Parking (Phase 3) at Antrim Area Hospital
£495k was spent on a further phase of car parking at Antrim Area Hospital providing additional staff car parking spaces and improved circulation of traffic around the entire Antrim Area Hospital site.

Holywell Hospital Schemes
The investment included the refurbishment of the Tobernaveen Annex and wards Lissan 7 in Holywell Hospital to improve patient environment.

Strategic Asset Management of Medical Devices
£932k was spent on the installation of upgraded fluoroscopy equipment and the associated minor refurbishment of radiology departments across Causeway and Antrim Hospitals.
**CERI**
Carbon Emission Reduction Initiative delivered a waste heat recovery system, the conversion of oil to gas at Coleraine Health Centre, the installation of variable speed drives of Fern House heating system and the installation of LED lighting at Pennybridge Stores at a total cost of £514k.

**Finance Directorate**
The Finance Directorate currently employs 188 staff who provide the full range of financial services, including, payroll, payments, financial assessments, income management, financial accounting and governance services, financial management and costing.

Centralisation of Finance Directorate
In 2012/13 the Finance Directorate completed the consolidation on the Braid Valley site with all relevant services now centralised.

**Supporting Directorates**
The Finance Department has a key role in supporting the Operational Directorates within the Trust. This is achieved through the support provided by the Divisional Accountants and their teams, Financial Accounting and Services Department and also by the Costing and Commissioning teams.

**Children’s Directorate Financial Governance**
The Financial Accounting and Governance Section provides expertise, advice and support for directorates in relation to internal financial control. Developments in 2012/13 included collaborative work to support residential and non-residential children’s units in regards to governance and internal financial control.

**Learning and Development**
There are 18 qualified accountants employed within the Directorate (approximately 11% of the Directorate). In addition a further 3 officers are undergoing their accountancy training and are at various stages of their relevant professional qualification.

Northern Health and Social Care Trust has successfully been awarded employer and training accreditation by 3 professional accounting bodies – CIMA, ACCA and CIPFA.

This means that our Performance Management and Learning and Development processes, procedures and support have been benchmarked against a robust set of quality standards by these accountancy bodies.

**What did we do in 2012/13?**

- The Trust paid a total of 144,344 invoices, 92.4% of which were paid within the 30 day target or other agreed payment terms
- Approximately 60,000 staff travel claims were processed, which is on average 5,000 per month
- Payroll Department currently pay approximately 11,782 staff. This amounts to an estimated total of 236,160 pays processed each year.
The Trust received 1,121 referrals for new financial assessments, giving an average of 93 per month.

The Central Bed Procurement Unit had 6,580 referrals for placements, the majority of which were made at the regional tariff rate.

The Trust had 2,969 permanent clients as at 31 March 2013, and had contracted 51,131 spot respite days with private homes in 2012/13.

We supported 540 budget managers each receiving a range of monthly reports. 155 budget managers were trained in 2012.

The Trust deals with approximately 1,500 suppliers.

17,230 non-stock requisitions were processed in 2012/13.

More than 200 managers received training on Staff Travel Expenses and Related Claims.

Approximately 400 staff received training relating to procurement.

**Agenda for Change (AFC)**
In September 2010 a team of experienced payroll staff was set up to progress the calculation and payment of AFC arrears to staff that had left Trust employment. This group has made excellent progress with all arrears now calculated at March 2013, and a number of staff are waiting payment.

At 31 March 2013 a total of over 1,200 successful AFC Review outcomes, had been notified to Payroll. Of these, all have been put onto their new AFC pay band and point and a number of staff are still to have arrears paid.

During 2012/13 work began on the assimilation and payment of arrears due to AFC clustering. The AFC team is working in partnership with HR to ensure as smooth a transition as possible is achieved for staff and directorates.

**Auto Enrolment**
The Trust has commenced the Auto Enrolment process as part of the responsibilities as detailed by the Pensions Regulator with the Finance Directorate taking the lead in this area.

**Healthcare Financial Management Association Annual Conference**
NHSCT finance staff support the administration of the annual conference, preparing packs and documentation for delegates and speakers.

