

Northern Health and Social Care Trust
Annual Report and Accounts
for the year ended 31 March 2023

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

On

7 July 2023



Northern Health
and Social Care Trust

Annual Report 2022/23

Contents

Foreword from the Chair	1
Performance Report	
Performance Overview	3
Performance Analysis	31
Accountability Report	
Corporate Governance Report	
Overview	51
Non-Executive Directors' Report	52
Directors' Report	53
Statement of Accounting Officer's Responsibilities	55
Governance Statement	56
Remuneration and Staff Report	97
Assembly Accountability and Audit Report	111
Financial Statements	
Consolidated Accounts	123
Notes to the Accounts	131
Accounts of monies held on behalf of patients and residents	172
Glossary	178

Foreword from the Chair

I am pleased to present the Northern Health and Social Care Trust (the Trust) Annual Report and Accounts for the year ended 31 March 2023. As the newly appointed Chair this is my first report. I would like to acknowledge the contribution and leadership of my predecessor Bob McCann who stood down on 30 April 2023 after 9 years as the Chair of the Trust, through some of the most challenging times the organisation has faced.

Like every citizen in Northern Ireland and beyond, and most certainly like every member of health and social care staff, I was relieved to see that the very considerable additional burden imposed by COVID-19 was significantly reduced for the Trust as the 2022-23 year progressed. Although the important requirements in relation to infection prevention and control and the necessary ongoing vigilance mean that flow through acute hospitals continues to be impeded, we hope the worst is behind us. This is to be welcomed in the face of huge demand for acute care, with record numbers awaiting hospital beds. The addition of 48 inpatient beds, all of which should be fully operational by the end of June 2023, should help to ease the pressures. Community care staff are to be commended for supporting individuals to leave hospital in a timely way to receive continued care in the community. This helps ensure that hospital care is available for those who need it most and we would like to thank family members and our partner organisations and for their support. This also ensures that hospital care is available for those who need it most.

Sadly, ever growing waiting lists represent another of the unfortunate legacies of the pandemic. National and, in some cases, worldwide shortages of clinical staff in key specialties, an understandable determination by staff to try to ensure effective work-life balance and ongoing budgetary constraints together mean that necessary change has to happen. One encouraging aspect is the fact that public and political representatives are beginning to accept the need for change and a growing recognition that we do need to do things differently if we are to sustain our ability to provide services across our population.

The Trust is committed to an important programme of service reform and in November, it embarked upon a public consultation around a future sustainable model for the provision of acute maternity services. Two clinically deliverable options were presented, both of which proposed the transfer of all consultant-led births to Antrim Area Hospital. In March, the Trust Board subsequently approved the recommendation that all hospital births should in future take place at Antrim Area Hospital.

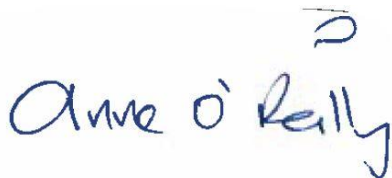
As predicted, the demand for mental health services has also grown considerably, with very significant pressures across all of the region's mental health facilities. However, I am delighted that the Trust's new purpose-built and state-of-the-art mental health inpatient project, which will replace Holywell Hospital, is progressing through the various design stages with required planning applications continuing in parallel where possible.

The Trust's Children and Young People's Division has continued to face unprecedented demand for services post-COVID-19. The numbers of children

needing to be supported, protected and looked after have increased. In addition, the recruitment and retention of social work staff is problematic and significant work is in progress to improve this position both locally and regionally. The increase in demand has meant that matching children and young people to appropriate alternative placements has become increasingly challenging but again work is in progress and the planned opening of a new children's home will provide a much-needed increase in placement availability.

Finally, in commending this report, I pay enormous tribute to staff in all professions and disciplines for their unceasing efforts and determination to continue providing the best possible safe and effective care to all those who so depend upon them.

I very much look forward to getting out and about across all parts of the organisation to meet with staff teams and our partner organisations, all of whom play a part in supporting us in delivering our aims.

A handwritten signature in blue ink that reads "Anne O'Reilly". Above the signature, there is a small, faint handwritten mark that appears to be a stylized "D" or a checkmark.

Anne O'Reilly - Chair
22 June 2023

PERFORMANCE REPORT

PERFORMANCE OVERVIEW

Purpose

This section of the report presents the Chief Executive's perspective on the Trust's performance over the 2022/23 year. It also summarises the purpose and activities of the Trust and provides a brief description of the business model and operating environment, organisational structure, objectives and strategies. Key issues and risks that could affect the organisation in delivering against its objectives are identified and the section concludes with an outline of performance over the reporting period. The annual accounts are prepared on a consolidated basis including both public and Charitable Trust Fund transactions. There is also a separate Charitable Trust Fund Annual Trustees Report and Accounts available for 2022/23.

Chief Executive's Statement

During the past year we have at last been able to say that we are moving on from the COVID-19 pandemic. COVID-19 impacted our society, our services and our lives in an unprecedented way, and while the disease is still with us, it is no longer the single focus of our attention. Instead we are focusing on rebuilding and re-shaping our services, and I want to begin by paying tribute to our staff who have been through so much over the past three years, and yet still have the energy and resilience to look to the future and plan ahead.

Our acute hospitals have been under very significant pressure this year. The demand for inpatient beds has never been higher, and combined with the very limited capacity particularly in Antrim Area Hospital, this has unfortunately led to long waits in our Emergency Departments. We have been developing our ambulatory services in response to this demand, helping to avoid hospital admission where possible. We have also secured approval for two new 24-bedded inpatient wards on the Antrim site. The first of these wards opened in March 2023 and we expect the second to be operational in the early summer. These will bring some much needed additional capacity to Antrim, and will go some way towards addressing the very significant capacity gap in that hospital.

In the midst of these pressures we have been successfully rebuilding our elective services, and have begun to see a reduction in the very long waiting lists that developed over COVID. We are also pleased to be able to play our part in regional initiatives aimed at improving elective care, such as the Rapid Diagnosis Centre in Whiteabbey and the regional cataracts service in Mid-Ulster Hospital.

We carried out a 14-week public consultation on the future of our acute maternity services between November and March which allowed the Trust to set out the case for change. This was in response to concerns raised by the clinical team about the sustainability of the consultant-led service in Causeway Hospital, and proposed the centralisation of obstetric care in Antrim. We received 273 responses to this consultation, which provided us with valuable feedback on the concerns and issues faced by our service users. Respondents welcomed that early pregnancy

PERFORMANCE REPORT

assessment units, antenatal and postnatal clinics and scheduled ambulatory services will be retained and enhanced on the Causeway site.

Our Trust Board considered the outcome of this consultation in March and submitted a proposal for the transfer of all hospital births to Antrim Area Hospital, to the Department of Health (DoH) for final approval. The option of Causeway becoming a Freestanding Midwifery Unit (FMU) will be kept under review pending the outcome of the on-going DoH led review of Free Standing Midwifery Units. Small scheme works and ambulatory pathways have been developed in Antrim to maximise flow and enhance women's experience of our maternity services.

On the 25th March 2020, *The Abortion (Northern Ireland) Regulations 2020* were laid before parliament, before becoming law on the 31st March 2020. The NHSCT have established Abortion services providing Early Medical Abortion (EMA) services for women and girls up to 11+6 weeks gestation. The service also plan to offer women the choice of a surgical abortion up to 11+6 weeks gestation under local anaesthetic (manual vacuum aspiration) from 8th May 2023. Safe Access Zones have also been given Royal Assent and the NHSCT are in the process of applying for the 100m safe access zones from the facility providing services.

With the pressures on our acute hospitals, we are more conscious than ever of the value of our intermediate care services and how they can best support people to discharge from hospital when they are ready to do so. We have been reviewing the way we use bed-based services across our community hospitals, residential homes and independent sector partners to ensure we are getting the best outcomes possible for all of our service users.

The Whiteabbey Nightingale Enhanced Therapies and Rehabilitation Unit was initially opened in November 2020 to operate as a regional post-COVID stepdown service. After the initial COVID surge the unit shifted to a fractures / general rehabilitation model and operated successfully, with evidence of very good patient outcomes. Unfortunately due to the regional funding position the unit was decommissioned and closed at the end of March 2023. I was pleased to be able to attend the event held to mark the closure of the unit, and want to reiterate my admiration of and thanks to all the staff who provided such innovative, compassionate and effective care.

Hospital pressures are not limited to Antrim and Causeway. In our acute mental health wards in Holywell and Ross Thompson, we have also been experiencing a very significant level of demand, with delays in accessing beds, and wards operating at higher than normal occupancy levels. Community mental health teams are also under significant strain from rising acuity and demand. It is to the immense credit of our staff across these services that they continue to provide such a high quality of care to some of our most vulnerable service users.

After the pause due to COVID, our learning disability day centre services are operating again and providing an invaluable service to our clients and their families. We have also made significant progress in resettling long-stay patients from Muckamore Abbey Hospital into community-based placements.

PERFORMANCE REPORT

The recent review of Children's Social Care Services led by Professor Ray Jones was a recognition of the degree of pressure being experienced in this key part of our service. We have more children in our care than ever before, and workforce shortages mean it is increasingly difficult to meet this demand. Our frontline social work teams continue to work tirelessly to protect children and support families, and I want to thank every one of them for their dedication and commitment.

We live in very challenging times. Having come through a global pandemic, with some of the most difficult circumstances many of us will ever encounter, the health and social care system is now faced with pressures from every side: workforce pressures, as we deal with high vacancy rates and staff burnout; demand pressures, the impact of an ageing population and the very high waiting lists that developed during COVID and of course the financial pressures being felt across the public sector and beyond.

I hope however that this annual report shows that we are facing up to these challenges in the only way possible: together, as Team North. Each of us has a part to play and it is only as we move forward together that we can make real progress as we try to fulfil our aim of *providing compassionate care with our community, in our community*.

The Trust

Purpose and Activities

The Northern Health and Social Care Trust provides a range of health and social care services to a population of approximately 479,000 people across a geographical area of 1,733 square miles (2,773 square km) making it the largest geographical trust in Northern Ireland.

The Trust has an expenditure of £1bn and employs approximately 12,000 staff across a full range of medical, health and social care disciplines.

Services are delivered from over 150 facilities including two major general hospital sites, a mental health hospital, local community hospitals, health centres, social services, and a significant network of community services as well as provision of care in the home.

Further details are available at www.northerntrust.hscni.net.

Vision and Values

The vision of the Trust is 'to provide compassionate care with our community in our community'.

The HSC Values were established to embed a core set of leadership standards and associated behaviours across all Health and Social Care Organisations in Northern Ireland.

They reflect our commitment to provide safe, effective, compassionate and person-centred care. The HSC Values are:

PERFORMANCE REPORT

Working Together

We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.

Excellence

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.

Openness and Honesty

We are open and honest with each other and act with integrity and candour.

Compassion

We are sensitive, caring, respectful and understanding towards those we care for and support our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

Corporate Objectives

The Trust remains committed to delivering safe and effective care. Its focus is on rebuilding services and the 'Renewing Our Vision' programme of reform. These will be guided by regional priorities and plans.

Five principal corporate objectives give a structured, consistent and concentrated focus to the Trust's efforts.

Corporate Objectives

	1 Build Northern Partnerships and integrate care
	2 Continue to improve outcomes and experience
	3 Deliver value by optimising resources
	4 Nurture our people, enable our talent and build our teams
	5 Improve population health and address health and social care inequalities

Operating Environment

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

PERFORMANCE REPORT

Key Issues and Principle Risks

Resources

The Trust, in common with the health and social care system in general, is facing tremendous challenges in meeting the demands for the delivery of services within funding. These challenges are caused by a number of underlying factors, including:

- An Ageing Population – Advances in screening, medicines and treatments as well as lifestyle and an improved economic environment, mean that people are living longer;
- Quality and Standards – Advances in our understanding of diseases, in medicine and technology mean minimum acceptable standards evolve. This requires service models to adapt and change to ensure consistently achieved quality outcomes;
- Demand – The demand for services continually exceeds the growth in population due to the increased focus on screening, early diagnosis and intervention and the potential to successfully treat more conditions;
- Workforce – We face challenges, especially in fulfilling recruitment needs for key roles due to supply shortages in some professions, particularly in certain medical specialties, nursing, social care and home care; and
- Cyber Security - As our reliance on technology grows, the continuity of our network and information systems becomes increasingly important; systems and data become more vulnerable to risk. Responding to this is vital to ensure essential services and the wellbeing of communities are protected.

The Northern Ireland Fiscal Council is an independent body established by the NI Executive in March 2021 to bring greater transparency and scrutiny to NI's public finances and to inform public debate and policy decisions. Given the proportion of the NI public expenditure committed to health and social care the Council gave early attention to Health in their report of September 2022: Sustainability Report 2022- Special Focus – Health. The Council commissioned the Nuffield Trust to undertake comparative analysis between NI and other regions of the UK and generated cost benchmarks such as hospital services are 36% higher in NI relative to England and Pharmaceutical spend 42% higher. While there may be a number of structural, systemic and scale issues that underpin this, it points to inefficiencies in the NI system.

A new Integrated Care System (ICS) is being developed for Northern Ireland. This system signals a new way of planning, managing and delivering our health and social care services based on the specific needs of the population.

The ICS approach brings many partners together, building on the excellent partnership working encountered during the pandemic. Reaching out beyond traditional boundaries, the ICS will harness the strengths in our existing partnerships.

In the Northern Trust we will be building on our existing relationships with primary care, local councils, education, the community and voluntary sector and others to create a strong, forward-looking local partnership - one system working together to achieve improved outcomes for the population of our area.

PERFORMANCE REPORT

A test Area Integrated Partnership Board is being established in the Southern Area, and we expect other areas to follow during 2023/24.

The Department of Health sees the introduction of the Integrated Care Partnerships as a means to improve health outcomes and reduce inequalities but has also established a regional Efficiency Working Group to look at value for money. Revenue generating measures are also under consideration but ultimately there need to be improved public health behaviours to reduce growth in demand.

Services Delivery

The Trust constantly reviews risks around service provision. The ability and mechanisms for continuing to provide safe, high quality obstetric care and training is a risk that the Trust has focused on addressing during this period.

Safe provision has been compromised by challenges outside of the organisation's control for instance the sustained decrease in the birth rate at Causeway Hospital, leading to lack of exposure to complex and obstetric emergencies by doctors and midwives so affecting the skills base; inability to recruit doctors and midwives, and the need for different working patterns.

Safety risks at Causeway Maternity Unit are also potentially heightened by the following factors:

- As a consultant led unit, there remains potential for emergency attendance of a pregnant woman with complexity requiring urgent care and/or delivery of a pre-term infant (affecting maternity, paediatric and anaesthetic specialties);
- The Trust does not have a midwifery led unit;
- The medical rota is reliant on locum staff;
- Babies that require specialist care have to be transferred elsewhere and there are gaps in the rota for the specialist services that transfer babies. This means Trust staff have to transfer babies, leaving a staffing gap within the Causeway site for the duration of the transfer. This affects midwifery medical and nursing staff in anaesthetics and paediatric specialties; and
- There is no neonatal dedicated special care baby area with associated staff to care for an infant awaiting transfer.

Maternity services have been available at both the Trust acute hospital sites: Antrim Area and Causeway but, balancing the risks, the Trust announced on 23 March the proposal to centralise obstetric care in Antrim.

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

Organisational Structure

The Trust has an Executive Team comprising the Chief Executive and six Executive Directors: Director of Operations, Medicine, Nursing, Midwifery and Allied Health Professions, Social Work, Finance/Deputy Chief Executive and the Director of Human Resources, Organisation Development and Corporate Communications.

Trust services are delivered through seven operational divisions; each division is managed by a divisional director reporting to the Director of Operations. In two instances, a divisional director role is also held by a member of the Executive team.

PERFORMANCE REPORT

The Director of Children and Young People, is also the Director of Social Work and the Director of Paediatrics, Women's Services and Corporate Support, is also the Director of Nursing, Midwifery and Allied Health Professions.

The seven operational divisions are:

- Children and Young People
- Community Care
- Medicine and Emergency Medicine
- Mental Health, Learning Disability and Community Wellbeing
- Paediatrics, Women's Services and Corporate Support
- Strategic Planning, Performance and ICT; and
- Surgical and Clinical Services

Objectives

The following section of the Performance Overview provides illustrative performance examples under the Trust's five corporate objectives.

The Performance Overview concludes with brief sections on user experience and emergency planning.

Objective 1 – Build Northern Partnerships and Integrate Care

Domiciliary Care

The Trust continues to work collaboratively with providers from the independent sector to maintain and grow the provision of domiciliary care. In 2022/23, four new providers came on board and it is hoped that this will further expand capacity as demand for services continues to rise. Staff recruitment and retention challenges continue to be a national issue in social care.

Intermediate Care

A new model for intermediate care was developed to improve the patient journey for those requiring a period of rehabilitation or reablement (support to help regain skills) following illness. The model is based on three pillars: bed-based rehabilitation, home-based rehabilitation and reablement. Work is ongoing to develop an evidence-based community bed model with public consultation in 2023.

Responsive Education, Support and Anticipatory Care to Care Homes (REaCH)

The REaCH Team worked in partnership with the Northern Ireland Hospice Specialist Palliative Care Nurse in East Antrim to improve resident care outcomes.

Care Home Support

A co-production ethos underpins engagement within the *Care Home Support and Governance Framework*, focussing on accountability and support to commissioned providers of nursing and residential care within statutory and policy requirements. An updated care-managed resident placement process has been developed and an information app to support the governance and escalation framework.

Nurse-led Multidisciplinary Enhanced Care Response Team

The nurse-led multidisciplinary *Enhanced Care Response Team* actively supported residents in clinical decline or at end of life to remain in their care home and avoid

PERFORMANCE REPORT

unwarranted emergency admissions. The team of specialists from frailty and palliative care, occupational therapy, physiotherapy, dietetics, speech and language therapy, pharmacy, and clinical psychology worked collaboratively with care home staff, residents and their General Practitioners (GPs), to reduce avoidable emergency department attendances and hospital admissions.

Funded by the regional *No More Silos* programme, this service was designed following feedback from residents, families and care home staff and in partnership with care home managers, GPs, allied health professionals, ambulance service, NI Hospice, Northern Integrated Care Partnership and acute care providers. Residents were triaged and a frailty assessment conducted with an agreed anticipatory care plan for nursing care. Weekly case discussions informed multidisciplinary assessment and intervention. Those residents most at risk were referred to their GP for further assessment and intervention.

Nurse-led Multidisciplinary Winter Wellness Service

The Trust partnered with four GP Federations to provide a *Winter Wellness Anticipatory Care Service* for residents in residential care. The *Winter Wellness* initiative was supported by a Lead GP who provided clinical oversight of the care home residents and assessment was undertaken by a senior nurse with expertise in resident frailty. Residents were prioritised for GP clinical assessment and referral onwards to members of the multidisciplinary team or a care of the elderly consultant for a comprehensive geriatric assessment.

In advance of a potential winter surge for hospital attendance, residential homes with the highest rate of resident emergency department attendance in the previous winter period were targeted. Four residential care homes were prioritised from 15 in the locality, in consultation with GPs and care home managers. Since 2020, the *Winter Wellness* initiative has increased in scale with ongoing GP and multidisciplinary support.

Cancer Services

The Department of Health's *Cancer Services Strategy for Northern Ireland (2022-32)* provides the key steps to achieving the overall vision for improved cancer outcomes for the people of Northern Ireland. It presents a comprehensive and challenging programme of service stabilisation and improvement, reliant on collaborative working and new and innovative approaches to the delivery of care, ranging from prevention right through to palliative and end of life care.

It is recognised that delivery of the Cancer Services Strategy will require enhanced infrastructure support across the system. The Trust is working closely with commissioners and the Cancer Programme Board to implement funding in a phased way, to strengthen Trust infrastructure, create additional capacity and lead implementation of key strategy actions at local level.

Delivery of actions will require effective multidisciplinary working within the Trust, across organisational boundaries and into primary care.

Dysphagia Partnership Project

The Hard to Swallow Dysphagia Partnership Project has truly embraced the ethos of

PERFORMANCE REPORT

community partnership working and co-production. Led through the Community Foundation Northern Ireland's *Community Innovators Programme*, this partnership between the Trust and Mid and East Antrim Agewell Partnership has two strands: co-production of an information booklet and a social media campaign with overarching aims of increasing community awareness of eating, drinking and swallowing difficulties (dysphagia) and highlighting the professional support that is available within the Trust for people with such difficulties and those involved in their care. This work was scaled up regionally by the Public Health Agency and launched as part of *Swallow Aware Day* in March 2023.

Learning Disability

Learning Disability Services continued to work in partnership with many providers in the community and further developed links with partners in areas such as social farming and day opportunities. A strong partnership has been developed between the Trust and Kilcreggan Farm in the community and voluntary sector. A successful engagement event with providers from the independent sector enhanced joint working for future supported living plans.

Community Wellbeing Service

The Community Wellbeing Service has commenced development of support for organisations involved in mental health and wellbeing in the community. Mental Health Peer Support Networks will be launched to enable the Trust and community and voluntary sector to work together in partnership to strengthen capacity and capability within that sector.

Psychological Services

The IMPACT Research Centre at Holywell Hospital continues to grow and embed mental health research within the work of its division. The Centre enhanced research and strengthened clinical practice links through regional networks and held a successful conference during the year, conducted in partnership with Queen's University Belfast and Ulster University.

A senior researcher has been employed by the Northern Trust from 1 May 2022 and will lead on the Regional Trauma Network programme of research and development within the area of psychological trauma throughout Northern Ireland. Their role will involve collaboration with colleagues in partner organisations, universities and research groups, and engaging and coordinating multiple research activities throughout the network.

Nursing Workforce, Learning and Regulation

The Practice Education Team worked in partnership with the three approved educational institutions and clinical managers to complete educational audits, to ensure learning environments provide excellent practice experience for nursing and midwifery students.

Infection, Prevention and Control

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

PERFORMANCE REPORT

across the Trust and to care homes, redesigning pathways to ensure that they were COVID-19 secure.

COVID-19 Testing

The nurse-led COVID-19 Testing Centre worked in partnership with the DoH, Public Health Agency and the independent care home sector to provide COVID-19 testing in line with guidance.

Community Children's Nursing Service

The Community Children's Nursing Service worked closely with the Education Authority (EA) and Public Health Agency (PHA) to risk manage school attendance for children with complex, physical healthcare needs, including those requiring aerosol generating procedures. The Service engaged with the EA Transport Team to revise the risk assessment for children with epilepsy, to enable them to safely travel to and from school on EA vehicles.

The Community Children's Nursing Service continued to work closely with the Northern Ireland Children's Hospice in delivering a *Hospice at Home* service to children with life limiting conditions.

Child Care Social Work

The Trust worked with the DoH to develop a strategy to increase the number of placements for childcare social workers.

Children and Young People's Strategic Partnership

The Trust is a partner of the *Northern Ireland Children and Young People's Strategic Partnership*, which brings together a range of agencies, including voluntary and community sector organisations, with the aim of improving the lives of children and young people in Northern Ireland.

The *Northern Outcomes Group*, chaired by the Trust, continues to work with partner agencies to carry out localised, integrated planning and delivery of supports and services to improve outcomes for children and young people, which cannot be achieved, by agencies acting separately.

Objective 2 – Continue to Improve Outcomes and Experience

No More Silos (NMS)

The regional *No More Silos* Action Plan originally set out 10 key actions to be taken forward to ensure that urgent and emergency care services across primary and secondary care are maintained and improved in an environment that is safe for patients and for staff. This has been recently changed by the DoH, prioritising the first five key actions. Funding for the other five key actions mentioned in NMS has been stood down at present. The focus is now on Phone First, Urgent Care Centres and Direct Access ambulatory care. The Trust is working closely with commissioners to develop investment plans which focus on these key priorities. Business cases to enhance these services have been submitted and funding decisions are pending. The present services are still running.

PERFORMANCE REPORT

Rapid Diagnostic Centre

In December 2022, the DoH announced the opening of two specialist clinics to help reduce the time for cancer diagnosis and improve patient outcomes. Whiteabbey Hospital was announced as one of the specialist clinics, known as Rapid Diagnostic Centres

Rapid Diagnostic Centres are the first of their kind in Northern Ireland, providing a new pathway for cancer treatment. The centres will receive referrals for patients with non-specific but concerning symptoms which may lead to a diagnosis of cancer, but which do not meet the criteria of other red flag cancer pathways. The Whiteabbey clinic will expand to accept referrals from GPs across the whole of Northern Ireland, with the aim of reducing the time to diagnosis and improving overall patient experience.

Regional Eye Services

The Trust approved a business case for a capital investment scheme of almost £1m for a new Eye Centre in Mid Ulster. The centre is part of a regional transformation programme to improve services for patients from across Northern Ireland. Paediatric eye services and an adult cataract service will be delivered jointly by the Northern, Belfast and Western Health and Social Care Trusts - a partnership which aims to improve governance arrangements, promote service efficiencies and enhance patient experience and equity of service delivery regardless of the area of patient residency in the region.

Mental Health Service Feedback

The Mental Health Division *You Said, We Did* project has improved feedback within all acute mental health wards; information is displayed on boards to provide patients and families with feedback on issues that they have raised.

Learning Disability

The Learning Disability Service successfully resettled over 50 percent of Northern Trust service users from Muckamore Abbey Hospital to community-based placements. The Northern Trust have resettled seven individuals in the past year. We currently have nine service users in Muckamore Abbey Hospital, of which two remain in treatment and seven are awaiting resettlement. The Trust has plans for all seven patients to be resettled and it is anticipated six of these will be within the next year.

The first dedicated Learning Disability Carers' Lead was appointed during the year and several engagement meetings with carers have taken place, providing a forum for collaboration and joint problem solving.

Robinson Community Hospital

A business case is in development to upgrade facilities at Robinson Hospital in Ballymoney to improve the patient stay experience and staff work environment. The Trust will seek to create more ensuite facilities, better day care and family support areas and refurbished staff areas. This work is expected to commence in 2024/25.

Hospital Diversion Nursing Team

Work completed on the refurbishment of existing space at Rosedale Residential

PERFORMANCE REPORT

Home in Antrim. This has increased the clinical footprint and reduced the need for staff travel to service users' own homes, resulting in more cost-effective service delivery.

COVID-19 Outpatient Treatment Service

The Pharmacy Team was instrumental in the COVID-19 Outpatient Treatment Service; over 500 patients were triaged for suitability for *Paxlovid* as first-line treatment. The Team also managed the dispensing process and supply of treatments for 468 patients.

Fort Centre Refurbishment

The Fort Centre in Coleraine was refurbished to create new, open plan spaces and cellular offices/consultation rooms within the Occupational Therapy Service space. This has provided a more positive and confidential assessment experience for service users in appropriate surroundings and an improved environment for staff.

New Approach to Quality Improvement (QI)

A new approach to QI was launched to support the Trust's ambition to drive improvements in services and outcomes with the focus on listening to staff and service users, and encouraging ideas for improvement.

Regional HSCQI Awards

The Trust won three regional, quality improvement awards for initiatives which improve timely access to safe care, each with potential for scale across the region.

The *Health and Social Care Quality Improvement* awards were presented in the categories of:

- Transformation: Evaluation of a multidisciplinary enhanced care response team for residents of care homes;
- Delivering Reliable Care: Intrathecal opioid - Driving surgical change and improving outcomes in a surgical population; and
- Improving Outcomes for Patients with COVID-19: Nutrition and hydration to support inpatient rehabilitation during COVID-19.

Outpatient Parenteral Antimicrobial Therapy Service

An Outpatient Parenteral Antimicrobial Therapy (OPAT) Service was set up to help strengthen antimicrobial stewardship, and provide a gatekeeping function for patients admitted to the Hospital Diversion Nursing Service. This pharmacy-led service has changed how the Trust provides therapy to vulnerable patients. The Service provides community-based management of an infection via the administration of an intravenous (IV) antimicrobial without the need for an overnight hospital stay. Patients may be managed without admission or may transition to OPAT following hospitalisation.

Corporate Parenting

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

PERFORMANCE REPORT

Baby Friendly Gold Award - Reaccreditation

The Trust's Maternity and Public Health Nursing Services gained successful revalidation of *Baby Friendly Gold Status* by the United Nations Children's Fund (UNICEF). The Teams were commended for the quality of the evidence submitted and the necessary processes put in place to embed and further develop care to UNICEF Baby Friendly Standards. The next revalidation is scheduled for June 2025.

Signs of Safety for Childcare Social Work

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

Falls Prevention Team

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

Quarterly *Falls Prevention Awareness* training sessions were offered in inpatient, community and care homes settings.

Tissue Viability Service

Ward staff and Tissue Viability Link nurses are seeing the benefits of the implementation of the *Wabalogic App* across acute and community hospitals. The app allows for the secure transfer of clinical and non-clinical images into an image management system which results in early assessment and treatment of wounds.

Enhanced Person Centred Observation

An Enhanced Person Centred Observation framework was rolled out in wards to provide direction, governance and guidance for the planning and implementation of enhanced care in inpatient settings. The framework uses a person-centred care approach to gain maximum therapeutic benefit.

Music Therapy for Children with Complex Needs

Through the use of Charitable Trust Funds and in conjunction with the Northern Ireland Music Therapy Trust, the Trust delivered online and telephone music sessions for children with complex physical healthcare needs. Resources were developed for use by parents at home including videos, instruments and an information booklet.

Treatment Room Nursing

Working in partnership with GPs through an oversight group, the Trust reset the Treatment Room Service to pre-pandemic capacity. Managerial structures were reviewed and a skill mix model and standardised list of interventions were developed.

Hospital Sterilisation and Decontamination

Self-assessment was undertaken against controls assurance standards for medical devices and equipment management, with an overall assessment score of 87% across 29 criterion. An assessment score of 88% was achieved across 20 criterion

PERFORMANCE REPORT

for decontamination of re-usable medical devices and 79% across six criterion for Medicines Management and Optimisation. This represents the highest level of control assurance, substantive.

Objective 3 – Deliver Value by Optimising Resources

Mental Health Inpatient Unit

The design of the new Mental Health Inpatient Unit has progressed well with Royal Institute of British Architects (RIBA) Stage 2 completing in September 2022.

The new Unit, to be built at the rear of the Antrim Area Hospital site at a total cost of over £117m, will have 134 inpatient beds covering the sub-specialties of Acute, Psychiatric Intensive Care, Addictions, Frail Mentally Infirm, Triage and Dementia Assessment. RIBA Stage 3 design development will be completed by September 2023.

The Trust continues to have significant service user engagement in all aspects of the design and development process.

Acute Learning Disability Inpatient Ward

A new, three-bedded acute learning disability inpatient ward opened at Holywell Hospital in Antrim. This is a first ward of its kind in the Northern Trust and will offer locally delivered assessment and treatment opportunities for service users. Up to now, all acute Learning Disability beds were delivered by Belfast Trust via Muckamore Abbey Hospital.

Crisis Response

The Crisis Response Team moved to new purpose-built accommodation, which provides a more suitable, clinical and therapeutic environment for both service users and staff.

Paediatric Autism Spectrum Disorder (ASD) Service

The Paediatric ASD Service implemented new ways of working to support families in advance of an assessment. A Paediatric ASD telephone consultation service was introduced along with a virtual training platform for intervention.

Child and Adolescent Mental Health Service

The Child and Adolescent Mental Health Service has put supports in place to make sure that any cancelled appointments are offered to other children and young people at short notice in order to maximise patients seen and minimise waiting lists.

Family Support and Intervention

Workforce pressures in childcare social work continue to be a challenge and have resulted in unallocated cases in Family Support and Intervention Teams, and for the first time, services experienced unallocated Looked After Children (LAC) cases. There is a monitoring process in place alongside the unallocated LAC pathway to manage risk and this is tabled at the monthly Assurance Forum Chaired by the Assistant Director. Pressures and challenges exist across the region.

PERFORMANCE REPORT

Podiatry

The Podiatry Service pilot initiative in Ballymena Health and Care Centre was extended, offering a bespoke and streamlined multidisciplinary service for those identified as being high risk i.e. diabetic with ulceration, or at risk of ulcerating and requiring specific orthotist involvement. Service users are reviewed at one 60-minute appointment by three professionals, an orthotist, advanced podiatrist in diabetes and a principle musculoskeletal podiatrist.

District Nursing

The introduction of administration support for District Nursing in Mid Ulster has enabled a range of duties to be delegated to non-professional staff, releasing professional time for patient focused clinical and other activity.

Laurel House Chemotherapy Team

Laurel House Chemotherapy Team successfully co-ordinated a switch from branded Lenalidomide to generic Lenalidomide (a medication used to treat myeloma and some types of lymphoma and myelodysplastic syndromes), and implemented the Pathfinder Risk Management Platform System. This enabled the realisation of significant financial savings.

The Pharmacy Team in Laurel House supported patient access to approximately 40 National Institute for Health and Care Excellence (NICE) Technology Appraisals for oncology and haematology. Technology appraisals are recommendations on the use of new and existing medicines and treatments within the NHS.

Management of Rebate Schemes

The Pharmacy Procurement Team reviewed and improved the process to identify, claim and track medicines rebate schemes. Rebate amounts are recorded on a regional system and for medicines not covered by the Cancer Drugs Fund (CDF) rebates are reported as savings to the regional Medicines Optimisation Regional Efficiency (MORE) Programme. For CDF medicines, the Trust is funded net of the rebate. For the year ended 31 March 2023, the Pharmacy Procurement Team processed rebates to the value of £443,547.

Non-medical Prescribing Register

The non-medical prescribing register and policy were reviewed and updated in 2022/23. The register includes 173 nurses, 59 pharmacists and 18 physiotherapist non-medical prescribers.

Renewing Our Vision Programme of Reform

The Trust's *Renewing Our Vision* programme sets out an ambitious agenda of reform across all service areas, building on successes and addressing many of the challenges including sustainability of services, significant waiting lists and improving hospital flow.

A small Programme Management Office has been established to provide a structure around the *Renewing Our Vision* programme, which covers: Acute, Intermediate Care and Community, Elective, Unscheduled Care, Cancer, Mental Health and Learning Disability and Children's services.

PERFORMANCE REPORT

The Programme Management Office will support the delivery of the reform programme, within a management framework, to assist with planning, tracking progress against key milestones, supporting programme risk and interdependencies and providing direct project management support and tools where required.

Northern Trust Performance Framework

The Northern Trust Performance Framework has continued to evolve since the inception of the Corporate Performance Team in April 2021. The Team monitors and supports actions around patient access, productivity and backlogs. The Performance Framework links performance from operational divisions through to Executive Team, Performance and Finance Committee and Trust Board and supports reporting to the DoH's Strategic Planning and Performance Group (SPPG) through Service Delivery Plan monitoring, which commenced in July 2022.

Encompass

Plans are ongoing for *Encompass*, the HSCNI-wide initiative which will replace multiple aging ICT systems and dependency on paper records. The new system will create an integrated digital care record for every citizen receiving health and social care services, and enable everyone involved with a person's care to work from a single health and care record.

Trust staff are integral to ensuring the encompass solution is designed and configured to best meet the needs of staff, patients and service users.

The Trust's Encompass senior management team is well established with specialists and professional information officers from across five main disciplines – medicine, nursing and midwifery, allied health, pharmacy, social care and social work. Approximately 600 staff from the Trust have been involved in the regional configuration of the foundation system, to ensure standardised workflows deliver the programme objectives for Health and Social Care.

The Trust is due to go live with encompass in autumn 2024 and will be the third Trust in Northern Ireland to implement the new system.

Transport Services

The introduction of a weekend transport service to support patient flow within Antrim Area Hospital has optimised available resources.

Portering, Car Parking and Access Control

Despite challenging staffing pressures, all portering, car parking and access control departments maintained an effective service during 2022/23. Staff rotas were reviewed resulting in improved work life balance for staff, whilst ensuring all services were provided, at a zero cost impact to the budget.

Management of Epilepsy Award

The Paediatric and Neonatal Clinical Psychology Service Team won a *Management of Epilepsy Award* at the NI Healthcare Awards in 2022.

Telecommunications

The Telecom Team continued to work on the security and redundancy of the

PERFORMANCE REPORT

Telecommunications platform, and migrate historic telephone lines over to the latest format:

The Session Initiation Protocol (SIP) is to be implemented and not only provides enhanced resiliency and cost reduction but is necessary by 2025, as all Public Switched Telephone Network (PSTN) lines will no longer be supported.

During 2022/23, the Team also set up new iPhones for 1,100 staff, due to the specification requirements of Microsoft 365.

The Telecom Team aims to pilot a further enhancement of the telephone system, involving an app on mobile phones for extension numbers, which will provide enhanced working flexibility.

The usage of mobile phones continues to increase. The Team will seek to tender the mobile phone contract with a focus on driving down costs and ensuring the future proofing of data usage, given the continual increase in mobile phone data consumption.

