

Annual Report and Accounts 2021-2022

© Northern Health and Social Care Trust copyright 2022. This information is licensed under the Open Government Licence v3.0

To view this licence visit: www.nationalarchives.gov.uk/doc/opengovernment-licence/version/3/

Any enquiries regarding this publication should be sent to info.governance@northerntrust.hscni.net or 028 2766 1293

Northern Health and Social Care Trust
Annual Report and Accounts
for the year ended 31 March 2022

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
5 July 2022



Northern Health
and Social Care Trust

Annual Report 2021/22

Contents

Foreword from the Chairman	1
 Performance Report	
Performance Overview	2
Performance Analysis	31
 Accountability Report	
Corporate Governance Report	
Overview	46
Non-Executive Directors' Report	47
Directors' Report	48
Statement of Accounting Officer's Responsibilities	50
Governance Statement	51
Remuneration and Staff Report	94
Assembly Accountability and Audit Report	108
 Financial Statements	
 Consolidated Accounts	120
Notes to the Accounts	128
Accounts of monies held on behalf of patients and residents	167
 Glossary	172

Foreword from the Chairman

I am pleased to present the Northern Health and Social Care Trust (the Trust) Annual Report and Accounts for the year ended 31 March 2022.

The 2021/22 year has been another extraordinary period of time that will go down in history. With its extended surges and high levels of community transmission of different variants of the virus, the ongoing COVID-19 pandemic has continued to have a profound impact on all the staff who work in health and social care and the practices and procedures that had previously been the norm. There is no doubt that it has added considerable additional and unwelcome complications and burdens on a system that was already under significant pressure.

Once again, I pay tribute to all those staff who have performed heroically in so many different roles and come together with such collective effort to meet the often very challenging demands of those in society who have needed them most. Their dedication and commitment has been truly humbling in the face of extreme adversity.

It is no secret that the pandemic has caused a downturn of many services across all Trusts. As a result, waiting lists have grown to alarming levels, people who are very ill with serious comorbidities are presenting at Emergency Departments and many individual service users across the community have been impacted by service disruption. The Trust has a responsibility for the health and safety of patients, service users and staff and for many, where freedom of movement and mobility has always been an important component of the care provided, the unusual operating environment and the necessary limitations to such movement have been particularly challenging. It has also meant an unfortunate but necessary reduction in capacity. For families and friends, restrictions to visiting imposed in an effort to prevent the spread of infection will undoubtedly have caused much distress.

Hopefully we are moving towards better times when staff will have the opportunity to recover and look forward to normal human interaction. Those same staff are vital in helping to change and develop services, as the necessary journey towards reform continues and as the system seeks to fully understand the health and care needs of the population and what is required as a result.

In commending this report, I thank the Chief Executive, her senior management team and all the staff throughout the Trust for what they have achieved and continue to achieve on a daily basis.



Bob McCann - Chairman
23 June 2022

PERFORMANCE REPORT

PERFORMANCE OVERVIEW

Purpose

This section of the report presents the Chief Executive's perspective on the Trust's performance over the 2021/22 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 Annual Accounts available for 2021/22.

Chief Executive's Statement

Once again, this year has been dominated by the COVID-19 pandemic. Continuing high community transmission of the virus, unusually high numbers of particularly ill and often older, frail people who require hospital admission and high staff absence have together placed all services under immense pressure.

The safety of our patients, service users and staff continues to be paramount. Although naturally exhausted and often overwhelmed after two very tough years, staff have shown immense courage and adaptability in the face of such a momentous challenge. Many of our services have again had to be suspended or reduced to allow us to protect emergency and urgent services but staff have been innovative and creative and have continually gone the extra mile to help sustain vital services and prioritise resources for those most in need. As always, I am in awe of their professionalism and dedication in facing often seemingly insurmountable odds. They simply do not fail and in recognition of their efforts and the impact upon them as individuals and teams, we have in place a comprehensive package of health and wellbeing practical support.

The demand on our four acute hospitals (Antrim Area Hospital, Mid-Ulster, Whiteabbey and Causeway), which are often operating considerably beyond capacity, has once again brought into sharp focus the fact that Antrim Area Hospital does not have enough beds to meet the requirements of its population. A business case for an additional 48 beds was recently submitted to the Department of Health (DoH) and it is hoped that an interim solution to provide that required capacity will be on-site and operational for the winter of 2022/23.

Pressures on hospitals have inevitably increased as a result of problems associated with discharge for those whose period of consultant-led care is at an end. Our community care services have many different disciplines including district nursing, treatment room nursing, social workers, allied health professionals and domiciliary care staff but have often been seriously stretched in their efforts to continue

PERFORMANCE REPORT

providing services to some of the most vulnerable people across our wide geographical area. Patients leaving hospital will often require quite complex packages of care and support in the community and the lack of appropriate packages can mean significant delay. The situation has been compounded by Trust and independent sector COVID-19 related absence and recruitment difficulties. The Trust's three community hospitals have played a key role in helping improve patient flow through the acute hospitals. The Robinson Hospital in Ballymoney has been operating as a vital COVID-19 step-down facility and other community hospitals, Dalriada and Inver, have continued to play an important role in providing much-needed rehabilitation beds.