**Capital Projects**
The financial planning aspects of business cases in support of capital developments continued with major projects either completed or commenced in year. The most notable of these were the completion of the Sexual Assault Resource Centre and Ward C7, Antrim Area Hospital and the currently under construction new Emergency Department, Antrim Area Hospital and Ballee Intensive Support Unit, Ballymena. Significant work also continued in relation to the planning of future capital schemes including the Ballymena Health & Care Centre which received business case approval in April 2012 and the developments of the Mid
Ulster Hospital and reconfiguration of services in that area. There are also other major schemes currently being worked on which will shape the provision of services in the future.

The Financial Accounting and Governance Section provide internal and external monitoring, reporting and financial information in relation to the Trust capital programme.

The Future – Business Services Transformation Project
Business Services Transformation Programme (BSTP) is part of the modernisation agenda within Health and Social Care (NI) to improve the delivery of corporate and business functions. The introduction of 2 new systems for HR, Payroll, Travel and Subsistence (HRPTS) and Finance, Procurement and Logistics (FPL) will transform the way we work in the Trust allowing managers and staff to process pre-defined transactions directly onto the systems. New technology will provide an opportunity to simplify and standardise day to day transactional processing making processes more efficient and effective for managers. This will lead to improved governance and accountability arrangements and overall better management information.

The Trust is currently working with the central project team and the contractors to agree revised implementation and deployment schedules after initial unscheduled delays in the original plan.

Specialty Costs and Reference Costs
The Trust’s Costing Section produced and submitted statements of all its 2011/12 costs by acute speciality and by procedure, as well as statements of community costs in accordance with HSCB and DHSSPS requirements and deadlines. The results were shared with relevant staff as a means of benchmarking the performance of Trust services, both internally and externally. The process was enhanced through the implementation of a new reporting tool which transformed the acute cost comparison process.

To help improve the waiting list initiative process, a database was developed to record and verify invoices for over 10,000 patients which as well as reducing paper and verification time created a management information tool to improve forecasting.

Resource Management
The Trust has reported a small surplus in 2012/13, which has been achieved against a backdrop of major financial pressures.

In 2012/13 NHSCT were allocated a cash efficiency savings target of £14.3million, of which £9million has been successfully achieved. The Trust was able to avail of additional non-recurrent funding of some £4million in year to balance the savings target. The second year of efficiency savings of £12million will bring significant challenges to the Trust.

This is in addition to the major hospital development scheduled for completion in 2013/14 – namely the new Emergency Department and 24-bedded ward in Antrim Hospital.

Corporate Services
Corporate Support Services have once again provided a range of essential services to all Trust patients/clients over the past year, including cleaning, catering, portering, laundry, and transport services.
Over 700 front line staff are employed by the Corporate Support Services Department to ensure the high quality delivery of these services which support clinical care across the Trust, and form an integral part of the overall patient experience.

**Domestic Services**
During 2012 the Domestic Services team continued to provide a high quality cleaning service to facilities throughout the Trust.

Environmental Cleanliness Audits were carried out in wards, departments and facilities on a monthly basis to ensure the expected patient/client environment standards were being met.

The Regional Healthcare Hygiene and Cleanliness Audit Tool is also now fully in use for completion of the annual multi-disciplinary audits of wards, departments and facilities. In addition an enhanced tool has been introduced for audits of Augmented Care areas.

During the year RQIA completed an Unannounced Hygiene inspection of Antrim Hospital and the inspection results reflect the good work undertaken by the multi-disciplinary team involved in Infection Control measures, including the Domestic Services staff.

Patient Environment Leadership Walkabouts have continued throughout the year to assist in identifying and rectifying any environmental issues that may impact on the overall patient experience.

The Domestic Services Department continued to train and assess Domestic Services Staff for the British Institute of Cleaning Science COPC level one qualification and 320 Domestic Staff have now successfully obtained this accredited qualification.

**Acute Catering Services**
Acute Hospital Catering Services were awarded the Government accredited Customer Services Excellence Award for the 2nd year in a row. The Customer Service Excellence standard tests in great depth those areas that research has indicated are a priority for customers, with particular focus on delivery, timeliness, information, professionalism and staff attitude.

Phase 1 of the Catering Management Information System has been implemented within Acute Catering Services Trust wide, which provides improved financial information to assist the Catering Management team to make decisions to drive efficiencies. Standardised recipes have been implemented into all the catering departments and progress is being made with the interface to stock management.