Microsoft Teams

The roll-out of Microsoft Teams continues to benefit staff operationally. Strong engagement at training means staff are reporting that they have a good grasp of the basic functionality. Microsoft Teams is now starting to show value in the ease of communication and collaborative working that it facilitates.

Business Intelligence Apps

New business intelligence apps were developed to support service improvements and governance across nursing and residential care. The new Nursing Home Governance app provides information on emergency department attendances and admissions, complaints, compliments, incidents and ambulance call outs.

A new Community Hub Dashboard will monitor the demand and capacity of nursing and residential beds, to support the Improving Discharge and Flow work programme.

The Sustainability Report contains the detail of the actions taken by the Trust to improve energy efficiency and waste management.

Objective 4 – Nurture our People, Enable our Talent and Build our Teams

2022/23 has been a year of gradual stabilisation as we move out of the COVID-19 pandemic. Staff have been significantly affected by redeployments, re-training in other areas, the absence of other colleagues, the cost of living crisis and other global events. All of these factors continue to test the resolve, resourcefulness and resilience of our staff who have been fantastic in their response to ensure patients and service users remain safe and well cared for and fellow colleagues supported.

So as we head into 2023/24 we have a continued commitment to nurturing our people, enabling our talent and building our teams. Our ongoing commitment to our people was reflected when the Trust gained enhanced *Investors in People* Silver Accreditation in January 2023. As part of the Trust's Investors in People (IiP)

PERFORMANCE REPORT

reaccreditation process staff were invited to share their experience of working in the Trust. The overall participation rate for 2022 reaccreditation was 19%; over 2,500 Trust staff engaged with the assessment process through the various phases involved including an online survey and one to one discussions with some of the IIP assessment team.

Nurturing our People

Health, Wellbeing and Inclusion

We have committed to continue to make health, wellbeing and inclusion a top priority. A very positive development over the past year was the launch of our post COVID-19 *Vocational Rehabilitation Staff Programme*, providing support, advice and rehabilitation for staff experiencing symptoms beyond four weeks, following a COVID-19 infection.

The Community Wellbeing Team supported the rebuild of staff resilience through a staff health and wellbeing initiative, with 51 proposals approved, a reach of 3,193 staff and additional staff health and wellbeing champions. Additionally, 267 staff accessed training related to mental health and wellbeing, focussed on self-care.

Over 2022/23 the Equality, Diversity and Inclusion Steering Group has been embedded and an *Equality, Diversity and Inclusion Monitoring Campaign* launched in February 2023 to encourage staff to record their Equality Monitoring Data.

Human Resources held Virtual HR Clinics to provide staff and managers with information on: managing reasonable adjustments in the workplace; promoting access to flexible working and an introduction to our new commitment to an Open, Just and Learning culture supported by a new disciplinary policy.

Financial wellbeing advice and support were provided through i-matter, the Trust's health and wellbeing hub, and by health and wellbeing champions.

A *Supporting Attendance Toolkit* was launched in March 2023. Attendance Management training took place throughout the year to ensure managers are fully equipped to support their staff during sickness absences and facilitate return to work.

A *Recognising and Responding to Stress* policy and toolkit launched in October 2022 and a related webinar was attended by over 100 staff and managers.

Wellbeing conversations were encouraged through *Are You Well?* and the Trust's Colleague Support Pack was made available to all staff.

Chairman's Awards

The annual Chairman's Awards in September 2022 recognised exceptional work by teams and individuals across the Trust.

World Social Work Day

World Social Work Day on 21 March 2023 carried the theme of *Respecting Diversity through Joint Social Action* and staff from across the Trust attended a workshop, with guest speakers and opportunities for networking.

PERFORMANCE REPORT

Community Care Teams

The Community Care Division held a series of staff engagement workshops and events, providing an opportunity to reflect on lessons learnt during the COVID-19 pandemic, and collectively identify ideas for improvement, in order to help shape new priorities and strategic plans, and to support workforce planning and new ways of working.

Community Care administration teams participated in training in customer service, telephone etiquette and essential skills, and attended engagement events focussed on staff appreciation, health and wellbeing and the importance of Health and Social Care values.

Retention

As has been the case for all HSC organisations, turnover has increased across the organisation. Retention is now a key focus of our People, Learning and Development Group which includes representation from across the workforce. This will help to provide greater understanding of the issues driving staff turnover and identify possible solutions.

Our values of *Excellence, Working Together, Compassion and Openness and Honesty*, are at the heart of our Team North culture. Over the past year colleagues (including Trade Union colleagues) have worked in partnership to develop resources to support the Trust's commitment to an Open, Just and Learning culture and work on embedding this will continue over 2023/24.

Team North objectives and wellbeing support have been incorporated into appraisals following a review of the current Agenda for Change appraisal system. A launch of the revised documentation has been planned for April 2023.

Medical Appraisal

Medical staff across all directorates (including some locums) have engaged in the medical appraisal process; approximately 366 staff are now registered and completing their medical appraisals online, resulting in 96% completion. This annual, facilitated, self-review, supported by information from the full scope of a doctor's work, demonstrates General Medical Council fitness to practice.

The Medical Directorate continues to review and refine medical appraisal processes. It will participate in further planned enhancements of the regional system, and engagement with all newly appointed medical staff.

Job Planning

The Medical Directorate has embedded new arrangements for job planning and continues to make progress on outstanding recommendations from an internal audit. Further facilitation within operational directorates has resulted in 85% completion. The Job Planning process links best use of resources with quality outcomes for patients.

The Medical Directorate established a joint working arrangement to ensure oversight of the current processes for Doctors in Training in line with Single Lead Employer (SLE) and host organisation policies and processes. The objectives are

PERFORMANCE REPORT

collaborative working with the SLE on all aspects of the employment of Doctors in Training, including working conditions, facilities, policies and procedures.

Enabling our Talent

Leadership, Management and Professional Development

The annual Leadership Conference, *Leading Team North – Care, Compassion, Community*, took place virtually in September 2022 with over 360 leaders and managers in attendance, providing the opportunity for staff to hear inspirational talks from a range of speakers.

Three new bespoke Team North Leadership Development Pathways launched in September 2022, with 60 participants signing up across all programmes:

- Aquilo: Bands 2-5
- Shimal: Bands 6-7
- Boreas: Bands 8a/b

These programmes will help build leadership capability at all levels in order to grow and develop the next generation of Team North leaders. Each pathway is linked to the principles of collective leadership, and is designed to allow participants to explore their own skills, build their leadership capability and undertake coaching sessions to support their development as leaders.

Cohort 4 of the Trust's CONNECT programme launched in September 2022 with 14 participants. CONNECT is a clinical leadership development programme, accredited by the Faculty of Medical Leadership and Management (FMLM), and is designed to support Consultants, Specialty Doctors and Associated Specialists within Team North. It aims to empower clinicians to take an active leadership role by enhancing skills and knowledge on both leading and managing within the Trust as well as building connections.

A shared learning event is planned for June 2023 to bring together the participants across our four Team North Leadership Development Programmes.

Nursing Workforce, Learning and Regulation

The Practice Education Team developed and co-ordinated Band 2, 3 and 5 induction programmes to enable new staff to integrate into the Trust and their clinical teams in a timely and supportive manner.

The Trust continued to deliver a bespoke induction programme for newly qualified paediatric nurses in both acute and community teams, followed up with a six-month preceptorship workshop. Both programmes were very well received with excellent evaluation.

Workforce clinics were held across divisions, providing staff with the opportunity to discuss concerns around recruitment, retention and safe staffing.

A *Delivering Care* Trust group was established to ensure updates from divisions with a nursing workforce.

PERFORMANCE REPORT

A review of current statutory and mandatory training commenced, with a revised matrix of core training being launched in May 2023.

Accreditation for Psychological Therapies Services

The Psychological Therapies Service and the Clinical Health Psychology Service gained reaccreditation by APPTS - an Accreditation Programme for Psychological Therapies Services, developed in partnership between the Royal College of Psychiatrists' Centre for Quality Improvement and the British Psychological Society, to support learning and improvement in the delivery of sustainable, high quality, safe and compassionate care.

Women's Services

The Trust commenced its second Succession Planning Programme for midwives following highly positive outcomes and evaluation of the first programme in 2019, which was nationally recognised at the Royal College of Midwives Awards.

Transport Services

Transport staff undertook bespoke training in the Trust's Fleet Management System and Information Technology and Essential skills.

Portering

Initial plans have been established to design a bespoke management development course for Band 3 and 4 portering staff. Staff have been enrolled in Essential Skills training for English and numeracy development and some are taking part in an *Introduction to IT* course.

ICT System Manager Programme

The Trust re-established the System Manager Programme, a four-day course for staff involved in the day to day management of IT systems. This programme covers personal and professional development, interpersonal skills, Information, Communication and Technology, ICT Governance, technical skills, system reporting and implementing best practice.

Quality Improvement (QI)

Safety Quality North (SQN), an eight-month QI training programme, equips staff with skills to use quality improvement tools and methodology to drive improvements across the organisation. In 2022/23, 57 Trust staff completed SQN; a further 68 staff are due to complete in 2023.

Twelve staff were trained as trainers in Human Factors which looks at environmental, organisational and job factors (and human and individual characteristics) which influence behaviour in a way which can affect health and safety at work.

Over 250 staff registered for a Quality Improvement Masterclass series, designed as a result of staff feedback.

A new Quality Improvement Fundamentals programme was launched to support staff and teams.

PERFORMANCE REPORT

In November 2022, the contributions of staff were celebrated on World Quality Day with a programme of events to mark the occasion.

Over 120 staff attended the annual QI event and celebration; 40 staff and teams received recognition awards for their achievements in quality improvement over the past year.

Corporate Support Services

Causeway Hospital Catering Team won Catering Team of the Year in the national *Hospital Caterers Association Awards*, which recognise the best in business in catering.

The Antrim team also celebrated success, winning the *Love British/Love Northern Irish Food Award* for its contribution to *Love British Food Fortnight*.

Catering Teams across the Trust maintained a top score in the hygiene rating scheme awarded by council environmental health officers. A Food Allergens quality improvement project has been implemented, and *Safety Pause* is in place to support the *Mealtimes Matter* initiative, which aims to enhance communication, prioritise patient safety and experience and embed quality improvement in daily practice.

Nutritional standards have been implemented across all Trust catering facilities to promote healthy eating choices. The Catering Service arranged food sampling, focus groups and surveys to obtain service users opinions and make improvements.

Level 3 and Level 4 Food Hygiene training was rolled out across catering services.

Catering and Domestic Services managers received Level 3 Award in Effective Auditing and Inspection.

Building our Teams

Attraction and Recruitment

In 2022/23, the Trust was promoted as an Employer of Choice at a range of local, regional and national career and job fairs.

A collaborative approach to employability support is ongoing through participation in the *Labour Market Partnership Scheme* (developed by the Department of Communities) with three councils. This Partnership addresses issues with jobs and training, by combining resources and delivering a collaborative and flexible approach to employability support.

The online pre-employment screening system, 'Amicus', was launched in October 2022. The software will reduce internal administration for pre-employment checks, minimising risk and improving efficiency.

A new intranet launched in January 2023, including a new job board for all Expressions of Interest (EOIs). EOIs are temporary vacancies up to 12 months that are advertised internally within the Northern Trust. This central resource provides much improved web content accessibility.

PERFORMANCE REPORT

Workforce appeals were progressed to support the *Muckamore Hospital Resettlement Programme* and community hospitals along with the *Plea for Help* initiative, providing support from December 2022 – March 2023.

In line with the HSC's commitment to stabilise our substantive staffing and deliver safe care, the Trust established an Agency Reduction Oversight Group and Operational Group in February 2023. Representatives from SMT, Nursing, Social Work, Finance and HR are working together to optimise use of new agency frameworks and deliver better value for money.

Objective 5 – Improve Population Health and Address Health and Social Care Inequalities

Community Wellbeing Service

The Community Wellbeing Service has been enhancing self-care for the population by establishing a *Connect North* Social Prescribing service. This integrated and holistic service supports people to identify and access support in their local community and includes a live database of community services.

Podiatry Service

A new, multidisciplinary pilot within the Podiatry Service is delivering an improved patient service providing improvements in waiting times, equality for all patients and a holistic approach that is: preventative; promotes healing; maintains independence and improves quality of life. The service is paving the way for the Trust to be a pioneer in the region, offering a dedicated orthotist and a multidisciplinary team approach within Podiatry.

Domiciliary Care

A framework was established to develop a responsive and sustainable domiciliary care service that will minimise undue delays for service users and improve the governance and quality of care delivered. This will ensure the Trust is efficient and effective in its use of resources, support and develop a sustainable workforce, explore digitalisation options and review assessment with a view to standardisation and understanding demand and capacity.

Public Health – Homeless Health Nurse

The Trust appointed a new Homeless Health Nurse in October 2022 who will play a key role in multidisciplinary intervention, assisting patients identified as experiencing homelessness to improve and maintain their health.

Within the Northern Trust, there are eight hostels which can accommodate up to 190 residents. Many of the adults have a significant range of complex health issues including addiction behaviours, mental health illness and frequent dual diagnosis. Evidence suggests that provision of a dedicated homeless health nursing service for these individuals can improve their health status through individual targeted assessments of health needs, individual health plans and provision of and support in effective use of specialist services.

PERFORMANCE REPORT

Transport Services

The Transport Service continued to support the voluntary sector, enabling service users to attend social events and outings in the community.

Consultant Public Health Nurse

The role of the Consultant Public Health Nurse has been embedded to include strategic planning, collaborative working, service and research development of public health programmes to ensure the best possible client journey and experience.

Bereavement Service

The Bereavement Service continues to work with a range of internal and external stakeholders to provide support in relation to death, dying and bereavement, and to change public perceptions and stigma around dying and talking about bereavement.

Women's Services

National reports identify worse outcomes for pregnant women with social complexities such as mental health issues, alcohol and substance misuse, domestic violence, women from ethnic minorities and those seeking asylum. Key drivers nationally, regionally and locally highlight the need for specialised culturally sensitive, personalised care for women and their families.

The latest MBRRACE report (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) highlights that deaths have increased for women with social complexities. To address this, in 2022 the Northern Trust Maternity Service appointed a midwife specialist for social complexities who is responsible for coordinating seamless care for women with complex social needs, collaborating with other health care professionals and agencies on a local and regional level. This midwife has developed appropriate pathways and also provides direct clinical care to women with socially complex pregnancies, substance misuse and women from an ethnic minority background, using local strategies and resources to improve women's quality of life and clinical outcomes during pregnancy and in the year after giving birth. The midwife has forged links with the homeless communities, women in prisons and women who are victims of human trafficking.

Equality Matters

The communities we serve are made up of people from many different backgrounds and with different life experiences. In serving a diverse population, the Trust, as a service provider and an employer, is committed to promoting equality of opportunity.

Equality, Diversity and Inclusion Steering Group

The Northern Trust Equality, Diversity and Inclusion (EDI) Steering Group was formed to help deliver the Trust's commitment to valuing diversity and promoting inclusion in the workplace. To help achieve this, a *Workplace Equality, Diversity and Inclusion Framework* was developed for the period 2022-2025 to promote health, wellbeing and inclusion in the workplace.

Good Relations Award

The Chair of the Trust's Ethnic Diversity Task Group (and member of the EDI Steering Group) was highly commended in the Good Relations Awards 2022. These awards highlight exceptional achievement in promoting good community relations,

PERFORMANCE REPORT

intercultural work and peacebuilding in Northern Ireland. As a consultant and clinical lead within the Trust, the Chair of the Task Group was recognised for their passion and commitment to equality, diversity and good relations and driving forward best practice.

Equality and Disability Action Plans

Over the year, the Trust worked collaboratively with other Trusts to develop a new Equality Action Plan and Disability Action Plan.

The Equality Unit has carried out an audit of inequalities and engaged widely with a range of stakeholders and will progress with full public consultation on the plans in 2023.

On the *International Day of Persons with Disabilities* on 3 December 2022, a new disability equality training video was launched and disseminated widely as a training resource. The video was co-designed and delivered by people with disabilities.

Promoting Good Lung Health in Minority Ethnic Groups

In November 2022, the Trust worked in partnership with the Inter Ethnic Forum and *Stronger Together Network* to host a respiratory health seminar to provide accessible and up-to-date information to minority ethnic groups on good lung health.

Rural Needs

The Rural Needs Toolkit for Health and Social Care was launched regionally on 10 October 2022 by the Minister of Health, and endorsed by the Minister for Agriculture, Environment and Rural Affairs. The Toolkit is a valuable resource for use by decision makers to ensure that the needs of those who live rurally are considered when developing and redesigning services.

Involvement

The Trust's Involvement Network continues to grow and currently has a membership of over 300 service users, carers and representative groups. Network members support the Trust by getting involved in how services are planned and delivered. Over the year, the Trust provided the Network with 68 involvement opportunities.

The Trust continues to listen to the views of patients, service users, clients, families and carers through *Care Opinion* (an independent non-profit feedback platform for health and social care) and *10,000 More Voices*, the Public Health Agency initiative which gives patients and clients, as well as their families and carers, the opportunity to share their overall experience and highlight anything important, such as what they particularly liked or disliked about the experience.

Over the past year, 344 stories have been shared through Care Opinion; 294 (85%) reflecting positive experiences in relation to the quality of treatment and care, attitude and behaviour of staff and communication.

The 10,000 More Voices *Experience of Social Work* survey received 100 stories.

PERFORMANCE REPORT

Feedback from Care Opinion and 10,000 More Voices is highly valued. The lived experience of patients and service users, and their families, provides rich information to make meaningful change and improvement.

Supporting Family Carers

Over the year, the Trust's Carer Hub had 18,341 contacts/queries and held 76 support programmes for family carers, with 914 carers attending to date. On *Carers Rights Day*, the Carer Hub hosted a regional online session with *Make the Call* service to provide rights and entitlements advice to 86 carers.

The Trust works closely with Barnardo's Young Carer Service to ensure that young carers are supported to cope with the new challenges they face around school/home and caring. The Trust's Carer Hub hosted a group of young carers ahead of *Young Carer Action Day* in March 2023 to listen to their needs and work together.

User Experience

The Trust continues to listen to service users who make complaints or have concerns regarding the treatment or care provided to them or their families. The Trust is committed to having an effective process in place to investigate complaints or concerns raised and strives to respond to these in a reasonable timeframe, ensuring that learning from complaints informs and improves practice, future service provision and experience.

The number of formal complaints received for the financial year 2022/23 was 840. These related to a number of themes including quality of treatment and care, staff attitude and behaviour and communication.

Services across the Trust in both hospital and community settings received 3,404 compliments during the same period. These are monitored on a regional basis by the DoH.

Occasionally, people are not satisfied with the outcome of the investigation into their complaint. For those who remain dissatisfied, they may approach the Northern Ireland Public Services Ombudsman Office (NIPSO) directly. The Advice, Support Service and Initial Screening Team (ASSIST) is the public's first point of contact with the office. Where the ASSIST team decide that they cannot resolve the complaint, the case is forwarded to the Ombudsman's Investigations Team.

In 2022/2023, there were 23 requests for information from the NIPSO Office.

Emergency Planning

As outlined in the Northern Ireland Civil Contingencies Framework, the Trust continued to develop its emergency planning resilience and capability to respond to incidents. It has a wide-ranging suite of plans to deal with major incidents and business continuity disruptions. These are developed in line with DoH guidance and in consultation with regional stakeholders, to ensure that there is consistency in planning and a co-ordinated approach to emergency response arrangements across agencies.

PERFORMANCE REPORT

The Trust Emergency Response Team (ERT) continues to be a highly regarded and valuable Trust asset during a major incident response. During 2022/23, the Trust was alerted to seven potential incident responses and the Community Incident Response Plan was successfully invoked on five occasions. Work continued with other organisations and agencies in preparing and maintaining the Major Incident Plan, through participation in local emergency planning forums. The Trust has continued to be involved in and contribute to events planning and training, along with multi-agency partners.

As part of a multi-agency approach, the Trust contributed to a new regional Emergency Support Centre (ESC) protocol which was implemented for community incident responses during the year and has been kept under review in light of changes to COVID-19 restrictions. Each of the councils, in conjunction with the Trust, hosted familiarisation events with agency partners across emergency support centres following implementation of the regional ESC Protocol. These familiarisation events now include training videos and a demonstration of an overnight provision trailer, which is to be made available to support ESCs.

The Governance, Emergency Planning and Business Continuity (EPBC) and the Emergency Response Teams supported the Internal Major Incident (Critical Incident) at Antrim Area Hospital Emergency Department. An incident control room was established, and command and control structures were activated.

The EPBC Team co-ordinated the Trust response to the 10 day outage of the Finance, Procurement and Logistics shared services systems, operated by the Business Services Organisation, in July 2022.

In addition, the teams also supported extensive business continuity planning across all services for the impact of industrial action in 2022/23. Command and control structures were activated and the incident control room operated on days of strike action. This along with SitReps (daily situation reports) to the SPPG, were supported by Governance and EPBC teams.

The HSCNI SPPG, formerly the Health and Social Care Board, and the Northern Ireland Emergency Preparedness Group are refreshing external training options for 2023 and as an example are reviewing the possibility of business continuity, Control of Major Accident Hazards (COMAH), Tactical Control Group (Major Incident) and Powered Respirator Protective Suit (PRPS) training activities.

The Trust's EPBC Manager established a multi-agency task and finish working group for Rathlin Island following the liquidation of the former Rathlin Island Ferry Company and establishment of the new operator, to ensure the impacts were managed in a pragmatic way for the benefit of the islanders and those providing services on the island.

A simulated desktop exercise on the Major Incident Plan was also facilitated during the period; this scenario involved planning for mass casualties for emergency department teams.

PERFORMANCE REPORT

The Trust EPBC Manager alongside other colleagues has participated in 12 multi-agency exercises, which included scenarios regarding response to a major incident at Belfast International Airport, COMAH sites, ESC and Overnight Provision Trailer, International Air Show, North West 200, MOD led Major Incident Exercise (Observer), reservoir overtopping and flooding Major Incident tactical command simulated desktop exercise.

In addition, the Trust EPBC Manager, alongside division and service leads led on validation workshops for business continuity planning including cyber and Chemical Biological Radiological and Nuclear (CBRN) preparedness, and also the roles of Loggists (who record vital information about decisions made and when), ERT and switchboard.

PERFORMANCE REPORT

PERFORMANCE – ANALYSIS

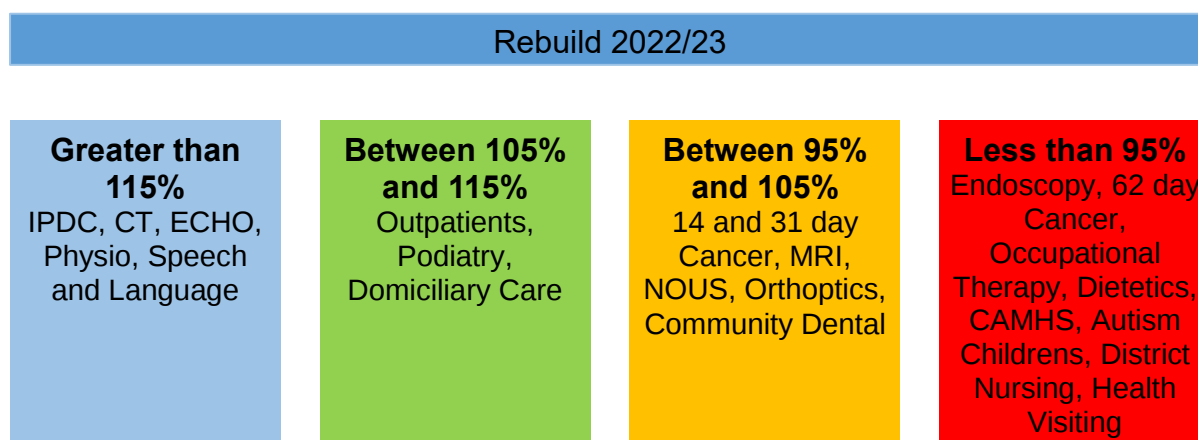
The Trust monitors its performance against Commissioning Plan Direction (CPD) Targets issued by DoH, by means of a Performance Report which is produced every month and reviewed by the Trust Board. Trust Board reports are also available on the Trust's website www.northerntrust.hscni.net.

Due to the COVID-19 pandemic, 2022/23 continued to bring challenges to meeting the targets set, as was the case across all HSC organisations. The DoH acknowledged the impact the pandemic was having on elective activity and in June 2020 wrote to Trusts to confirm the suspension of the formal commissioning process.

Under the implementation of the Trust's surge plans, in response to the COVID-19 pandemic, elective activity was significantly reduced to allow staff to be redeployed to support Intensive care Units (ICU). As a consequence, the Trust was unable to meet its Service Budget Agreement across many service areas in 20/21 and 21/22. This reduction in elective activity meant that waiting times for outpatient appointments and inpatient and day case procedures in 22/23 has risen significantly since the start of the pandemic.

In June 2020, the Trust was asked by DoH to develop quarterly plans on how it would restart and rebuild its services and to set challenging but realistic correlated activity targets. The targets were monitored at the Regional Management Board in a process labelled *Rebuild*. This process was amended during 22/23 to a new process called *Service Delivery Plans* (SDP). The DoH set targets for a large range of specialties spanning all divisions based on pre-pandemic baselines. This process began in July 2022, and for the most part contained target trajectories to return each service to pre-pandemic activity levels. The targets were then monitored at Performance and Transformation Executive Board (PTEB). The summaries below show service performance in Rebuild from April – June 2022, and SDP from July 2022 – March 2023.

Rebuild

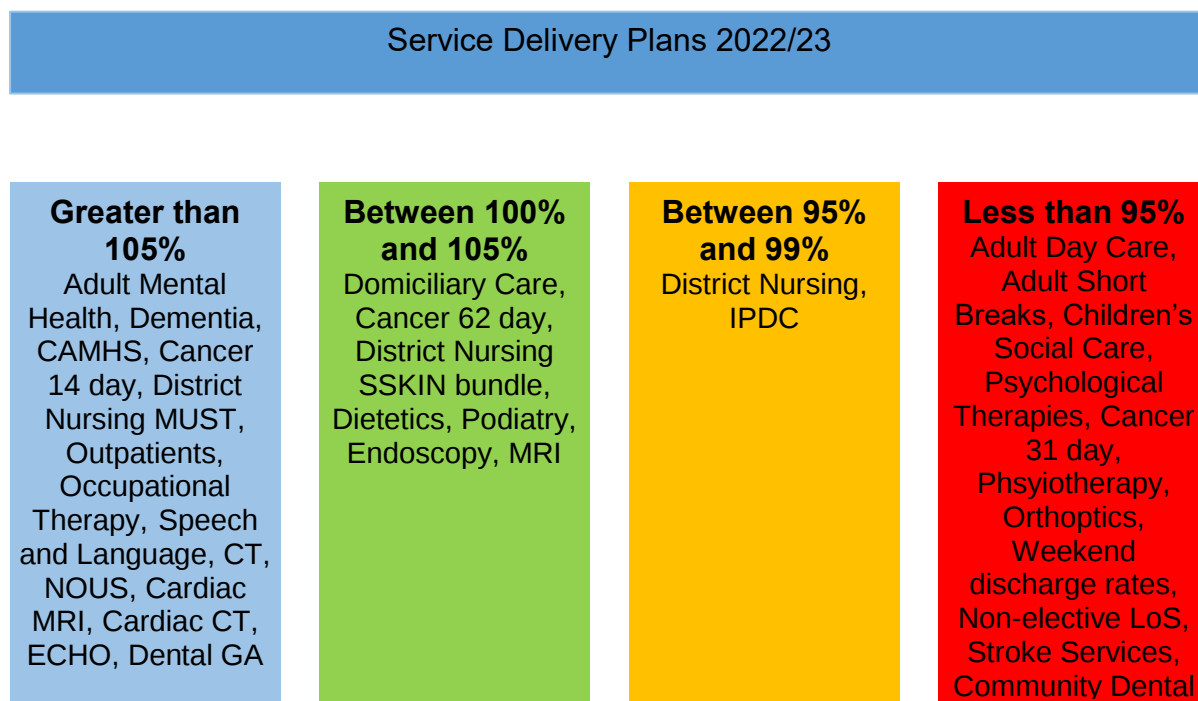


Performance was rated into categories of delivery against projected delivery, from less than 95% of projected activity, up to greater than 115% of projected activity. Of

PERFORMANCE REPORT

the 34 metrics monitored under Rebuild, the breakdown was **10 Blue, 3 Green, 8 Amber and 13 Red.**

Service Delivery Plans



SDP Performance was rated into categories of delivery, from less than 95% of target achieved, up to greater than 105% of target achieved. Of the 56 metrics monitored under SDP, the performance breakdown was **21 Blue, 7 Green, 2 Amber and 26 Red.** 50% of the targets either met or exceeded the expected outturn by DoH. Challenges for those areas that didn't meet or exceed their targets included; increased staff sickness (including COVID-19 absence), increased vacancy rates and lack of availability of agency and locums to cover, physical distancing regulations, increased Did Not Attends (DNAs) and late cancellations, lower uptake of services associated with COVID-19 fears, increased complexity of patients being seen and new service delivery models including currently uncounted currencies such as Active Clinical Triage, Direct To Test and Ambulatory Care Pathways,.

The Trust continues to monitor performance of SDP and CPD targets through its Performance Management Framework. The framework links Operational Divisions through Corporate Performance, into Divisional Accountability Meetings, Operational Management Team and Senior Management Team, then through to Executive Team, Performance and Finance Committee, and finally reporting in to Trust Board

In 2022/23 the number of attendances to the Emergency Departments (ED) at Antrim and Causeway Hospitals increased by 4% compared to 2021/22 with over 141,000 people attending across both sites. The Trust achieved an average of 50% within four hour performance in 2022/23 which is a deterioration on the previous year. According to the latest regional performance report produced by the DoH for March 2023, Causeway hospital reported the highest 4 hour performance in the region with 52.6%.

PERFORMANCE REPORT

Significant reform and modernisation work has been carried out within Unscheduled Care during 2022/23. Capital works are establishing two additional acute wards with 48 inpatient beds at Antrim Area Hospital. Opening in 2023, these wards will contribute significantly to addressing some of the capacity and flow pressures on the site. This will include facilitating the expansion of the Acute Frailty Unit to cover 24 beds, which will enable the provision of enhanced specialised pathways to greater numbers of frail and elderly patients; a cohort of service users who typically make up 33% of our unscheduled care admissions.

Complementing this, a programme is in place to introduce the NHS Improvement SAFER Patient Flow bundle to medical wards, helping streamline discharge processes and enhance communication. Work has also been carried out to strengthen the provision of Same Day Acute Care delivered by the Direct Assessment Unit. This has involved the development of a virtual pathway, where suitable patients are managed at home, whilst remaining under the care of the Acute Team. Plans are also underway to strengthen ambulatory care on the Causeway site; this has included the development of a Cardiology ambulatory pathway. Continued partnership working with NI Ambulance Service (NIAS) has also resulted in the establishment of a joint digital handover and utilisation of the *Fit to Sit* process.

Unscheduled care will continue to innovate and deliver services in different ways, including through the development of additional rapid access pathways and strengthening of Urgent Care Services. This will provide enhanced alternatives to ED attendance, helping keep the ED for emergencies only.

Summary of Trust Performance against Commissioning Plan Targets

Despite being stood down, the Trust has summarised our CPD targets and the end-of-year position in the table below, with explanatory narrative following. The red (R) status denotes Not Achieving Target, Amber (A) denotes Almost Achieving Target and Green (G) denotes Achieving Target.

Summary of Trust Performance against Commissioning Plan Targets, March 2022	
By March 2023, secure a reduction in the number of MRSA infections. Trust target is no more than 7 cases.	
By March 2023, secure a reduction in the number of CDIFF infections. Trust Target is no more than 49 cases.	
By March 2023, secure a reduction of GNB bloodstream infections acquired after two days of hospital admission. Trust Target is no more than 75 cases.	
By March 2023, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	
By March 2023, all urgent diagnostic tests should be reported on within 2 days.	
During 2022/23, all urgent suspected breast cancer referrals should be seen within 14 days.	
During 2022/23, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	

PERFORMANCE REPORT

During 2022/23, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days	R
By March 2023, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	R
By March 2023, no patient should wait longer than 52 weeks for an outpatient appointment.	R
By March 2023, 75% of patients should wait no longer than 9 weeks for a diagnostic test	R
By March 2023, no patient should wait longer than 26 weeks for a diagnostic test	R
By March 2023, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test.	R
By March 2023, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test.	R
By March 2023, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment.	R
By March 2023, no patient should wait longer than 52 weeks for inpatient/ daycase treatment	R
By March 2023, 95% of patients should wait no longer than 13 weeks from referral to commencement of treatment by an allied health professional.	R
By March 2023, reduce by 5% the number of hospital cancelled, consultant led outpatient appointments in the acute programme of care, which resulted in the patient waiting longer for their appointment.	R
By March 2023, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department	R
By March 2023, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours	R
By March 2023, at least 80% of patients to have commenced treatment, following triage, within 2 hours	R
By March 2023, ensure that 90% of complex discharges from an acute hospital take place within 48 hours	R
By March 2023, all non-complex discharges from an acute hospital to take place within six hours.	R
By March 2023, no patient waits longer than nine weeks to access adult mental health services	R
By March 2023, no patient waits longer than 9 weeks to access dementia services.	R
By March 2023, no patient waits longer than 13 weeks to access psychological therapies (any age)	R
By March 2023, the proportion of children in care for 12 months or longer with no placement change is at least 85%. (based on Sept 2021 position)	G
By March 2023, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). (based on March '22 position)	R
By March 2023, no patient waits longer than 9 weeks to access child and adolescent mental health services.	R
By March 2023, secure a 10% increase in the number of direct payments to all service users.	A

PERFORMANCE REPORT

By March 2023, secure a 10% increase in the number of carers' assessments offered to carers for all service users.	
By March 2023, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	

Inpatients, Day Cases and Outpatients

Inpatient and day case activity continues to be impacted by workforce recruitment challenges. The Trust is working closely with DoH on a Theatre Action Plan aimed at maximising theatre activity. The Trust delivered 95% of its inpatient and day case activity target for July to March as set out in the SDP, which was 80% of the Service Budget Agreement for July to March.

The regional performance standard for waiting times is that 55% of patients should wait no longer than 13 weeks for inpatient or day case treatment and no patient should wait longer than 52 weeks. Waiting times for inpatient and day cases improved throughout the year but with 69% of people on a waiting list at the end of March still waiting more than 13 weeks for treatment. Patients waiting over 52 weeks improved from 5,011 at the end of March 2022 to 3,386 at the end of March 2023. Addressing waiting lists will remain a significant challenge for the Trust and the region as a whole for some time to come.

The Trust delivered over 50,000 new outpatient appointments throughout 2022/23, a 79% delivery of the Service Budget Agreement. The regional performance standard is that 50% of patients should wait no longer than nine weeks for an outpatient appointment and no patient should wait longer than 52 weeks. At the end of March in the Northern Trust, 77% of people had been waiting for more than nine weeks since referral and more than 21,000 people were waiting for more than 52 weeks.

The Trust's *Renewing Our Vision* Elective Workstream continues to bring co-ordination to a range of actions to reduce waiting times.

Diagnostic Tests

The regional performance standard for the waiting time for diagnostic tests is that 75% of patients should wait no longer than nine weeks and no patient should wait longer than 26 weeks. The percentage of patients waiting less than nine weeks at the end of March was 63%. The number of diagnostics patients waiting more than 26 weeks fluctuated during the year with 3,280 patients waiting longer than 26 weeks at the end of March 2023. Funding was secured for the year to continue the transfer of patients to the independent sector in order to improve waiting lists. Diagnostics have continued to exceed their SDP targets.

Performance against the 9 week endoscopy target improved during the year. At the end of March 2023, 59% of patients waiting on an Endoscopy procedure were waiting less than nine weeks compared to 30% at the end of March 2022. The ongoing transfer of patients to the independent sector plus additional in-house weekend endoscopy sessions, funded through Waiting List Initiatives, was supplemented in the final months of 2022/23 with Endoscopy Insourcing, bringing a

PERFORMANCE REPORT

private provider onto Trust premises to use facilities otherwise unused at weekends. This further helped to improve the Trust's endoscopy waiting list. The number of endoscopy patients waiting over 26 weeks also improved throughout the year with 931 patients waiting over 26 weeks at the end of March 2023 compared to 2,930 at the end of March 2022. Endoscopy activity from July to March exceeded their SDP.

Allied Health Professional Therapies

For the combined Allied Health Professional therapies such as Speech and Language Therapy, Occupational Therapy and Physiotherapy, the regional performance standard is that 95% of patients should wait no longer than 13 weeks from referral to commencement of treatment. At the end of March 2023 there were 9,067 (45%) patients waiting more than 13 weeks with total waits for Allied Health Profession Services at the end of March being 20,076. Of the patients waiting longer than 13 weeks, 52% of patients were waiting for physiotherapy services, with two thirds of the physiotherapy waits being for musculoskeletal appointments.