The Whiteabbey Nightingale facility opened in November 2020 to provide inpatient enhanced rehabilitation for COVID-19 patients from across all Trusts, before standing down COVID-19 referrals in April 2021, in response to decreasing COVID-19 inpatients. Due to the overwhelming success of the unit in achieving positive patient outcomes, it remained in place and provided Non-COVID-19 General Rehabilitation until September 2021. It then transitioned to a regional Fracture Orthopaedic Rehabilitation model, whilst remaining open to Non-COVID-19 General Rehabilitation patients.

Day centre and respite services are of immense importance to our service users, their families and carers. COVID-19 has significantly impacted the Trust's ability to provide services as we did previously. However, since the summer of 2020 we have made progress in restarting and maintaining services, albeit in a reduced manner, given the continuing regional instructions to apply social distancing. Unprecedented levels of absence within our workforce have meant that services, on occasion, have had to revert to meeting critical needs only and sadly, due to high levels of absence or outbreaks in particular facilities, it has also been necessary to temporarily suspend some services at short notice.

There is no doubt that the consequences of the pandemic and the actions taken to reduce the risk of infection, have had an impact on everyone in society. Reduced connections with friends and family have led to increased isolation for patients and less access to the natural support mechanisms that help us all to cope with the stresses and strains of daily life. Many are experiencing the financial impacts of poverty and loss of meaningful employment. These factors all impact on population health and wellbeing.

To mitigate the mental health impacts we are working in partnership with primary care colleagues, with community and voluntary sector organisations and with local Councils to support development of natural networks in local areas. Some of this work has been funded through charitable grants from NHS Charities Together. Trust Mental Health Services remain very busy with high levels of acuity with demand for services often in excess of the level of service available. Those services which had moved away from in-person delivery are now moving to a hybrid model with greater in-person services being delivered.

Similarly, COVID-19 has placed additional stress on parents, carers and all those who support and care for our children. As adults have struggled to cope, we have seen increased levels of alcohol and drug misuse and domestic violence. As a

PERFORMANCE REPORT

result, our children and those who care for them have required more intense professional support and protection than ever before, as evidenced by the increase in the number of children in our care. Children have struggled to cope too and we are seeing higher acuity levels within our children's mental health service (CAMHS). Delayed access to a range of professional health and social care services for children such as respite services, public health nursing, allied health professionals, social work support, CAMHS and Autism Services is having an impact on our children. Rebuilding these services to meet the growth of unmet need will be a priority for us moving forward. We really value the important contribution of extended families, foster carers and residential social workers who have provided such good care to all our children and young people. We fully expect the impact of COVID-19 on families will continue to place pressure on all our children's services.

That we are now, hopefully, moving from pandemic to endemic is in large part due to the successful efforts of so many in delivering what has been a logistically challenging vaccination programme. The Seven Towers Leisure Centre in Ballymena first opened as a mass vaccination centre in December 2020 and finally closed in March 2022. Alongside that, mobile vaccination clinics were provided on numerous occasions throughout the Trust area and we also delivered the multi-vaccination programmes for care homes, supported living facilities and the housebound.

We are hopeful that the year ahead will bring some respite from COVID-19 as we begin to rebuild our services and plan for the future. There is a real and evident need for reform and the time is right, with regional acknowledgement that the HSC system must take greater responsibility for population health and outcomes. Over the past year, we have been working on our 'Renewing Our Vision' programme, which recognises the drivers that are already impacting on health and care delivery and embraces them in setting out an ambitious agenda of reform across all of our service areas. This programme will build on our learning and successes, whilst addressing many of our challenges including sustainability of our services, significant waiting lists and the need to improve hospital flow in the face of significant demand. We are committed to the concept and ethos of integrated care and the rebuilding and development of services with our primary care and community partners and clinical leaders.

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

Business Model

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

PERFORMANCE REPORT

care in the home. Further details are available at www.northerntrust.hscni.net.

Vision and Values

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

Corporate Objectives

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

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

Strategic Planning

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

Operating Environment

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

Key Issues and Principle Risks

The Trust, in common with the health and social care system in general, is facing tremendous challenges in breaking even in the delivery of services. 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;

PERFORMANCE REPORT

- 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; and
- 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.