An electronic patient menu ordering has been implemented in C6, Antrim Hospital, which provides more timely information on ward activity resulting in the Catering Department having the ability to respond more effectively to the specific needs of each patient. A programme is now in place to role the electronic ordering system out to all the wards in Antrim Hospital.

In August the Catering Management Team in Causeway Hospital took over the management of the Pantry Assistants who formerly reported to Ward Managers. The key objective of the change was to provide a seamless catering service and provide greater accountability for Food Safety.

A Daily Food Safety Checklist which is completed at ward level has been developed which
highlights any non-compliance issues and these are shared with Senior Managers on a daily basis who have responsibility for taking any necessary corrective action. Ward Managers are engaged with as part of this process, to rectify any Food Safety/Quality issues within their ward areas as part of the overall food safety assurance process.

Funding was secured to refurbish five ward kitchens in Antrim Hospital to address structural issues and improve storage. Engagement with Support Services, Infection Control, Estates, Health and Safety and the local Environmental Health Officers took place as part of this project. The end result has been highly commended by the staff who work in the kitchens.

A Nutrition and Hydration Day was held in March in partnership with nursing staff to highlight the essential aspects of the health and well-being of patients during their stay in hospital. A poster to communicate key messages to staff involved in the service of meals to patients was also launched.

In July a review of the system in place for nursing staff wishing to order an ‘ad hoc’ meal for a patient was completed. A member of the staff in the Catering Department is now designated to take the telephone request and arrange preparation and delivery of meals. This provides a more effective service and feedback has confirmed that response times have improved.

The Food Standards Agency is currently also operating a Food Hygiene Rating scheme for Acute Hospital Catering Facilities. A number of the Borough Councils within the geographical area of the Trust have implemented the scheme. Catering Departments are rated according to the level of compliance with:

- Food hygiene and safety procedures i.e. food handling practices and procedures and temperature control.
- Structural requirements i.e. cleanliness, layout, condition of structure, lighting, ventilation etc.
- Confidence in management requirements i.e. Food Safety Management System (HACCP) and Training.

The top rating of 5 has been awarded to the Catering Services at the Antrim, Braid Valley, Causeway and Mid Ulster Hospitals. Whiteabbey Hospital has not yet been awarded a rating.

The Governance Department continue to complete analysis of Catering Patient and Ward Manager Satisfaction Survey results which have been very favourable.

A regional Partnership Forum has been extended to include the Western Health and Social Care Trust and the Southern Health and Social Care Trust to share best practice and standardise the “Ground Floor” Coffee Bar experience. The Ground Floor brand was developed and is operated by Catering Services in all 3 Trusts. Capital funding was secured to progress the establishment of a Ground Floor coffee Bar in the new Emergency Department waiting area in Antrim Hospital due to open in June.

Catering Services won the Team of the Year Category at the Trust’s Sharing Excellence Leading Quality Event in November, which demonstrated best practice standards, collaborative working, meeting challenges and the Team’s response, achievements and innovation work.
Site Support Services

Portering services:

Portering Services are provided in all Acute and sub-Acute Hospitals within the Northern Trust:

- Antrim
- Causeway
- Whiteabbey and Moyle
- Mid-Ulster
- Braid Valley

Support Services Managers are responsible for the delivery of portering services on each site and a Community Facilities Liaison Manager is responsible for the Braid Valley site and other Community Facilities. Work is continuing on the re-profiling of services on all sites to reflect changes to the delivery of patient care.

A major workforce project within Antrim Hospital examined the ways that portering services were delivered and made recommendations for improvement. These improvements included providing a dedicated portering service to the Emergency Department 24/7, new ways of delivering patient charts and improvement to the “ad hoc” meal delivery to wards. This has improved the way services are delivered on the Antrim Site.

Car Parking

The “pay for parking” scheme on the Causeway and Antrim Hospital Sites continues to generate income that, after overheads are covered, goes back into supporting frontline patient care. The project continues to enhance the patient/user experience on both sites as patients have very little problem finding a parking space when they visit the sites. Phase 2 of the car parking scheme on the Antrim site has been completed and work is beginning on Phase 3 to enhance the provision on the Antrim Area Hospital site in relation to the new capital schemes.

Security

The Trust takes the security of staff, patients, buildings and property very seriously and has a contract with Securitas to provide security guards in the Causeway and Antrim Hospitals. Securitas also provides the Trust with a community response for those buildings that are alarmed.