The cumulative activity in 2022/23 remains 12% behind the Service Budget Agreement for AHP services despite 94% of expected new scheduled contacts being achieved from July 22 to March 23 for the DoH SDP.

Cancer Services

Red flag referrals have increased in 2022/23 to 6.7% higher than 2021/22, and 25.6% more than 2020/21. Performance against the 14 day breast cancer target improved to 100% during March 2023. Some additional funding has been confirmed from the DoH and support from other Trusts has begun in recognition of the capacity gap in NHSCT Breast Surgery Service.

During March 2023, the Trust achieved 92% in the 31-day target against an aim of 98% and achieved 63% against an aim of 95% for the 62 day target. Delays in access to red flag outpatient appointments, endoscopy, diagnostics and inpatient surgery continue to be a contributing factor to performance against the 62-day target. The Trust continues to prioritise improvement of red flag waits and use of additional clinics or independent sector, where these are available, to increase in-house red flag capacity.

Mental Health Services

Due to the migration from EPEX to the Paris information system, Adult Mental Health and Learning Disability performance was unavailable for much of 2021. In March 2022, data started to become available again for some areas of mental health services and the Trust continues to work on the remaining outstanding areas.

At the end of March 2023, there were 79 patients waiting more than nine weeks for an Adult Mental Health appointment. In the Dementia Service, there were 132 patients waiting longer than 9 weeks out of a total of 432 patients. Patients waiting for psychological therapy services have improved in the second part of the year to 516 patients waiting over 13 weeks at the end of March.

PERFORMANCE REPORT

Whilst patients waiting over 9 weeks in Child and Adolescent Mental Health Service (CAMHS) increased midyear, the position at the end of March 2023 improved to 496 patients waiting over 9 weeks. COVID-19 restrictions around face to face work with children and young people has delayed achievement of treatment goals, and this has had an impact on waiting times for new referrals.

Community Services

The Trust's targets 90% of patients being discharged from an acute site, whose discharges are complex, within 48 hours; the average for the year in Antrim was 74% and the average for Causeway was 62%. 100% of those patients whose discharges are classified as non-complex should be discharged from acute hospitals within six hours; during the year Antrim averaged 90% and Causeway averaged 89%.

Domiciliary Care continues to be an area of challenge for the Trust and across the region, with demand outweighing capacity. Whilst in-house domiciliary care has not returned to pre-pandemic levels, the under-delivery has been covered with independent sector contracts. Overall domiciliary care exceed their targets in the SDP.

Adoption

There is one regional performance indicator which governs adoption; that 90% of children, who are adopted from care, are adopted within a three-year timeframe. The Trust's average performance during the most recent reporting year was 36%. There are factors outside the Trust's control, which limited the Trust's ability to achieve this target, namely the timeframes of court proceedings. However, the Trust continues to monitor each child's adoption timeline and reviews cases with the judiciary in an effort to reduce timeframes where this is possible.

Healthcare Acquired Infection

There are three regional targets in the area of healthcare acquired infection i.e.the Trust was to experience no more than: 7 cases of Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia, 49 cases of Clostridium Difficile Infection (CDI) and 75 cases of Gram-negative Bloodstream (GNB) infections during the year. At the end of March 2023, the Trust had 7 cases of MRSA, 37 cases of CDI and 77 cases of GNB. Work is continuing at ward level to raise awareness of MRSA management and placement of at risk patients. Whilst there have been significant improvements in reduction of cases against all the regional targets this year, the issues of insufficient acute beds and increasing patient acuity and complexity of patient cases seen, contribute to the challenge of reducing transmission of all healthcare associated infections. Additionally the ongoing challenges faced by management of COVID-19 cases across the Trust add to the demands of the Infection Control Team with daily prioritisation of facilities for isolation and cohorting of patients.

PERFORMANCE REPORT

Staff Absence

For 2022/23, the Trust was set a sickness absence compliance target of 6.83% by the DoH, excluding COVID-19 related absences. As at 30 September 2022 the Trust cumulative sickness absence rate was 6.89%. COVID-19 related absence recording changed with effect from 1 October 2022 when it was no longer recorded as Public Service Duties Paid and started to be recorded as sick leave. As a result, the Trust cumulative sickness absence rate at 31 March 2023 was 7.82%. The top five reasons for absences continue to be stress, work related stress, grief / bereavement, anxiety and backache / pain.

During 2022/23 we revised our *Recognising and Responding to Stress in the Workplace* Policy and launched a *Recognising and Responding to Stressors in the Workplace: Talking Toolkit* alongside a webinar and training for both staff and managers. In addition, we launched a *Supporting Staff following Bereavement* Policy (including Guidance for Managers and Support Resources) and associated webinar.

The *Supporting Attendance Toolkit* which launched in March 2023, to support staff and managers to adhere to the Managing Attendance Policy. Both the Toolkit and the Policy are available via Staff Net.

There has been close engagement between HR and Occupational Health since the launch of the COVID-19 Vocational Rehab Programme to assist managers in supporting staff absent due to Long COVID-19. One of the outputs of the Trust Supporting Attendance Management Group has been to identify the need for managers and staff in supporting and maintaining attendance at work. Over 2023/2024 this will be achieved through the roll out of an updated Divisional Absence Case Discussion approach which will focus on long term absence cases to ensure management and staff receive appropriate guidance and support to encourage and facilitate a more timely return to the workplace. Work will also continue regionally to finalise and implement a Regional Supporting Attendance Framework, Policy and Procedure.

Staff Appraisal

Appraisals are a crucial way in which we can nurture our people, enable our talent and build our teams. They are platforms for reflection, planning, recognising high performance, and thinking about what support we might need to achieve personal, team and organisational goals, for the benefit of staff and the wider provision of services for patients and service users.

For 2022/23, the Trust was set an annual staff (agenda for change) appraisal compliance target of 75% by the DoH. At 2022/23 year end, 62% of staff have undertaken an annual appraisal conversation.

In response to the pressures and demands placed on staff during the COVID-19 pandemic, the Trust had maintained a 'Wellbeing Appraisal' during 2022/23, to encourage compassionate conversations between managers and staff.

PERFORMANCE REPORT

Moving into 2023/24, the Trust will be launching a revised approach to appraisal, to incorporate the Team North objectives and values alongside the wellbeing conversation.

Anti-Fraud and Bribery

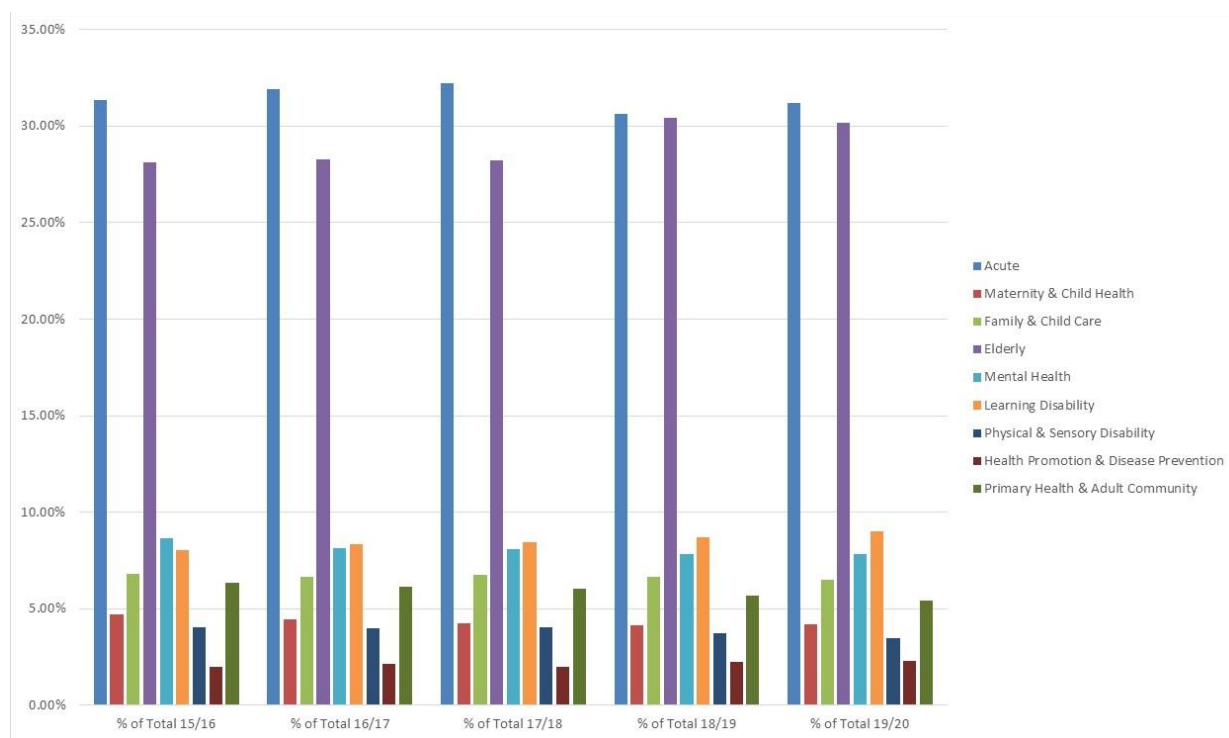
The Trust operates a zero tolerance approach to Fraud and Bribery and has policies and procedures in place to combat and investigate, headed up by a Fraud Liaison Officer and supported by the Counter Fraud Service in BSO. The Trust Anti-Fraud and Bribery Policy was updated during the year.

Long Term Expenditure Plans

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

Whilst 2023/24 will continue to be financially challenging for the Trust, it is expected that the Trust will continue to operate on a going concern basis.

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



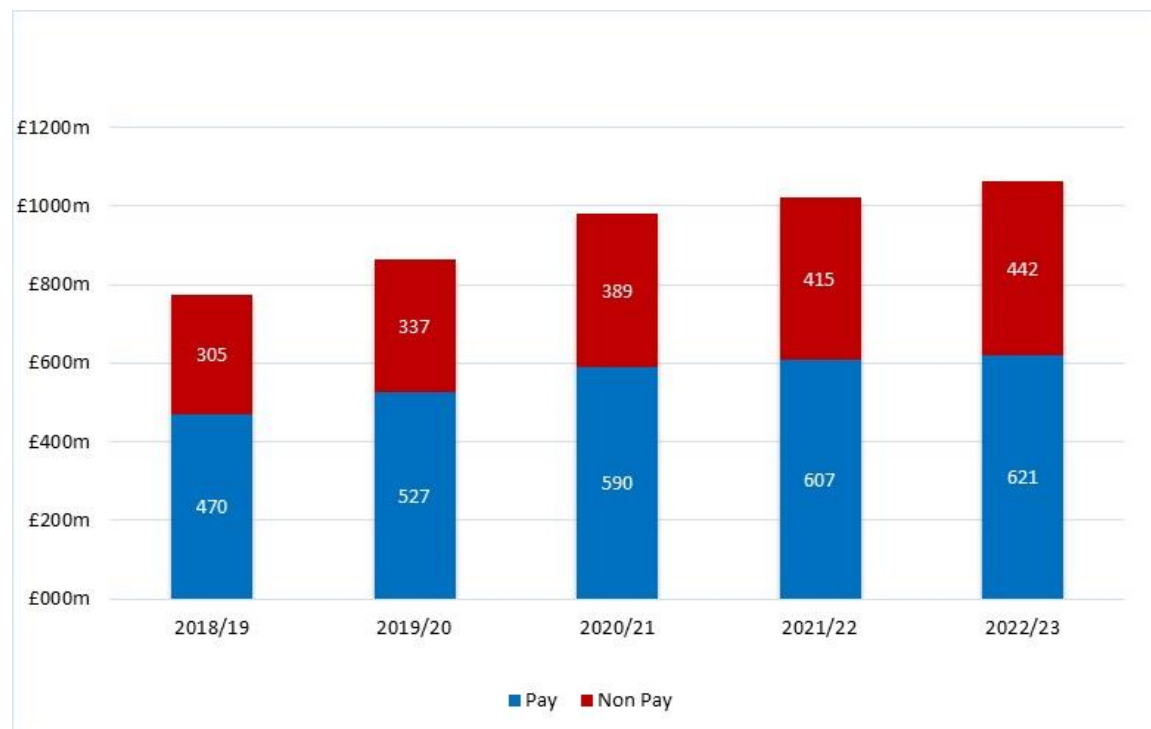
* Source: annual Trust Financial Returns. Last return submitted was for 2019/20 as returns for 2020/21 and 2021/22 were stood down due to COVID-19. Next return for 2022/23 due in October 2023.

PERFORMANCE REPORT

The Trust previously reported on trend analysis within Programme of Care expenditure but reporting has been stood down due to COVID-19, with the last analysis available for 2019/20. This will be re-introduced in 2023/24.

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

Analysis of Outturn Total Revenue Expenditure (2018/19- 2022/23)

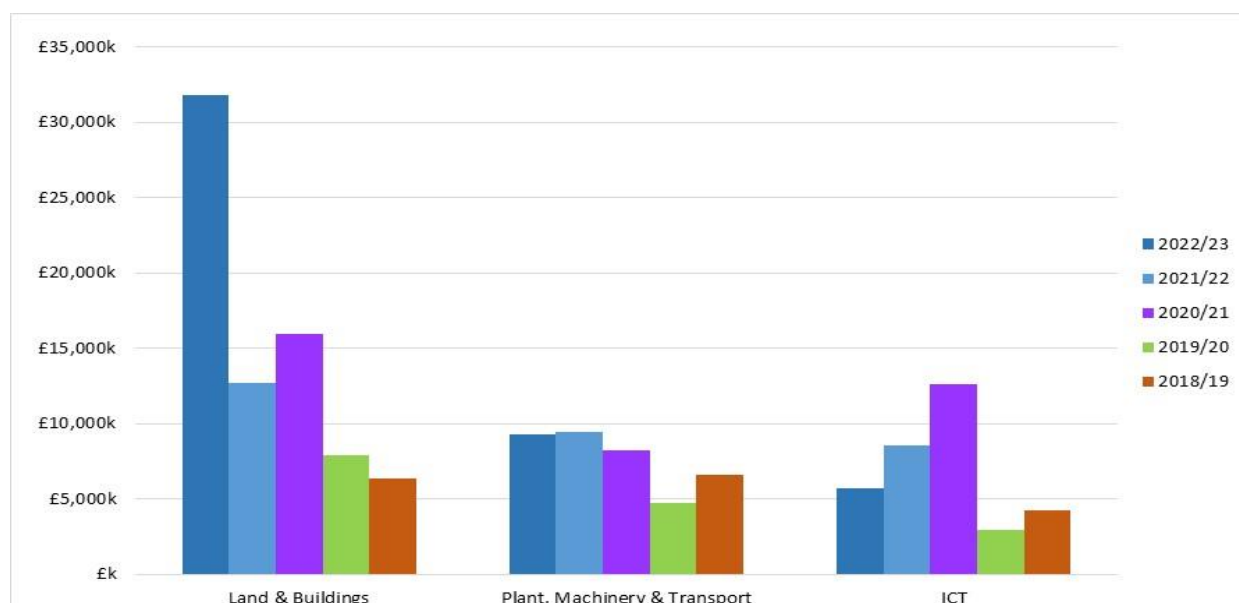


Further divisional analysis can be found within the segmental information shown in note 2 to the Accounts.

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

PERFORMANCE REPORT

Analysis of Outturn Total Capital Expenditure (2018/19 – 2022/23)



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

The Trust continues to plan for the next stages of capital infrastructure development with the DoH Investment Directorate. The Trust completed Royal Institute of British Architects (RIBA) stage 2 design in September 2022 and started stage 3 in October 2022 of the new Mental Health Inpatient Service. The final business case for 2 new medical wards on the AAH site was approved in September 2022 and the first 24 bedded ward was completed and became operational in March 2023 with the second ward planned to be operational in early July 2023. Work on the design of the AAH electrical infrastructure continues following approval of the outline business case in August 2022.

Our 10-year capital plan, which was re-submitted to the DoH in January 2022. Major capital investment projects covered in it on the AAH site included:

- a new Intensive Care Unit and entrance to the west of the site,
- additional theatre capacity,;
- a new Woman's and Children's Unit and associated car parking; and
- refurbishment and extension of hospital sterilisation and decontamination units (HSDU).

Other capital projects were:

- a new residential unit for children with complex needs;
- replacement of two adult centres in Ballymena and Larne; and
- a new Health and Care Centre in Newtownabbey.

Other projects underway in 2022/23 include the refurbishment of the wards in the Robinson Hospital and the development of a Strategic Outline Case for a primary and community care hub in Cookstown, to be part funded from Mid-South West Growth Deal Funds. These projects are included in ongoing capital planning work with various timeline profiles over future years.

PERFORMANCE REPORT

Prompt Payment

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

Prompt Payment	Number	£000s
Total Bills Paid	318,230	575,305
Total Bills Paid within 30 days of receipt of an undisputed invoice	289,975	529,366
% Bills Paid within 30 days of receipt of an undisputed invoice	91.12%	92.01%
Total Bills Paid within 10 days of receipt of an undisputed invoice	230,741	452,509
% Bills Paid within 10 days of receipt of an undisputed invoice	72.51%	78.66%

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

The DoH require that Trusts pay their non HSC trade payables in accordance with applicable terms and appropriate Government Accounting guidance. The Trust's payment policy is consistent with applicable terms and appropriate Government Accounting policy and its measures of compliance are: 95% of all valid invoices should be paid within 30 days and 70% of all valid invoices within 10 days.

While the Trust met the 10 day target for 2022/23, the prompt payment performance of the Trust in respect of payment within 30 days did not meet the annual target. Performance fell against last year for two main reasons:

- the Accounts Payable system was subject to a 11 day system outage during August 2022 which prevented processing and resulted in a recovery period during which prompt payment performance fell as low as 84.44% in-month;
- the dependence on Agency staff, particularly nursing, during COVID-19 recovery has resulted in higher volumes of invoices that teams were staffed to manage.

The Business Services Organisation Accounts Payable Shared Services Team and the Trust have worked hard, together, to address these issues and have steadily improved the compliance rate having achieved the 95% target in each of the last 2 months of the year. The outturn for March 2023 was 95.42% for the 28,722 valid invoices processed for the Trust in month were paid within 30 days.

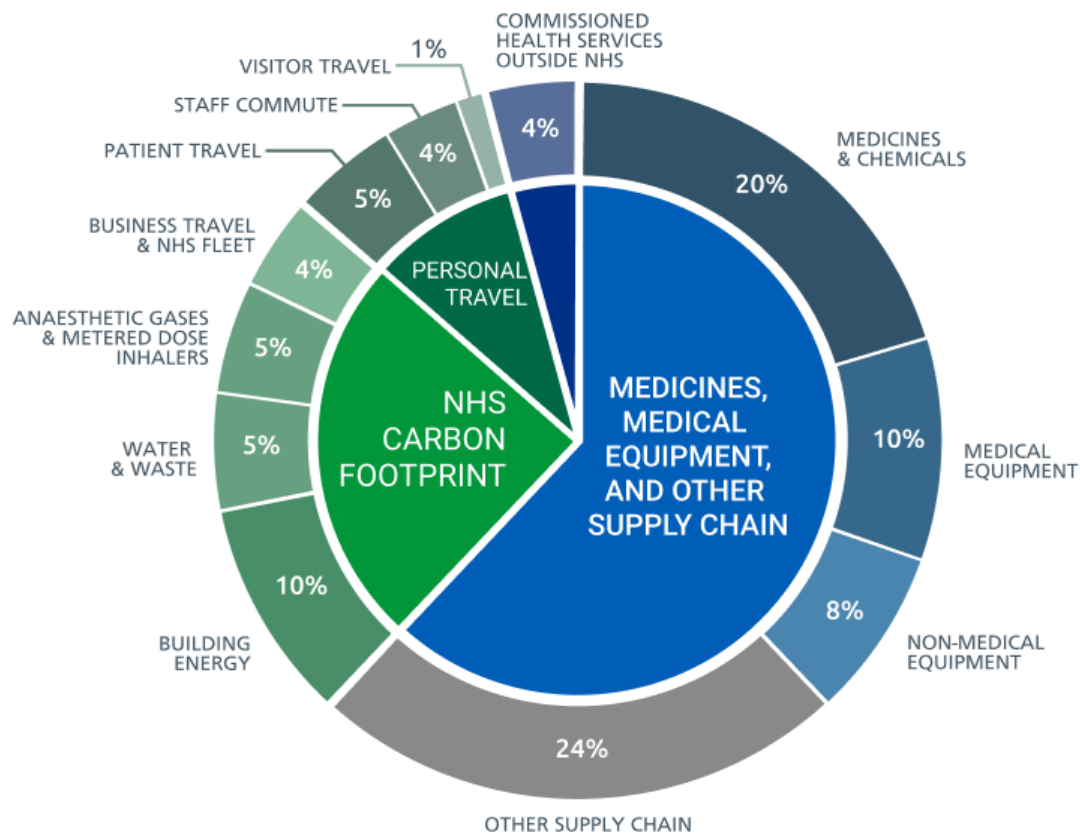
This remains a challenging target and work will be focussed on eliminating manual payments during 2023/24 and tackling other areas liable to delay.

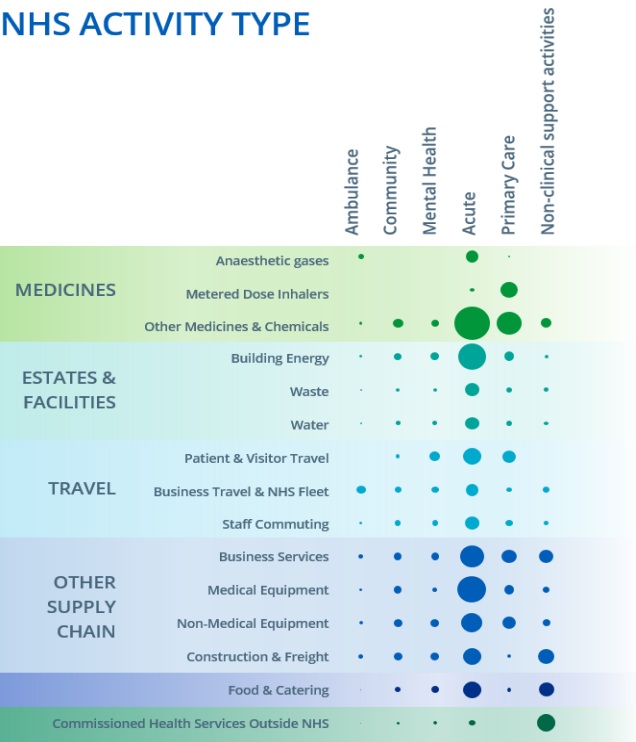
Environment and Sustainability Report

The NHS *Delivering a Net Zero National Health Service* Report evaluated a breakdown of carbon emissions associated with various categories and the average is as below:

PERFORMANCE REPORT

What is interesting is that Estates element; Building energy, waste and water are associated with only 15% of the carbon emissions, however, a separate ARUP report has it at 20-25%. What is important is that the scale of the impact of Estates alone is small compared to other areas.





Sources of carbon emissions by activity type and setting of care

Waste

The Trust is committed to safeguard the environment from the adverse effects from the waste that is produced throughout the Trust. This is documented through the *Waste Strategy* and *Waste Policy* and managed by the dedicated Waste and Recycling Manager.

8R for Wastes Reduction



The Waste Strategy provides the targets for 2022/23 for 100% landfill diversion, emphasising less on recycling and using other waste management options to achieve zero to landfill. During 2022/23, all hospitals have achieved 100% landfill diversion, with community facilities achieving 99.9%.

To complement the domestic waste service contract and to aid prevention, reuse and the minimising of waste, a web-based portal to trade items internally was implemented in January 2019. The portal (Warp-it) allows staff to exchange items no longer required increasing the lifecycle of items and reducing disposal costs. Since start-up, (to April 2023) the Trust has saved £121,250 and saved 52,265kg of CO₂ (equivalent of taking 22 cars off the road and planting 71 trees) and avoided 25,077kg of waste.

Food waste within the catering departments across the Trust and residential homes is segregated, collected and reprocessed 100% by anaerobic digestion to generate green electricity. During 2022/23, 2,034 bins (159.3 tonnes) of food waste had been collected across 39 facilities.

The overall tonnage production of clinical, pharmaceutical and anatomical waste has significantly decreased by 130.8 tonnes. This was due to the reduction of use of PPE across the Trust, the closure of the COVID-19 testing and vaccination centres and pop-up COVID-19 clinics across the Trust area.

Another contributing factor was the downgrading of clinical waste to offensive waste within certain areas across the Trust in the later months of 2022/23.

PERFORMANCE REPORT

During 2022/23, 1,166.5 tonnes of healthcare waste was produced across the Trust; of this 100% of the flock (processed clinical waste) was recovered and sent as fuel to an *Energy from Waste* plant, instead of being sent to landfill.

Other projects to reduce the Trust's impact on the environment and to move into the circular economy was to reduce the use of single use plastic and replace items made from virgin plastic to recycled or compostable components.

Within the last 12 months the Trust has moved from using clinical waste containers made from virgin plastic, to sharps box containers made from at least 40% recycled plastic and the clinical waste containers (30L and 60L) made from at least 80% recycled plastic.

Other single use plastic items have been removed from Trust use, including plastic cutlery, cups and containers and substituted with compostable items.

Throughout 2023/24 this will be taken further to reduce PPE waste, especially gloves, during the campaign *The Gloves are Off* and for wards, departments and facilities to sign up to the *Plastic Pledge*.

Energy

It has been an extremely difficult two years for the Trust's Energy Team due to the unstable energy market caused by the ongoing war in Ukraine. During 2022/23 the Energy Team has commenced work towards establishing a carbon baseline, taking measures to monitor energy consumption by taking an active role in controlling the heating, electricity and water consumption within the NHSCT. Our upgraded BMS and metering system for electricity and water has made such measures possible.

Due to geopolitical issues energy prices for 2022/23 have been volatile and the Energy Team has continued its drive towards cost avoidance. The Energy team has worked closely with Corporate Communications to raise energy reduction awareness with a targeted campaign at the beginning of winter 2022.

The Energy Team has continued to build positive relationships with all non-acute building managers. This has ensured greater efficiencies when setting heating temperatures and scheduling times for the heating to run, eliminating overheating or the heating of vacant buildings and thus reduces energy usage and carbon emissions.

PERFORMANCE REPORT

This year the Trust has invested in energy efficiency and carbon reduction schemes funded by the Department of Health and the Backlog Maintenance fund. As in previous years, these schemes include oil to gas conversions and in the Mid Ulster area the Trust refurbished / converted 75% of the boiler houses with great energy and carbon savings. The plan is to continue with this strategy in coming years.

Other projects included LED lighting upgrades, boiler replacements and the installation of x2 Solar PV systems; one at Dalriada Hospital and the other at the Westland's Complex. The Energy Team are exploring ways in which to acquire data more easily and one such solution is the use of apps from which the Solar PV systems can be monitored via the Trust's mobile phones.

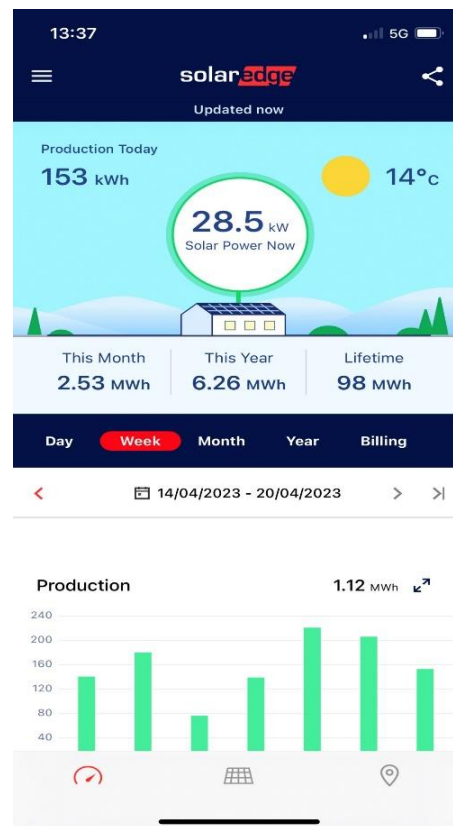
In addition, the Trust is currently in the process of completing feasibility studies regarding the installation of Electric Vehicle charging hubs for Trust vehicles which will dramatically reduce the carbon emissions attributed to Trust transportation

Into 2023/24 the Energy Team will review various options to reduce the Trust's dependency on fossil fuels. Two such solutions, being explored at present, are a geothermal energy project and Solar PV Farm near Antrim Area Hospital. Further projects which are being planned, subject to funding, are for a large Solar PV installation at Causeway Hospital, decentralisation of boilers at the Westland's complex and more efficient boilers replacements across the Trust.

The Energy Team continue to work towards lowering net energy consumption by 30% by 2030, based on a 2016/17 baseline year* and 100% of the electricity supplied to the Trust is renewable.

Telecoms

The Estates Telecom Team are continuing to centralise the Trust's telephone system architecture, removing localised telephone system hardware. This will provide a more robust platform, enhance migration to Session Initiation Protocol (SIP) technology by 2025 and also deliver energy savings as there will no longer be a need for telephone system hardware to be located at every Trust site, and thus there will be a reduced power requirement. Also, as there will be no physical telephone systems there will be a power reduction due no longer requiring an air conditioned environment. These power saving measures will directly reduce the associated carbon emissions



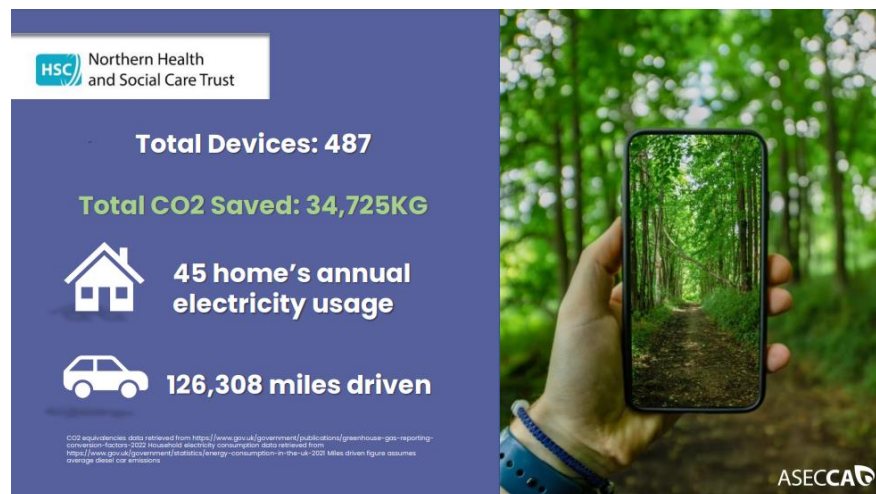
*Energy Management Strategy and Action Plan to 2030 for Northern Ireland Central Government
<https://sibni.org/app/uploads/2019/03/Energy-Management-Strategy-March-2019.pdf>

PERFORMANCE REPORT

There is a drive to replace the older style Mitel 5312 telephone handsets for a more efficient 6920 handset. The aim is during 2023/24 to have approximately 2500, of the 9000 handsets in the Trust, changed over. The new 6920 handset is around 20% more energy efficient, when compared to the older model, and will provide an electricity avoidance of approx. 12,800kWh.

In line with our sustainability model the old handsets are being recycled to give an increased reduction in the Carbon Footprint.

During 2022/23 the Telecom team has migrated 1100 staff to new iPhones due to the specification requirements of the Microsoft 365 project. The old iPhones are being recycled as part of Estates drive for sustainability and the image below shows just how much of a saving this has made during 22/23.



Our mobile phone recycler not only provides the NHSCT with a financial return but, unlike most major recyclers, does not export to Asia and thus keeps their carbon footprint much lower. This has had the impact of saving approximately 34,725 kgs of CO2. As referenced to GSMA, a typical mobile phone connection releases approximately 59kgs of carbon per year and in 2021 1% of all total carbon emissions was related to mobile phone operators. This does not include the production, transportation etc. which adds even further to the Carbon emissions.

There are a further 400 iPhones to be changed over during 2023/24 in direct response to the IT departments security policy which dictates that mobile devices must have a specific minimum software version to remain compliant. These devices will also be recycled and will add to the 2023/24 CO2 savings.

As the telecom team will be tendering the mobile phone contract in 2023, they will ensure that tender questions require potential suppliers to provide credible plans for delivering and evidencing tangible sustainability benefits.

Post COVID-19 we have seen a steady decline in the usage of Zoom and this, in part, is contributed to the Trust's move to the MS Teams platform.

During 2023/24 the Telecom team will continue to pilot a further enhancement of the telephone system with an app called MiCollab. This app can be placed on your

PERFORMANCE REPORT

mobile phone or laptop so that your extension number can follow you wherever you are; this will enhance working flexibility and support facilitation of remote working.

There are many benefits relating to remote working such as:

- reduction in travel and thus CO2 emissions;
- savings relating to travel expenses, parking and fuel; and
- improved productivity;

and these benefits are contributable to both the service users and staff.

Human Resource Policies

Equality and Diversity

The Trust continues with its commitment to ensuring equality, diversity and inclusion in the workplace.

In April 2022 the Trust Executive Team approved our Equality, Diversity and Inclusion (EDI) workplace framework and our overarching theme of '*Valuing Diversity and Promoting Inclusion*'. We worked with our local and regional equality partners to engage stakeholders through a series of listening events over the summer period to help us develop specific actions and priorities. Feedback from these events has now been collated by our Equality Unit and considered by the Trust's EDI Leadership Group with action plans developed in following key areas;

Equality Monitoring Campaign

Equality, Diversity and Inclusion is a foundation stone of our #teamNORTH workplace culture and one of the key ways for us to reflect our diversity is through the collection and reporting of equality monitoring data. In January 2023, the Trust EDI Steering Group launched its campaign to improve equality monitoring data gathered from staff. The campaign will continue during 2023/24 and Divisions are asked to help identify opportunities to promote this campaign with their staff.

Disability

Following the success of the Disability and Reasonable Adjustment HR Clinics provided in the 2021/22 programme of work, we expanded the clinic offering to include managing attendance and promoting health and wellbeing. A series of 10 sessions were held between August and December 2022 with over 250 attendees. We continue to promote and to support managers to implement the Trust's Disability and Reasonable Adjustment Toolkit introduced last year and are working with the Steering Group to develop a Reasonable Adjustment Passport/Agreement for staff with a disability or long term health condition.

Flexible Working

The Trust recognises that flexible working is a crucial part of creating modern and inclusive employment practices. The Trust's policy and procedure has been revised to incorporate contractual changes implemented through Section 33 of the terms and conditions handbook. The Trust has developed a series of guidance notes to support managers and staff. In addition a series of HR Clinics were developed to support implementation. Over 250 managers received this training.

PERFORMANCE REPORT

LGBTQ+

The Trust once again demonstrated its support for our LGBTQ+ staff and service users, during the main celebration of Pride during July 2022. As part of our ongoing commitment to valuing diversity and promoting inclusion we signposted through our email signatures and other communication channels to internal and external sources of support including sexual orientation and gender awareness training for staff.

Ethnic Diversity

Representatives of the group worked with regional partners to develop a regional leadership programme for ethnic minority colleagues which was launched in September 2022.

In February 2023, we celebrated National Race Equality Week launching our second annual Race Equality Bulletin. The Bulletin highlighted “Progress”, the newly developed HSC Leadership programme for ethnic minority staff, which commenced in October 2022. Feedback from the candidates has been very positive to date.

In August 2022 the HR Team worked with our Equality Unit partners to develop a Trust Equality Newsletter showcasing the Trust EDI work for both internal and external stakeholders.

Further Disclosure

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



Jennifer Welsh – Chief Executive/Accounting Officer

22 June 2023

ACCOUNTABILITY REPORT

Accountability Report

Overview

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

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

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

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

ACCOUNTABILITY REPORT

Non-Executive Directors Report

In 2022/23 the focus has moved from the management of the Covid-19 pandemic back towards business as usual. The increasing challenge for the Trust is the planning and delivery of services post pandemic under increasing demand and shortage of resources.

In that context, the Trust Management Board is focused on determining the key operational priorities and balancing corporate risks in the prioritisation of front line services to manage delivery.

Throughout the year, the Non-Executive Directors (NEDs) have continued to provide support, challenge and guidance through the Board and its sub-committees, to assist the Trust in delivering for everyone using our services, both at the hospitals and in our many community settings.

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

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

Leadership of these Committees focuses on continuous improvement and strong governance and accountability throughout the Trust. The Governance Statement provides additional detail on all Committees and Board meetings held during 2022/23. In addition, there were three Board workshops, which focussed on a range of strategic matters.