The other principle risks the Trust recognised in the year were:

- COVID-19 - We continue to live with COVID-19 and this will impact on how we can deliver services in Northern Ireland. Waiting lists are high and there is a backlog of unmet care. Significant demands have been placed on our staff both physically and emotionally. Reform and investment is required to rebuild services in an environment that is safe for staff and service users and to protect capacity for the highest priority patients whilst ensuring equitable access across Northern Ireland.
- EU Exit - There remains a risk of disruption to the supply chain following the end of the transition period, potentially affecting key stocks and supplies and impacting on service delivery and patient care.

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

Organisational Structure

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

Trust services are delivered through seven operational divisions. Each division is managed by a Divisional Director reporting to the Director of Operations. One of the Divisional Directors, the Director of Women, Children and Families Division, is also the Director of Social Work and a member of the Executive Team. The seven operational divisions are Community Care, Integrated Care, Medicine and Emergency Medicine, Mental Health, Learning Disability and Community Wellbeing, Strategic Development and Business Services, Surgical and Clinical Services and Women, Children and Families.

Objectives

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

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



1. Build Northern partnerships and integrate care

Integrated Care System Model

A major change in how health and social care is planned and managed across Northern Ireland is underway. The programme of work, which commenced following approval by the Health Minister in October 2020, will see the development of an Integrated Care System (ICS) model in Northern Ireland based on partnership working between Trusts and Primary Care.

The new ICS model focuses on joined-up planning of services, involving communities in shaping direction and influencing health outcomes and strengthening partnerships, including with those beyond the Health and Social Care (HSC) sector. This is in line with the vision set out in 'Health and Wellbeing 2026: Delivering Together' – the 10 year approach to transforming health and social care in NI. The new model articulates the need to empower local providers and communities to plan integrated continuous care based on the needs of their population, with specialised services planned, managed and delivered on a regional basis. In July 2021, a targeted consultation on the proposal resulted in overwhelming support for the development of an Integrated Care System based on a regional, area and locality model. The model will ensure that the planning, management and delivery of services are more agile, flexible and responsive to identified local needs, less bureaucratic and process driven, and more outcome focussed than the current approaches. Importantly, the new model will operate with the involvement of all key partners.

The Northern Area Local Implementation Group, one of five local implementation groups in Northern Ireland, has been central to the vision of how a future Integrated Care System would operate in Northern Ireland. A collaborative approach is essential to improving outcomes for all in a sustainable way. The Group is co-chaired by a local GP and a Northern Trust Emergency Department consultant. Membership includes service user representatives working alongside professionals. In 2021/22, its members have led and participated in regional 'Share the Learning' events and in local Trust area workshops.

Multi-Disciplinary Teams

The Trust continued to work in partnership with primary care colleagues in the rollout of Multi-Disciplinary Teams (MDTs). Further recruitment of staff in the Causeway Federation area has taken place in 2021/22. The development of multi-disciplinary teams in this area will enable GP practices to focus not just on managing ill health but also on the physical, mental and social wellbeing of communities in the Causeway area. These teams provide a focus on prevention and early intervention initiatives, with the aim of ensuring that patient needs are met at the earliest possible opportunity, reducing the need for onward referrals into secondary care services.

Partnerhub

The Partnerhub operated as a single point of contact for all partner organisations

PERFORMANCE REPORT

including care homes and for associated service groups requiring guidance regarding COVID-19. The Hub continues to provide Personal Protective Equipment (PPE) for care homes and independent domiciliary care providers. In 2021/22, the Partnerhub planned and managed the COVID-19 vaccination programme for care homes. Mobile teams assisted with vaccination of people living in supported living schemes and hostels. These teams also assisted GPs with vaccination of patients who were housebound.

No More Silos (NMS)

The Trust continued to work collaboratively with the Northern Area Local Implementation Group and Regional Network to implement 'No More Silos' – the regional Urgent and Emergency Care Action Plan. One of the ten key actions in the plan is to improve the physical space for the assessment and triage of patients arriving by ambulance. A project team, led by Northern Trust Emergency Department clinicians, worked with service users and the Northern Ireland Ambulance Service to develop an Ambulance Turnaround area at Antrim Area Hospital, which opened in June 2021. The area aims to facilitate prompt ambulance release, enhance care and provide rapid treatment and diagnosis.

Clinical Physiology

Clinical Physiology staff supported timely surgical reviews through the implementation of an interface that allows for immediate viewing of Echo images (heart ultrasound) in the Western Trust. The Team also worked with GP partners to enable the expansion of Cardiology diagnostics in local GP surgeries. GP Holter heart monitor clinics were extended to a further 12 surgeries located in Causeway and surrounding locality. These monitors record electrical activity of the heart continuously over 24 hours, or longer, whilst the person is away from the clinic.

Domiciliary Care

The Homecare Service was challenged as a result of the COVID-19 pandemic but continued to function, providing care to service users safely in their own homes, through compliance with Personal Protective Equipment (PPE) and infection control guidance.