Volunteers

The Volunteer Service within the Acute Hospital setting is very important in complementing Trust services. On both hospital sites we have ‘meeters and greeters’ who direct patients around the site and are perceived as a friendly face in a clinical environment. The League of Friends on the Antrim Site also carry out fundraising for the hospital and have purchased items which enhance the environment for the patients. These items include a talking smoke detector to discourage smoking at the front of Antrim Hospital. They have also purchased artwork for the new Emergency Department and a chair for maternity services. Both hospitals have a Hospital Radio Service, which provides patient entertainment and a personalised service in terms of requests.
Transport Department
During the year developments within the Transport Department have included:

- The purchase of 13 new vehicles to update the NHSCT fleet – 10 Wheelchair Coaches and 3 Vans.
- Decontamination protocols for vehicles have been approved and implemented.
- The streamlining of the Waste/Clinical Waste service, which is now under the remit of the NHSCT Waste Manager.
- A new Patient Discharge Transport Service has been introduced on a trial basis, for the discharge of patients from Antrim Hospital.
- A temporary Transport service has been secured to move medical record charts throughout the Trust.
- A continuous training programme is in place to ensure all drivers meet the required CPC standard.
- 4 minibus drivers have completed their coach test to obtain full Category D licence status.

A Lean Project has begun to look at the internal mail service to ensure it is as efficient as possible.

Community Catering
The Catering Service in the 3 Community Hospitals namely Holywell, Dalriada and Robinson Memorial were awarded the Customer Services Excellence Award for the second year in a row. This demonstrates the range of high quality measures in place to ensure the service is making a tangible difference to service users.

Customer Service Excellence is a driver for continuous improvement within Community Catering Services, focusing on a skills development programme for the catering team. As an independent validation of achievement it has enabled Community Catering Services to demonstrate competence and identify key areas for improvement.

The new Catering Administration System continues to be implemented within Holywell Hospital. Standardised recipes are now complete, a monthly stock take is in place and key performance indicators have been developed. Daily sales reports are now available.

In the Food Standards Agency Food Hygiene Rating Scheme Holywell Hospital was awarded 4 stars (3 stars previously). Other Community Catering Facilities have been awarded between 3 and 5 stars.

The Level 2 Award in Food Safety in Catering Training continues to be rolled out across all Community Facilities and 246 staff have successfully gained this qualification in 2012/13. Advanced and Intermediate Food Hygiene refresher training has been completed for management and supervisory staff.

A new salad bar was purchased for the staff restaurant in Holywell Hospital and the “weigh and pay” system for salad items is proving both successful and popular.

National Nutrition Day was celebrated on 20th March 2013 highlighting the importance of good nutrition as key to the recovery of sick patients. Nutrition awareness initiatives were highlighted throughout the day. The Regional Strategy “Promoting Good Nutrition” continues
to be rolled out.

All menus in Adult / Day Centres have been reviewed. Work on standardising one menu for these centres has commenced.

New food trolleys have been purchased for Holywell Hospital along with other items of equipment throughout Community Facilities resulting in a more efficient and effective Catering Service.

The Community Catering Services Team continually work to provide a Safe, Nutritious Service to all our users, in line with the Trust’s Mission Statement “to provide for all, the quality of service we expect for our families and ourselves”.

**Linen Services**

2012 saw major changes in Linen Services across the Trust as we continued with the implementation of the Regional Strategic Review Recommendations. The main change resulting from this document has been the complete switch to “fitted-knitted” bedding which has resulted in a radical re-equipping in the finishing department at the Route Laundry. Moyle Hospital was first to switch over and the new linen is being processed on site very successfully. Whiteabbey and Mid Ulster Hospitals were next to switch and receive their supplies from the Route Laundry. This model proved successful and all remaining facilities across the Trust switched to the new linen system during the course of the year. Laundry Transport deliveries have been further rationalised to assist in reducing the carbon footprint and ensure more fuel efficient itineraries and the utilisation of a smaller vehicle provides more cost effective deliveries to community facilities.

**ICT**

*Supporting the provision of Health and Social Care using Information and Communications Technology (ICT)*

In 2012 – 2013 the Trust, with financial support from the HSC Board, has continued to develop ICT Systems and Infrastructure. This, together with further future investment, underpins the implementation of the recommendations outlined in ‘Transforming Your Care’.