There will be changes to the non-executive membership of the Trust Board, with the end of Bob McCann's term on 30 April 2023 and the end of Billy Graham's term on 20 April 2023. Anne Reilly has been newly appointed as Chair with effect from 1 May 2023 and the Trust continues to liaise with the Department of Health on the appointment of further Non-Executive members, including a member with financial experience to join Audit Committee. In the interim, Lesley Mitchell has been co-opted to the Audit Committee to fulfil this role.

ACCOUNTABILITY REPORT

CORPORATE GOVERNANCE REPORT

Directors' Report

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

- i. Non-Executive Directors
 - Bob McCann (Chairman) (retired 30 April 2023);
 - Anne O'Reilly (Chairman) (from 1 May 2023);
 - Paul Corrigan;
 - Jim McCall;
 - William Graham (retired 20 April 2023);
 - Glenn Houston; and
 - Gerard McGivern.
- ii. Executive Directors
 - Jennifer Welsh, Chief Executive;
 - Seamus O'Reilly, Executive Director of Medicine (retired 31 August 2022);
 - David Watkins, Executive Director of Medicine (from 1 September 2022);
 - Owen Harkin, Executive Director of Finance (and Deputy Chief Executive);
 - Suzanne Pullins, Executive Director of Nursing, Midwifery and Allied Health Professionals (Directorate name changed from Nursing and User Experience on 1 June 2022); and
 - Maura Dargan, Executive Director of Social Work.
- iii. Directors
 - Jacqui Reid, Director of Human Resources, Organisation Development and Corporate Communications from 25 May 2022 (previously Interim Director of Human Resources); and
 - Wendy Magowan, Director of Operations.

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

The Trust wished to acknowledge the hard work and dedication of Dr Seamus O'Reilly, former Executive Director of Medicine, who retired during the period. In total six Director posts were permanently recruited during the year, which has contributed to the longer term stability of the senior management team.

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

Any relevant disclosures are recorded in the Trust Register of Interests and details are included in Annual Accounts Note 20 Related Party Transactions, where applicable. The executive and senior management teams, along with the Director of

ACCOUNTABILITY REPORT

Finance have responsibility for the preparation of the accounts and the Annual Report. As far as the Directors are aware, there is no relevant audit information of which the Trust's auditor is unaware. They have taken all steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information. The Board are content with the quality and accuracy of the data presented to assist them in the decision making process.

Since April 2022, three incidents were reported to the Information Commissioner's Office (ICO). Further information is disclosed within the Governance Statement.

The auditor for the Trust is the Northern Ireland Audit Office. The notional cost of the audit for the year ending 31 March 2023 which pertained solely to the audit of the accounts is £84,000 made up as follows, Public Funds £77,000 and Charitable Trust Funds £7,000.

ACCOUNTABILITY REPORT

Statement of Accounting Officer's Responsibilities

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

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

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

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

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

ACCOUNTABILITY REPORT

GOVERNANCE STATEMENT

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

For 2022-23, the Trust had the following key relationships through which it demonstrated the required level of accountability:

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

1. Compliance with Corporate Governance Best Practice

The Board of the Trust applied the principles of good practice in Corporate Governance and continued to further strengthen its governance arrangements. The Trust does this by undertaking continuous assessment of its compliance with Corporate Governance Best Practice. During 2022-23, the Trust undertook a further review of its Integrated Governance and Assurance Framework Strategy. The revised strategy was approved at the Trust Assurance Committee, in March 2023. This strategy sets out the strategic context, responsibilities, management and accountability arrangements to manage risk effectively in the organisation. The strategy was updated during the year to reflect the Trust Corporate Plan and strategic objectives and the change in accountability arrangements from the former Health and Social Care Board, following the transfer of functions to the SPPG within the DoH. The strategy was also updated to take account of changes to Divisional Structures.

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

ACCOUNTABILITY REPORT

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

The Trust Board undertook an annual assessment of its compliance with Corporate Governance best practice by completing the *Board Governance Self-Assessment Tool* for use by DoH Sponsored Arm's Length Bodies. This involved assessing Board Performance across a total of 17 criteria, all of which were rated as Green. The assessment and associated Action Plan for 2022-23 were completed in March 2023, with a view to coming to Trust Board in May 2023. The assessment for 2021-22 was formally approved by Trust Board at a meeting in May 2022. This self-assessment was independently verified with the outcome, which supported the ratings submitted and appropriate completion of the tool, reported to Trust Board in November 2022.

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

2. Governance Framework

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

During 2022-23, 7 Trust Board meetings were held in public and the following table provides information on attendance.

Name of Director	No of Meetings attended	No of Possible Meetings	Comments
B McCann Chairman	7	7	
B Graham Non Ex Director	6	7	
P Corrigan Non Ex Director	6	7	
J McCall Non Ex Director	7	7	
G McGivern Non Ex Director	7	7	
G Houston	5	7	

ACCOUNTABILITY REPORT

Non Ex Director			
J Welsh Chief Executive	7	7	
O Harkin Director of Finance/Deputy Chief Executive	7	7	
W Magowan Director of Operations	4	7	
M Dargan Director of Social Work/Director Children and Young People's Division	4	7	
S O'Reilly Medical Director	2	3	Retired 31/08/2022
D Watkins Medical Director	4	4	Took up post 01/09/2022
S Pullins Director of Nursing, Midwifery & Allied Health Professionals/Director Paediatrics, Women's Services and Corporate Support	6	7	
J Reid Director of Human Resources, Organisation Development and Corporate Communications	6	7	
D Spence Divisional Director of Community Care	6	7	
P Corr Divisional Director Mental Health, Learning Disability and Community Wellbeing	5	7	
K McMahon Divisional Director Surgical and Clinical Services	4	7	
A Harris Divisional Director of Medicine and Emergency Medicine	4	7	
N Martin Divisional Director Strategic Development and Business Services	6	7	
P Graffin Interim Director of Integrated Care Prototype	3	3	Post ended 30/09/2022

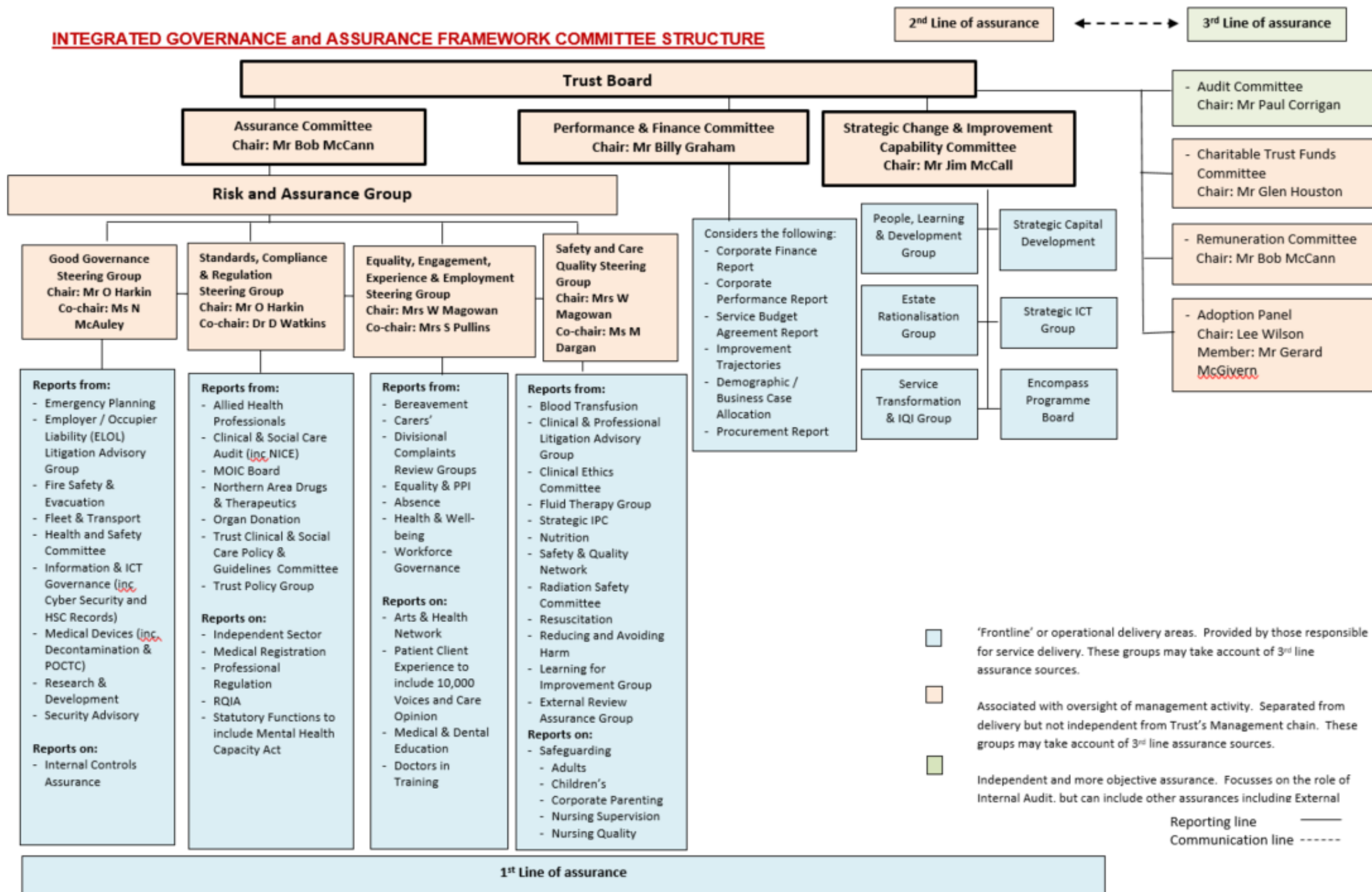
On occasions, the Director of Operations and Divisional Directors were absent from Trust Board due to the need to carry on crucial COVID-19/Industrial Action related business.

The governance arrangements for the Trust are based on an Integrated Governance model that links financial governance, risk management and clinical and social care governance into a single framework (see chart overleaf). During the year the Assurance Framework Committee Structure was updated to better reflect the independence of some of the committees in providing 3rd line independent assurance and to note that 1st and 2nd line assurances may take account of 3rd line assurance sources. It was also updated to reflect the following changes:

ACCOUNTABILITY REPORT

- Infection Prevention Control Environmental Hygiene Committee (IPCEHC), reporting to the Safety and Care Quality Steering Group, was changed to the Strategic IPC;
- Patient Safety and Quality Network, reporting to the Safety and Care Quality Steering Group, was renamed as the Safety and Quality Network, to reflect the broader remit of this group;
- Nursing Supervision and Nursing Quality was added to the *Reports on* section under the Safety and Care Quality Steering Group.

ACCOUNTABILITY REPORT



ACCOUNTABILITY REPORT

The Performance and Finance Committee and the Strategic Change and Improvement Capability Committee support the planning of the Trust Board.

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

- Audit Committee;
- Remuneration Committee;
- Charitable Trust Funds Advisory Committee; and
- Assurance Committee.

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

- To work with the Assurance Committee collectively to ensure an overall system of integrated governance in the Trust;
- To review the establishment and maintenance of an effective system of internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objective;
- To ensure that there is an effective internal audit function established by management that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board;
- To review the work and findings of the External Auditor and consider the implications of, and management's responses to, their work;
- To review the financial extract of the Trust's Annual Report and the Financial Statements before recommendation to the Board;
- To oversee the adequacy of the Trust's arrangements for ensuring that value for money is obtained in the expenditure of all public funds entrusted to its care.

The Committee has three Non-Executive members, including the chair, and met four times during 2022-23.

The Committee, supported by the Audit Steering Group, reports to the Trust Board and provided the Board and the Accounting Officer with assurance on the adequacy and effective operation of the systems of internal control. Minutes of meetings are presented to the Trust Board detailing the key issues discussed at meetings, including the consideration of: changing financial policy; corporate risk; internal audit work plans and reports; information assurance (including cyber-security incidents and adherence to GDPR); the annual report and resource accounts and the NIAO annual Audit Strategy and Report to Those Charged with Governance.

The annual Audit Committee Report for 2022-23, summarised the work of the Committee and provided its satisfactory opinion on the comprehensiveness and reliability of the assurances available to support the Board and, specifically, the Chief Executive as Accounting Officer in her accountability obligations.

The Audit Committee completed the National Audit Office Audit Committee Self-Assessment Checklist and no issues were identified.

ACCOUNTABILITY REPORT

The Audit Committee functions in accordance with best practice contained in the Audit and Risk Assurance Committee Handbook (NI) (March 2016) and operates under agreed Terms of Reference which are reviewed annually.

The Audit Committee has unfettered access to Internal and External Auditors in order to gather independent assurance over the adequacy of the governance framework and the Chair meets independently with representatives at intervals during each year. Representatives of the Northern Ireland Audit Office (NIAO) and the Head of Internal Audit (HIA) attend Audit Committee meetings.

The Remuneration Committee is a Committee of the Trust Board tasked with the responsibility for approving the remuneration of Executives. The Committee is chaired by the Trust Chairman and is comprised of three Non-Executive Directors in total. It met once during 2022-23.

The main functions of the Committee are as follows:

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

The Assurance Committee consists of all Non-Executive Directors and met on four occasions during 2022-23. The Committee has oversight of Integrated Governance and the effectiveness of the Assurance Framework of the Trust. It will evaluate all available evidence to provide an assurance to the Board that the systems of control are operating effectively and that structures support good governance. The Committee is chaired by the Trust Chairman.

The Committee:

- Evaluates risks to the achievement of the Trust's objectives;
- Regularly reviews arrangements for risk management and corporate governance and agrees further updates/changes with Executive Directors;
- Considers the effectiveness of the key controls through which risks will be managed;

ACCOUNTABILITY REPORT

- Ensures the views of the local community, relevant experts and staff input are incorporated into the development of services; and
- Seeks assurance that timely reports are made on recommendations and remedial actions taken or proposed, to mitigate any internal failing in systems or services.

The work of the Assurance Committee is supported by the Risk and Assurance Group, composed of Executive and Operational Directors, which provides an operational focus to risk management and integrated governance. The Risk and Assurance Group is chaired by the Chief Executive.

During the year the Trust continued to respond to the COVID-19 pandemic. The Trust command and control arrangements remained in place during the year and operated flexibly with regular Bronze meetings, as required, to strategically lead and support the Trust preparedness and planning, to ensure the safe and effective operational management of COVID-19.

The Trust also established command and control arrangements to strategically lead and support business continuity planning and preparedness for Industrial Action. The impact of Industrial Action, which included days of strike action and continuous action short of strike between December 2022 and March 2023, meant that services have had to be suspended or reduced, including many elective procedures, allowing the Trust to protect emergency and urgent services. As a result of Industrial Action and ongoing pressures, many of the supporting groups within the Assurance Framework were temporarily stood down, as staff and teams continued to support the Trust-wide planning to manage the impact. In the absence of formal meetings these groups continued to report, by exception, any issues which arose and which were required to be brought to the attention of the Assurance Committee.

During 2022-23 the Trust continued to support the Spring and Autumn COVID-19 vaccination booster programmes in line with Joint Committee on Vaccination and Immunisation (JCVI) recommendations. Winter vaccine appointments continued to be made available to staff, with the offer of walk-in clinics across Trust areas.

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

- Equality, Engagement, Experience and Employment Group;
- Good Governance Steering Group;
- Standards, Compliance and Regulation Steering Group; and
- Safety and Care Quality Steering Group.

The Charitable Trust Funds Advisory Committee is chaired by a Non-Executive Director with senior staff including the Director of Finance in attendance. The Committee oversees the administration of Charitable Trust Funds in line with the Trust's Standing Financial Instructions. During 2022-23 the Committee met on three occasions. The role of the Committee is to oversee the administration, including banking arrangements, investment and disbursement of Charitable Trust Funds. It also ensures that a strategic approach is adopted with regard to charitable expenditure and that Directorates produce and implement annual expenditure plans relating to all funds at their disposal.

ACCOUNTABILITY REPORT

Other Assurance Groups

The Trust has a Procurement Board with representation from key procuring Directorates and BSO Procurement and Logistics Service (PaLS), which oversees and reports on the procurement and contract management arrangements for the Trust, ensuring best practice in compliance with Procurement Policy and internal controls for all non-payroll expenditure. The Trust is supported in its procurement by the Department's two Centres of Procurement Excellence (CoPEs): Business Services Organisation Procurement and Logistics Service (BSO PaLS) and the Department of Finance Construction and Procurement Delivery Health Projects Division (CPD–Health Projects).

Social Care procurement is an area of particular importance and is reviewed in the context of the *Light Touch Regime* (LTR). In order to minimise the risk of non-compliance with the Public Contract Regulations (2015), all DoH Arms-Length bodies rely on CoPE cover for social services in the LTR. Over-threshold procurement for Social Care is being progressed by PaLS via the Social Care Procurement Board (SCPB) reporting to the Regional Procurement Board.

During the year, an Operational Procurement Group was established to take forward the procurement work of the Trust at a more granular level, in support of the Procurement Board.

3. Business Planning and Risk Management

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

Business Planning Processes

The Trust's vision, values and corporate priorities are normally set out in a 4 year Corporate Plan, which is subject to Departmental approval. The current Corporate Plan covers a single year 2022-23. This was on the instruction of the DoH due to the pressures faced during the pandemic and the development of a process around the new Integrated Care System.

Normally the Ministerial targets and SPPG (previously HSCB) Commissioning Plan priorities are responded to in the annual Trust Delivery Plan (TDP). The SPPG did not produce a Commissioning Plan this year due to the pressures HSC services faced in response to the pandemic and therefore no TDP was produced. The achievement of plans and performance internal to the Trust are progressed through divisional Accountability meetings across the year, as well as through the Trust's performance management arrangements.

Two Trust Board committees, the Finance and Performance Committee and Strategic Change and Improvement Capability Committee, monitor the Trust's performance against objectives in service delivery and reform. Trust Board also receives a monthly Performance Report setting out performance against regional targets, Service Delivery Plan trajectories and other key performance indicators.

ACCOUNTABILITY REPORT

Risk Management

The Assurance Framework including the *Principal Risk Document* describes the objectives, identifies potential risks to their achievement, the key controls through which these risks will be managed and the sources of assurance about the effectiveness of these controls. During 2022-23, the *Integrated Governance and Assurance Framework Strategy* was kept under review with some changes being made to the strategy and committee structure, which were approved by the Assurance Committee in March 2023.

The *Risk Management Strategy* describes the ongoing processes in place to identify and prioritise the risks to the achievement of the organisation's objectives and the systems that are in place for the identification, analysis, control and review of risks. All Directors, Assistant Directors, Clinical Directors, Clinical Leads, Clinicians, Senior Managers, Facility/Ward Managers and Heads of Department ensure that all activities within their area of responsibility are assessed for risk and that any identified risk is eliminated or controlled.

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

Risk can be identified from a number of information sources such as adverse incidents, complaints, legal proceedings or risk assessments. Each risk record includes a description of the risk, current control measures in place to manage the risk, an assessment of the impact and likelihood of realisation of the risk (initial, current and target risk levels) as well as action necessary to treat/remove the risk. The Trust defines *Risk Appetite* as the extent of exposure to risk that is judged tolerable and justifiable should it be realised. The concept may be looked at in different ways depending on whether the risk being considered is a threat or an opportunity.

Risk appetite is expressed by a series of boundaries appropriately authorised by the Executive Team giving clear guidance on the limits of risk and at what level in the organisation these can be managed.

The Principal Risk Document highlights the key risks to the achievement of the organisation's objectives. This tool was developed to ensure there is a comprehensive method for the effective, focused identification and management of the principal risks that arise in meeting the corporate objectives. The Principal Risk Document is used to provide the Trust Board with a simple and comprehensive account of those risks identified, actions required and outstanding gaps in control. This document was last presented to the Assurance Committee in March 2023.

The *Corporate and Divisional Risk Registers* are used to support ongoing review and update of the Principal Risk Document. The Trust's Risk Management Strategy sets out the systems and processes by which risks are identified and controlled.

ACCOUNTABILITY REPORT

An Internal Audit of Risk Management was undertaken during 2022-23 and this provided a satisfactory level of assurance.

There are structured processes in place for incident reporting and the review and learning from Serious Adverse Incidents (SAIs). The Trust has in place a *Corporate Trigger List*, which identifies incidents that must be reported by all staff, onto Datixweb. In addition, Trigger Lists are in place within all Divisions, which also include service specific reportable incidents. These arrangements are supported by Risk Management Awareness training, which is available as an e-learning package and is now mandatory for all staff. In addition, Risk Management training was provided to Trust Board in February 2023.

During the year, the Trust trained 79 staff in the methodology and processes for completing a SAI review. Family/service user involvement was intrinsic within the SAI review process, and that the outcome of each SAI was focused on internal and regional learning.

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

Information Risk

Information risks are managed within the context of the Trust's Risk Management Strategy. Such risks are identified and documented at a number of levels including the Corporate Risk Register. Information governance is a Principal Risk for the Trust and this is reviewed at the quarterly Information Governance Forum chaired by the Trust's Senior Information Risk Owner (SIRO). Assurances are provided to the Good Governance Steering Group and up to Assurance Committee, on IG Incidents, Freedom of Information and Data Protection Act request compliance, mandatory training compliance and update on internal audit recommendations progress.

Information security was escalated from the Corporate Risk Register to the Principal Risk Document during the year. Internal Audit carried out an ICT Cyber Security Audit during 2022-23. The Trust achieved satisfactory assurance for both Engagement and Training and Vulnerability Management. The Trust Information and Communications Technology (ICT) Service continues to hold ISO270001, which gives assurance in regards to Cyber and Information Security, along with ISO20000 (International standard for IT Service Management) Accreditations, most recently achieved in May and April 2022 respectively.

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

ACCOUNTABILITY REPORT

The Information Governance Forum oversees and directs an improvement programme that addresses the risk areas identified.

The Trust has an Information Asset Register with assets aligned to relevant business areas and identified responsible Information Asset Owners. This along with the development of the Trust's Information Sharing Register ensures that all information used for operational and reporting purposes is handled appropriately and in accordance with Trust policies, particularly where it is used by third parties or other government bodies.

Fraud Risk

The Trust takes a zero tolerance approach to fraud in order to protect and support our key public services. During 2022-23 the Trust has reviewed its *Anti Fraud and Bribery Policy and Response Plan* reflecting new Departmental guidance and setting out our approach to tackling fraud and defining staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud.

Our Fraud Liaison Officer promotes fraud awareness, provides advice to our employees on what may constitute fraud and reporting arrangements and co-ordinates investigations, in conjunction with the Counter Fraud and Probity Services (CFPS) provided regionally by the Business Services Organisation. The scope of CFPS's role has expanded from February 2023 to take into account the conduct of preliminary investigations for the first time.

The Trust requires mandatory triannual training of all staff in fraud awareness and issues regular reminders to staff on the risk of fraud.

Raising Concerns (Whistleblowing)

The Trust Raising Concerns (Whistleblowing) Policy is in place and provides a well-publicised process for staff to raise concerns and for the Trust to investigate. The Policy is made available to all staff through a dedicated page on the Trust Staffnet and staff are encouraged to *See something, Say something*. The HRgovernance email account is available for staff to directly contact Human Resources (HR) staff with their concerns. Throughout 2022-23, 3 formal concerns were raised with impartial and independent investigating officers appointed. In each instance, Directors agree the Terms of Reference for all investigations. The outcome of all investigations are shared with the Operational Director and relevant Executive Director, for professional scrutiny and sign-off.

The annual *Raising Concerns (Whistleblowing) Report* is submitted to the Audit Committee. The Chair of the Audit Committee, also undertakes the role of *Openness Champion* and meets with relevant staff to obtain updates on the progress of concerns received and lessons learnt. The Trust continues to work with the Department on the review of the DoH Regional Framework for Raising Concerns and model policy and reviewing the responses to the public consultation.

4. Public Stakeholder Involvement

Service users and carers are at the heart of everything we do. Involvement of service users and carers enables us to shape our services and improve patient experience,

ACCOUNTABILITY REPORT

and enables us to use our resources in ways that have the greatest impact on health and wellbeing. We actively and regularly involve people who receive and deliver services in the Trust's decision-making and planning processes to make sure our priorities are influenced by the people who use our services.

Our Plan, entitled *Connecting Patient and Client Experience, Personal and Public Involvement, and Co-production 2022 -2025*, sets out our vision, commitment and integrated approach to Patient and Client Experience (PCE), Personal and Public Involvement (PPI) and Co-production activities. Within Northern Trust, this includes Patient Experience Standards, the Patient Experience Collaborative/real time feedback and *10,000 More Voices*, Personal and Public Involvement and Co-Production. The Plan is underpinned by our strategic vision: *We provide compassionate care with our community, in our community* and was co-produced with services users, carers and staff.

To ensure involvement is at the core of our business agenda we have a range of governance, management and monitoring mechanisms in place to reflect this. Our Engagement, Experience, Equality and Employment Group (Quad EG), chaired by our Director of Operations, seeks assurance that service users, carers and communities are fully involved in the development of Trust services and that their involvement shapes our business. The membership includes a service user representative and the Patient and Client Council (PCC).

We evaluate and evidence the effectiveness and impact through the completion of the regional PPI monitoring tool, by using PCE mechanisms to gather feedback following improvements and changes and by producing an *Involvement Annual Report* to meet our performance reporting requirements.

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

The Trust's Involvement Network continues to grow in numbers. We now have over 300 service users, carers and community representatives working with us to develop our services. Whether this is co-designing a new service, co-producing training or having input into the information we provide, they are a key resource for the Trust. Over the last year, members have received more than 60 involvement opportunities.

We have established a new Engagement Advisory Board to ensure we are approaching our engagement in a way that meets the needs and interests of all communities, with a focus on targeting the most hard to reach. After publicly advertising the opportunity to become a member, we received over 60 expressions of interest and membership reflects the communities we serve. Board members have a wealth of lived experience and are active members within their communities.

ACCOUNTABILITY REPORT

It is important that our staff have the appropriate training and support to achieve effective service user and carer involvement. This year a total of 227 staff have taken part in our specialist involvement training programme.

As we move into a period of transformation, using involvement methodologies will support the Trust to listen to the voice of those people within our communities who have lived experience of using our services. We continue to embed *Care Opinion* across the Trust. This online user feedback system allows service users and carers to provide anonymous feedback about health and social care services. To date we have received 695 stories since the launch of Care Opinion in August 2020. Of the stories received, 80% of those that left feedback had a positive experience. In addition, we seek feedback through the 10,000 More Voices initiative. The Trust also continues to collect and reports on complaints, comments and suggestions made by members of the public and service users received through the *Your Views Matter* process.

5. Assurance

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

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

It also receives assurances from internal sources, on the effectiveness and operation of controls across a range of governance areas. These include the:

- Principal Risk Document;
- Internal Assurance Standards;
- Risk Registers;
- Board appointed committees including the Assurance Committee, Audit Committee, Remuneration Committee and Charitable Trust Funds Advisory Committee; and
- Reports from Directors at Board Meetings.

The Board assures itself on the quality of information that comes to it, through various methods, including:

- Feedback from Directors on whether the information meets their needs;

ACCOUNTABILITY REPORT

- Open debate, via workshops, on issues facing the Trust; and
- Use of patient and staff stories to confirm/assure on standard of services.

During the year the Trust Board received a monthly Performance Report on progress against each of the Ministerial targets and SPPG Commissioning Objectives (carried forward from the previous year). Each operational Division has a monthly performance scorecard to provide feedback at Divisional Accountability meetings. The Trust Director of Finance provides a report to the Trust Board each month on its financial performance and its capital schemes. Commentary is included on the statutory duty of breakeven, financial risk, budgetary position and assumptions.

Internal Assurance Standards

From 1 April 2018, the Trust self-assesses its compliance with the 20 applicable Internal Assurance Standards. The Trust achieved the following levels of compliance for 2022/23.

Internal Assurance Standard	Method of Assurance	Score	Trust Level of Compliance
Building, Land, Plant & Non-Medical Equipment	Regionally agreed Assurance Standards	N/A	Compliant
Decontamination of Medical Devices	CAS Framework	88.65%	Substantive
Emergency Planning	Regionally agreed Assurance Standard	N/A*	Compliant
Environmental Cleanliness	Regionally agreed Assurance Standards	N/A*	Compliant
Environmental Management	Regionally agreed Assurance Standards	N/A*	Compliant
Financial Management	Process for assurance agreed by DoH, HSC Assistant Directors and BSO Internal Audit	89%	Substantive
Fire Safety	Regionally agreed Assurance Standards	N/A	Compliant
Fleet & Transport	Replacement Template	N/A*	Compliant
Food Hygiene	Regionally agreed Assurance Standards	N/A*	Compliant
Health & Safety	CAS Framework	83%	Substantive
Human Resources	CAS Framework	93%	Substantive
Infection Control	CAS Framework	96%	Substantive
Information & Communication Technology	ISO27001	N/A	The Trust remains ISO accredited. The internal ISO27001 has been completed and the full external

ACCOUNTABILITY REPORT

			ISO27001 audit is due in May 2023.
Information Management	Assurance Checklist	N/A*	Compliant
Medical Devices & Equipment	CAS Framework	87%	Substantive
Medicines Management & Optimisation	Regionally agreed self-assessment tool	79%	Substantive
Procurement	Standard based on DoH guidance	84.2%	Substantive
Research Governance	Performance Metrics Report		Performance metrics report for 2021/22 was stood down and report for 2022-23 due date is 1 June 2023
Security Management	Replacement Template	N/A*	Compliant
Waste Management	Regionally agreed Assurance Standards	N/A*	Compliant

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

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

6. Main Sources of Independent Assurance

The Northern Health and Social Care Trust obtains Independent Assurance from the following main sources:

- Internal Audit – provided by the Business Services Organisation under an Annual Service Level Agreement;
- External Audit – the NI Audit Office is responsible for the audit of HSC annual reports and accounts and for the year ended 31 March 2023 the NHSC Trust was the lead Trust, audited directly by the NIAO;
- Business Services Organisation – provides a range of shared services and assurances via Service Level Agreements, Key Performance Indicators and customer forums; and
- Regulation and Quality Improvement Authority (RQIA) – is responsible for the registration and inspection of a wide range of health and social care services.

Internal Audit

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

Internal Audit's review of the status of recommendations, due to have been implemented by 31 March 2023, determined that a total of 83% (2022-23 - 76%) were fully implemented, with 17% (2022-23 - 23%) partially implemented and nil (2022-23 - 1%) for which implementation had not yet commenced. This represented an improvement in-year and reflects the additional resource applied to this area in

ACCOUNTABILITY REPORT

2022-23 to focus on implementation of recommendations. The Audit Committee and Audit Steering Group have been focused, and will continue to focus, on Priority 1 recommendations and those not yet fully implemented.

In her annual report, the Internal Auditor provided satisfactory assurance on the adequacy and effectiveness of the Trust's framework of governance, risk management and control. While providing satisfactory assurance, the Internal Auditor highlighted that it is important to note that limited assurance has been provided across a number of areas – see the table below. Action plans have been, or are being, developed to address the related recommendations. Implementation will be closely monitored by the Executive Team, Audit Steering Group and Audit Committee during 2023/24.

ACCOUNTABILITY REPORT

In 2022-23 Internal Audit reviewed the following systems:

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT FINDINGS RE LIMITED / PARTIALLY LIMITED REPORTS
Corporate Risk Based Audits:		
Complex Discharges 2022/23	Satisfactory	
Food Allergens 2022/23	Satisfactory	
Reporting on Infection Prevention Control	Satisfactory	
Mental Capacity Act Implementation	Limited	The Trust should support development of regional timeframes (Key Performance Indicators - KPIs) for the completion of all aspects of the MCA process.
Radiology – Plain Film X-Ray in Emergency Departments and Waiting List Initiative Work 2022/23	Satisfactory – Management of WLI Payments Limited - Plain film X-Ray in EDs and Minor Injury Unit and Procurement of Radiology WLI related spend	Review of training matrix for Radiology and Emergency Department (ED) and management to ensure staff undertake the necessary training to provide clinical evaluations. The Trust should, in conjunction with the SPPG, regularise spend in respect of WLI radiology related services, through appropriate procurement.
Compliance with Respiratory Protective Equipment (RPE) Fit Testing 2022/23	Limited	Management should ensure relevant substantive and agency/locum staff are fit tested and report on staff to be tested and tests completed. The Trust should improve controls over provider invoices while developing their business case for in-house fit-testing services to be delivered.
Cyber Security Audit 2022/23	Satisfactory: Vulnerability Management & Cyber Security Engagement and Training	
Governance Audits:		
Risk Management 2022/23	Satisfactory	
Core Mandatory and Professional / Role Dependent Training 2022/23	Limited	Review of training matrix to ensure it includes all mandatory and professional / job dependent training courses across the Trust. Dashboard and reporting to Equality,

ACCOUNTABILITY REPORT

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT FINDINGS RE LIMITED / PARTIALLY LIMITED REPORTS
		Engagement, Experience and Employment Steering Group updated to report training against all 8 mandatory training courses. Regular review of the overall numbers / % trained and the number / % of staff yet to be trained. Management should drive improvement in staff attending mandatory/ professional/ job based training courses. This should be standing agenda item of Divisional People and Culture meetings with action taken to drive improvement.
Claims Management 2022/23	Satisfactory	
Nursing and Midwifery Council (NMC) Registrations 2022/23 Processes	Satisfactory	
Finance Audits:		
Payments to Staff Follow Up 2022/23	Limited	The review of progress in implementing the 2021/22 Payments to Staff audit recommendations, found the assurance level had moved from unacceptable to limited. The main recommendation outstanding is in respect of a Management of Change process, which has not been possible during industrial action, due to lack of TUS engagement.
Non-Pay Expenditure 2022/23	Satisfactory	
E-Rostering Audit 2022/23	Limited	The Trust should undertake a review and devise routine controls to ensure staff are working their contracted hours via the e-rostering system. Controls should be reflected in the new system specification.
Patients Private Property (PPP) – Acute Mental Health Wards and Finance Department	Satisfactory	
Management of Client Monies in Independent Sector Homes 2022/23	Satisfactory – 5 of 7 homes Limited – 1 of 7 homes Unacceptable – 1 of 7 homes	Significant control weaknesses in the management of client monies were noted in 2 homes. One has now closed and the Trust has assured itself the other is now in compliance.

ACCOUNTABILITY REPORT

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT FINDINGS RE LIMITED / PARTIALLY LIMITED REPORTS
Trust Adult Supported Living Facilities 2022/23	Satisfactory – 5 of 6 Units Limited – 1 of 6 Units	Controls to be strengthened to address the risk of inappropriate use of household funds paid by Service Users.

With the approval of Audit Committee, a further three audits in respect of: Procurement and Contract Management of Independent Nursing Homes, Management of Serious Adverse Incidents and Dysphagia Control, were deferred to 2023/24, in part due to resource challenges but also ongoing development work in some of these areas.

ACCOUNTABILITY REPORT

Business Services Organisation Assurances

The BSO provides a range of services to, and on behalf of the Trust, under annual service level agreements, these include:

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

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

Shared Service Audit	Assurance
Payroll Shared Service (PSS)	Limited in respect of end-to-end manual timesheet processing, SAP / HMRC Real Time Information reconciliation, overpayments and holiday pay Satisfactory in respect of elementary PSS.
Recruitment Shared Service (RSS)	Limited in respect of HSC Recruitment Processes
Accounts Payable Shared Services	Satisfactory
Regional Interpreting Service	Satisfactory
Accounts Receivable Shared Service	Satisfactory

Regulation and Quality Improvement Authority (RQIA)

The Trust has received the following reports in 2022-23 from RQIA and have reviewed and taken action where applicable:

Final reports received:

- Review of the Implementation of Recommendations to Prevent Choking Incidents across Northern Ireland, May 2022;
- Review of the Systems and Processes for Learning from Serious Adverse Incidents across Northern Ireland, June 2022;
- Report on the Expert Review of Records of Deceased Patients (Neurology), November 2022.

Draft reports received:

- No draft reports have been received.

New reviews commenced:

- Review of Quality and Safety of Maternity Services in Northern Ireland, commenced September 2022.

ACCOUNTABILITY REPORT

Hospital Inspection Programme:

- Inspection of Antrim Area Hospital, May 2022.

The RQIA Inspection Programme continued during 2022-23. Quality Improvement plans against reports are monitored by Divisional Governance Teams, with updates on progress against actions / recommendations being provided to RQIA. These are then reviewed by RQIA to oversee progress or sign off in terms of completeness of actions.

7. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of the effectiveness of the system of internal governance. My review is informed by the work of the internal auditors and the executive managers within the Trust who have responsibility for the development and maintenance of the internal control framework, comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review by the Trust Board, the Audit and Assurance Committees and other related sub-committees, and a plan to address weaknesses and ensure continuous improvement to the system is in place.