Community Equipment Service

The Community Equipment Service delivered a high number of items to service users during 2021/22 whilst at the same time supporting the delivery of PPE to Trust community-based services and independent domiciliary care and care home providers.

Compassionate Communities

The Trust's Compassionate Community Steering Group expanded its membership to include North West Compassionate Communities and engaged in a number of joint events. Compassionate Communities support individuals and families throughout life (including at the end of life) for issues related to age, disability, illness or bereavement.

Infrastructure and Works Projects

Estate Services delivered a number of significant urgent infrastructure and works

PERFORMANCE REPORT

projects in response to the pandemic, including the construction and commissioning of a new Intensive Care Unit at Antrim Area Hospital, completed in October 2021.

Connect North Pathway to Wellbeing

A new 'Connect North' model for social prescribing and signposting of services, co-designed with service users, providers and partners from a range of sectors, is offering enhanced support to people in the community. Sometimes referred to as community referral, social prescribing is a means of enabling health and care professionals to refer people to a range of local, non-clinical services. The model builds in self-efficacy where service users can access services themselves, self-refer or receive support from a Connect North link worker, enabling them to follow a more appropriate pathway to meet their health and wellbeing needs.

Good health literacy practices are embedded in all aspects of the Connect North service to help people develop their knowledge, skills, understanding and confidence in accessing health and wellbeing information and services, and make good health and wellbeing decisions.

Learning Disability Services

Learning Disability Services continued to build on strong partnerships with service users, carers and provider organisations. The Trust appointed a new carer lead who will establish a new carer forum and build on existing links between Trust, families and other stakeholders.

Catering and Domestic Services

Acute and Community Catering and Domestic Services continued to audit and produce action plans alongside multidisciplinary teams such as Infection, Prevention and Control, Estates, Nursing and Environmental Health in order to ensure safe and effective provision in the delivery of services within COVID-19 compliance.

Portering

The Portering Service played an important role in the movement of COVID-19 positive patients across hospital sites, maintaining close working relationships between all stakeholders to ensure that services demands were met. The Service continued to ensure that staff were updated on changing COVID-19 guidance through handover procedures.

Infection, Prevention and Control

The Infection, Prevention and Control Team led on many planning arrangements for containment of COVID-19, providing fundamental knowledge and leadership during COVID-19 outbreak meetings, seven days a week. The Team also provided support to care homes and to services, redesigning pathways to ensure that they were COVID-19 secure.

COVID-19 Testing

The nurse-led COVID-19 Testing Centre provided health care worker testing including rapid testing (with results in 30 minutes) for all healthcare staff including GPs, Northern Ireland Ambulance Service, Ministry of Defence and Prison Service healthcare staff, and support for care home testing. The Centre also provided pre-

PERFORMANCE REPORT

admission testing of service users, testing for cancer patients and mobile testing for domiciliary client groups.

Nursing and Midwifery Practice Learning Environments

The Practice Education Team worked in partnership with the three Approved Education Institutions and clinical managers to complete educational audits. These audits ensure that Practice Learning Environments provide excellent practice experience for nursing and midwifery students as they learn to deliver excellent, patient-focused, multi-disciplinary team integrated care.

From February 2021 to February 2022, the Northern Trust student capacity increased by 17% for nursing and 4% for midwifery.

Nurse Recruitment

The nursing workforce worked in partnership with the Business Services Organisation Recruitment and Shared Services Centre to maintain recruitment activity and ensure that core and bespoke recruitment activities were achieved. The Corporate Nursing Team supported the HSC Workforce Appeal to expedite recruitment in response to the pandemic, working with Human Resources to screen applications, conduct video calls and interviews and allocate staff to areas requiring urgent support.

REaCH

The REaCH Team (*Responsive Education, Support and Anticipatory Care to Care Homes*) continued to build and sustain partnerships with 58 nursing care homes across the Northern Area in the form of delivery of training and support (2,345 residents).

The Team continues to support the GP-led Anticipatory Care Planning (ACP) pilot into seven nursing homes in the Causeway area (resident population of 368). This facilitates a proactive approach to clinical care where each resident has a GP visit and an anticipatory care plan completed. In addition, the Team built further partnerships by extending a Winter Wellness health check-up service for residents in eight residential homes in the Causeway area (resident population of 170).

The COVID-19 pandemic experience has influenced how the REaCH service model has developed. This includes new ways of working involving integrated service developments, stronger partnerships with General Practice and in a ready state to respond to regional initiatives such as the Enhancing Clinical Care Framework and the regional No More Silos Care Home agenda.

No More Silos funding has allowed the REaCH team to purchase resources for care homes to support dementia care, bereavement support, meaningful activities and engagement, all aimed at supporting the rebuilding of connectivity between care homes, families and wider community negatively impacted by COVID-19.