In many instances there have been immediate and direct benefits to our service users from investment in technology. One example of this is the ability to monitor patients in their own homes. The Trust has also been working collaboratively with the Department of Agriculture and Rural Development on a Farm Families Health Check initiative that has required ICT to assist with the management of this regional service.

Pharmacy Departments in all of our hospitals are using the new regional pharmacy stock management system which makes it easier to access a patient’s drug history and to source drugs at short notice. Other systems being implemented that will free up valuable clinical and professional time for direct care include an electronic roster system for nursing and a patient pathway system.

Our ultimate aim is to have a fully electronic health and social record that is available where and when it is required. To this end, new Information Systems have been implemented (or their use extended) for a range of services including Diabetes, Maternity, Palliative Care, Multi-disciplinary Assessments, Community Nursing Services and the Allied Health Professions. These records will, in due course, feed into the Clinical Portal (or the Electronic
Care Record) which will become available to hospital-based staff in the first quarter of 2013/14. From the experience of other organisations, this development will provide significant benefit to doctors and nurses and ultimately to patients.

The Trust recognises that effective communication with the Primary Care sector is vitally important. A Clinical Communications Gateway has been implemented to assist General Practitioners with referring patients to Trust services, initially for acute hospital services. There are plans in place to extend this facility to all Trust services. As a complement to this, systems that enhance the quality and timeliness of clinical correspondence between hospital-based services and General Practice have been put in place. The Single Point of Contact has been extended to community nursing and disability services across the entire Trust.

We are promoting the effective use of ICT to achieve efficiencies in administrative and support functions. Systems such as Digital Dictation and Speech Recognition are being made widely available. Catering, Laundry and Environmental Cleanliness Management Systems are in operational use. The Trust is contributing to the HSC-wide Business Services Transformation Programme.

The technical infrastructure that supports clinical and other information systems continues to be maintained and developed. This helps to ensure that information is available when and where it is required, specifically where staff work remotely from their base.

We continue to exploit new technologies to derive dynamic management information for the benefit of those delivering critical and pressurised front-line services. We are also continuously improving the governance arrangements around systems and processes for information handling, particularly those that relate to the management of personal information.

**Estate Services**

Estate Services continue to support the operational directorates to deliver a quality service through rationalisation and modernisation of the estate.

Our Design & Development team along with operational Estates staff have managed £11 million of capital projects during this year including Traffic Management Phase 3, Causeway Fluoroscopy suite, Antrim Paediatric Ward, refurbishment of Carrick wards and elemental works at Holywell, major refurbishment of a number of health centres and refurbishment of Hawthorns Adult Centre, Carrickfergus. Significant capital was also secured to address deficiencies in statutory standards within the Trust estate with expenditure on asbestos removal, safety glazing, window restrictors, staircases, water safety and Firecode. We will continue to bid for funding to improve the quality of our accommodation, including the patient environment in all our health centres and community facilities. We have also demolished three vacant properties, Broadway Workshops, Clark House, Antrim and Carrick Day Centre.

We have also made significant investment in strengthening our resilience and business continuity arrangements throughout the Trust, including the upgrade of generator controls at Antrim Area Hospitals.

We can report that with significant investment in our community facilities, RQIA Estates inspections are reporting only a small number of requirements and recommendations to be addressed in year.
We continue to support the development of local Health & Care Centres throughout the Trust area, including Ballymena where enabling works have been completed. Our design and operational teams have also provided support for the major capital schemes at Antrim, the new Emergency Department and the SARC facility.

The Trust is working with DHSSPS to ensure that Trust-owned property is fully utilised and used efficiently and effectively. The use of leased accommodation is also under review to ensure value for money and best use of scarce resources. A review of GP accommodation, leases and service charges continues.

We continue to review how we deliver a service to our clients and have developed service standards for minor works requests and response maintenance. We need to monitor these to provide continuous improvement.

We have rolled out of the “in-house” Electro-medical equipment maintenance service which will result in significant savings to the Trust. We have also implemented an “in-house” decontamination equipment testing and validation service previously managed regionally by Health Estates.