8. Internal Governance Divergences

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

Progress on Prior Year Control Issues – Ongoing

Joint Advisory Group (JAG) Accreditation

The Endoscopy Service at Whiteabbey Day Procedure Unit received notification from JAG on 28 January 2020 advising that ‘the service had not been able to demonstrate adherence to JAG standards and accreditation had been withdrawn’. Full JAG assessment will be required to regain accreditation. The service continues to work through the JAG standards to allow consideration for full accreditation and has developed an action plan to identify shortfalls and actions required to achieve. At present with current waiting times, the service will not meet the required standard for JAG accreditation.

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

Unscheduled Care

Unscheduled care services remain under unprecedented pressures with a gap between capacity and demand recognised in Antrim Area Hospital (AAH). The Trust has submitted an Outline Business Case to the DoH for a 72-bedded ward block on the AAH site, which is being considered as part of the DoH’s 10-year capital priorities. In the interim approval was given by DoH for an additional 48 medical

ACCOUNTABILITY REPORT

beds. The first 24 beds opened on 23 March 2023, with the second ward planned to open on 26 June 2023. The two new wards have allowed the division to streamline patient pathways and access to speciality services.

The Trust has successfully implemented a range of reforms in Unscheduled Care with a focus on ambulatory pathways to provide primary care support, reduce inpatient stays and reduce acute length of stay. Ambulatory pathways or Same Day Acute Care will provide timely medical assessment and urgent follow up to prevent the need for hospital admission. The expansion of ambulatory pathways continues with the No More Silos (NMS) programme, with focus on alternatives to ED attendances. The NMS programme within NHCST has continued to develop an Acute Medical Model focused on senior early decision making, allowing patients plan of care to be implemented at the start of their journey and maximising ambulatory opportunities.

Work continues with NIAS and an NHCST/NIAS improvement plan has been developed focused on NIAS turnaround, alternative pathways and FIT to SIT ensuring patients are triaged and treated in the most appropriate area.

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

The reduction in elective activity during the pandemic meant that waiting times grew across most service areas. Addressing the growth in waiting lists is an important priority and remains a significant challenge for the Trust and the region as a whole.

Many services are experiencing demand in excess of capacity. Breast cancer referrals are now being redistributed between the Belfast and Northern Trust to improve the alignment between capacity and demand, which has resulted in an improved performance for the Northern Trust against the 14-day target.

Similar gaps in capacity across other cancer sites are the key reason why the Trust continues to have such a considerable challenge meeting the 62 day cancer access target.

The Performance and Transformation Executive Board is overseeing the achievement of performance trajectories by the Trust through the Service Delivery Plan. Work is ongoing with SPPG to understand the areas where these trajectories are not being met and the reasons for this, with the intention to deliver improved performance where possible. The Trust's internal performance management arrangements ensure that ongoing focus is applied in this area and that services remain committed to maximising activity, reducing waits and implementing reform.

Dysphagia

As previously reported a SAI was reported to HSCB in early 2015 involving a patient who died following an episode of choking. The Public Prosecution Service determined that the prosecutorial test was met in relation to a breach of Article 5(1) of the Health and Safety at Work (NI) Order 1978. The Trust pleaded guilty to a single health and safety breach in relation to a non-employee. The Trust was fined £10,000, at trial on 27 April 2023 at Coleraine Crown Court. The Trust issued an unreserved apology, and genuine remorse and regret, to the patient's family.

ACCOUNTABILITY REPORT

The Trust Dysphagia Policy is regularly updated to take cognisance of any regional directives from Dysphagia NI (the PHA led the regional multi agency working group). The implementation and standardisation in the use of International Dysphagia Diet Descriptors Standardisation Initiative (IDDSI) which commenced on the 15 October 2018 as indicated in *HSC (SQSD) 16/18 Resources to Support the Safer Modification of Food and Drink* has been completed. The Trust policy has been revised to strengthen the key recommendations of the *Reminder of Best Practice Guidance Letter SQR-SAI-2021-075* (issued February 2021 and re-issued in June 2021).

Trust representatives continue to inform the regional improvement agenda with respect to dysphagia, the requirement for a regional approach to standardise dysphagia training for staff employed through contract and non-contract agencies and the requirement for a strategic overview of dysphagia management across the lifespan i.e. patients /services users of all ages, from neonatal to end of life care.

A NHSCT paediatric dysphagia training matrix and dysphagia training programme is currently being developed, alongside a range of training resources for staff working with children and young people at risk of dysphagia.

In September 2021, RQIA completed a review of the implementation of recommendations to prevent choking incidents across Northern Ireland (ie recommendations as listed in the SQR letter) and RQIA issued its report in May 2022. The report has 12 recommendations, which contain a total of 25 actions for HSC Trusts. Additionally, the Trust Dysphagia Group co-ordinates the implementation of the Trust action plan which includes the identified actions in the report above and from the 10,000 Voices Report, *Your Experience of Swallowing Difficulties* (2021) (7 recommendations) and National Confidential Enquiry into Patient Outcome and Death Report: *Hard to Swallow* (2021) (11 recommendations) to address identified areas for improvement.

Nurse Recruitment and Retention

There continue to be ongoing and significant workforce challenges to secure nurse staffing particularly at Band 5 in the Acute Hospitals, Community Nursing and Mental Health. An emerging issue with the recruitment and retention of Health Visitors at Band 6 has also been observed this year. There is significant and ongoing use of a flexible workforce, including agency nurses to provide cover for vacancies, staff on maternity leave and long-term absences in order to maintain appropriate staffing levels and to fulfil our duty of quality. Contingency planning to mitigate the risk from gaps in rotas is undertaken continuously on a shift by shift basis. Vacancies have resulted in added pressure points within nursing teams, leading to sickness absence and challenges with retention of existing staff.

Despite best efforts to mitigate the risks and to source nurses through regular and ongoing recruitment exercises, International Nurse Recruitment, Student Nurse streamlining and use of a flexible workforce, incidents of non-compliance with regional guidance of safe nurse staffing levels in accordance with the *Delivering Care Policy* occur on occasions.

ACCOUNTABILITY REPORT

The Trust continues to take the following actions:

- Proactive nurse recruitment continued in all Trust services, with sustained effort to recruit to areas that are challenging to staff consistently;
- Ongoing review of the efficiency of nursing resources and appointment of a safe staffing lead nurse;
- Oversight arrangements are in place within the Trust to review the usage and impact of the reduction of non-contract agency staff; and,
- A regional review of Phase 1 of the Delivering Care Policy is nearing completion and the outcome is awaited.

Medical Workforce

The Trust continues to face unprecedented challenges due to the significant impact of the COVID-19 pandemic and the continuing challenges in recruiting and retaining specialist clinicians to a number of specialties, particularly on smaller sites, which has the potential to disrupt services provided.

Operational Directorates have been proactive in medical recruitment processes and campaigns, resulting in a number of permanent Consultant and SAS (Specialty and Associate Specialist) appointments within Paediatrics, Palliative Medicine, Radiology, Medicine, Anaesthetics and Surgery/ENT.

Gaps remain in some training programmes due to the inability of NIMDTA (as the Single Lead Employer) to recruit; this remains essentially unchanged.

The Trust continues to take the following actions:

- Maximising the use of recruitment advertising for those in at risk specialties;
- Proactive targeting of eligible doctors at the end of their training;
- Review of induction processes for Medical and Dental staff, recognising that our medical workforce needs to be supported in the workplace to provide safe, high-quality patient care;
- Medical Staff Appraisal focused on a well-being appraisal and reflection on learning from the pandemic. Medical staff across all Directorates (including some locums) have engaged in the Medical Appraisal process resulting in 99% completion.
- Continuing to review the use of locums, with a view to being more proactive in permanent recruitment, ensuring appropriate governance is in place and ultimately reducing reliance on locums in general;
- The Trust is actively exploring the utilisation of other professional practitioners such as Phlebotomists, Physicians Associates, Pharmacists and Advanced Nurse Practitioners to enable the most efficient and effective use of available medical resource;
- Collaborative working with NIMDTA, through the Single Lead Employer process, to deliver an improved employment experience for Doctors and Dentists in Training;
- Close liaison with and support from DoH and PHA regarding workforce planning, which is continually monitored.

ACCOUNTABILITY REPORT

Recruitment and Retention of Child Care Social Work Staff

Data collected by Trusts identified that at December 2022 all Trusts employed significantly more whole time equivalent (WTE) social workers than in the last year of comparative data, 2017. In NHSCT there were an additional 75 WTE posts, an 11% increase. The increase in social work posts can be attributed to initiatives such as *Signs of Safety*, Self-Directed Support, the Mental Capacity Act and Primary Care GP posts.

The growth in the number of social work posts has not been matched by a growth in supply. The highest level of vacancies are in Children's and Young Person's (CYP), with an average vacancy rate of 30% at 31 March 2023.

- Evidence from regional recruitment demonstrates that posts in these service areas are less attractive with applicants preferring to remain on the waiting list, in temporary positions or with recruitment agencies rather than accepting permanent posts in these areas.
- A Regional Recruitment Task and Finish Group has been set up and NHSCT participates in this.
- The work of the Group has resulted in a new approach within Trusts to attract job applicants to roles, by offering flexible work arrangements and fast tracking of Level 3 Students into permanent posts.
- The Trust has implemented a local action plan to cease social work agency use by June 2023; this plan is reviewed monthly and work is progressing at pace.
- NHSCT has maximised recruitment from interviews held in February and March 2023. There has been a good response to these rolling adverts. The Trust matched five hard to fill posts in February and a further eight in March.
- Agency staff will be offered the opportunity to move straight into hard to fill posts that have been returned from the regional social work waiting list with no interest. This is in line with HR / Equality advice to avoid penalties such as finder's fees.
- Any existing NHSCT agency social work staff who do not wish to take up temporary or permanent contract but express a wish to continue working on an ad hoc / as-and-when basis will be given the opportunity to join the existing NHSCT Social Work Bank Register (via recruitment processes).

Residential Childcare and Placement Availability

Residential Care and Foster Care placement availability is challenging on a regional and local level. Whilst the majority of young people continue to be provided with appropriate care placements, an increasing number with challenging and complex needs are being cared for in bespoke arrangements, with increased staffing levels. Bespoke arrangements are currently being monitored by RQIA, with the Trust reporting fortnightly on individual placements. There are six of these placements currently, though that number varies throughout the year. The availability of suitable care placements continues to be challenging in light of the increase in the number of *Looked After Children* (from 674 at 31 March 2020 to 774 at 31 March 2023 - a 14.8% increase in 3 years) and the significant reduction in enquiries to the regional Foster Care Recruitment team for the Northern Trust area.

There is a particular shortfall in respite and long term placements for children with disabilities and teenage young people. An RQIA service improvement plan for residential respite had led to temporary suspension of residential respite provision,

ACCOUNTABILITY REPORT

and challenge by families through the Judicial Review process. The Trust undertook significant work alongside the independent provider and RQIA and respite provision has now resumed. All Trusts have indicated similar pressures and the SPPG is prioritising children with disabilities in the forthcoming months.

Domiciliary Care and Care Home Placements

Domiciliary care tariff rates have been through a process of consolidation, increasing the Trust's ability to monitor costs. The Minister's additional £23m Support Package has enabled increases in the hourly tariff rate paid to most providers, which has further reduced the number of differing tariffs in payment. Currently 23% of standard, core domiciliary care is commissioned at above the hourly rate set by the Minister. This is significantly lower than previous. The Social Care Procurement Project Board is working to a timescale to procure during 2023-24. At this time it is unclear whether the Trust will be competing the service on price or if the tariff rate set by the Minister will be applied to the procurement process.

Demand for domiciliary care has been rising at unprecedented levels, outstripping the increase in Independent Sector capacity and resulting in a significant growth in unmet need. Work continues both at a regional and Trust level to expand capacity. The increased cost of fuel since the Minister's Support Package has led to new demands and pressures from the sector to provide another increase in the tariff rate paid.

In the Nursing Care Home sector, increased tariffs are being driven by providers' need to access agency staff, and the increase in complex needs of residents, including dementia related care. Care Homes continue to balance bed vacancies with ongoing staff shortages, issues with recruitment and reliance on agency staff, with homes deciding to operate with bed vacancies due to staffing shortages. A new corporate risk has been created relating to instability within the Care Home Sector relating to ongoing staffing and vacancy issues. A number of homes have approached the Trust stating they wish to increase their Third Party Charges above the percentage uplift awarded by SPPG of 5-5.9%, listing their cost of living pressures as justification.

Both sectors are experiencing significant staffing pressures and reporting a downturn in the number of applicants for job vacancies. The Minister's Support Package stimulated recruitment within these sectors at that point, however cost of living increases, particularly fuel costs, along with wage increases across other sectors, appears to have at least partially nullified the effects of the uplifts.

Monitoring Domiciliary Care Contracts

The Trust has now re-commenced pre-procurement activities, and completed a public consultation in late 2021. BSO has been engaged to procure services during 2023-24, although this will be dependent on available regional resources. In the interim, the Trust continues to apply full openness in engagement with providers and regularly tenders for work when Primary Providers are unable to meet the requirement. The Secondary Provider List has been re-opened, allowing new providers to deliver for the Trust once they meet our governance requirements. To date three new providers have come under contract, with a further provider pending.

ACCOUNTABILITY REPORT

The Domiciliary Care Compliance Officers have completed their first run of compliance checks post COVID-19. A summary of their outcomes report will be included in the annual assurance report for the service. A new work programme is under draft with a proposal to focus on outcomes based commissioning rather than time and task.

Improved processes are in place for the monitoring of incidents and complaints, thus enabling more robust data analysis. This will result in improved governance and assurance within the sector.

Payroll and Recruitment Services

The Payroll Shared Services Centre (PSSC) has consistently received Limited Internal Audit Assurance since 2014-15, with the exception of 2016-17 when an additional unacceptable assurance was issued in respect of Payroll System and Function Stability. Since 2020-21 Audit Reports have provided a split level of assurance.

The 2022-23 Audit Report issued in April 2023, gave a Limited opinion in respect of SAP / HMRC (RTI) Reconciliation, Historic Sickness Absence, Net and Historic Overpayments Backlogs, and Agenda for Change elements (previously reported as holiday pay). Assurance was considered Satisfactory in respect of Elementary PSSC processes, specifically current overpayment administration, regular pre-closedown checks, manual timesheet management, pay awards, industrial action, sickness absence payments, new starts, protections and file access.

The Payroll Quality Improvement Project (PQIP) continues with 7 strands addressing the remaining recommendations. PQIP aims to improve the quality and accuracy of payroll processing in specific areas of service delivery.

The Trust participates in the following governance structures in support of these strands:

- Shared Services Regional Customer Services Forum; and
- Regional Payroll Customer Services Forum;

in order to monitor operation, progress and governance of key decisions in relation to payroll.

The recovery of overpayments is a particularly difficult issue and the Assistant Directors of Finance liaise routinely with PSSC with regard to actions to be taken and the scope and value of these.

The Staff in Post (SIP) verification process was designed to facilitate the early identification of payroll error so reducing the occurrence of overpayments and minimising the value and hence potential for irrecoverability, where these do inadvertently occur. This process has continued to bed down within the Trust during 2022-23 and Trust wide SIP compliance reached 72% for the year ended 2023 (67% - 2022) but varied between 56% and 100% by Directorate. A Task and Finish group was set up during the year to establish targets and increase the focus. This has demonstrated improvements and the compliance rate for March 2023 was 95%.

ACCOUNTABILITY REPORT

Recruitment Shared Service (RSS) also received a Limited assurance opinion from Internal Audit for 2022/23 in respect of HSC recruitment processes. In 2021-22 this had been split assurance with a Satisfactory opinion being given in respect of RSS processing. Work is ongoing to enhance recruitment and internal BSO resources were redirected during the year to bring down backlogs to normal processing levels.

Budget Position and Authority

The Northern Ireland Budget Act 2023 was passed by Parliament and received Royal Assent on 8 February 2023 which authorised the cash and use of resources for all departments and other bodies for the full 2022-23 year, and also included a Vote on Account for the early months of the 2023-24 financial year. This will be followed by a further Budget Bill which the Secretary of State will bring to Parliament in due course, following the 2023-24 Northern Ireland Budget which he set in his Written Ministerial Statement on 27 April 2023.

The Written Ministerial Statement has enabled the Department of Health to issue opening allocations for 2023/24, which will enable essential services to continue. However, despite plans to deliver significant efficiencies, the budget allocation provided has resulted in a significant funding gap. The Department of Health and its Arm's Length Bodies are currently working on the development of further savings measures to bridge the gap. However, it is clear that, if the Department of Health does not receive significant additional funding, the implementation of high impact savings will be required, with adverse consequences for an already highly pressurised health and social care system, which would be very damaging for service delivery.

Financial Position

The Trust identified a deficit position as part of the 2022-23 Financial Planning process, this included costs for COVID-19 essentials and PPE as well as wider service pressures and energy and inflation costs. This deficit was forecast against the agreed Revenue Resource Limit (RRL) between the Trust and commissioners (SPPG, PHA and NIMDTA); this was subsequently updated monthly as agreed additional funding streams were approved and released.

The Trust Finance Department worked with SPPG Finance throughout the Financial Planning process to explain and discuss the deficit identified. The Trust Finance Department and service managers have also worked to contain and where possible reduce pressures without impacting on service delivery. The Trust identified both non-recurrent saving opportunities and recurrent pharmaceutical savings to contribute towards managing this deficit. The SPPG and DoH also identified additional non-recurrent funding to address some pressures. Trust Finance Department continued to work closely with SPPG and DoH over the course of the Financial Year and the Trust achieved break-even in 2022-23.

Winter Resilience

The Trust developed its Winter Resilience Plan to assist in the management of the pressures across the system that were anticipated over the 2022-23 winter period. This winter and beyond has remained extremely challenging across Trust services specifically within our two acute hospitals, with unrelenting pressure on acute beds.

ACCOUNTABILITY REPORT

The Trust's plan was developed taking account of the direction from the Unscheduled Care Management Board (within SPPG). It included an overarching *Winter Resilience Plan* and an operational plan detailing a day-by-day staffing plan for the period over Christmas and New Year, to increase capacity and resilience over those most pressured weeks of the year.

Projections for winter showed a significant shortfall in bed capacity across our acute hospital sites and this was borne out with extremely high numbers waiting on a daily basis for admission to wards from ED, often equating to over 50 beds over the winter months and through to the summer period. This shortfall in capacity resulted in significant delays for those seeking to access services, as there was only minimal scope to secure additional acute beds due to the physical constraints of our hospital sites, as well as by the available workforce.

Additional acute bed capacity will be available on the AAH site through the procurement of two 24-bedded modular wards and the appointment of associated staff. The first 24-bed ward opened in March 2023 with the second anticipated during Summer 2023. This should alleviate some of these pressures in ED and increase winter resilience for 2023-24.

Information Governance including Incidents Reported to the Information Commissioner

Information governance incident reporting (including SAI reporting) is performed using the normal Trust procedures, which incorporate guidance on reporting Information Governance incidents. The number of information governance incidents reported during the period 1 April 2022 to 31 March 2023 was 213, a decrease of 22 incidents on the same period for the previous year. Incidents and trends are reviewed by the Trust's Information Governance Forum and learning shared across divisions. There were three data security incidents notified to the Information Commissioner's Office (ICO) during the period 1 April 2022 to 31 March 2023. Each of the incidents has been closed by the ICO with no further regulatory action.

Compliance with mandatory training for Trust staff is at 82% for IG Awareness and 83% for POPI (at 31 March 2023). Cyber Security compliance at same period was 74%.

An information governance audit was undertaken by BSO Internal Audit in May/June 2021, which yielded a Satisfactory Assurance for the Trust. Six of the seven recommendations have been implemented. The implementation date for the remaining (Priority 2) recommendation is 30 June 2023.

Divisions have identified flows of external information sharing within their services and these have been collated into a Trust Information Sharing register. The information flows and any underpinning documentation are being reviewed, with a risk based approach underway to ensure that the sharing arrangements are robust and compliant with data protection requirements. An approach to address pre-GDPR legacy contracts has been developed and discussed with DLS, and IG have commenced implementation of this approach.

ACCOUNTABILITY REPORT

Cyber Security

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

The Network and Information Systems Regulation (NIS) Cyber Assessment Framework (CAF) Stage 1 return was completed in January 2023. A programme of work has been identified and will be agreed for the early months of 2023/24 and across the financial year, in particular to review and test business continuity plans for preparedness to respond to a cyber-incident. A local focus on the challenging area of Cyber Awareness Training uptake is also planned to ensure continual progress in this area. The Trust is continuing to review its corporate risk to take account of these developments.

Neurology

The Trust is committed to the sustainability of the Neurology Service in the Trust in conjunction with regional colleagues and commissioners. The first of the joint Northern/Belfast HSCT Consultant Neurologist posts commenced at the start of March 2021. We have developed a business case to seek the appointment of two further consultant neurologists under a joint appointment with Belfast, who will work within the Northern Trust area, however recruitment was unsuccessful. The Trust continues to have a presence from Consultant Neurologists from the BHSCT and active support from the BHSCT Neurology team who are providing real time Neurology telephone advice to support our medical teams caring for inpatients in both Antrim and Causeway Hospitals (this includes the ability to transfer patients to BHSCT if necessary). NHSCT advertised two posts, which were NHSCT based, however there were no applicants. Meetings have taken place with SPPG regarding a regional approach to recruitment. The Neurology Liaison Nurse continues to develop pathways for neurology patients admitted into Antrim Hospital with our neurology consultant. The Trust has also put arrangements in place to ensure the triage of new referrals and escalation of urgent cases. This has been communicated to secondary and primary care.

The Trust continues to locally deliver nurse led services for patients with Parkinson's disease and for those with Multiple Sclerosis (MS). We have successfully secured funding to develop a weekend service for the infusion of MS disease modifying drugs. The Care of the Elderly consultants continue to provide care for patients with Parkinson's disease supported by the Parkinson's nurses.

Assurance Framework for Foster Care

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

The review of the fostering assurance framework was undertaken, through a consultancy process, by Internal Audit. This report was tabled at the Audit Committee in October 2020 and the service has submitted evidence for areas identified within the action plan, which is being progressed and is subject to regular

ACCOUNTABILITY REPORT

review by Internal Audit. There were seven recommendations made as a result of this audit, four of which have been fully implemented. The remaining three recommendations were dependent on the recruitment of a Training Officer for Foster Carers, which has now happened. The timescale for full implementation of the remaining recommendations is 30 October 2023.

Unaccompanied Young People

There has been an increase in the number of unaccompanied young people entering Northern Ireland. From 01 December 2021 – 31 March 2023, the Trust received 30 new referrals for unaccompanied and separated children/young people requiring placements. The Trust continues to engage in regional discussions regarding this area of pressure and a regional rota for placements for unaccompanied young people has been established, with each Trust taking responsibility for three young people after which the rota moves to the next Trust. The Trust is progressing Trust owned and other accommodation options to meet this demand. Trust concerns around the increasing numbers of unaccompanied young people will be discussed at a joint Trust, Department of Health and SPPG meeting arranged for 24 May 2023. SPPG are undertaking a demand capacity exercise to determine the commissioning of future delivery models.

Mental Capacity Act

The DoH requires Health and Social Care Trusts to proceed with a partial implementation of the Mental Capacity Act (NI) 2016 (MCA) for the purpose of providing a statutory framework for the Deprivation of Liberty (DoL). The Trust has continued to strive to remain compliant. All new cases that require a DoL authorisation have been managed either through the emergency provisions or full applications to the Trust panel and subsequent extension processes are in place to ensure continuity of DoL where appropriate. Internal quality assurance processes strive to ensure that all service users who are identified as requiring a DoL, have the correct forms in place and relevant processes have been followed.

Implementation of the MCA was the subject of an Internal Audit report during 2022-23 and limited assurance was provided on the basis that the Trust should support development of regional timeframes for the completion of all aspects of the MCA process, monitor performance against these and record and monitor training.

A regional training group has been established and review of the mandatory training modules has taken place with recommendations going back to the DoH for their consideration and approval. Arrangements have been established for reporting and oversight of training compliance for all staff completing MCA work and guidance is available to staff.

Compliance and activity across Divisions is reported and monitored on both a monthly and quarterly basis via a number of Trust and regional forums.

The main risks currently are:

- The scale of the work including extensions Statements under Rule 6, the implementation of Sections 48 and 50 reviews. Completion of these reports requires a minimum of an additional three hours of staff time for all cases referred to the Review Tribunal.

ACCOUNTABILITY REPORT

- Challenges with workforce pressures and recruitment, in particular medical staff.
- There is a financial risk given the gap between the funding identified regionally and the Trust's spend regarding additional hours to ensure compliance under the legislation.
- There is a risk of liability where any service user is illegally deprived of their liberty.

Waiting Lists in Dementia

Waiting times for memory assessment grew significantly due to a capacity / demand gap and reduction in service delivery due to COVID-19. Consequently, the nine-week target for assessment is currently not being met. A Dementia Waiting List Initiative (WLI) commenced in January 2021 and is monitored under a wider divisional work stream. The WLI has been testing a new approach to memory assessment, which includes medical staff within the memory service, aiming to reduce waiting times for assessment and diagnosis. Since commencing the WLI, a significant challenge has been addressing a shortfall in medical staff. Inability to identify temporary locums and periods of reduced capacity within Psychiatry of Old Age have impacted on progress.

In March 2023 there was an increase in the total waiting when compared with the position in January 2023. The increase from 322 to 381 waiting is in the context of increased referrals – 4 of the 5 highest monthly referral totals since January 2021 have occurred since October 2022. Despite the increase in referrals, there is a reduction in numbers waiting more than 9 weeks for an initial assessment, from 195 in January 2023 to 118 in March 2023. The service review continues to further explore demand and to develop a model, which aims to provide an efficient and effective response to address the current waiting list and the predicted future increase in referrals for memory assessment.

Resourcing for the Memory Service, including Psychiatry, has been included in a Regional Dementia Care Pathway bid, requested by HSCB; currently no funding has been aligned to this bid. The recent addition of an Advanced Nurse Practitioner to the Memory Assessment Service will be evaluated to identify impact and benefit on wait times and service user experience.

Waiting Lists in Psychological Services

Waiting list pressures continue within Psychological Services and the 13-week target for assessment is currently not being met across a number of services due to demand routinely exceeding capacity. Services particularly impacted include Psychological Therapies (PTS), Clinical Health Psychology, Adult and Children's Learning Disability and the Adult Autism Service.

The PTS continued to experience specific pressures in relation to a loss of capacity due to maternity leave, sickness and vacant posts. In addition, there has been an increase in complexity of cases (more step 4 referrals and fewer step 3) and the perinatal pathway, which has led to a significant increase in perinatal referrals over the last couple of years. A waiting list initiative introduced in July 2022 involved the use of agency staff to reduce the waiting time for Choice Appointments (initial assessments). This proved successful, reducing the number of people breaching the

ACCOUNTABILITY REPORT

13-week target for an initial assessment from 344 in August 2022 to 10 in March 2023. The PTS also has an 'internal monitoring list', which monitors those who are waiting for 1:1 therapy or group therapy and those awaiting a transfer of therapist (e.g. due to maternity leave or a clinician leaving the service). At the end of March 2023, there were 1,812 service users on this monitoring list. Of these, 190 had received an assessment and an intervention (e.g. attended a group or 1:1) which leaves 1,622 having received an assessment and no intervention. Of these 1,622, 107 appointments were sent in March 2023 for April and May 2023.

To improve this position, a proposal for a 12-month pilot project is nearing completion. This involves contracting with Pneuma Healthcare to undertake Choice Appointments and offer digital mental health supports. This will help maintain a shorter wait time for initial assessment whilst also allowing the PTS to redirect resources to 1:1 therapy to reduce waiting times.

During 2022/23, Clinical Health Psychology suffered significant pressures in relation to loss of capacity (52%) due to vacant posts, maternity leave and displaced staff (post COVID-19 service delivery). A lack of local agency staff has further compounded capacity issues. Opt-in rate remained 10% higher than pre-pandemic level with 6/11 opt in 'batches' seeing 88-100% opt in response. The service continues to implement a number of efficiency measures including referrer consultations and tight referral scrutiny (5-10% reduction in referrals accepted) and a 5% reduction of waiters due to waiting list validation. Waiting list initiatives include the delivery of rolling psycho-educational groups for common presentations and early outcome data is encouraging with up to 50% discharge rate from group attendance. A lack of available qualified workforce remains the limiting factor for scaling up of group interventions delivery. Initial steps have been made to use lower intensity workforce for delivery of psycho-educational groups to mitigate the lack of qualified workforce. At the end of March 2023, 321 service users were breaching the 13-week target for assessment.

Learning Disability Clinical Psychology Services continued to experience challenges in relation to staff capacity due to long term sickness, maternity leave and staff transitioning to new posts. 8A Clinical Psychology staffing reduced to 1.4wte Band 8A Clinical Psychologists (35% of funded capacity at this grade). In addition, the Band 7 post remains vacant and recruitment has been challenging. At the end of March 2023, two out of four Band 4 Assistant Psychologists were in post (50%). Due to these issues, the service will be placed on the Divisional Risk Register. At the end of March 2023, 79 service users were breaching the 13-week target for assessment.

The Children's Learning Disability Therapeutic Service has experienced a loss of 2.4 Band 5 Behavioural Associates due to a withdrawal of funding from the Education Authority. This service will no longer be able to provide intensive intervention into schools as a result of this withdrawal of funding. In addition, this service has seen higher than average absence rates in the final quarter of 2022-23 (end of February 2023 was 16.11%). At the end of March 2023, 106 service users were breaching the 13-week target for assessment.

Waiting list pressures continue for Adult Autism Spectrum Disorder (ASD) Service with demand regularly exceeding capacity. During 2022-23 staffing levels were

ACCOUNTABILITY REPORT

particularly challenging with 42% staff on long-term sick leave over the first three quarters of 2022-23 and 43.3% vacant posts. As a result, the service was added to the Divisional Risk Register. Whilst staff have returned from sick leave and vacant posts have been recruited to, there remains significant waiting times for both diagnostic assessment (approx. 2.5 years) and intervention (approx. 2 years). At the end of March 2023, there were 729 service users waiting longer than 13-weeks for a diagnostic assessment and 213 waiting longer than 13-weeks for intervention.

The Trust's Paediatric Autism Spectrum Disorder (ASD) Service continues to experience an increase in referrals. There is a significant excess of demand that exceeds capacity for assessment and diagnosis, and in turn provision of intervention following ASD diagnosis. Those waiting for commencement and completion of the diagnostic assessment process continues to rise. There has been a 6% combined increase between 2021/22 (total 3,478) and 2022/23 (total 3,699) for both the assessment and intervention service.

An action plan has been initiated in an attempt to reduce the waiting time for diagnostic assessment to be completed and the service is fully engaged in regional work to develop the ASD pathway and model to improve access and service user experience in the medium to longer term.

Radiology Lookback Review

Following discussion with a GMC Employment Liaison Advisor on 29 March 2021, the Medical Director of the Trust requested a sample review of CT reporting completed by a Locum Consultant Radiologist, engaged by the Trust between July 2019 and February 2020 be undertaken. The outcome of this review was that eight reports were considered 'unsatisfactory', and two were graded as *Category 1 - Serious Error* which may result in adverse clinical outcome.

The Medical Director determined that there was a need to undertake a lookback review of the entirety of all reports issued by the Locum Consultant Radiologist during her time employed by the Trust. This equated to 13,030 images relating to 9,700 patients.

The review process, which was completed in October 2021, identified six Level 1 discrepancies that were defined as a major discrepancy, which could have had an immediate and significant clinical impact for the patients concerned. In addition the review identified a further 61 examinations with Level 2 discrepancies i.e. major reporting errors or omissions with probable impact for patients. Two of these were subsequently downgraded to Level 3, following a recall.

As a result of these findings, the Trust initiated a formal Level 3 Serious Adverse Incident review lead by an independent chair and including members from outwith the Trust.

This complex SAI, which included the review of 16 separate SAIs, concluded in December 2022 and the resulting SAI report was shared with all parties, including patients and families, SPPG, the General Medical Council, the Locum Consultant Radiologist and the Locum Recruitment Agency. An engagement day was held for patients and families on 5 January 2023 and all received a copy of the overarching

ACCOUNTABILITY REPORT

report and their respective individual SAI Review report in advance of the day. For those that attended, the SAI Review Panel provided an overview of the findings and learning from the SAI and they then had the opportunity to meet with the SAI Review Panel on an individual basis to discuss their review. A detailed action plan has been developed following the lookback exercise and the recommendations have been amalgamated, with those arising from SAI review, into an overarching action plan to address all recommendations and learning. The Trust has established a working group to oversee progress against all recommendations.

Overdue SAI Reports

The Trust has undertaken significant work in completing overdue SAI Reviews and as at 31 March 2023 the overdue reports for submission to SPPG has reduced to 77. Work continues against the Trust improvement plan to address the backlog. Ongoing actions include: agreed action plans for each Division; weekly reporting and discussion on the number of overdue SAI reports at Governance Meetings (represented by Divisional Governance Leads and Corporate Governance); weekly reporting to the Executive Team on the overdue SAI report position; facilitation of Safety Panels (chaired by one of the Executive Directors) to oversee the robustness of reports; identification of causal and contributory factors, appropriate actions and learning etc.

SSPG has also provided support to the Trust to address the backlog, with CLS Educate appointed to support with the completion of Level 1 reviews. The limitations on completion of SAI reviews within the given timeframes including the number of Mental Health SAIs required to be reported, staff capacity to complete SAI reviews on top of already demanding posts; allowing for proper family engagement, remain challenging for the Trust.

Appraisals, Sickness Absence and Flu Vaccination

Indicator	Trust Target for year ending 31 March 2023	Performance for year ending 31 March 2023
Sickness Absence	6.83%	7.88% (as at 31 March 2023)
Appraisal (excl. Medical and Dental)	75%	66% (as at 31 March 2023)

Sickness Absence: The Trust set an internal target of 6.83% cumulative absence for 2022-23. From 01 October 2022, COVID-19 absence is included in sickness absence. The top reason for long term absences during 2022-23 was stress. To support the *Stress Policy* and *Stress Management Assessment*, two awareness webinars were held in October and November 2022 with over 100 individuals attending each of these.

The Trust's approach to attendance will continue to focus on support, health and wellbeing, rehabilitation, compassion and reflective of an Open, Just and Learning Culture.

ACCOUNTABILITY REPORT

Absence toolkits have been launched by the Supporting Absence Management Group on 10 February 2023 and complement a series of HR clinics, which continue to support managers in the application of policy and in the effective management of absence.

Appraisal (Agenda for Change Staff): For the year 2022/2023, the Trust set an internal target of 75% in relation to AfC staff appraisal compliance. 66% of staff (not including medical and dental) have had an annual appraisal in the 12 months to 31 January 2023.

In January 2023, proposed revisions to AfC appraisal paperwork and accompanying guidance were presented to SMT. The proposed revisions retain an emphasis on health, wellbeing and support, with a renewed focus on setting objectives and discussing personal development needs and launched in April 2023.

Flu Vaccination: DoH has not set a target for staff winter seasonal flu vaccination uptake amongst Health and Social Care workers for 2022-23. The Autumn staff vaccination programme commenced on the 19th September 2022 for both COVID-19 booster and Flu vaccine. Staff have been able to book an appointment at the Mass Vaccination Centre and pop up clinics throughout the Trust from the 3rd October 2022. Based on the PHA definition for frontline staff, uptake for the Flu vaccine was 33.26% and uptake for COVID-19 booster was 34.15%.

Internal Control Divergences Closed During the Year

The following divergences were satisfactorily resolved and closed during the year.

Infection Prevention and Control

For the 2022-23 year, no Priority for Action targets for Healthcare Acquired Infections were set by DoH, to allow Trust's to focus on the COVID-19 pandemic. Internally, the Trust agreed to use the previous year's targets, originally in place for 2019/20, to benchmark performance against. The Trust performance on C. difficile infections at the end of March 2023 was 37 cases against an internal target of 49; at year end this is significantly below the internal target set. The Trust performance on MRSA bloodstream infections at the end of Feb 2023 was 7 cases against an internal target of 7; at year end the Trust has reached its internal target but will continue to strive for further improvement.

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

Monitoring of additional targets for healthcare associated Gram-negative bloodstream infections (HAGNBSI) has occurred from 2018/19. There have been 68 HAGNBSI at 20/03/2023, against a target of 75 from the previous year.

The Trust has maintained focus on the ongoing reduction plans in the overall antibiotic use including Tazocin and Meropenem. The Trust has employed use of the Antibiotic Review Kit (ARK) study; an applied research programme funded by

ACCOUNTABILITY REPORT

National Institutes of Health Research (NIHR), which assists clinicians in their decision making regarding antibiotic use. The close out process for the ARK study began in January 2021. The ARK decision tool has now been incorporated into the antimicrobial pages of the Adult Acute Kardex for use within the Trust.