Enhanced Care Response Team

The nurse led, multi-disciplinary Enhanced Care Response Team pilot, funded by the regional No More Silos programme, commenced in three care homes in East

PERFORMANCE REPORT

Antrim GP Federation area in Jan 2021. This was extended to a further six care homes (resident population 548) from April 2021.

Sharing Information and Creating Connections

In September 2021, the Northern Trust Equality Team and REACH co-facilitated an engagement workshop 'Sharing information and creating connections for the independent care home sector'. This event was an opportunity to acknowledge the excellent work undertaken by the voluntary and community sector to support care homes, to reconnect following disruption by COVID-19, and to share ideas for the future. Representatives from care homes, and the voluntary and community sector as well as Trust staff attended the event.

'Hard to Swallow' Dysphagia Partnership Project

The 'Hard to Swallow' project truly embraces the ethos of community partnership working and co-production. The project is a partnership between the Mid and East Antrim Agewell Partnership and the Trust's Dysphagia Support Team through the Community Foundations Northern Ireland Community Innovators Programme. This project had two strands: co-production of an information booklet and a social media campaign with the overarching aims of increasing community awareness of eating, drinking and swallowing difficulties (dysphagia) and of highlighting the professional support available within the Trust for people with such difficulties and those involved in their care. The approach taken and learning from this successful partnership, were shared with the regional Dysphagia NI group and the Public Health Agency and will now be scaled up and applied across Northern Ireland.

Corporate Parenting

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

Social Care Workforce

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

Early Medical Abortion

The Abortion (Northern Ireland) Regulations 2020 came into force on 31 March 2020, providing a new legal basis for medical professionals in Northern Ireland to terminate pregnancies lawfully.

Prior to this date, women who presented to the health service (in the main via a referral through Informing Choices NI) requesting a termination in Northern Ireland were directed to the British Pregnancy Advisory Service (BPAS) in the UK. However, during the COVID-19 surge, tight restrictions on travel made the BPAS service effectively unobtainable for women in Northern Ireland. All Trusts responded and provided an interim localised service.

Commissioned Abortion Services are to be in place in Trusts from 2022/23. The Trust has worked with regional colleagues to agree a phased approach for the delivery of abortion services, with Phase 1 commencing from 1 April 2022.

PERFORMANCE REPORT

Medical Appraisal

Medical staff across all Northern Trust Directorates (including some locums) have engaged in the Medical Appraisal process with approximately 320 staff now registered and completing their appraisals online, resulting in 99% completion. This annually facilitated self-review, supported by information from the full scope of a doctors work, demonstrates the General Medical Council (GMC) fitness to practice.

The Trust's Medical Directorate continues to review and refine appraisal processes including participation in further planned enhancements of the regional system and engagement with all newly appointed medical staff to provide an overview of the Medical Appraisal process and Regional Appraisal System.

Medicines Management

A Northern Area Medicines Management Interface Group was established in September 2021, made up of GPs, GP Federation Pharmacy Leads, a Community Pharmacist, the Health and Social Care Board Pharmacy Co-ordinator and advisers and Trust pharmacists. Its aim is to collaborate to achieve safe, clinically effective and cost-effective prescribing across primary and secondary care in the Northern Area.

Northern Ireland Medicines Supply

A Northern Ireland Medicines Supply Team was established in December 2021 to manage the instability in the medicines supply chain as a consequence of the Northern Ireland Protocol (NIP). Under the Protocol, medicines in NI are required to comply with the European Union Pharmaceutical Acquis (the body of common rights and obligations that binds all EU Member states). The additional packaging, regulatory and licensing requirements that this imposes risk the continuity of supply for medicines moving into NI and the stability of the medicines market. The Team is managed within the Regional Pharmaceutical Procurement Service based within the Northern Trust. It will develop strategies to assist with the management of future medicines and medical device supply issues.



2. Continue to improve outcomes and experience

Respiratory and Lung Cancer Care Pathways

Medicine and Emergency Medicine Teams reviewed and developed Respiratory and Lung Cancer care pathways to ensure patients receive the appropriate care and treatment. The Teams are examining ways to make changes to current processes in order to support modernisation and reform and improve patient experience.

Same Day Acute Care Services

Same Day Acute Care services were developed further to ensure that more acutely unwell patients are able to access the care they need on the same day without requiring admission to hospital. This involves senior decision-making through the Acute Medical Model and enhancing ambulatory pathways.

Innovative Seven-day Rehabilitation Model

The Nightingale facility at Whiteabbey Hospital (also known as the Whiteabbey

PERFORMANCE REPORT

Nightingale or Ward 1) opened in November 2020 in preparation for a second wave of the COVID-19 pandemic, to provide extra beds to assist with discharge of patients from acute hospital care. From November 2020 – April 2021, it operated as an Enhanced Nursing and Therapies Rehabilitation and Step-Down unit. As cases of COVID-19 decreased across Northern Ireland, the facility changed its model and started providing non-COVID-19 General Rehabilitation in April 2021. From September 2021, the facility transitioned to a Fracture Orthopaedic Rehabilitation model, while also remaining open to Non-COVID-19 General Rehabilitation patients. The innovative seven-day rehabilitation model, which accepts referrals from hospitals across Northern Ireland, has proved very effective and is demonstrating excellent outcomes for patients.