Cost pressures continue to be a feature of the corporate overheads. High crude oil prices and the weak pound are contributing to higher energy prices. The Trust’s total energy bill for 2012/13 was £7.011m. The Trust is implementing projects to help control this energy use, including a waste heat recovery system on the boiler flues at Antrim Hospital. However all staff can help in this endeavour by following simple energy saving tips. Remember no measure is too small and every action to save contributes to helping reduce usage and climate change. Waste, water and effluent charges are also being managed, resulting in significant savings. A new Automatic Meter Reading project has been completed and is contributing to achieving considerable savings in our utilities’ bills by better monitoring of consumptions.

Significant savings have also been achieved in the Telecoms budget by utilising the same network links for voice and data. Further savings will be achieved next year with the implementation of a new contract for calls and lines.
Environment and Sustainability Report

“To provide for all, the quality of service we expect for our families and ourselves”
Environment and Sustainability Report

The Northern Health and Social Care Trust continues to recognise the importance of environmental protection and works to ensure that in carrying out its business activities it minimises any impact these activities have on the environment. The Trust is committed to the provision of continually improving high quality health and social care while ensuring a responsible approach to the environment.

In line with the Trust’s Environmental Policy and its commitment to the environment under the headings of management, energy, waste, water, procurement, the Trust has continued to investigate, seek funding for, and implement projects that help reduce the impact the activities of the Trust have on the environment.

The Trust has in 2012-13 reviewed the legacy environmental management systems and is currently revising the systems to ensure that the documentation, practices and procedures of the Trust meet recognised environmental standards.

Projects undertaken this year that shall ensure that the energy sources available to the Trust continue to be utilised wisely include a Waste Heat Recovery system through a flue stack economiser at Antrim Area Hospital, further maintaining existing services upgrades with the replacement of inefficient plant and equipment with new high efficient plant and equipment, conversion of community facilities to natural gas, a more environmentally friendly fuel and increased monitoring and targeting through the automatic utility recording and building management systems.

The Waste Heat recovery project, due for completion in May 2013 shall recover all the heat available in the exhaust gases from the main boilers at Antrim Hospital and utilise this heat to provide the domestic hot water requirement for the hospital and part offset the heating requirement of the new Emergency Department. CO2 savings of 1.5% of the Trust’s current emissions are projected ensuring the Trust continues to meet government CO2 reduction targets.

Under the Carbon Reduction Commitment regulations the Trust was the highest ranked Health Trust in Northern Ireland on the performance league table for carbon management.

Waste Management the Trust continues to improve in its handling of waste and in the amount of waste sent to landfill.

In 2012-13 clinical waste was reduced by 47.41 tonnes providing a saving £24,607. Further recycling was introduced to all community facilities, augmenting the recycling already carried out at the acute hospitals. Preliminary figures indicate that this has greatly reduced the amount of waste sent to landfill by the Trust to 5% with recycling of Trust waste at 75% and recovery at 20%.

The Trust Waste Policy includes a commitment to safeguard the environment from adverse effects from the waste produced throughout the Trust and other recycling projects operating include clothes banks, toner cartridge bins, metal banks, battery bins, paint tin bins and fluorescent tube bins. Cardboard is baled at Antrim, Causeway, Whiteabbey, Holywell and Mid Ulster hospitals. Social enterprise groups now refurbish furniture no longer required by the Trust which further diverts items from landfill. These groups also collect and distil waste cooking oil across the Trust to form biodiesel.
Learning Organisation

The Trust aims to achieve high standards of service through continued professional development and learning opportunities for staff, which are ultimately of benefit to our patients and clients.

A training needs analysis was conducted to identify training required to meet our corporate objectives. During the year 2012/2013 we strengthened partnership working with internal and external training providers to ensure a cost effective use of resources and share professional expertise.

A concentrated effort was made to increase the number of staff appraisals carried out. This is the method by which individual development needs are identified for staff in the Trust.

Leadership and management development was a significant focus for the Trust during 2012/2013. A range of programmes was offered to all levels of management, in many cases, associated with the achievement of a recognised professional qualification. In addition to training programmes, the Organisation Development department are now able to offer management coaching and accredited NHS Leadership Framework 360° facilitation to support managers in their role.

Qualifications on the Qualification and Credit Framework (QCF) have become established over the course of 2012/2013 and only a few candidates remain to complete NVQs on the former National Qualification Framework. Currently many staff are pursuing Diplomas in Health and in Health and Social Care at levels 2 and 3. There is a cohort of staff successfully completing the new Level 5 Diploma in Leadership for Health and Social Care and Children and Young People’s Services, a qualification much required by RQIA for registered managers.