Community transmission of COVID-19 continues to be observed throughout the Northern Trust area. The Infection Prevention and Control Nursing Team continues to work closely with Independent Sector Care Homes to provide support during COVID-19 outbreaks.

From 01 April 2022 until 31 March 2023, 160 COVID-19 outbreaks in total have been identified in the Trust and managed by the Infection Control Team. These outbreaks are subsequently reported to the Health Protection Team of the Public Health Agency. Of the 160 outbreaks, a total of 58 COVID-19 outbreaks involved patients and staff; 100 outbreaks involved patients only and 2 outbreaks involved positive cases in Trust staff only. These staff cases were assessed and reported, according to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) requirements, to the Health and Safety Executive Northern Ireland (HSENI) as appropriate.

The Trust continues to work closely with the Regional Nosocomial, Infection Control and Testing Cells to ensure that guidance is implemented in a timely way. The Trust continues to validate nosocomial infection and mortality data.

The Trust continues to recognise that transmission of healthcare associated infections is a significant risk both to patient safety and to the business of the organisation and therefore this issue remains on our Principal Risk Register and is regularly reviewed at Assurance Committee by the Non Executive Directors. On this basis and due to the current level of performance, this issue can be closed as an internal divergence.

Breach of Radioactive Substances Act 1993

On the 03 August 2021 an incident was identified within the Breast Imaging Unit, whereby the radioactive waste produced following an Ultrasound Localisation procedure, on a breast surgical patient who had previously received a radiopharmaceutical injection, was not disposed of correctly. The incident was immediately reported to the Northern Ireland Environment Agency (NIEA) and a preliminary investigation was completed and recorded.

A similar incident occurred on 05 October 2021, when it was discovered again that radioactive waste was not disposed of in accordance with procedure, on this occasion within the AAH Renal Unit. The Trust informed the NIEA of the incident, in accordance with the Radioactive Substances Act 1993.

As a result of the repeated breaches of legislation the Trust was issued with an 'Enforcement Notice' (by NIEA) on 04 November 2021.

A full SAI investigation into the circumstances of the incidents was initiated and concluded in September 2022. The subsequent report sent to NIEA included a 13 point incident action plan, which included details on improvements identified and a

ACCOUNTABILITY REPORT

timescale for their implementation. The report and action plan were shared with NIEA within the timescale required, and on 04 February 2022 NIEA advised that they were content that the documents provided satisfied the remedial steps required by the enforcement notice, and as such that the notice had been complied with.

A number of recommendations in the SAI action plan are at an amber 'in progress' status. Their completion is subject to an ongoing audit, and is expected to be complete in Autumn 2023.

This can be marked as actioned as the Enforcement Notice has been addressed. The final policy is now being issued by the head of service.

HRPTS Servers

A managed service is provided for the HR, Payroll, Travel and Subsistence System (HRPTS) for Health and Social Care NI. This service is provided from servers hosted at data centres owned by a sub-contractor of the managed service supplier. This sub-contractor went into administration on 25 March 2022, putting at risk the continued provision of hosting services for HRPTS.

By email on 01 April 2022, the supplier providing the managed service informed BSO of the administration. The supplier informed BSO that the sub-contractor would continue to trade as normal while the Administrators explored options for the company's future, including re-negotiating contractual terms with its existing customers regarding power costs associated with increasing global supply issues.

The Administrators confirmed by letter on 07 July 2022, that effective 07 July 2022, the sale of three data centres and all associated services delivered from these locations, completed successfully to a new sub-contractor and the continuity of service to HSCNI confirmed. BSO Services were not impacted. The contractual terms between the supplier and their sub-contractor were re-negotiated.

During the period, additional HSCNI-wide and Trust-specific business continuity arrangements were put in place, enhancing the robustness of risk mitigation from similar events in the future. The new sub-contractor's data centres are fully operational.

BSO will continue to maintain a functioning Disaster Recovery Site for HRPTS within the HSC Data Centre.

This divergence is now considered closed.

Finance, Procurement and Logistics System Outage

On 4th August 2022, the Trust was alerted that the Finance, Procurement and Logistics (FPL) system used across all HSC organisations was among the clients of a UK company affected by a threat of cyber-attack. There was no evidence of any impact inside HSC networks and systems, but as a precaution access to the company's services from the HSC was disabled whilst the incident was contained. Business contingency measures were instigated for all affected HSC organisations. The priority was to maintain business continuity and keep disruption to a minimum.

ACCOUNTABILITY REPORT

The outage lasted 11 days during which the BSO Procurement and Logistics Service, Accounts Payable and Accounts Receivable teams worked very closely with all HSC customers to roll out business continuity arrangements promptly. These arrangements worked exceptionally well, without the need to set up an Incident Control command structure. A risk assessment was completed to capture ICT actions taken to reduce the risk from a regional perspective. The incident was added to the Trust's Corporate Risk Register.

When the required assurances were received from Forensic Analysts who investigated the third party supplier, regional Senior Information Risk Owners took the collective decision to re-connect the HSC network to the third party supplier on Tuesday 16 August 2022.

No subsequent system issues ensued however the Trust Prompt Payment Performance for the period was adversely affected. Contingency arrangements were successfully invoked to make appropriate offline payments for business continuity purposes, however the implications of recovery resulted in reduced Prompt Payment Performance. This event, coupled with excess nurse agency invoices above staffing resources BSO Accounts Payable Shared Service Centre, who process our nursing and medical agency invoices, has meant that our performance overall for the year has fallen. The issue has been addressed successfully by the Trust and BSO and performance for the last 2 months of the year have been back to normal targeted levels.

This divergence has now been closed.

New Divergences

Emergency General Surgery and Elective Surgery

Following the publication in June 2022 of the DoH review of General Surgery in Northern Ireland it is clear that Causeway Hospital is not commissioned in line with a number of standards required to be able to deliver emergency general surgery in the longer term. To be able to meet these standards we are developing ambulatory services in Causeway and reconfiguring major surgical procedures across our theatres to support a future centralisation of emergency general surgery. Whilst the most complex elective surgery will be undertaken in Antrim Hospital, Causeway hospital will become an Elective Hub providing surgery for patients expecting to be discharged on the same day as surgery or very shortly afterwards. We intend to consult on the future wider service configuration at Causeway Hospital, which will encompass any changes to emergency general surgery.

Estate Risk

The age, condition and nature of the estate continues to pose potential risks that are exacerbated by limited capital investment in major renewal and replacement projects. The estimated investment required to address immediate backlog maintenance liabilities is £177m, based on an full independent assessment completed in 2022. During 2022-23 continued significant pressures were also experienced on the revenue servicing and maintenance budgets, thus increasing potential risks to the safety of medical equipment, deterioration of the environmental condition of the Estate and also increased backlog maintenance deficits.

ACCOUNTABILITY REPORT

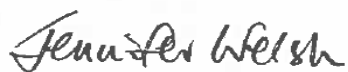
The table below categorises the £177m backlog maintenance liability as at March 2022.

Total Backlog Maintenance	Total Cost
High Risk	15,904,484.00
Significant Risk	47,235,403.00
Moderate Risk	90,874,708.00
Low Risk	23,474,914.00

Conclusion

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

Further to considering the accountability framework within the Body and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the Northern Health and Social Care Trust has operated a sound system of internal governance during the period 2022-23.



Jennifer Welsh – Accounting Officer
22 June 2023

ACCOUNTABILITY REPORT

REMUNERATION AND STAFF REPORT

Remuneration Report

Scope of the report

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

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

Remuneration Committee

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

The members of the Remuneration Committee in 2022/23 were:

- Bob McCann;
- Jim McCall; and
- Gerard McGivern.

The Remuneration Committee met on one occasion during the 2022/23 financial year to consider the starting salaries of the new Senior Executives appointed in year, the performance assessment of all Trust Senior Executives and to approve the work objectives of the Chief Executive and Senior Executive Directors.

Early Retirement and Other Compensation Schemes

There were no early retirements or payments of compensation for other departures relating to current or past Senior Executives in 2022/23.

Remuneration Policy

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

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

ACCOUNTABILITY REPORT

Service Contracts

All Senior Executives, except the Trust Medical Director, in the year 2022/23 were employed on the DoH Senior Executive Contract. The contractual provisions applied are those detailed within DoH Senior Executive circulars.

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

Pay Awards

A pay award for Senior Executives for 2018/19 and 2019/20 was issued in April 2022 and paid in May 2022. An accrual has been included within the financial statements to reflect monies due for pay awards for 2020/21 and 2021/22, which were both issued in April 2023 and paid in May 2023.

A pay award for Agenda for Change staff for 2022/23, which included Divisional Directors, was approved in December 2022 and applied retrospectively in March 2023.

A pay award for Medical and Dental staff for 2022/23 was approved in December 2022 and applied retrospectively in March 2023.

A pay award issued for Non-Executive Directors for 2018/19 and 2019/20 was approved in August 2022 and applied retrospectively in October 2022.

Notice Period

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

Retirement Benefit Costs

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

The costs of early retirements are met by the Trust and charged to the Net Expenditure Account at the time the Trust commits itself to the retirement. As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full actuarial valuation is being undertaken in 2022/23. The 2016 valuation for the HSC Pension scheme was updated to reflect current financial conditions and a change in the financial assumption methodology is used from 2017/18.

ACCOUNTABILITY REPORT

Premature Retirement Costs

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

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

Fair Pay Disclosures (Audited)

The Trust is required to disclose the relationship between the remuneration of the highest paid director within the Trust and the lower quartile, median and upper quartile remuneration of the Trust's workforce.

The banded remuneration of the highest paid director in the Trust in the financial year 2022/23 was £190k - £195k (2021/22: £210k - £215k).

The relationship between the mid-point of this band and the remuneration of the Trust's workforce is disclosed below:-

2022/23	25th percentile	Median	75th percentile
Total remuneration (£)	£25,203	£32,934	£41,659
Pay ratio	7.64	5.85	4.62

2021/22	25th percentile	Median	75th percentile
Total remuneration (£)	£23,403	£31,535	£40,058
Pay ratio	9.08	6.74	5.30

Total remuneration includes salary, non-consolidated performance related pay and benefits in kind.

The calculation does not include severance payments, employer pension contributions and the cash equivalent of pensions. The calculation also excludes agency staff because inclusion of these costs have a limited impact on the ratios.

The values for the salary component of remuneration for the 25th percentile, median and 75th percentile were £25,203 (21/22: £23,403), £32,934 (2021/22: £31,535) and £41,659 (21/22: £40,058) respectively.

In 2022/23 5 (2021/22: 3) employees received remuneration in excess of the highest paid director.

ACCOUNTABILITY REPORT

Remuneration ranged from £20,270 to £211,286 (2021/22: £18,546 to £244,075).

Percentage Change in Remuneration

The Trust is also required to disclose the percentage change from the previous financial year in the salary and allowances (and performance pay and bonuses, if applicable) of the highest paid director and of their employees as a whole.

The percentage changes in respect of the Trust are shown in the following table. It should be noted that the calculation for the highest paid director is based on the mid-point of the band within which their remuneration fell in each year.

Percentage change for:	2022/23 v 2021/22	2021/22 v 2020/21
Average employee salary and allowances	3.33%	2.86%
Highest paid director's salary and allowances	-9.41%	16.44%

The Trust does not pay performance pay or bonuses.

The highest paid director reported in 2021/22 retired during 2022/23 which has resulted in a decrease in the ratio calculations. Excluding, this, the movement in the ratio calculations for 2022/23 from 2021/22 is consistent with the pay, reward and progression policies for the Trust taken as a whole.

Senior Employee's Remuneration and Pension Entitlements (audited)

The following sections provide details of the remuneration and pension interest of the most senior members of the Trust.

Single Total Figure of Remuneration								
Non-Executive Members	Salary £000s		Benefits In Kind* (to nearest £100)		Pensions benefit** (to nearest £1,000)		Total (to nearest £1,000)	
	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22
B McCann	30 - 35	30 - 35	100	0	N/A	N/A	30 - 35	30 - 35
P Corrigan	5 - 10	5 - 10	0	0	N/A	N/A	5 - 10	5 - 10
J McCall	5 - 10	5 - 10	0	0	N/A	N/A	5 - 10	5 - 10
B Graham	5 - 10	5 - 10	0	0	N/A	N/A	5 - 10	5 - 10
G Houston	5 - 10	5 - 10	0	0	N/A	N/A	5 - 10	5 - 10
G McGivern	5 - 10	5 - 10	0	0	N/A	N/A	5 - 10	5 - 10

* Benefits in kind relate to the taxable benefits in kind on travel expenses reimbursed and leased cars where applicable.

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

ACCOUNTABILITY REPORT

Single Total Figure of Remuneration								
Executive Team & Divisional Directors	Salary £000s		Benefits In Kind* (to nearest £100)		Pensions benefit** (to nearest £1,000)		Total (to nearest £1,000)	
	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22
J Welsh	145 - 150	130 - 135	0	0	30	33	175 - 180	165 - 170
S O'Reilly ¹	85 - 90	210 - 215	0	0	13	98	95 - 100	305 - 310
O Harkin	130 - 135	105 - 110	600	700	25	32	155 - 160	140 - 145
M Dargan	85 - 90	80 - 85	0	0	10	27	95 - 100	105 - 110
S Pullins	85 - 90	80 - 85	0	0	12	46	95 - 100	125 - 130
D Watkins ⁴	190 - 195	N/A	1,300	N/A	100	N/A	290 - 295	N/A
W Magowan	100 - 105	105 - 110	100	0	23	17	120 - 125	120 - 125
M O'Hagan	90 - 95	95 - 100	0	200	21	33	110 - 115	130 - 135
N Martin	75 - 80	80 - 85	0	0	12	33	90 - 95	110 - 115
P Corr	110 - 115	120 - 125	0	600	18	50	125 - 130	170 - 175
A Harris	85 - 90	80 - 85	0	0	17	57	100 - 105	140 - 145
P Graffin ²	80 - 85	80 - 85	1,100	0	11	45	90 - 95	125 - 130
J Reid	85 - 90	80 - 85	0	0	13	30	95 - 100	110 - 115
K McMahon	85 - 90	80 - 85	0	100	12	45	95 - 100	125 - 130
D Spence ³	80 - 85	N/A	0	N/A	49	N/A	125 - 130	N/A

* Benefits in kind relate to the taxable benefits in kind on travel expenses reimbursed and leased cars where applicable.

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

1 - S O'Reilly left 31/08/2022. Estimated full year salary £205 - £210k.

2 - P Graffin ceased Directorship 02/10/2022.

3 - D Spence commenced Directorship 01/04/2022

4 - D Watkins commenced Directorship 01/09/2022. Estimated full year salary £195 - £200k.

The Executive Team (ref page 53) are shaded in the above table with the Divisional Directors unshaded. Please note Divisional Directors are employed on Agenda for Change contracts, the Executive team are held on either DoH Senior Executive Contract or HSC Medical Consultant Terms and Conditions. For titles please refer to page 57. These figures are inclusive of both the 2018/19 and 2019/20 senior executive pay awards which were paid in May 2022, but do not include the accrual for 2020/21 or 2021/22 pay awards.

ACCOUNTABILITY REPORT

Pension Benefits

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

Executive Team & Divisional Directors	Accrued pension at pension age as at 31/3/23 and related lump sum	Real increase in pension and related lump sum at pension age	CETV at 31/3/23	CETV at 31/3/22*	Real increase in CETV
£000s					
J Welsh	40 to 45 + lump sum 80 to 85	2.5 to 5 + lump sum 0	852	748	35
S O'Reilly	70 to 75 + lump sum 205 - 210	0 to 2.5 + lump sum 0	1,762	1,705	8
O Harkin	65 to 70 + lump sum 0	0 to 2.5 + lump sum 0	1,071	926	7
M Dargan	30 to 35 + lump sum 65 to 70	0 to 2.5 + lump sum 0	618	571	3
S Pullins	40 to 45 + lump sum 80 to 85	0 to 2.5 + lump sum 0	821	800	5
D Watkins	55 to 60 + lump sum 110 to 115	5 to 7.5 + lump sum 12.5 to 15	1,099	978**	66
W Magowan	35 to 40 + lump sum 110 to 115	0 to 2.5 + lump sum 0	897	840	0
M O'Hagan	40 to 45 + lump sum 125 - 130	0 to 2.5 + lump sum 0	1,018	981	12
N Martin	20 to 25 + lump sum 30 to 35	0 to 2.5 + lump sum 0	290	335	0
P Corr	40 to 45 + lump sum 85 to 90	0 to 2.5 + lump sum 0	783	739	6
A Harris	30 to 35 + lump sum 90 to 95	0 to 2.5 + lump sum 0	707	690	9
P Graffin	25 to 30 + lump sum 45 to 50	0 to 2.5 + lump sum 0	357	428	0
J Reid	10 to 15 + lump sum 0	0 to 2.5 + lump sum 0	183	156	6
K McMahon	25 to 30 + lump sum 45 to 50	0 to 2.5 + lump sum 0	547	526	5
D Spence	25 to 30 + lump sum 45 to 50	2.5 to 5 + lump sum 0 to 2.5	476	414	39

* CETVs as at 31/03/22 for all Directors may have been adjusted by HSC Pensions Branch based on the current framework prescribed by the Institute and Faculty of Actuaries

** This CETV value is as at 31/08/22 being the day prior to commencing Directorship

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

ACCOUNTABILITY REPORT

benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2015 and do not take account of any actual or potential benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

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

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

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

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

ACCOUNTABILITY REPORT

Staff Report Staff Costs (Audited)

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

Staff costs comprise:	Permanently employed staff	2023 Others	Total	2022 Total
	£000s	£000s	£000s	£000s
Wages and salaries	403,148	93,496	496,644	490,811
Social Security costs	39,605	1,622	41,227	37,504
Other pension costs	82,677	1,968	84,645	79,685
Sub-Total	525,430	97,086	622,516	608,000
Less recoveries in respect of outward secondments			2,700	2,054
Total net costs			619,816	605,946

Of which:	Charged to Administration	Charged to Capital	Charged to CTF	Total
	£000s	£000s	£000s	£000s
Northern HSC Trust	621,098	1,368	50	622,516
Total	621,098	1,368	50	622,516

HSC Pension Arrangements

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

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

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

Discrimination identified by the courts in the way that the 2015 pension reforms were introduced must be removed by the DoH. It is expected that, in due course, eligible

ACCOUNTABILITY REPORT

members with relevant service between 1 April 2015 and 31 March 2022 may be entitled to different pension benefits in relation to that period. The different pension benefits relate to the different HSC Pension Schemes and is not the monetary benefits received. This is known as the 'McCloud Remedy' and will impact many aspects of the HSC Pension Schemes including the scheme valuation outcomes. Further information on this will be included in the HSC Pension Scheme accounts.

Following a public consultation, the DoH introduced changes to the amount members pay towards their HSC pension. The changes include the pensionable pay ranges used to decide how much members contribute to their pension and the percentage of members' pay to be a member of the scheme. The latter change means the amount payable will be based on a member's actual annual rate of pay, rather than their whole-time equivalent. For part-time staff, their contribution rate will now be based on how they are paid, instead of how much they would earn if they worked full-time.

The changes are being implemented in two stages; stage 1 started on 1 November 2022 with further changes planned in 2023.

The table below sets out the member contribution rates that apply in both the HSC Pension Scheme and the HSC Pension Scheme 2015 from 1 April 2022 – 31 October 2022.

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

The following table sets out member contribution rates that apply to both HSC Pension Schemes from 1 November 2022.

Pensionable salary range	Contribution rates (before tax relief & based on actual annual pensionable pay)
Up to £13,246	5.1%
£13,247 to £16,831	5.7%
£16,832 to £22,878	6.1%
£22,879 to £23,948	6.8%
£23,949 to £28,223	7.7%
£28,224 to £29,179	8.8%
£29,180 to £43,805	9.8%
£43,806 to £49,245	10%
£49,246 to £56,163	11.6%
£56,164 to £72,030	12.5%
£72,031 and above	13.5%

ACCOUNTABILITY REPORT

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

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

Average number of persons employed (Audited)

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

	2023		2022	
	Permanently employed	Other	Total	Total
	No	No	No	No
Medical and dental	374	360	734	721
Nursing and midwifery	3,466	539	4,005	3,860
Professions allied to medicine	815	26	841	982
Ancillaries	791	123	914	916
Administrative and clerical	1,714	110	1,824	1,787
Ambulance staff	0	0	0	0
Works	154	3	157	162
Other professional and technical	817	14	831	669
Social Services	2,309	102	2,411	2,358
Other	0	0	0	0
Less average staff number relating to capitalised staff costs	(24)	0	(24)	(21)
Total average number of person employed	10,416	1,277	11,693	11,434
Of Which:				
Core Department	27	0	27	47
Total net average number of person employed	10,389	1,277	11,666	11,387

Of which:

	2023 Composition
Northern HSC Trust	11,665
Charitable Trust Fund (re-charged)	1
	11,665

Trust Management Costs

	2023 £000s	2022* (Re-stated) £000s
Trust Management Costs	39,350	36,428
Income:		
RRL	997,709	961,476
Income per Note 4	65,472	58,322
Total Income	1,063,181	1,019,798
% of total income	3.70%	3.57%

Following the implementation of the Review of Financial Process, the management costs for 2021/22 have been re-stated to exclude non cash adjustments.

ACCOUNTABILITY REPORT

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

Staff Redeployed

During 2022/23, the Trust continued to support key services during various COVID-19 pandemic surges, in the main ICU and Emergency Departments, vaccination centres and the independent care home sector.

Following the success of the 2021/22 Plea for Help initiative which identified staff in administrative roles who received training to provide frontline care through Patient Companion and Enhanced 1-to-1 roles, the scheme recommenced in July 2022, to support Community during August and September 2022. Additionally, the scheme operated during the winter months providing in total 962 shifts (5,374 hours) in total across all the various roles during 2022/23.

Staff Turnover

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

Contract Type	2022/23		2021/22	
	No of Leavers	%	No of Leavers	%
Permanent	925	7.77	1,002	8.44
Temporary	176	27.85	182	27.33
	1,101	8.78	1,184	9.45

Staff Engagement

As part of the Trust's Investors in People (IiP) reaccreditation process staff were invited to share their experience of working in the Trust. The overall participation rate for 2022 reaccreditation was 19%; over 2500 Trust staff engaged with the assessment process through the various phases involved including an online survey and one to one discussions with some of the IIP assessment team. The Trust achieved Silver status in January 2023.

Human Resource Policies

Information on key Human Resource policies can be found on page 49.

Retirements due to ill-health

During 2022/23 there were 19 (2021/22: 19) early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £122k (£44k in 2021/22). These costs are borne by the HSC Pension Scheme.

ACCOUNTABILITY REPORT

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

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2023	2022	2023	2022	2023	2022
<£10,000	0	0	0	0	0	0
£10,001 - £25,000	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0
£100,001- £150,000	0	0	0	0	0	0
£150,001- £200,000	0	0	0	0	0	0
Total number of exit packages by type	0	0	0	0	0	0
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	0	0	0	0	0	0

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

Compensation packages payable to a former senior manager - nil

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

Staff Composition by Gender

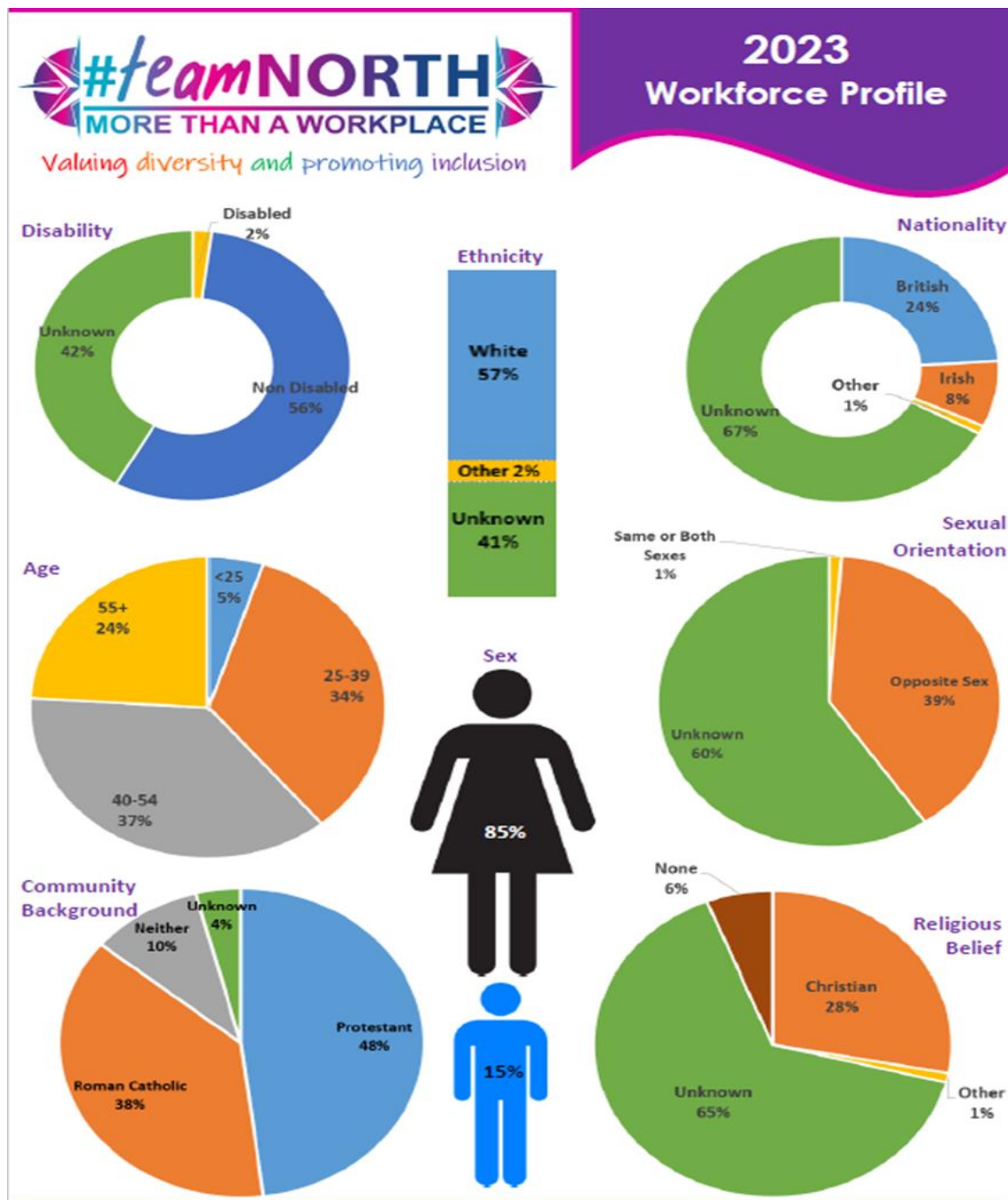
The following table provides an analysis of the number of employed staff as at 31 March 2023 by gender:-

ACCOUNTABILITY REPORT

	Directors*		Non-Executive Directors		Senior Staff**		Other Staff		Trust Total	
	No	As %	No	As %	No	As %	No	As %	No	As %
Female	9	56	0	0	18	64	10,704	86	10,731	86
Male	7	44	5	100	10	36	1,785	14	1,807	14
Total	16		5		28		12,489		12,538	

*Executive Team and Divisional Directors

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



ACCOUNTABILITY REPORT

Staff Absence

The Trust was set a target of 6.83% by the DoH for staff absence. The Trust absence for 2022/23 was 7.82%, excluding Homecare staff (2021/22 7.0%, excluding Homecare staff).

Off Payroll Engagements

The Trust did not have any 'off-payroll' engagements in 2022/23 that were in excess of £245 per day and/or that lasted longer than six months.

Consultancy

Expenditure on Consultancy in 2022/23 was £nil (2021/22 £nil).

Contingent Labour

Expenditure on temporary (agency) staff in 2022/23 was £80.1m, £56k of which was capitalised (2021/22 £64.2m of which £61k of which was capitalised).

77%% (2021/22 73%) of the costs incurred were in respect of nursing, midwifery medical and dental support staff. Agency staff are in place to cover temporary additional costs in respect of regional initiatives such as Whiteabbey Nightingale, No More Silo and COVID-19 Essentials including backfill due to COVID-19 isolation and to cover annual leave from prior periods delayed. They are also in place to cover issues of acuity or demand pressures due seasonal pressure and to cover vacant posts in the Trusts Acute, Mental Health and Community Hospitals and other Community facilities.

ACCOUNTABILITY REPORT

ASSEMBLY ACCOUNTABILITY AND AUDIT REPORT

Financial Resources

The Trust managed revenue expenditure of £1,041m in 2022/23, £24.8m of which related to COVID-19.

The Trust employed an average of 11,666 staff serving a population of approximately 470,000 residents and manages a wide and geographically dispersed estate value of £420m.

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

Due to the COVID-19 impact a requirement for a Trust Delivery Plan for 2022/23 continued to be stepped down; a financial update plan was submitted in May 2022 which informed a regional paper to the Permanent Secretary which identified a Trust deficit of £64.4m which took into account the cost pressures above. This deficit was addressed by the Trust via a combination of financial savings measures as well as one-off cost containment measures and non-recurrent slippage on new investments. In addition, the Commissioners provided additional recurrent funding and non-recurrent deficit easement funding including non-recurrent financial support to energy pressures.

While the Trust achieved financial balance in 2022/23 it continues to drive forward the quality and safety agenda. This outcome was attributable in part to a significant level of non-recurrent measures within the Trust. The Trust, therefore, begins 2023/24 with a funding gap, potential new pressures and a requirement to achieve savings which it continues to review with Commissioners and DoH to formalise into a 2023/24 Financial Plan. Indications from Commissioners and DoH is that 2023/24 COVID-19 funding will be restricted to key areas and at a significantly reduced level compared to 2022/23 and that costs that continue should only be in response to most recent guidance

In addition, the estimated costs of COVID-19 impacted services including rebuild proposals is currently in the region of £55m, whilst the funding shortfall for Transformation proposals amounts to £5.6m. This process will need to take account of a number of uncertainties and EU Exit. The Trust will continue to work with Commissioners and DoH, to both project and manage these impacts where possible.

Financial Targets

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

- Breakeven on income and expenditure; and

ACCOUNTABILITY REPORT

- Maintain capital expenditure within the agreed Capital Resource Limit.

The above achievements have been delivered through a combination of sound financial governance, control and management and the ongoing efforts of staff.

Financial Governance

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

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

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

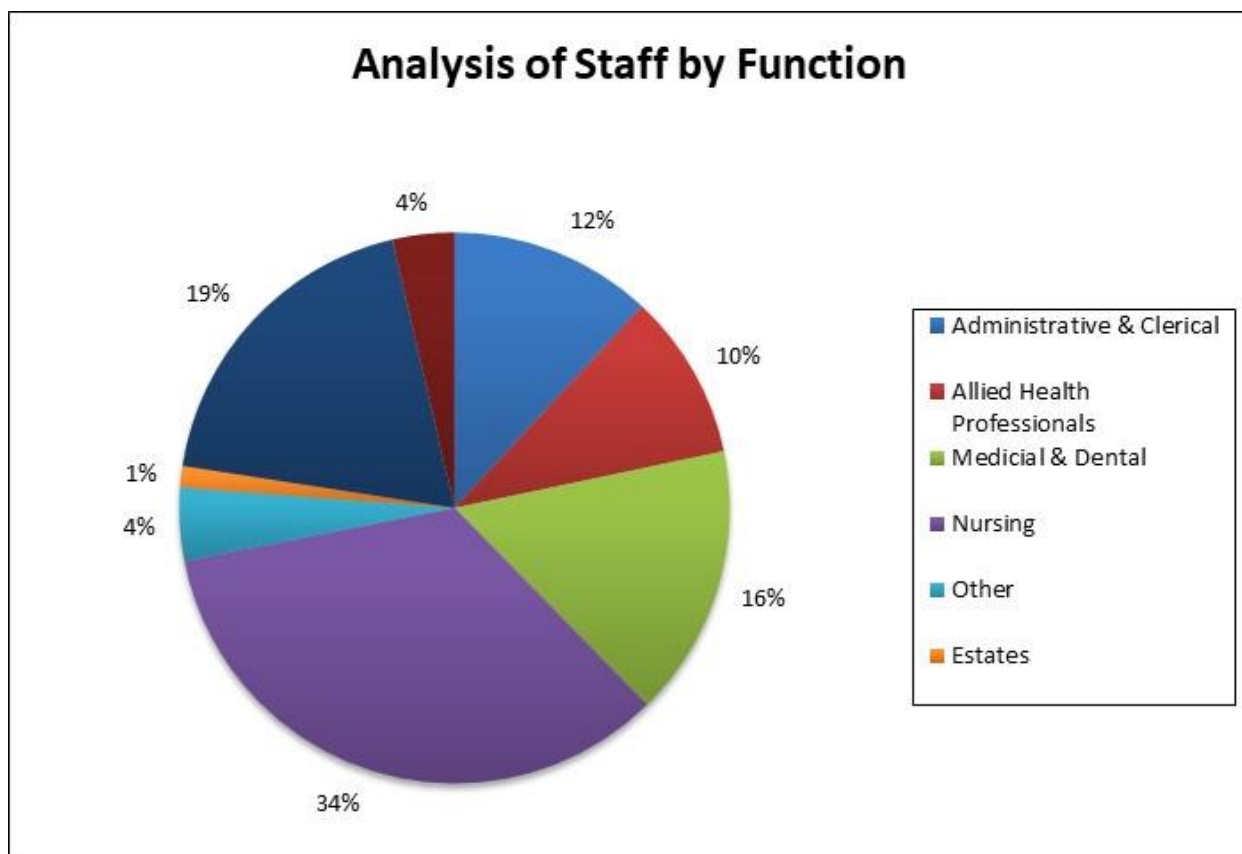
Income and Expenditure

The information below provides an analysis of Trust's income and a breakdown of expenditure in 2022/23.

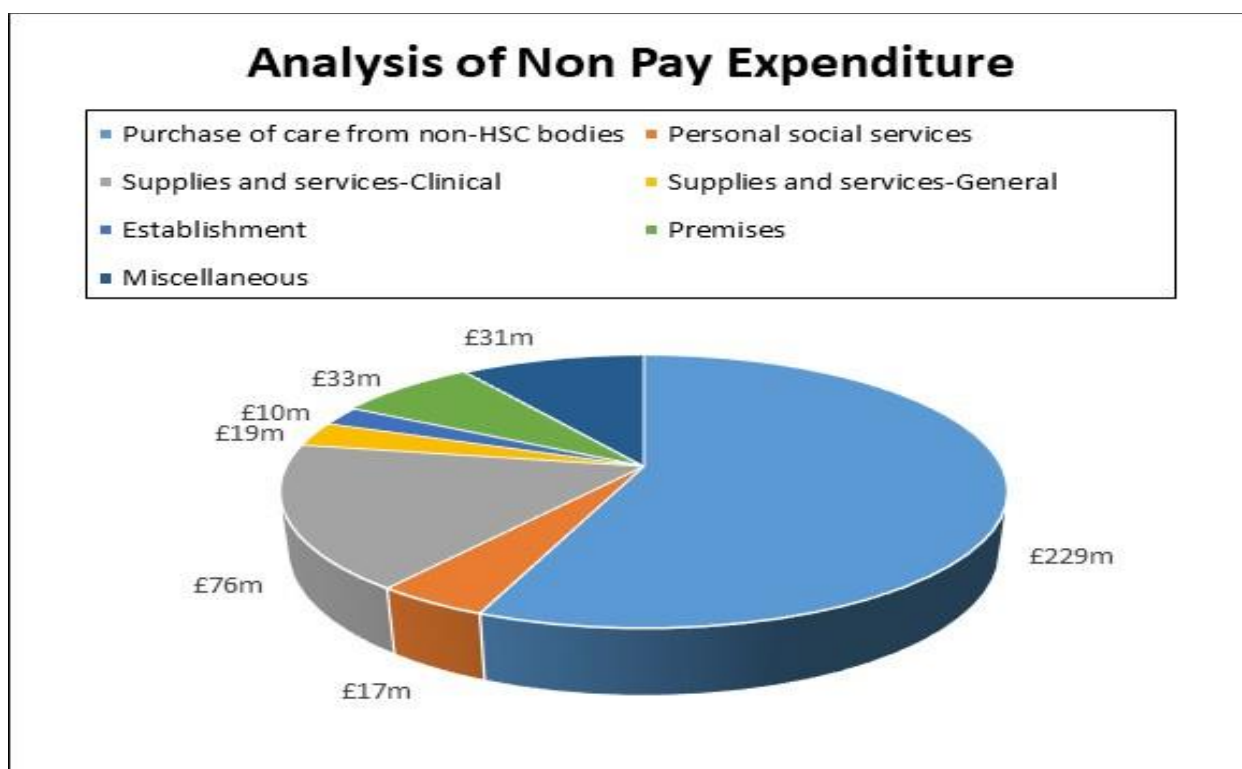
The largest cost incurred by the Trust is staff salaries, representing over 56% (£621m) of total expenditure covering a range of staff groups such as nursing, medical, diagnostic, social services and allied health professionals.