Sentinel Stroke National Audit Programme

Both Antrim and Causeway hospitals participated in the Sentinel Stroke National Audit Programme (SSNAP) - a major national healthcare quality improvement programme that measures the quality and organisation of stroke care in the NHS. It is the single source of stroke data in England, Wales, and Northern Ireland.

Renewing Our Vision

Despite very challenging operational pressures, the Trust carried out preparatory work to develop a structure for a new reform programme which will involve partners and the community to agree how best to meet the needs of our population. Entitled 'Renewing Our Vision', the reform programme is an important mechanism for services and divisions to work together to ensure that changes are made carefully and with full consideration of interdependencies.

A significant number of innovative developments are underway. There are seven work streams (each with a range of subgroups): Acute; Integrated Care and Community; Urgent Care; Children's Services; Mental Health; and Elective and Cancer.

Dental Service

The Dental Service is introducing a new alternative to Dental General Anaesthetic. This is through an inhaled analgesic with mild sedative properties called Methoxyfluorane (Pentrox). A regional Business Case is being developed for the delivery of this service.

Stoma Service

From October 2021, the Stoma Nursing Team identified and transferred appropriate patients to a Self-Directed Aftercare pathway. By February 2022, this released approximately 50% of review clinic demand, enabling those patients that require their fourth and fifth appointment with the service to be seen within the target waiting times.

Outpatients

Many specialties continued to provide virtual outpatient clinics during 2021/22, following the positive feedback received from patients during the COVID-19 pandemic. The Trust also expanded access to secondary care Phlebotomy clinics in all outpatient departments.

PERFORMANCE REPORT

Radiology

A lookback review of over 13,000 radiology images was undertaken across Antrim Area Hospital, Causeway Hospital, Whiteabbey Hospital, Mid Ulster Hospital and the Ballymena Health and Care Centre. The Trust is completing the Serious Adverse Incident process associated with this review.

Point of Care Testing

Point of care LumiraDx Emergency Department COVID-19 testing was introduced to allow 24/7 testing of patients who were assessed as requiring inpatient care.

CT Scanner

The installation of a second fixed CT scanner on the Causeway Hospital site was completed, improving access for emergency and unscheduled care patients.

Community Care

The Trust continued to report on regionally agreed targets and indicators across a range of Community Care services. New performance targets have been put in place for each service to ensure a strategic and focused approach to service delivery in 2022/23.

Community Nursing

Community Nursing Teams continued to provide safe and effective care across their services throughout 2021/22, maintaining a focus on both quality and improving service user outcomes and experience. District Nursing, Treatment Rooms, Community Hospital, Hospital Diversion Nursing Teams and the Continence Service have all progressed service developments.

Occupational Therapy Out Patient Service

The Occupational Therapy Out Patient service launched a You-Tube channel to host a range of information and advice specifically tailored for service users experiencing functional difficulties as a result of a range of rheumatology conditions. It provides a range of evidenced based information and resources including bespoke videos to support people with a self-management approach.

Support for Cancer Patients

Online 'Look Good and Feel' workshops were re-established and facilitated for those with cancer diagnosis. Pamper packs were delivered to those people who engaged in the workshops. Quarterly 'Fatigue' workshops were also re-established.

Macmillan Quality Environment Mark

The Macmillan Unit in Antrim maintained the Macmillan Quality Environment Mark, which recognises and celebrates environments that meet the standards required by people living with cancer. The assessment takes place every three years and the Unit was highly commended in 2021/22.

Palliative Care Quality Indicators

The Palliative Care Service Improvement Team worked in partnership with Community Nursing to make improvements in bespoke palliative care education and training.

PERFORMANCE REPORT

Psychological Services

The Brain Injury Service was awarded a full, three-year re-accreditation with Commission on Accreditation of Rehabilitation Facilities (CARF) against its international standards. CARF is a private, not-for-profit organisation that promotes the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous quality improvement of rehabilitation programmes.

Psychological Therapies

The Clinical Health Psychology Service and Psychological Therapies Service received visits in January and February 2022 from the Accreditation Programme for Psychological Therapies (APPTS). Both received positive feedback.

Community Mental Health Teams

Community Mental Health Teams continued to progress with accreditation of teams on a team-by-team basis; this work energised staff, service users and carers involved.

Clinical Health Psychology Workforce

A rapid configuration of the workforce within Clinical Health Psychology, in response to regional funding, led to the development of a post-COVID-19 rehabilitation programme, co-designed with respiratory services.