Various learning achievements by staff have been recognised by the Trust throughout the year in acknowledgement of personal achievement and contribution to safe, quality care.

Social Care Governance and Workforce Development

The role of the Department includes promoting high standards of Social Work/Care across Directorates, ensuring the needs of service users and carers are at the centre in the way the Trust delivers its service.

This includes ensuring services comply with all professional requirements, regulations and standards and the discharge of Delegated Statutory Functions across the Trust.

The Department also has responsibility for the development and execution of an annual Training Plan which includes the co-ordination of learning activities at Vocational, In-service, Professional and Post Qualifying levels.

Staff from the Team represents the Trust and the Director of Social Work regionally and internally on matters relating to workforce Planning and Development.

Qualifying Social Work Training

Degree in Social Work

This year the Trust provided 95 Practice Learning Opportunities for Social Work Students from Queens University Belfast, University of Ulster Magee, Belfast Metropolitan College and South West College.
During the year we supported 3 members of staff to train as Practice Teachers and had 1 member of staff who successfully completed the programme from last year’s intake. We continue to provide training and support to work based Practice Teachers and On-Site Supervisors as well as having dedicated full time Practice Teaching staff in our team.

**Trainee Scheme**
There are currently 17 Trainee Social Workers in post. Within this year 11 trainees obtained their Degree in Social Work.

**Vocational Training**
The Qualification and Credit Framework (QCF) has replaced NVQ as the recommended qualification for vocational staff. This year 48 staff, previously registered for NVQ Level 2 completed this qualification, along with 21 staff who were registered for Level 3 NVQ. Eleven candidates completed QCF Level 2, Certificate in Induction in Health and Social Care. One candidate completed the Assessor Award.

**Accredited Post Qualifying Training**
There are three Awards at Masters Level available to staff, Specific, Specialist and Leadership and Strategic Awards. Sixty nine staff completed Post Qualifying Awards or part Awards during this year.

Thirteen staff achieved the Specific Award with a further 19 achieving some Specific Award requirements.
One staff member achieved Leadership and Strategic Award and 5 staff achieved some Leadership and Strategic Award requirements.

**In-Service Training**
A total of 275 courses were provided by Social Services Training for 4424 staff. These included training programmes across all Programmes of Care and target managers, social workers and social care staff.

Training is provided in collaboration with other internal and external Trust providers to ensure cost effectiveness and best outcomes for participants. This includes the provision of multidisciplinary training where appropriate. Trainers are committed to responding flexibly to meet training needs which are identified outside of the formal plan.

**Regional Partnership Work**
We continue to represent the Trust on a number Regional Partnerships – most notably the Regional Degree in Social Work Partnership and the Post Qualifying Committee of NISCC. These partnerships include all the key HE/FE Providers, five Trusts, the Voluntary Sector, Criminal and Youth Justice Sector, Education and Library Boards and the Health and Social Care Board.

In addition we are partner members of most of the main Post Qualifying Courses – in some instances managing and co-ordinating on behalf of other sectors. Staff from the Department also sit on a range of Regional Committees and Working Groups.
Remuneration Report for the year ended 31 March 2013
Remuneration Report for the year ended 31 March 2013

Scope of the report
Article 242B and Schedule 7A of the Companies (Northern Ireland) Order 1986, as interpreted for the public sector requires HSC bodies to prepare a Remuneration Report containing information about directors' remuneration. The Remuneration Report summarises the Remuneration Policy of Northern Trust (the Trust) and particularly its application in connection with senior managers. The reports must also describe how the Trust applies the principles of good corporate governance in relation to senior managers’ remuneration in accordance with HSS (SM) 3/2001 issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Remuneration Committee
The Board of the Trust, as set out in its Standing Orders, has delegated certain functions to the Remuneration Committee. The membership of this committee is as follows for the period April 2012 – December 2012:

Mr Jim Stewart Chairman
Ms Pamela Montgomery Non-Executive Board Member
Mr James Moore Non-Executive Board Member
Mr Mervyn Rankin Non-Executive Board Member

Membership is as follows for the period January 2013 – March 2013:

Mr Mervyn Rankin Non-Executive Board Member (Chair)
Mrs Carol Ackah Non-Executive Board Member
Mr Stanley Forsythe Non-Executive Board Member
Mr Robert McCann Chairman (Interim)

Remuneration Policy
1. The membership of the Remuneration Committee for the Northern Health and Social Care Trust consists of the Chairman and the three Non-Executive Directors.