The chart below shows the percentage of Payroll spend (£621m) for the professional staff groups with the largest spend residing in the nursing category.

ACCOUNTABILITY REPORT

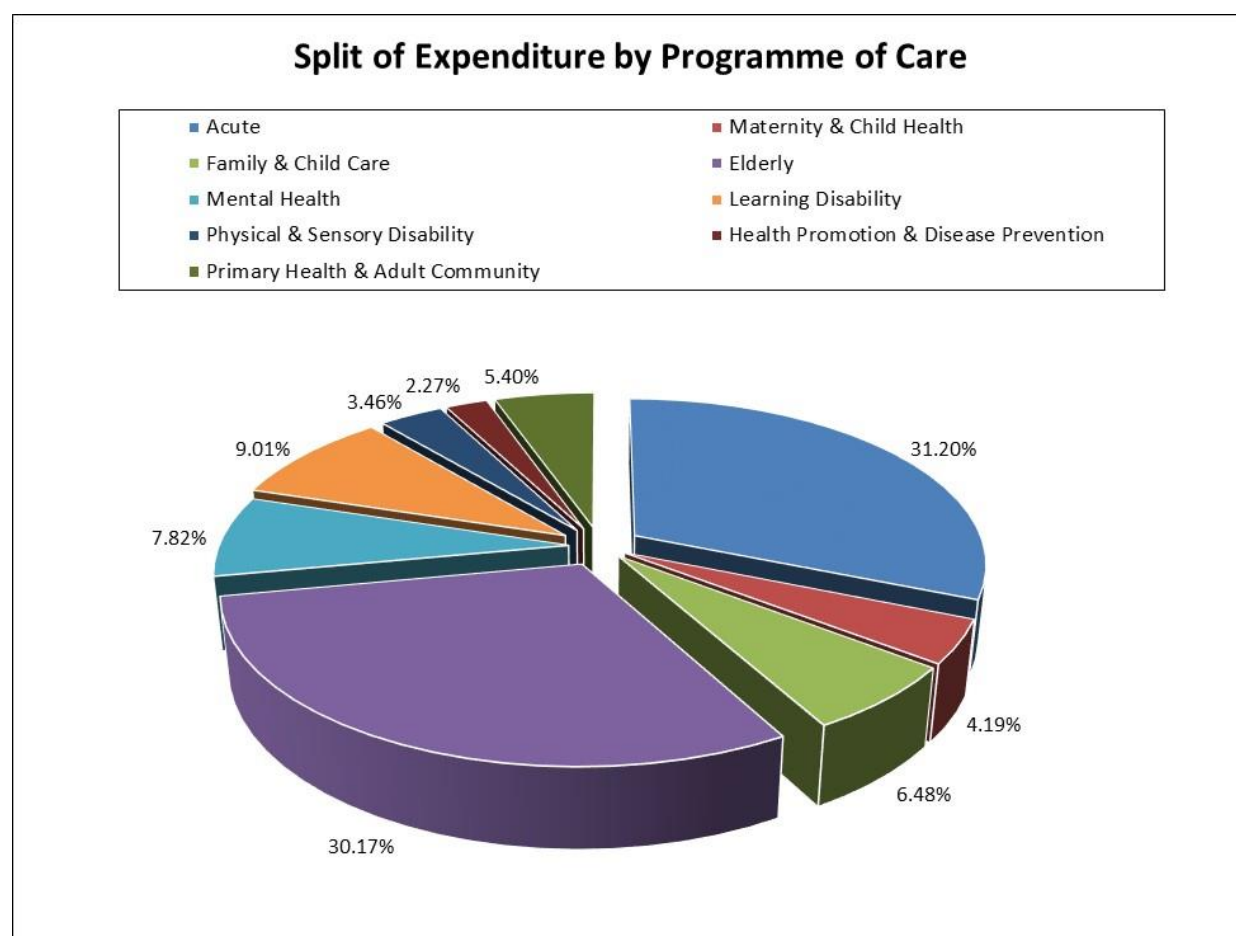


The Trust spent £444m non pay expenditure (operating expenses excluding staff costs) and the chart below provides an analysis of this.



ACCOUNTABILITY REPORT

In 2022/23 the Trust provided services for a range of programmes of care as detailed in the graph below (most recent source Trust Financial Returns 2019/20).



Income

The majority of income, 99%, comes from DoH, through the Health and Social Care Board and the Public Health Agency. The Trust also receives income for medical education from Northern Ireland Medical and Dental Training Agency (NIMDTA).

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

Fees and Charges (Audited)

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

Remote Contingent Liabilities (Audited)

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

ACCOUNTABILITY REPORT

Capital Development Programme

For the 2022/23 financial year the Trust managed gross capital expenditure to the value of £46.9m to deliver capital projects.

We are delighted to say that the following schemes progressed during 2022/23, with a minor surplus against the Capital Resource budget of £4k.

Capital Scheme	Expenditure 2022/23 £m	Total Value of Project £m
Mental Health Inpatient Facility	£1.23m	£88.21m
Inpatient Beds Antrim Hospital	£17.97m	£21.24m
Medical Devices	£6.19m	£6.19m
ICT	£4.57m	£4.57m
Trust Wide Boiler Replacements	£1.07m	£1.07m
Vehicle Replacement	£0.76m	£0.76m
Decontamination	£0.67m	£0.67m
Malin's Wood Children's Home	£0.49m	£0.49m
Trust Wide Water Safety Works	£0.35m	£0.35m
AAH Maternity Service Bereavement Suite	£0.30m	£0.30m
Trustwide Asbestos Removals	£0.28m	£0.28m
Trust Wide Electrical Safety and DDA Improvements	£0.14m	£0.14m

Net capital expenditure of £46.7m included general capital spend of £34.4m which was spent on capital estate's schemes, medical devices and vehicles. There was a further £5.3m spent on backlog maintenance. The Trust continued the capital works on the new Mental Health Inpatient Facility with an in year spend of £1.2m. Spend on the Trust's ICT infrastructure totalled £4.6m. The remaining spend of £1.2m was on Task and Finish and Invest to Save projects.

Charitable Trust Funds

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

- provision of comforts;
- purchase of equipment and services; and

ACCOUNTABILITY REPORT

- research into any aspect of the work of the Trust.

During the year these funds supported initiatives as wide as the provision of a wheelchair swing and a pod swing to enhance accessibility for service users at a day centre; purchases for a sensory garden to provide a therapeutic place for young people; and the purchase of seating systems to give support, comfort and pressure management to stroke patients, etc.

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

In 2022/23 Charitable Trust Fund income amounted to £814k and expenditure was £1,308k including £7k notional audit fee. Total fund balances as at 31 March 2023 amounted to £8,856k.

Investments showed an unrealised loss of £267k on their share valuation at 31 March 2023.

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

There is also a separate Charitable Trust Fund Annual Trustees Report and Annual Accounts available for 2022/23. This is subject to audit.

Losses and Special Payments (Audited)

Losses and Special Payments require specific approvals with delegated limits for approval set by DoH. Losses over a particular threshold require approval by the DoH.

Losses Statement	2022/23	2021/22
Total Number of Losses	252	289
Total Value of Losses (£000)	518	790

Individual Losses over £250,000	2022/23	2021/22
	£000	£000
Cash Losses	0	0
Administrative Write Offs	0	0
Fruitless Payments	0	0
Store Losses	0	388

Special Payments	2022/23	2020/21
Total Number of Special Payments	103	81
Total Value of Special Payments (£000)	11,741	3,964

ACCOUNTABILITY REPORT

Individual Special Payments over £250,000	2022/23	2021/22
	£000	£000
Compensation Payments:		
- Clinical Negligence (3 cases*/5 payments)	4,675	2,001
- Public Liability	0	0
- Employers Liability	0	0
- Other	0	0
Ex-gratia payments	0	0
Extra contractual	0	0
Special severance payments	0	0
Total Special Payments	4,675	2,001

*Details of these cases are not being disclosed as this would conflict with a legal obligation arising as a result of the Data Protection Act 2018

Other Payments

There were no other payments made during the year.

Regularity Statement (Audited)

The Trust's financial and governance framework incorporates the Trust's Management Statement and Financial Memorandum with DoH, DoH circulars, the Trust's Standing Orders and Scheme of Reservation and Delegation, Standing Financial Instructions and financial procedures, processes and controls. These are designed to endeavour to ensure that the expenditure and income, reported for the year ended 31 March 2023, has been applied to the purposes intended by the NI Assembly and that transactions conform to the authorities which govern them.

The Trust maintains a Register of Interests and a Gifts and Hospitality Register, against which decisions on acceptance are made in line with Policy.

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



Jennifer Welsh – Accounting Officer
22 June 2023

NORTHERN HEALTH AND SOCIAL CARE TRUST – PUBLIC FUNDS

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

Opinion on financial statements

I certify that I have audited the financial statements of the Northern Health and Social Care Trust for the year ended 31 March 2023 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the Government Financial Reporting Manual.

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

In my opinion the financial statements:

- give a true and fair view of the state of the group's and of Northern Health and Social Care Trust's affairs as at 31 March 2023 and of the group's and the Northern Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

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

Basis for opinions

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

Conclusions relating to going concern

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

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

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

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

Other Information

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

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and

- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

In the light of the knowledge and understanding of the Northern Health and Social Care Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. I have nothing to report in respect of the following matters which I report to you if, in my opinion:

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

Responsibilities of the Trust and Accounting Officer for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Northern Health and Social Care Trust through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder;
- making enquires of management and those charged with governance on Northern Health and Social Care Trust's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of Northern Health and Social Care Trust's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition and posting of unusual journals;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to

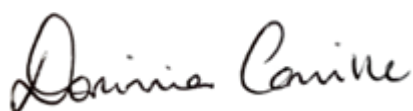
identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;

- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
 - performing analytical procedures to identify unusual or unexpected relationships or movements;
 - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
 - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
 - investigating significant or unusual transactions made outside of the normal course of business.

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

Report

I have no observations to make on these financial statements.



Dorinnia Carville
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST, BT7 1EU
4 July 2023

**ANNUAL ACCOUNTS 2022/23 – FINANCIAL
STATEMENTS AND NOTES TO THE ACCOUNTS**

Introduction

The financial statements and notes to the accounts of the Trust for 2022/23 are included on pages 127 to 171.

The Patients and Residents Monies Accounts for 2022/23 are included on pages 175 to 176.

Charitable Trust Fund Accounts for 2022/23 are issued separately however they are consolidated within the public fund accounts to meet the requirements of the relevant consolidation accounting policy.

NORTHERN HSC TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

FOREWORD

These accounts for the year ended 31 March 2023 have been prepared in accordance with Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by DoH.

NORTHERN HSC TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

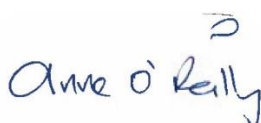
CERTIFICATES OF DIRECTOR OF FINANCE, CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 127 to 171) which I am required to prepare on behalf of the Northern HSC Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Northern HSC Trust and with the accounting standards and policies for HSC bodies approved by the DoH.

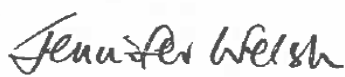


..... **Director of Finance**
22 June 2023

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 127 to 171) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



..... **Chair**
22 June 2023



..... **Chief Executive**
22 June 2023

FINANCIAL STATEMENTS

Consolidated Statement of Comprehensive Net Expenditure for the year ended 31 March 2023

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

	NOTE	2023 £000s			2022 (Re-stated) £000s		
		Trust	CTF	Consolidated	Trust	CTF	Consolidated
Income							
Revenue from contracts with customers	4.1	60,138	0	60,138	53,955	0	53,955
Other operating income*	4.2	5,125	643	5,768	4,367	449	4,816
Total operating income		65,263	643	65,906	58,322	449	58,771
Expenditure							
Staff costs		(621,098)	(50)	(621,148)	(606,931)	(54)	(606,985)
Purchase of goods and services	3	(366,317)	0	(366,317)	(341,559)	0	(341,559)
Depreciation, amortisation and impairment charges	3	(30,039)	0	(30,039)	(26,781)	0	(26,781)
Provision expense	3	(13,242)	0	(13,242)	(24,394)	0	(24,394)
Other expenditures	3	(75,947)	(1,251)	(77,198)	(73,571)	(576)	(74,147)
Total operating expenditure		(1,106,643)	(1,301)	(1,107,944)	(1,073,236)	(630)	(1,073,866)
Net operating expenditure		(1,041,380)	(658)	(1,042,038)	(1,014,914)	(181)	(1,015,095)
Finance income	4.2	0	171	171	0	177	177
Finance expense	3	(19)	0	(19)	0	0	0
Net expenditure for the year		(1,041,399)	(487)	(1,041,886)	(1,014,914)	(4)	(1,014,918)
Adjustment to net expenditure for non cash items							
	22.1	43,779	0	43,779	53,485	0	53,485
Net expenditure funded from RRL		(997,620)	(487)	(998,107)	(961,429)	(4)	(961,433)
Revenue Resource Limit (RRL)	22.1	997,709	0	997,709	961,476	0	961,476
Add back charitable trust fund net expenditure*							
		0	487	487	0	4	4
Surplus / (Deficit) against RRL		89	0	89	47	0	47

OTHER COMPREHENSIVE EXPENDITURE

		2023 £000s			2022 £000s		
	NOTE	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Items that will not be reclassified to net operating costs:							
Net gain/(loss) on revaluation of property, plant and equipment	5.1 /5.2 /9	30,119	0	30,119	17,465	0	17,465
Net gain/(loss) on revaluation of intangibles	6.1 /6.2 /9	0	0	0	0	0	0
Net gain/(loss) on revaluation of charitable assets		0	(267)	(267)	0	312	312
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March		(1,011,280)	(754)	(1,012,034)	(997,449)	308	(997,141)

The notes on pages 131 to 171 form part of these accounts.

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

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

FINANCIAL STATEMENTS

Consolidated Statement of Financial Position as at 31 March 2023

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

		2023		2022	
	NOTE	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Non Current Assets					
Property, plant and equipment	5.1/5.2	507,995	507,995	456,629	456,629
Intangible assets	6.1/6.2	8,249	8,249	10,639	10,639
Financial assets	8	0	7,257	0	5,050
Trade and other receivables	12	0	0	0	0
Other current assets	12	0	0	0	0
Total Non Current Assets		516,244	523,501	467,268	472,318
Current Assets					
Assets classified as held for sale	10	410	410	410	410
Inventories	11	5,371	5,371	5,496	5,496
Trade and other receivables	13	27,667	27,746	23,834	23,847
Other current assets	13	4,752	4,773	3,168	3,203
Financial assets	8	0	0	0	4,100
Cash and cash equivalents	12	3,827	5,328	4,912	5,330
Total Current Assets		42,027	43,628	37,820	42,386
Total Assets		558,271	567,129	505,088	514,704
Current Liabilities					
Trade and other payables	14	(143,880)	(143,882)	(143,444)	(143,450)
Other liabilities	14	(730)	(730)	0	0
Provisions	15	(28,187)	(28,187)	(35,364)	(35,364)
Total Current Liabilities		(172,797)	(172,799)	(178,808)	(178,814)
Total assets less current liabilities		385,474	394,330	326,280	335,890
Non Current Liabilities					
Provisions	15	(78,958)	(78,958)	(68,425)	(68,425)
Other payables >1 yr	14	(1,059)	(1,059)	0	0
Total Non Current Liabilities		(80,017)	(80,017)	(68,425)	(68,425)
Total assets less total liabilities		305,457	314,313	257,855	267,465
Taxpayers' Equity and other reserves					
Revaluation reserve		204,798	204,798	174,950	174,950
SoCNE reserve		100,659	100,659	82,905	82,905
Other reserves - charitable fund		0	8,856	0	9,610
Total equity		305,457	314,313	257,855	267,465

The financial statements on pages 127 to 130 were approved by the Board on 22 June 2023 and were signed on its behalf by;

The notes on pages 131 to 171 form part of these accounts.

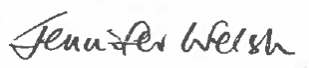
Signed



(Chair)

22 June 2023

Signed



(Chief Executive)

22 June 2023

FINANCIAL STATEMENTS

Consolidated Statement of Cash Flows for the year ended 31 March 2023

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

	NOTE	2023 £000s	2022 £000s
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure		(1,042,057)	(1,015,095)
Adjustments for non cash transactions		42,952	50,863
(Increase)/decrease in trade and other receivables		(5,467)	815
(Increase)/decrease in inventories		125	455
Increase/(decrease) in trade payables		2,223	(115)
<i>Less movements in payables relating to items not passing through the Net Expenditure Account</i>			
Movements in payables relating to the purchase of property, plant and equipment		(9,387)	(6,319)
Movements in payables relating to the purchase of intangibles		460	6,639
Movements in payables relating to finance leases		(1,789)	0
Use of provisions	15	(9,885)	(5,514)
Net cash inflow/(outflow) from operating activities		(1,022,825)	(968,271)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(35,885)	(21,340)
(Purchase of intangible assets)	6	(1,907)	(9,628)
Proceeds of disposal of property, plant & equipment		227	191
Proceeds on disposal of assets held for resale		0	0
Proceeds from sale of investments		4,126	127
Purchase of investments		(2,500)	(3,100)
Other investing activities		171	177
Net cash outflow from investing activities		(35,768)	(33,573)
Cash flows from financing activities			
Grant in aid		1,058,805	1,005,000
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		(214)	0
Net financing		1,058,591	1,005,000
Net increase (decrease) in cash & cash equivalents in the period		(2)	3,156
Cash & cash equivalents at the beginning of the period	12	5,330	2,174
Cash & cash equivalents at the end of the period	12	5,328	5,330

The notes on pages 131 to 171 form part of these accounts.

FINANCIAL STATEMENTS

Consolidated Statement of Changes in Taxpayers' Equity

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

for the year ended 31 March 2023

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
Balance at 31 March 2021		92,444	157,792	9,302	259,538
Changes in Taxpayers Equity 2021/22					
Grant from DoH		1,005,000	0	0	1,005,000
Other reserves movements including transfers		307	(307)	0	0
(Comprehensive Net Expenditure for the Year)		(1,014,914)	17,465	308	(997,141)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	68	0	0	68
Balance at 31 March 2022		82,905	174,950	9,610	267,465
Changes in Taxpayers Equity 2022/23					
Grant from DoH		1,058,805	0	0	1,058,805
Other reserves movements including transfers		271	(271)	0	0
(Comprehensive Net Expenditure for the year)		(1,041,399)	30,119	(754)	(1,012,034)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	77	0	0	77
Balance at 31 March 2023		100,659	204,798	8,856	314,313

The notes on pages 131 to 171 form part of these accounts.

NOTES TO THE ACCOUNTS

STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

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

1.1 Accounting Convention

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

1.2 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant and Machinery, Information Technology, Furniture and Fittings and Assets under Construction. This includes assets donated to the Trust.

Recognition

Property, plant and equipment must be capitalised if:

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

- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

Valuation of Land and Buildings

All Property, Plant and Equipment are carried at fair value.

Fair value of Property is estimated as the latest professional valuation revised annually by reference to indices supplied by Land and Property Services.

Fair value for Plant and Equipment is estimated by restating the value annually by reference to indices compiled by the Office of National Statistics (ONS), except for assets under construction which are carried at cost, less any impairment loss.

RICS, IFRS, IVS and HM Treasury compliant asset revaluation of land and buildings for financial reporting purposes are undertaken by Land and Property Services (LPS) at least once in every five year period. Figures are then restated annually, between revaluations, using indices provided by LPS.

The last asset revaluation was carried out on 31 January 2020 by Land and Property Services (LPS) with the next review due by 31 January 2025.

Fair values are determined as follows:

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

Since the last revaluation exercise was undertaken, the risks to the client’s land and building portfolio as a result of ongoing impact of the COVID-19 pandemic have lessened considerably. However, new global fiscal, economic and political factors have come to the fore, including persistently high inflation, rising interest rates, the cost of living and energy cost crises, increasing material costs, the fallout from the mini budget under Liz Truss and the ongoing Russia-Ukraine conflict. All have the potential to negatively impact on the local property market. However, at the present time, most sectors across the Northern Ireland property market are experiencing sufficient levels of transactional activity on which to base opinion, and this is reflected in the latest indexation figures provided for the period 2022/23. For the time being, the levels of subjectivity required to assess value have reduced and the requirement to declare Material Uncertainty within any of the client asset classifications has abated. Whilst the

need for an asset revaluation prior to the next scheduled date in January 2025 cannot be ruled out, under current market conditions, it is not currently required.

Modern Equivalent Asset

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

Assets Under Construction

Assets classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred. They are carried at cost, less any impairment loss. Assets under construction are revalued and depreciation commences when they are brought into use.

Short Life Assets

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

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

Revaluation Reserve

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

1.3 Depreciation

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

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated

useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset.

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

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

1.4 Impairment Loss

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

1.5 Subsequent Expenditure

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

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

1.6 Intangible Assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, patents, goodwill and intangible Assets under Construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example, application software is capitalised as an intangible non-current asset. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

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

Recognition

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

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

Intangible assets acquired separately are initially recognised at fair value.

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

1.7 Non-current Assets Held for Sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. In order to meet this definition IFRS 5 requires that the asset must be

immediately available for sale in its current condition and that the sale is highly probable. A sale is regarded as highly probable where an active plan is in place to find a buyer for the asset through appropriate marketing at a reasonable price and the sale is considered likely to be concluded within one year. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value, less any material directly attributable selling costs. Fair value is open market value, where one is available, including alternative uses.

Assets classified as held for sale are not depreciated.

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

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

1.8 Inventories

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

1.9 Income

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

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

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

Income is stated net of VAT.

Grant in Aid

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

1.10 Investments

The Trust does not have any investments.

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

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

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

1.11 Cash and Cash Equivalents

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

1.12 Leases

Under IFRS16 Leased Assets which the Trust has use/control over and which it does not necessarily legally own are to be recognised as a 'Right Of Use' (ROU) asset. There are only two exceptions:

- short term assets – with a life of up to one year; and
- low value assets – with a value equal to or below the Department's threshold limit which is currently £5,000.

Short Term Leases

Short term leases are defined as having a lease term of 12 months or less. Any lease with a purchase option cannot qualify as a short term lease. The lessee must not exercise an option to extend the lease beyond 12 months. No liability should be recognised in respect of short term leases and neither should the underlying asset be capitalised. Lease agreements which contain a purchase option cannot qualify as short term. Examples of short term leases are software leases, specialised equipment, hire cars and some property leases.

Low Value Assets

An asset is considered 'low value' if its value, when new, is less than the capitalisation threshold. The application of the exemption is dependent on considerations of materiality. The low value assessment is performed on the underlying asset, which is the value of that underlying asset when new. Examples of low value assets are tablet and personal computers, small items of office furniture and telephones.

Separating Lease and Service Components

Some contracts may contain both a lease element and a service element. DoH bodies can, at their own discretion, choose to combine lease and non-lease components of contracts, and account for the entire contract as a lease. If a contract contains both lease and service components IFRS 16 provides guidance on how to separate those components. If a lessee separates lease and service components, it should capitalise amounts related to the lease components and expense elements relating to the service elements. However, IFRS 16 also provides an option for lessees to combine lease and service components and account for them as a single lease. This option should help DoH bodies where it is time consuming or difficult to separate these components.

The Trust as Lessee

The Right of Use asset lease liability will initially be measured at the present value of the unavoidable future lease payments. The future lease payments should include any amounts for:

- indexation;
- amounts payable for residual value;
- purchase price options;
- payment of penalties for terminating the lease;
- any initial direct costs; and
- costs relating to restoration of the asset at the end of the lease.

The lease liability is discounted using the rate implicit in the lease.

Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in calculating the ALB's surplus/deficit.

The difference between the carrying amount and the lease liability on transition is recognised as an adjustment to taxpayers equity. After transition the difference is recognised as income in accordance with IAS 20.

Subsequent Measurement

After the commencement date (the date that the lessor makes the underlying asset available for use by the lessee) a lessee shall measure the liability by;

- Increasing the carrying amount to reflect interest;
- Reducing the carrying amount to reflect lease payments made; and
- Re-measuring the carrying amount to reflect any reassessments or lease modifications, or to reflect revised in substance fixed lease payments.

There is a need to reassess the lease liability in the future if there is:

- A change in lease term;
- change in assessment of purchase option;
- change in amounts expected to be payable under a residual value guarantee; or
- change in future payments resulting from change in index or rate.

Subsequent measurement of the ROU asset is measured in same way as other property, plant and equipment. Asset valuations should be measured at either 'fair value' or 'current value in existing use'.

Depreciation

Assets under a finance lease or ROU lease are depreciated over the shorter of the lease term and its useful life, unless there is a reasonable certainty the lessee will obtain ownership of the asset by the end of the lease term in which case it should be depreciated over its useful life.

The depreciation policy is as for other depreciable assets that are owned by the entity.

Leased assets under construction must also be depreciated.

The Trust as Lessor

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

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

The Trust will classify subleases as follows:

- If the head lease is short term (up to 1 year), the sublease is classified as an operating lease;
- otherwise, the sublease is classified with reference to the right-of-use asset arising from the head lease, rather than with reference to the underlying asset.

1.13 Private Finance Initiative (PFI) Transactions

The Trust has had no PFI transactions during the year.

1.14 Financial Instruments

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

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

Financial Assets

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred.

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

Financial assets are classified into the following categories:

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

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

Financial Liabilities

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

Financial liabilities are initially recognised at fair value.

Financial Risk Management

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

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

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. There is, therefore, low exposure to currency rate fluctuations.

Interest rate risk

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

Credit risk

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

Liquidity risk

Since the Trust receives the majority of its funding through its principal Commissioner which is voted through the Assembly, there is low exposure to significant liquidity risks.

1.15 Provisions

In accordance with IAS 37, provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the relevant rates provided by HM Treasury.

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

1.16 Contingencies

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37 are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly

Under IAS 37, the Trust discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

In addition to contingent liabilities disclosed in accordance with IAS 37, HSC Trusts disclose for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

1.17 Employee Benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using the Trust's current WTE staff numbers and actual costs applied to the assessed average untaken leave balance determined from the results of an analytical review and survey to ascertain leave balances as at 31 March 2023. It is not anticipated that the normal level of untaken leave will vary significantly from year to year.

Since the current COVID-19 pandemic commenced, there has been a significant challenge in healthcare staff being able to utilise their annual leave. This situation, whereby staff are carrying over increased levels of annual leave, started during 2020/21 and has continued into 2022/23. A full review and survey was carried out for the year ended 31 March 2023 to determine the annual leave carried forward.

Retirement benefit costs

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be 4 years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2022/23 accounts. Financial assumptions are updated to reflect recent financial conditions. Demographic assumptions are updated to reflect an analysis of experience that is being carried out as part of the 2020 valuation. Whilst the 2016 valuation remains the most recently completed valuation, the 2020 valuation is sufficiently progressed to use for setting demographics assumptions.

1.18 Reserves

Statement of Comprehensive Net Expenditure Reserve

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets other than donated assets.

1.19 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.20 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 21 to the accounts.

1.21 Government Grants

The Trust had no Government Grants.

1.22 Losses and Special Payments

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments.

They are divided into different categories, which govern the way that individual cases are handled.

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

1.23 Charitable Trust Account Consolidation

HSC Trusts are required to consolidate the accounts of controlled charitable organisations and funds held on trust into their financial statements. As a result the financial performance and funds have been consolidated. The Trust has accounted for these transfers using merger accounting as required by the FReM.

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

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

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

1.24 Accounting standards that have been Issued but have not yet been Adopted

The IASB have issued the following new standards but which are either not yet effective or adopted. Under IAS8 there is a requirement to disclose these standards together with an assessment of their initial impact on application.

IFRS17 Insurance Contracts:

IFRS17 Insurance Contracts will replace IFRS4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of FReM, IFRS17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2023.

Management currently assess that there will be minimal impact on application to the Trust's consolidated financial statements.

1.25 Impact of Implementation of ESA 2010 on Research and Development Expenditure

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

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

ANALYSIS of NET EXPENDITURE by SEGMENT

NOTE 2

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

Directorate	Staff Costs £000s	2023 Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	2022 Other Expenditure £000s	Total Expenditure £000s
Community Care	101,815	119,941	221,756	94,446	104,776	199,222
Surgical & Clinical Services	121,690	35,915	157,605	111,055	33,115	144,170
Medicine & Emergency Medicine	101,738	20,024	121,762	94,314	17,906	112,220
Medical Directorate	15,909	3,019	18,928	15,670	2,702	18,372
Children and Young People*	56,245	30,100	86,345	101,990	33,286	135,276
Mental Health, Learning Disability & Community Wellbeing	92,579	137,075	229,654	83,523	124,263	207,786
Paediatrics, Women's Services and Corporate Support*	87,530	14,565	102,095	33,056	6,469	39,525
Other Trust Directorates**	43,592	81,776	125,368	72,878	92,736	165,614
Expenditure for Reportable Segments net of Non Cash Expenditure*	621,098	442,415	1,063,513	606,932	415,253	1,022,185
RE-STATATED***						
Non Cash Expenditure			43,149			51,051
Total Expenditure per Net Expenditure Account			1,106,662			1,073,236
Income Note 4			65,263			58,322
Net Expenditure			1,041,399			1,014,914
Adjust to net expenditure per Note 22.1			(43,779)			(53,485)
Net expenditure funded from RRL			997,620			961,429
Revenue Resource Limit			997,709			961,476
Surplus / (Deficit) against RRL			89			47

* The Women, Children and Families Division has been renamed to Children and Young People / The Nursing and User Experience has been renamed to Paediatrics, Women's Services and Corporate Support

**Includes COVID-19 expenditure

***Following the implementation of the Review of Financial Process, the format of this section has changed, with RRL now excluding non cash

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 2 (continued)

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

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

Community Care

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

Surgical and Clinical Services

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

Medicine and Emergency Medicine

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

Medical Directorate

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

- Governance including Clinical Audit, Complaints, Health and Safety and Risk Management

Children and Young People

- Corporate Parenting including Adoption, Fostering, Family Support and Residential Services
- Safeguarding and Family Support, Early Years Services and Disability Services including Respite.
- Early Intervention and CAMHS
- Speech and Language Services to both Adults and Children
- Other Services include Autism and Attention Deficit Hyperactivity Disorder (ADHD), Paediatric Occupational Therapy
- Regional Sexual Assault and Referral Centre
- Social Services and Training and Governance Unit
- Business and Governance support to Division

Mental Health, Learning Disability and Community Wellbeing

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

Nursing, Paediatrics, Women's Services and Corporate Support

- Includes all Corporate Support Services to Hospitals and Community facilities (Catering, Domestic Services, Laundry, Portering and Transport)
- Includes all Acute and Community Health Services to children and adolescents including Paediatric Wards, Neo Natal unit, provision of complex health care support to children in the community
- Corporate Nursing Services including Infection Control, Tissue Viability, Patient Pathways, Workforce and Practice Development
- Maternity and Women's Health including Community Midwifery Services
- Specialist Services such as Family Planning and Sexual Health Services
- Health Visiting and School Nursing

Other Trust Directorates

- Chief Executive's Office
- Estate Services, Finance Directorate and Human Resources
- Strategic Planning, Performance and ICT
- Northern Prototype/ICP initiative (Transformational project concluded and operational in Divisions during 2022/23)
- Research and Development

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 3 EXPENDITURE

	2023 £000s			2022 £000s		
Operating Expenses are as follows:-	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Staff costs*:						
Wages and salaries	495,226	50	495,276	489,742	54	489,796
Social security costs	41,227	0	41,227	37,504	0	37,504
Other pension costs	84,645	0	84,645	79,685	0	79,685
Purchase of care from non-HSC bodies	251,870	0	251,870	228,969	0	228,969
Personal social services	19,265	0	19,265	17,138	0	17,138
Recharges from other HSC organisations	2,749	0	2,749	2,592	0	2,592
Supplies and services - Clinical	76,490	0	76,490	75,606	0	75,606
Supplies and services - General	12,778	0	12,778	19,341	0	19,341
Establishment	10,074	0	10,074	10,484	0	10,484
Transport	3,500	0	3,500	3,337	0	3,337
Premises	32,930	0	32,930	31,773	0	31,773
Bad debts	316	0	316	196	0	196
Rentals under operating leases	463	0	463	1,074	0	1,074
Interest charges under IFRS16	19	0	19	0	0	0
Research & development expenditure	48	0	48	90	0	90
BSO services	7,207	0	7,207	6,756	0	6,756
Training	2,057	0	2,057	1,665	0	1,665
Professional fees	2,093	0	2,093	1,407	0	1,407
Patients travelling expenses	65	0	65	58	0	58
Costs of exit packages not provided for	0	0	0	0	0	0
Elective care	13,130	0	13,130	6,888	0	6,888
Other charitable expenditure	0	1,251	1,251	0	576	576
Miscellaneous expenditure	7,361	0	7,361	7,880	0	7,880
Non cash items						
Depreciation	27,235	0	27,235	24,006	0	24,006
Amortisation	3,845	0	3,845	3,451	0	3,451
Impairments	(1,041)	0	(1,041)	(676)	0	(676)
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(209)	0	(209)	(192)	0	(192)
Increase / Decrease in provisions (provision provided for in year less any release)	14,120	0	14,120	24,374	0	24,374
Cost of borrowing of provisions (unwinding of discount on provisions)	(878)	0	(878)	20	0	20
Auditors remuneration	77	7	84	68	6	74
Add back of notional charitable expenditure	0	(7)	(7)	0	(6)	(6)
Total	1,106,662	1,301	1,107,963	1,073,236	630	1,073,866

* Further detailed analysis of staff costs is located in the Staff Report on page 104 within the Accountability Report.