Psychologically Informed Physical Health Care

Collaboration with Medical and Pharmacy courses at the Ulster University commenced in line with the service's aim to inform the health care workforce about the psychological needs of the physical health population.

Suicide Prevention Care Pathway

A Suicide Prevention Care Pathway is being piloted for patients presenting with suicide ideation in identified services within Adult Mental Health and Child and Adolescent Mental Health Service. The introduction of new assessment, risk formulation, safety planning and transition practices are in line with best evidence and the regional 'Towards Zero Suicide' Patient Safety Programme.

Learning Disability

During the year, the Learning Disability Resettlement Team successfully resettled four service users from Muckamore Abbey Hospital into new homes for life. The Resettlement Team facilitated several family engagement events (face to face and on zoom), which were welcomed by those involved. There are plans for the resettlement of all remaining inpatients in 2022/23.

Domestic Services

Domestic Services introduced an Ultraviolet (UV) Light system to support decontamination of required areas.

Access Control System Changes

The Portering Team played a vital role in the implementation of changes to the Access Control System, which were a result of ward changes and staff transfers during the COVID-19 pandemic.

PERFORMANCE REPORT

Bereavement Service

The Chaplaincy Service and Bereavement Team continued to work together to support the Bereavement Service by providing Chaplaincy calls requested by bereaved families.

Falls Learning Outcomes

The Falls Prevention Team investigated inpatient falls, which resulted in a moderate to catastrophic injury. The team identified and shared learning and supported shared implementation of changes in wards and Directorates, to improve falls prevention. Quarterly Falls Prevention Awareness training sessions also took place in 2021/22.

Tissue Viability Team

The Tissue Viability Service reviewed the process for triaging all referrals. A Tissue Viability Nurse now triages all complex wound care clinic referrals and this has resulted in a reduced waiting list. The Trust now offers a telephone advice service resulting in more timely assessments. A new process is in place to promote the management and validation of hospital acquired pressure ulcers, ensure more timely pressure ulcer KPI reporting to the Public Health Agency and to improve accountability and learning at ward level.

Nursing and Midwifery Student Supervision

Through 'Future Nurse, Future Midwife' and support sessions, the Practice Education Team improved the experience of staff who supervise and assess nursing and midwifery students. This was enhanced through ongoing support sessions provided to practice assessors and practice supervisors to assist in dealing with challenging situations.

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.

Maternity Services

The Trust continued to maintain the same level of inpatient maternity service for women in 2020/21. A pregnancy helpline was set up to support women during the COVID-19 pandemic and continues to be in place.

Gynae Admissions Unit

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

Paediatric Service, Antrim Area Hospital

In support of COVID-19 accommodation and Emergency Department pressures, the Paediatric Ambulatory Unit and outpatient activity was relocated to a temporary area outside of the main hospital footprint. There has been more effective activity as a result.

PERFORMANCE REPORT

Paediatric Autism Service

The Trust's Paediatric Autism Service continues to experience an increase in referrals to the service (55.9% between 2020/21 and 2021/22 combined increase to both assessment and intervention service). Those waiting for commencement of diagnostic assessment and those waiting for the completion of assessment continues to rise. The waiting list for Autism Diagnostic Observation Schedule assessments increased as a result of COVID-19 restrictions for face to face contact. Direct diagnostic assessments recommenced in October 2020. The telephone consultation service introduced during COVID-19 for families awaiting assessment is now a permanent feature within the service delivery model. The service is fully engaged in regional work to develop the Autism Spectrum Disorder pathway and model to improve access and service user experience in the medium to longer term.

Job Planning

The pandemic presented significant challenges for the Medical job planning process and therefore resulted in a lower than expected completion rate of 68%.

The Directorate is continuing to address outstanding recommendations from an internal audit report, providing training on job planning and one-to-one support to managers and clinical leads. It also provide an overview of the job plan process for all newly appointed medical staff.



3. Deliver value by optimising resources

Ambulatory and Same Day Acute Care (SDAC) Services

The development of ambulatory and Same Day Acute Care (SDAC) services has optimised available resources. The Programmed Treatment Unit, Antrim Direct Assessment Unit and Causeway Frailty Direct Assessment Unit have enabled patients to receive the assessment and treatment they need without an inpatient stay, thereby avoiding admissions. The Acute Medical Model has resulted in a significant number of admissions avoided. This model has optimised available resources, providing patients with the care they need, whilst saving costs.

Mental Health Inpatient Unit

The design of the new Mental Health Inpatient Unit is well underway following the appointment of a design team in September 2021. The new Unit, to be built at the rear of the Antrim Area Hospital site, will have 134 inpatient beds covering the sub specialties of Acute, Psychiatric Intensive Care, Addictions, Frail Mentally Infirm, Triage and Dementia Assessment, at a total cost of over £80m. Stage 2 in the design, the placement of the facility on the site and the service and department adjacencies, will be completed by May 2022. Significant service user engagement has taken place as part of the design and development process.