2. 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 determined by the DHSSPS.

3. Performance of Senior Executives is assessed using a performance management system which comprises of individual appraisal and review. Their performance is then considered by the remuneration committee and judgements are made as to their banding in line with the departmental contract against the achievement of regional, organisation and personal objectives.

4. The relevant importance of the appropriate proportions of remuneration is set by the DHSSPS under the performance management arrangements for senior executives.

5. In relation to the policy on duration of contracts, all contracts of substantive senior executive postholders in the Trust are permanent. Any non substantive contract holders are classed as interim.
Service Contracts

6. The Trust Medical Director is employed under a contract issued in accordance with HSC Medical Consultant Terms and Conditions of Services (Northern Ireland) 2004. The contractual provisions applied all other Senior Executives are those detailed and contained within Circulars HSS (SM) 2/2001 and HSS (SM) 3/2008.

Directors
- Mr Sean Donaghy Chief Executive
- Mr Larry O'Neill Director of Finance
- Dr Peter Flanagan Director of Medical and Governance
- Ms Valerie Jackson Director of Acute Hospital Services (on outward secondment)
- Mrs Margaret O'Hagan Director of Acute Hospital Services
- Mrs Jacinta Melaugh Director of Human Resources
- Mr Martin Sloan Director of Planning, Performance Management and Support Services
- Mr Oscar Donnelly Director of Mental Health
- Mrs Marie Roulston Director of Children’s Services
- Mrs Una Cunning Director of Primary Care in the Community and Older Peoples Services
- Mrs Olive Macleod Director of Nursing and User Experience

Non-Executive Directors
- Mr Robert McCann Chairman (interim) 1st April 2007
- Ms Pamela Montgomery appointed on 1st April 2007
- Mr James Moore appointed on 1st April 2007
- Dr Carol Ackah appointed on 1st April 2007
- Mr Mervyn Rankin appointed on 1st April 2007
- Prof Dorothy Whittington appointed on 1st April 2007
- Mr Stanley Forsythe appointed on 1st April 2007

Conflicts of Interest
The Board members and Senior Executives complete a declaration of interests for each year. The related party transactions are disclosed in Note 23 to the accounts.

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

The Trust does not operate a general retirement age for all staff. However, the Trust reserves the right to require an individual employee or group of employees to retire at a particular age where this is objectively justified in the particular circumstances of the case.

**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 liability to pay benefit falls to the DHSSPS. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Pension Scheme can be found in the HSC Pension Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

The costs of early retirements are met by the Trust and charged to the Statement of Comprehensive 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 31 March 2008 valuation will be used in the 2012/13 accounts.

**Premature retirement costs**

Section 16 of the Agenda for Change Terms and Conditions handbook (issued on 14 February 2007 under cover of the Department’s 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.

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

The senior employees’ remuneration table follows. Please note that this is audited information:
#### 3.3 Senior Employees’ Remuneration

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Salary 2012-13 £000s</th>
<th>Bonus/Performance £000s</th>
<th>Benefits in Kind 2012-13 (Rounded to nearest £100)</th>
<th>Salary 2011-12 £000s</th>
<th>Bonus/Performance £000s</th>
<th>Benefits in Kind 2011-12 (Rounded to nearest £100)</th>
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<td>Non-Executive Members</td>
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### Note

- **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.
- (1) Left 13/12/12. Estimated full year equivalent salary £25 - £30k.
- (2) Interim Chair wef 14/12/12
- (3) Left 31/8/12. Estimated full year equivalent salary £80 - £85k.
- (4) Left 13/12/12. Outward secondment commenced 1/11/12. Estimated full year equivalent salary £95k - £100k.
- (5) Left 13/12/12. Appointed to interim post 29/11/12. Estimated full year equivalent salary £70 - £75k.
- (6) Appointed to interim post 2011/2012. Estimated full year equivalent salary £70 - 75K.

#### Signed

**Paul Cummings**

Senior Director of Corporate Management

Date: 14th June 2013

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Note: The information is extracted from the financial report of the Northern Health and Social Care Trust for the year ended 31 March 2013.