During the year the Trust purchased no non audit services from its external auditor (NIAO), however, did pay NIAO £1,744 iro NFI.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 4 INCOME

4.1 Income from Contracts with Customers

	2023 £000s			2022 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
GB/Republic of Ireland Health Authorities	218	0	218	109	0	109
Non-HSC:- Private patients	11	0	11	20	0	20
Non-HSC:- Other	1,175	0	1,175	668	0	668
Clients contributions	54,258	0	54,258	49,417	0	49,417
Seconded staff	2,700	0	2,700	2,054	0	2,054
Other income from non-patient services	1,776	0	1,776	1,687	0	1,687
Total	60,138	0	60,138	53,955	0	53,955

4.2 Other Operating Income

	2023 £000s			2022 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Other income from non-patient services	4,926	0	4,926	4,179	0	4,179
Donations / Government grant / Lottery funding for non current assets	199	0	199	188	0	188
Charitable income received by charitable trust fund	0	643	643	0	449	449
Investment income	0	171	171	0	177	177
Research and development	0	0	0	0	0	0
Research and development income released	0	0	0	0	0	0
Profit on disposal of land	0	0	0	0	0	0
Interest receivable	0	0	0	0	0	0
Total	5,125	814	5,939	4,367	626	4,993
TOTAL INCOME	65,263	814	66,077	58,322	626	58,948

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 5.1 Consolidated Property, plant & equipment - year ended 31 March 2023

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2022	54,833	373,044	21,982	4,588	64,061	11,189	23,273	606	553,576
Opening balance adjustment	0	1,845	158	0	0	0	0	0	2,003
Re-Stated Opening Balance	54,833	374,889	22,140	4,588	64,061	11,189	23,273	606	555,579
Indexation	0	29,884	1,796	0	3,370	374	0	2	35,426
Additions	0	12,380	1,589	17,827	7,707	1,213	4,220	336	45,272
Donations / Government grant / Lottery funding	0	170	0	0	21	0	0	0	191
Reclassifications	0	(116)	116	0	28	0	(28)	0	0
Transfers	0	0	0	0	(83)	0	0	0	(83)
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	1,100	52	0	1	0	0	0	1,153
Disposals	0	(81)	0	0	(3,192)	(1,351)	(4,664)	(16)	(9,304)
									0
At 31 March 2023	54,833	418,226	25,693	22,415	71,913	11,425	22,801	928	628,234

Depreciation

At 1 April 2022	0	32,093	1,967	0	42,571	6,684	13,241	391	96,947
Opening balance adjustment	0	0	0	0	0	0	0	0	0
Re-Stated Opening Balance	0	32,093	1,967	0	42,571	6,684	13,241	391	96,947
Indexation	0	3,543	215	0	1,392	156	0	1	5,307
Reclassifications	0	(9)	9	0	28	0	(28)	0	0
Transfers	0	0	0	0	(76)	0	0	0	(76)
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	103	8	0	1	0	0	0	112
Disposals	0	(81)	0	0	(3,192)	(1,333)	(4,664)	(16)	(9,286)
Provided during the year	0	16,841	1,090	0	4,849	1,101	3,291	63	27,235
At 31 March 2023	0	52,490	3,289	0	45,573	6,608	11,840	439	120,239

Carrying Amount

At 31 March 2023	54,833	365,736	22,404	22,415	26,340	4,817	10,961	489	507,995
At 31 March 2022	54,833	340,951	20,015	4,588	21,490	4,505	10,032	215	456,629

Asset financing

Owned	54,833	364,172	22,180	22,415	26,340	4,817	10,961	489	506,207
Finance leased	0	1,564	224	0	0	0	0	0	1,788
Carrying Amount	54,833	365,736	22,404	22,415	26,340	4,817	10,961	489	507,995
At 31 March 2023									

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

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £688k (2021/22 £0)

Details of the last full valuation of land and buildings are detailed in Note 1.2 to the accounts

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

	2023 £000s	2022 £000s
Donations (CTF)	21	32
Donations (Other)	170	156
Contribution to Asset Works	0	0
Total	191	188

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 5.2 Consolidated Property, plant & equipment - year ended 31 March 2022

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2021	54,219	346,457	20,384	2,310	60,352	9,610	19,931	704	513,967
Indexation	0	16,892	985	0	1,617	160	0	3	19,657
Additions	614	9,089	555	2,410	7,152	2,231	5,565	43	27,659
Donations / Government grant / Lottery funding	0	0	0	0	188	0	0	0	188
Reclassifications	0	132	0	(132)	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	(180)	0	0	0	0	0	0	(180)
Impairment charged to the SoCNE	0	(72)	0	0	0	0	0	0	(72)
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	726	58	0	9	0	0	0	793
Disposals	0	0	0	0	(5,257)	(812)	(2,223)	(144)	(8,436)
At 31 March 2022	54,833	373,044	21,982	4,588	64,061	11,189	23,273	606	553,576
Depreciation									
At 1 April 2021	0	16,165	1,004	0	42,708	6,510	12,466	468	79,321
Indexation	0	1,328	80	0	770	78	0	3	2,259
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	(247)	0	0	0	0	0	0	(247)
Impairment charged to the SoCNE	0	(13)	0	0	0	0	0	0	(13)
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	45	4	0	9	0	0	0	58
Disposals	0	0	0	0	(5,258)	(812)	(2,223)	(144)	(8,437)
Provided during the year	0	14,815	879	0	4,342	908	2,998	64	24,006
At 31 March 2022	0	32,093	1,967	0	42,571	6,684	13,241	391	96,947
Carrying Amount									
At 31 March 2022	54,833	340,951	20,015	4,588	21,490	4,505	10,032	215	456,629
At 1 April 2021	54,219	330,292	19,380	2,310	17,644	3,100	7,465	236	434,646
Asset financing									
Owned	54,833	340,951	20,015	4,588	21,490	4,505	10,032	215	456,629
Carrying Amount	54,833	340,951	20,015	4,588	21,490	4,505	10,032	215	456,629
Asset financing									
Owned	54,219	330,292	19,380	2,310	17,644	3,100	7,465	236	434,646
Carrying Amount	54,219	330,292	19,380	2,310	17,644	3,100	7,465	236	434,646
Carrying amount comprises:									
Northern HSC Trust at 31 March 2023	54,833	365,736	22,404	22,415	26,340	4,817	10,961	489	507,995
	54,833	365,736	22,404	22,415	26,340	4,817	10,961	489	507,995
Northern HSC Trust at 31 March 2022	54,833	340,951	20,015	4,588	21,490	4,505	10,032	215	456,629
	54,833	340,951	20,015	4,588	21,490	4,505	10,032	215	456,629
Northern HSC Trust at 31 March 2021	54,219	330,292	19,380	2,310	17,644	3,100	7,465	236	434,646
	54,219	330,292	19,380	2,310	17,644	3,100	7,465	236	434,646

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 6.1 Consolidated Intangible assets - year ended 31 March 2023

Cost or Valuation

At 1 April 2022	27,923
Indexation	0
Additions	1,447
Donations / Government grant / Lottery funding	8
Reclassifications	0
Transfers	0
Revaluation	0
Impairment charged to the SoCNE	0
Impairment charged to the revaluation reserve	0
Disposals	(1,544)

At 31 March 2023

Software Licenses £000s	Total £000s
27,923	27,923
0	0
1,447	1,447
8	8
0	0
0	0
0	0
0	0
0	0
(1,544)	(1,544)
27,834	27,834

Amortisation

At 1 April 2022	17,284
Indexation	0
Reclassifications	0
Transfers	0
Revaluation	0
Impairment charged to the SoCNE	0
Impairment charged to the revaluation reserve	0
Disposals	(1,544)
Provided during the year	3,845

At 31 March 2023

17,284	17,284
0	0
0	0
0	0
0	0
0	0
0	0
(1,544)	(1,544)
3,845	3,845
19,585	19,585

Carrying Amount

At 31 March 2023

8,249	8,249
10,639	10,639

At 31 March 2022

Asset financing

Owned	8,249
Finance leased	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0

Carrying Amount

At 31 March 2023

8,249	8,249
0	0
0	0
8,249	8,249

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

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

	2023
	£000s
Donations (CTF)	8

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 6.2 Consolidated Intangible assets - year ended 31 March 2022

Cost or Valuation

At 1 April 2021
Additions
Disposals

At 31 March 2022

Software Licenses £000s	Total £000s
24,934	24,934
2,989	2,989
0	0
27,923	27,923

Amortisation

At 1 April 2021
Disposals
Provided during the year

At 31 March 2022

13,833	13,833
0	0
3,451	3,451
17,284	17,284

Carrying Amount

At 31 March 2022

At 1 April 2021

10,639	10,639
11,101	11,101

Asset financing

Owned

Carrying Amount

At 31 March 2022

10,639	10,639
10,639	10,639

Asset financing

Owned

Carrying Amount

At 1 April 2021

11,101	11,101
11,101	11,101

Carrying amount comprises:

Northern HSC Trust at 31 March 2023	8,249	8,249
	8,249	8,249
Northern HSC Trust at 31 March 2022	10,639	10,639
	10,639	10,639
Northern HSC Trust at 31 March 2021	11,101	11,101
	11,101	11,101

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 7 FINANCIAL INSTRUMENTS

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

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

	2023			2022		
	Non-Current Assets £000s	Assets £000s	Liabilities £000s	Non-Current Assets £000s	Assets £000s	Liabilities £000s
Balance at 1 April	9,150	0	0	5,865	0	0
Additions	2,500	0	0	3,100	0	0
Disposals	(4,126)	0	0	(127)	0	0
Revaluations	(267)	0	0	312	0	0
Balance at 31 March	<u>7,257</u>	<u>0</u>	<u>0</u>	<u>9,150</u>	<u>0</u>	<u>0</u>
Trust	0	0	0	0	0	0
Charitable trust fund	7,257	0	0	9,150	0	0
	<u>7,257</u>	<u>0</u>	<u>0</u>	<u>9,150</u>	<u>0</u>	<u>0</u>

The only other financial instruments held by the Trust as at 31 March 2023 are trade receivables, cash and trade payables. Details of these can be seen in Notes 11, 12 and 13 respectively. The situation also applied in 2021/22.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 8 INVESTMENTS AND LOANS

	2023		2022
	CTF	Total	Total
	£000s	£000s	£000s
Balance at 1 April	9,150	9,150	5,865
Additions	2,500	2,500	3,100
Disposals	(4,126)	(4,126)	(127)
Repayments and Redemptions	0	0	0
Interest Capitalised	0	0	0
Revaluations	(267)	(267)	312
Impairments	0	0	0
Balance at 31 March	<u>7,257</u>	<u>7,257</u>	<u>9,150</u>

The balance is represented by Fixed Assets of £7,257k (2021/22: £5,050k) and Current Assets of £Nil (2021/22: £4,100k)

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 9 IMPAIRMENTS

	2023	
	Property, plant & equipment £000s	Total £000s
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	(1,041)	(1,041)
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0
Total value of impairments for the period	(1,041)	(1,041)

	2022	
	Property, plant & equipment £000s	Total £000s
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	(676)	(676)
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0
Total value of impairments for the period	(676)	(676)

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

	Land	
	2023 £000s	2022 £000s
Opening Balance at 1 April	410	410
Transfers in*	0	0
(Disposals)	0	0
Revaluation / (Impairment)	0	0
Closing Balance at 31 March	410	410

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

The amounts disclosed in 2021/22 refer to land assets at the following sites: Audley, Norfolk and MUH Laneway. These three remain as held for sale at 31 March 2023.

NOTE 11 INVENTORIES

	2023 £000s		2022 £000s	
Classification	Trust	Consolidated	Trust	Consolidated
Pharmacy supplies	3,991	3,991	3,754	3,754
Building & engineering supplies	129	129	125	125
Laboratory materials	9	9	98	98
Heat, light and power	253	253	299	299
Other	989	989	1,220	1,220
Total	5,371	5,371	5,496	5,496

NOTE 12 CASH AND CASH EQUIVALENTS

	2023 £000s		2022 £000s	
	Trust	Consolidated	Trust	Consolidated
Balance at 1st April	4,912	5,330	1,748	2,174
Net change in cash and cash equivalents	(1,085)	(2)	3,164	3,156
Balance at 31st March	3,827	5,328	4,912	5,330

	2023 £000s		2022 £000s	
The following balances at 31 March were held at	Trust	Consolidated	Trust	Consolidated
Commercial banks and cash in hand	3,827	5,328	4,912	5,330
Balance at 31st March	3,827	5,328	4,912	5,330

NOTE 12.1 RECONCILIATION OF LIABILITIES ARISING FROM FINANCIAL ACTIVITIES

	2022 £000s	Opening Balance Adjustment £000s	Cash Flows £000s	Non Cash Changes £000s	2023 £000s
Lease Liabilities	0	2,003	(705)	491	1,789
Total liabilities from financing activities	0	2,003	(705)	491	1,789

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2023 £000s			2022 £000s		
Amounts falling due within one year	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Trade receivables	15,469	0	15,469	13,223	0	13,223
VAT receivable	9,667	0	9,667	7,674	0	7,674
Other receivables - not relating to fixed assets	2,531	79	2,610	2,937	13	2,950
Trade and other receivables	27,667	79	27,746	23,834	13	23,847
Prepayments	2,880	21	2,901	1,581	35	1,616
Accrued income	1,872	0	1,872	1,587	0	1,587
Contract assets	0	0	0	0	0	0
Other current assets	4,752	21	4,773	3,168	35	3,203
Intangible current assets	0	0	0	0	0	0
Amounts falling due after more than one year						
Trade and other receivables	0	0	0	0	0	0
Other current assets falling due after more than one year	0	0	0	0	0	0
TOTAL TRADE AND OTHER RECEIVABLES	27,667	79	27,746	23,834	13	23,847
TOTAL OTHER CURRENT ASSETS	4,752	21	4,773	3,168	35	3,203
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	32,419	100	32,519	27,002	48	27,050

The balances are net of a provision for bad debts of £2,173k (2021/22 £1,989k)

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

14.1 Trade payables and other current liabilities

	2023 £000s				2022 £000s		
Amounts falling due within one year	Trust	CTF	Consolidation adjustments	Consolidated	Trust	CTF	Consolidated
Other taxation and social security	32,136	0	0	32,136	19,468	0	19,468
Trade capital payables - property, plant and equipment	12,037	0	0	12,037	10,796	0	10,796
Trade capital payables - intangibles	25	0	0	25	485	0	485
Trade revenue payables	34,167	0	0	34,167	24,549	0	24,549
Payroll payables	30,037	0	0	30,037	57,344	0	57,344
Clinical negligence payables	2,224	0	0	2,224	1,469	0	1,469
BSO payables	1,720	0	0	1,720	2,027	0	2,027
Other payables	64	2	0	66	63	6	69
Accruals	17,539	0	0	17,539	21,494	0	21,494
Accruals - relating to property, plant and equipment	12,562	0	0	12,562	4,416	0	4,416
Deferred income	1,369	0	0	1,369	1,333	0	1,333
Contract liabilities	0	0	0	0	0	0	0
Trade and other payables	143,880	2	0	143,882	143,444	6	143,450
Current part of lease liabilities	730	0	0	730	0	0	0
Other current liabilities	730	0	0	730	0	0	0
Carbon reduction commitment	0	0	0	0	0	0	0
Intangible current liabilities	0	0	0	0	0	0	0
Total payables falling due within one year	144,610	2	0	144,612	143,444	6	143,450
Amounts falling due after more than one year							
Finance leases	1,059	0	0	1,059	0	0	0
Total non current other payables	1,059	0	0	1,059	0	0	0
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	145,669	2	0	145,671	143,444	6	143,450

The Trust did not have any loans payable at either 31 March 2023 or 31 March 2022.

Payroll payables in 2021/22 include an accrual for Holiday Pay shortfall (£14.2m). The level of uncertainty around the timing of the liability has increased and it has, therefore, been treated as a provision at 31 March 2023 in Note 15

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES - 2023

	Clinical negligence £000s	Other £000s	2023 £000s
Balance at 1 April 2022	98,591	5,198	103,789
Provided in year	29,336	18,548	47,884
(Provisions not required written back)	(33,380)	(384)	(33,764)
(Provisions utilised in the year)	(8,848)	(1,038)	(9,886)
Cost of borrowing (unwinding of discount)	(877)	(1)	(878)
At 31 March 2023	84,822	22,323	107,145

Provisions have been made for 5 types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit, Employment Law and Holiday Pay. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated an appropriate level of provision, for each individual case, based on professional legal advice with PPO calculations based on estimated life expectancy data provided by professional legal advisors. For Holiday Pay the Trust has estimated an appropriate level of provision on the basis of the duration of the claims and the application of a regionally agreed estimated payment percentage of the total expenditure incurred on affected allowances. The total is estimated as £18.5m for NHSCT.

Clinical Negligence

A discount rate is applied by courts to a lump-sum award of damages for future financial loss in a personal injury case, to take account of the return that can be earned from investment. The rate is currently -1.5% as set (with effect from 22 March 2022) by the Government Actuary under the Damages Act 1996 as amended by the Damages (Return on Investment) Act (Northern Ireland) 2022.

Holiday Pay Liability

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. The PSNI appealed the CoA judgment to the Supreme Court and while the hearing concluded on 15 December 2022, the date has not yet been set for the hand down of the judgement. The HSC working group considering resolution of the liability has indicated that any interim solution is likely to be at least 4 years away as it will require system change. In light of industrial action, there is also no indication of when Trade Unions discussions re settlement of the historic liability can be conducted and in the absence of a Minister, agreeing a settlement may also be delayed. As a result of this the level of uncertainty around the timing of the liability has increased and it has been treated as a provision at 31 March 2023, having previously been accounted for as an accrual in 2021/22 in Note 14. The best estimate of the value of the liability is based on the position in the NHS in England, Scotland and Wales.

Comprehensive Net Expenditure Account charges

	2023 £000s	2022 £'000
Arising during the year	47,884	28,353
Reversed unused	(33,764)	(3,979)
Cost of borrowing (unwinding of discount)	(878)	20
	13,242	24,394

Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2023 £000s
Not later than 1 year	27,541	646	28,187
Later than 1 year and not later than 5 years	7,781	19,920	27,701
Later than 5 years	49,500	1,757	51,257
At 31 March 2023	84,822	22,323	107,145

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES - 2022

	Clinical negligence £000s	Other £000s	2022 £000s
Balance at 1 April 2021	79,795	5,114	84,909
Provided in year	26,812	1,541	28,353
(Provisions not required written back)	(3,817)	(162)	(3,979)
(Provisions utilised in the year)	(4,219)	(1,295)	(5,514)
Cost of borrowing (unwinding of discount)	20	0	20
At 31 March 2022	98,591	5,198	103,789

Provisions have been made for 4 types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit and Employment Law. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated an appropriate level of provision, for each individual case, based on professional legal advice with PPO calculations based on estimated life expectancy data provided by professional legal advisors.

Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2022 £000s
Not later than 1 year	33,956	1,408	35,364
Later than 1 year and not later than 5 years	5,617	590	6,207
Later than 5 years	59,018	3,200	62,218
At 31 March 2022	98,591	5,198	103,789

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 16 CAPITAL AND OTHER COMMITMENTS

NOTE 16.1 Capital Commitments

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

	2023 £000s	2022 £000s
Property, plant & equipment	8,959	2,290
	8,959	2,290

NOTE 16.2 Other Financial Commitments

IFRS16 was implemented within the Trust with effect from 1 April 2022. There are, therefore, no 2021/22 comparatives reported in this the first year of implementation

NOTE 17 LEASES

There are no disclosures for 2022 as implementation of IFRS16 came in effect on 1 April 2023.

17.1 Quantitative disclosures around right of use assets

	2023		
	Buildings (excluding dwellings) £000s	Dwellings £000s	Total £000s
Right of Use Assets			
As at 1 April 2022	1,845	158	2,003
Additions	287	186	473
Depreciation	(568)	(120)	(688)
As at 31 March 2023	1,564	224	1,788

17.2 Quantitative disclosures around lease liabilities

	2023 £000s
Buildings	
Not later than 1 year	567
Later than 1 year and not later than 5 years	708
Later than 5 years	326
less interest element	(46)
Present value of obligations	1,555
Other	
Not later than 1 year	147
Later than 1 year and not later than 5 years	90
Later than 5 years	0
less interest element	(3)
Present value of obligations	234
Total Present Value of obligations	1,789
Current Portion	730
Non-current Portion	1,059
	1,789

17.3 Quantitative disclosures around elements in the Statement of Comprehensive Net Expenditure

	2023 £000s
Variable lease payments not included in lease liabilities	137
Sub-leasing income	0
Expense related to short term leases	102
Expense related to low value leases	224
	463

17.4 Quantitative disclosures around cash outflow for leases

	2023 £000s
Total cash outflow for leases	1,168

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

18.1 Off balance sheet PFI contracts and other service concession arrangements

The Trust had no off balance sheet (SoFP) PFI and other service concession arrangements schemes in 2022/23 and 2021/22.

18.2 On balance sheet (SoFP) PFI Schemes

The Trust had no on balance sheet (SoFP) PFI contracts and other service concession arrangements in 2022/23 and 2021/22.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 19 CONTINGENT LIABILITIES

Material contingent liabilities are noted in the table below, where there is a 50% or less probability that a payment will be required to settle any possible obligations. The amounts or timing of any outflow will depend on the merits of each case.

	2023 £000s	2022 £000s
Clinical negligence	965	1,199
Public liability	14	29
Employers' liability	135	135
Accrued leave	0	0
Injury benefit	0	0
Other	25	5
Total	1,139	1,368

Unquantifiable Contingent Liabilities

Clinical Excellence Awards

The Clinical Excellence scheme recognised the contribution of consultants who show commitment to achieving the delivery of high quality care to patients and to the continuous improvement of Health and Social Care. There were 12 levels of award, lower awards (steps 1-8) were made by local (employer) committees, and higher awards were recommended by the Northern Ireland Clinical Excellence Awards Committee (NICEAC). Self-nomination was, however, the only method of application within the scheme. After consultations, the Department of Health (DoH) decided that from the 2013/14 awards round and onwards, no new clinical excellence awards (higher or lower) would be made to medical and dental consultants. This decision has been subject to legal challenge. An agreement has been reached through mediation for the design and implementation of a future scheme. DoH is continuing to work on this in conjunction with the BMA. Any scheme will require Ministerial approval and a period of public consultation prior to introduction. Whilst the current litigation has been paused, it has not been withdrawn, and therefore the legal case has continued to be treated as a contingent liability at 31 March 2023. At this stage, it is not possible to determine the amount and timing of the financial impact, if any.

Employment Tribunals

HSC Trusts are aware of employment tribunal cases being lodged by Trade Unions on behalf of a number of their members. A single test case is underway. However, based on information received to date it has not been possible to establish whether the HSC has a liability in this regard, or if so, what any quantum would be. This matter will be kept under close review as the case progresses during 2023/24.

Holiday Pay Liability

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. The PSNI appealed the CoA judgment to the Supreme Court and while the hearing concluded on 15 December 2022, the date has not yet been set for the hand down of the judgement. A provision has been calculated by HSC management for the liability at 31 March 2023, based on the position in the NHS in England, Scotland and Wales, and is included in these accounts. However, the extent to which the liability may exceed this amount remains uncertain as the calculation will rely on the outstanding Supreme Court judgement and will have to be agreed with Trade Unions. The potential additional financial effect of this is unquantifiable at present.

NOTE 19.1 Financial Guarantees, Indemnities and Letters of Comfort

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 20 RELATED PARTY TRANSACTIONS

The Trust is required to disclose details of transactions with individuals who are regarded as related parties consistent with the requirements of IAS 24 – Related Party Transactions. A Trust register is maintained by the Office of the Chief Executive and is available for inspection by members of the public.

During the year, the Trust entered into the following material transactions with the following related parties.

HSC Bodies

The Trust is an ALB of DoH, and as such the DoH is a related party and the ultimate controlling parent with which the Trust has had various material transactions during the year. During the year the Trust has had a number of material transactions with other entities for which the DoH is regarded as the ultimate controlling parent. These entities include the the five health and social care trusts and BSO.

Non-Executive Directors

Some of the Trust's Non-Executive Directors have disclosed interests with organisations which the Trust purchased services from or supplied services to during 2022/23. Set out below are details of the amount paid to these organisations during 2022/23. In none of these cases listed did the Non-Executive Director have any involvement in the decisions to procure the services from the organisation concerned.

2022/23	Service Provided by Organisation	Payments to Related Party £000s	Income from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
Human Tissue Authority	Human Tissue Regulatory Body	8	0	0	0
Northern Ireland Housing Executive	Housing Authority	22	222	0	18
Belfast Metropolitan College	Education and Training	5	0	0	0
Marie Curie	Palliative Care Charity	1,082	0	0	0

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

Glenn Houston (Non-Executive Director) was a Non-Executive Director of the Human Tissue Authority until 30 April 2022.

Jim McCall (Non-Executive Director) is a Non-Executive Director of Northern Ireland Housing Executive and is a member of the Board of Governors of Belfast Metropolitan College.

Paul Corrigan (Non-Executive Director) is a volunteer driver for Marie Curie.

2021/22	Service Provided by Organisation	Payments to Related Party £000s	Income from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
Human Tissue Authority	Human Tissue Regulatory Body	3	0	4	0
Northern Ireland Housing Executive	Housing Authority	13	178	0	4
Belfast Metropolitan College	Education and Training	1	0	0	0
Marie Curie	Palliative Care Charity	695	0	0	0

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

Other Board Members and Senior Managers

In a similar way, some other Trust Board members and Senior Managers have disclosed interests in organisations from which the Trust purchase services in 2022/23. The details are set out below. Again, the officers listed had no involvement in the decisions to procure the services from the organisations concerned.

2022/23	Service Provided by Organisation	Payments to Related Party £000s	Income from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
Healthcare Financial Management Association	Healthcare Financial Management and Governance Representative Group	3	0	4	0

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

Owen Harkin (Executive Director of Finance and Deputy Chief Executive) is a member of the Board of Trustees and was President for 12 months until 8 December 2022 for national organisation of Healthcare Financial Management Association.

2021/22	Service Provided by Organisation	Payments to Related Party £000s	Income from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
Healthcare Financial Management Association	Healthcare Financial Management and Governance Representative Group	4	0	0	0

NOTE 21 THIRD PARTY ASSETS

The Trust held £8,754k investments and cash at bank and in hand at 31 March 2023 which relates to monies held by the Trust on behalf of patients. This has been excluded from the cash at bank and in hand amounts reported in the accounts. A separate audited account of these monies is maintained by the Trust (presented on page 176).

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

22 Financial Performance Targets

Organisations are allocated a Revenue Resource Limit (RRL) and a Capital Resource Limit (CRL) and must contain spending within these limits.

The resource limits for a body may be a combination of agreed funding allocated by commissioners, the Department of Health, other Departmental bodies or other departments. Bodies are required to report on any variance from the limit as set which is a financial target to be achieved and not part of the accounting system.

22.1 Revenue Resource Limit (RRL)

	2023 £000s	2022 (Re-stated) £000s
Revenue Resource Limit (RRL)		
RRL allocated from:		
DoH (SPPG)	980,221	945,137
DoH (Other)	0	0
PHA	10,648	9,512
Other - SUMDE & NIMDTA	6,840	6,827
Total	997,709	961,476
Less RRL issued to:		
Organisation (Specify)		
RRL Issued	0	0
RRL to be accounted for	997,709	961,476
Revenue Resource Limit Expenditure		
Net Expenditure per SoCNE	1,041,399	1,014,914
Adjustments		
Capital Grants	0	0
Research and Development under ESA10	(620)	(662)
Depreciation/Amortisation	(31,080)	(27,457)
Impairments	1,041	676
Notional Charges	(77)	(68)
Movements in Provisions	(13,242)	(24,394)
PPE Stock Adjustment	0	(1,960)
PFI and other service concession arrangements/IFRIC	0	0
Other (Donations / Government grant / Lottery funding for non current assets)	199	188
Other (Profit/Loss on disposal of assets)*	0	192
Total adjustments	(43,779)	(53,485)
Net Expenditure funded from RRL	997,620	961,429
Surplus/(Deficit) against RRL	89	47
Break Even cumulative position (opening)	(3,847)	(3,894)
Break Even cumulative position (closing)	(3,758)	(3,847)

* As a result of non-cash adjustments, Profit/Loss on disposal of assets is excluded from Note 22.1 from 2022/23, however, has been included within 2021/22 as a one off adjustment

Materiality Test:

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

	2023 %	2022 (Re-stated) %
Break Even in year position as % of RRL	<u>0.01%</u>	<u>0.00%</u>
Break Even cumulative position as % of RRL	<u>-0.38%</u>	<u>-0.40%</u>

Following the implementation of the Review of Financial Process, the format of Note 22.1 has changed as the Department of Health has introduced budget control limits for depreciation, impairments and provisions, which Arm's Length Bodies cannot exceed. The Trust has remained within the budget control limits it was issued. From 2022/23 onwards, the materiality threshold limit excludes non-cash RRL

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 22 FINANCIAL PERFORMANCE TARGETS

22.2 Capital Resource Limit

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

	2023 Total £000s	2022 Total £000s
Gross capital expenditure	46,918	30,836
Less donation/charitable trust fund capital expenditure (Receipts from sales of fixed assets*)	(199) (18)	(188) 0
Net capital expenditure	<u>46,701</u>	<u>30,648</u>
Capital Resource Limit	47,325	31,382
Adjustment for Research and Development under ESA10	<u>(620)</u>	<u>(662)</u>
Overspend/(Underspend) against CRL	<u>(4)</u>	<u>(72)</u>

* Receipts from sales will be the lower of the NBV of the asset and the net sale proceeds.

NOTE 23 EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period having a material effect on the accounts.

NOTE 24 DATE OF AUTHORISATION FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 4 July 2023

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

STATEMENT OF TRUST'S RESPONSIBILITIES IN RELATION TO PATIENTS' / RESIDENTS' MONIES

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

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

FINANCIAL STATEMENTS

Year Ended 31 March 2023

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS / RESIDENTS

Previous Year	RECEIPTS		
£		£	£
6,750,000	Balance at 1 April 2022	7,500,000	
1,048,317	1. Investments (at cost)	659,889	
11,130	2. Cash at Bank	10,010	8,169,899
	3. Cash in Hand		
3,186,725	Amounts Received in the Year		3,610,723
7,441	Interest Received		8,219
11,003,613	TOTAL		11,788,841
PAYMENTS			
2,833,714	Amounts Paid to or on behalf of Patients/Residents		3,034,793
	Balance at 31 March 2023		
7,500,000	1. Investments (at cost)	7,900,000	
659,889	2. Cash at Bank	842,348	
10,010	3. Cash in Hand	11,700	8,754,048
11,003,613	TOTAL		11,788,841
Schedule of Investments held at 31 March 2023			
Cost Price		Nominal Value	Cost Price
£		£	£
7,500,000	Investment		
	Invested: 03/10/22 - 03/10/23	6,700,000	6,700,000
	Invested: 14/07/22 - 14/07/23	1,200,000	1,200,000

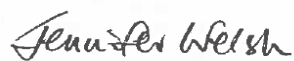
I certify that the above account has been compiled from and is in accordance with the accounts and financial records maintained by the Trust.



Director of Finance

22 June 2023

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



Chief Executive

22 June 2023

FINANCIAL STATEMENTS

NORTHERN HEALTH AND SOCIAL CARE TRUST – PATIENTS’ AND RESIDENTS’ MONIES

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

Opinion on account

I certify that I have audited Northern Health and Social Care Trust’s account of monies held on behalf of patients and residents for the year ended 31 March 2023 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

In my opinion the account:

- properly presents the receipts and payments of the monies held on behalf of the patients and residents of Northern Health and Social Care Trust for the year ended 31 March 2023 and balances held at that date; and
- the account has been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

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

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 ‘Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom’. My responsibilities under those standards are further described in the Auditor’s responsibilities for the audit of the account section of this certificate. My staff and I are independent of Northern Health and Social Care Trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council’s Revised Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

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

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Northern Health and Social Care Trust’s ability to continue as a going

FINANCIAL STATEMENTS

concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Matters on which I report by exception

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

- adequate accounting records have not been; or
- the account is not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities of the Trust for the account

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

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

Auditor's responsibilities for the audit of the account

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

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

FINANCIAL STATEMENTS

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

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Northern Health and Social Care Trust through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Northern Ireland) Order 1972, as amended;
- making enquires of management and those charged with governance on Northern Health and Social Care Trust's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of Northern Health and Social Care Trust's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud.
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
 - performing analytical procedures to identify unusual or unexpected relationships or movements;
 - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;

FINANCIAL STATEMENTS

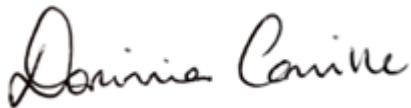
- assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
- investigating significant or unusual transactions made outside of the normal course of business.

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

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the financial transactions recorded in the account conform to the authorities which govern them.

Report

I have no observations to make on this account.



Dorinnia Carville
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST, BT7 1EU
4 July 2023

GLOSSARY

GLOSSARY

AAH	Antrim Area Hospital
ACP	Anticipatory Care Planning
ADHD	Attention Deficit Hyperactivity Disorder
ADOS	Autism Diagnostic Observation Schedule
AFC	Agenda for Change
AHPs	Allied Health Professionals
AIAO	Assistant Information Asset Owners
ALBs	Arm's Length Bodies
APP	(Software) Application
APPT	Accreditation Programme for Psychological Therapies
ARK	Antibiotic Review Kit
ASD	Autistic Spectrum Disorder
ASSIST	Advice Support Services and Initial Screening Team
BHSCT	Belfast Health and Social Care Trust
BPAS	British Pregnancy Advisory Service
BSO	Business Services Organisation
CAF	Cyber Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CARE	Career Average Revalued Earnings
CARF	Commission on Accreditation of Rehabilitation Facilities
CAS	Controls Assurance Standard
CDF	Cancer Drugs Fund
CDI	Clostridium Difficile
CETV	Cash Equivalent Transfer Value
COMAH	Control of Major Accident Hazards
COVID-19	Disease caused by a new strain of coronavirus. CO stands for corona, VI for virus, D for disease
CSE	Customer Service Excellence
CT	Computerised Tomography
DAU	Direct Assessment Unit
DoH	Department of Health
DoF	Department of Finance
DoL	Deprivation of Liberty

GLOSSARY

EA	Education Authority
ED	Emergency Department
EDI	Equality, Diversity and Inclusion
EEEEG	Equality, Engagement, Experience and Employment Group
ENT	Ear, Nose and Throat
EPBC	Emergency Planning and Business Continuity
EPEX	Electronic Patient Explorer Software
ERT	Emergency Response Team
EOI	Expression of Interest
ESA	European System of Accounts
ESC	Emergency Support Centre
EU	European Union
FFP	Filtering Face Pieces
FPL	Finance, Procurement and Logistics System
FReM	Financial Reporting Manual
GDC	General Dental Council
GDPR	General Data Protection Regulation
GMC	General Medical Council
GNB	Gram Negative Bacilli
GP	General Practitioner
GSMA	Global System for Mobile Communications Association
HAGNBSI	Healthcare Associated Gram-negative Bloodstream Infections
HCAI	Healthcare Acquired Infection
HIA	Head of Internal Audit
HIP	Hospital Inspection Programme
HMRC/RTI	Her Majesty's Revenue and Customs / Real Time Information
HPSS	Health and Personal Social Services
HR	Human Resources
HRPTS	Human Resources, Pay and Travel System
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCNI	Health and Social Care Northern Ireland
HSCT	Health and Social Care Trust
HSDU	Hospital Sterilisation and Decontamination Unit

GLOSSARY

HSENI	Health and Safety Executive Northern Ireland
IAA	Information Asset Administrators
IAO	Information Asset Owners
IAS	International Accounting Standards
IASB	International Accounting Standards Board
ICO	Information Commissioner's Office
ICP	Integrated Care Providers
ICT	Information Communication Technology
ICU	Intensive Care Unit
IDDSI	International Diet Descriptors Standardisation Initiative
IFRS	International Financial Reporting Standards
IG	Information Governance
IIP	Investors in People
INDG	Industry Guidance
IPC	Infection Prevention and Control
IPCEHC	Infection Prevention and Control Environmental Hygiene Committee
IQI	Innovation and Quality Improvement
ISO	International Organisation for Standardisation
ITS	Information Technology Services
IVS	International Valuation Standards
JAG	Joint Advisory Group
JCVI	Joint Committee on Vaccination and Immunisation
KPI	Key Performance Indicator
LCG	Local Commissioning Group
LED	Light Emitting Diode
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and Others
LPS	Land and Property Services
LTR	Light Touch Regime
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
MHRA	Medicines and Healthcare Products Regulatory Agency
MOD	Ministry of Defence

GLOSSARY

MPMNI	Managing Public Money NI
MRSA	Methicillin-resistant Staphylococcus Aureus
MS	Multiple Sclerosis
MSK	Musculoskeletal
MSFM	Management Statement Financial Management
N/A	Not Applicable
NEST	National Employment Saving Trust
NHS	National Health Service
NHSCT	Northern Health and Social Care Trust
NI	Northern Ireland
NIAO	Northern Ireland Audit Office
NIAS	Northern Ireland Ambulance Service
NICE	National Institute for Health and Care Excellence
NIEA	Northern Ireland Environment Agency
NIEPG	Northern Ireland Emergency Planning Group
NIHR	National Institutes of Health Research
NIMDTA	Northern Ireland Medical and Training Agency
NIPSO	NI Public Services Ombudsman
NIS	Network and Information Systems Directive
NIV	Non Invasive Ventilation
NMS	No More Silos
OCT	Outpatient COVID-19 Treatment Service
OD	Organisational Development
ONS	Office for National Statistics
OPD	Out Patients Department
OT	Occupational Therapy/Therapist
PARIS	Primary Access Regional Information System
PAS	Patient Administration System
PCC	Patient Client Council
PCE	Patient and Client Experience
PFI	Private Finance Initiative
PHA	Public Health Agency
POC	Programme of Care
POPI	Processing of Personal Information for Managers

GLOSSARY

PPE	Personal Protective Equipment
PPI	Personal and Public Involvement
PRPS	Powered Respirator Protective Suit
PSNI	Police Service Northern Ireland
PSSC	Payroll Shared Services Centre
PSTN	Public Switched Telephone Network
PTS	Psychological Therapies Service
PTU	Programmed Treatment Unit
QI	Quality Improvement
QUADEG	Engagement, Experience, Equality and Employment Group
QUB	Queen's University Belfast
REaCH	Responsive Education and Collaborative Health
RIBA	Royal Institute of British Architects
RICS	Royal Institution of Chartered Surveyors
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
R&D	Research and Development
RQIA	Regulation and Quality Improvement Authority
RRL	Revenue Resource Limit
RSS	Recruitment Shared Service
SAI	Serious Adverse Incident
SAS	Specialty and Associate Specialists
SBA	Service and Budget Agreement
SCPB	Social Care Procurement Board
SDAC	Same Day Acute Care
SGS	General Society of Surveillance
SIEM	Security Information and Event Management
SIP	Session Initiation Protocol
SIRO	Senior Information Risk Owner
SKIN	Surface, Skin Inspection, Keep Moving, Incontinence and Nutrition
SLA	Service Level Agreement
SLT	Speech and Language Therapy
SMT	Senior Management Team
SOC	Security Operations Centre

GLOSSARY

SPPG	Strategic Planning and Performance Group
SQN	Safety Quality North
SQR	Safety Quality Reminder
SQSD	Safety Quality Standards
SSNAP	Sentinel Stroke National Audit Programme
STIQI	Service Transformation and Innovation and Quality Improvement
TDP	Trust Delivery Plan
UK	United Kingdom
UNICEF	United Nations Children's Fund
UV	Ultraviolet
VAT	Value Added Tax
WEEE	Waste Electrical and Electronic Equipment
WLI	Waiting List Initiative
WTE	Whole Time Equivalent