Encompass

The Trust is in the advanced stages of recruiting a local programme team to support the design and implementation of encompass in 2024/2025. Encompass is the Health and Social Care programme that will create a single digital care record for every citizen in Northern Ireland. The team will consist of programme specialists and

PERFORMANCE REPORT

professional leads who will represent the main disciplines in Health and Social Care including medicine, nursing, pharmacy, social work and allied health professions. Over 300 subject matter experts from across acute and community services are involved in the regional exercise to configure the foundation system. The process of configuration will ensure standardised workflows that deliver the programme objectives for Health and Social Care in Northern Ireland and the population it serves.

Technical Enablement Project

The Technical Enablement Project Team is overseeing the setup and implementation of Microsoft 365, to provide the Trust with business applications such as Office 365 and other cloud-based security and device management products. In 2021/22, the focus was on the analysis and activities associated with preparing the enabling technology to support the Trust to make the change. The Team has replaced Windows 7 with Windows 10 as the core operating system, updated a large number of PCs, prepared the network and data centre infrastructure and put plans in place for the migration of individual and team mailboxes to Microsoft 365. The Project Team also piloted Microsoft Teams in a range of service areas.

Innovation and Quality Improvement (IQI)

In September 2021, the IQI Team launched the Gamification for Human Factors app. The interactive app follows Joe, a patient, as he travels through the health care system. It provides staff with an introduction to Human Factors in Healthcare to improve understanding of interactions among humans and other elements of a system. The development of the app was funded by Q Exchange - The Health Foundation, which aims to activate the knowledge of improvement experts across the UK; to create links between those leading work and those who can help champion, support and adopt these ideas.

Q Exchange also provided funding for the development of new processes, pathways and resources to support staff and intensive care patients who are experiencing trauma.

Surgical Services

In order to optimise red flag (suspected cancer) surgical capacity, specialties have worked together to relocate some surgery from the Antrim Area Hospital site. This included breast surgery and ENT and required additional training for some staff. The Trust expedited the introduction of new practices such as the use of Magseed markers for breast surgery patients. Magseed is a small single-use metal device designed to accurately mark the site of a breast cancer lesion for surgical removal. The ENT Team introduced a one-stop clinic for head and neck patients with the support of Radiology and Pathology services.

Support to Care Homes

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

PERFORMANCE REPORT

Dementia Resources

The Dementia Home Support Team developed resources, supported by funding from the Health and Social Care Board. These included the CLEAR Dementia Care app and two illustrated books to support carers to understand changes in behaviour in people living with dementia, both at home and in care homes. In addition, eight video animations were developed to help carers to understand the perspective of the person with dementia. Other resources were produced and are free to download from: www.northerntrust.hscni.net/CLEAR.

These resources are used by organisations across the UK and beyond. As a consequence of the success of CLEAR Dementia Care, the Trust is now represented on the NHS Clinical Entrepreneur Programme to support the ongoing development of CLEAR.

Junior Doctor Training

The Trust continued to support the Northern Ireland Medical and Dental Training Agency's Valued Strategy and aims to ensure junior doctors receive excellent training and opportunities to fully contribute to services in Health and Social Care. The Doctors in Training Group remained in place during the COVID-19 pandemic to ensure the smooth transition of the current model of employment for junior doctors to the centralised 'Single Lead Employer', assisted by Trust operational Directorates. The Directorates continued to provide a programme of support to Doctors in Training covering expectations of a trainee working in their department/specialty, identifying issues or support needed at an early stage and initiating action agreed.



4. Nurture our people, enable our talent and build our Teams

Over 2021/22 the Trust's response to the COVID-19 pandemic was rapid and a testament to the strong partnership working, creativity and flexibility of all Northern Trust staff. Staff in many cases were redeployed to areas that they were unfamiliar with and were supported through training, engagement, safety measures and health and wellbeing resources.

Where possible, the Trust continued to adapt to new ways of working to support staff to work remotely. Regular communication took place through Executive podcasts, Team North Briefs and wellbeing conversations. The Trust also further developed its online COVID-19 information hub for all staff.

Trust Values, Practices and Behaviours

Trust values, practices and behaviours are at the heart of the Team North culture and this was reflected in the results from the regional Cultural Assessment Tool survey conducted during 2021/22.

Health, Wellbeing and Inclusion

Health, Wellbeing and Inclusion were top priorities through four elements of the Northern Trust's Health, Wellbeing and Inclusion strategy.

PERFORMANCE REPORT

A wide range of activity took place to support Equality, Diversity and Inclusion. An Equality, Diversity and Inclusion Steering group was established and a toolkit for staff and managers was launched.

Policies on Equality, Diversity and Inclusion in the Workplace, Disability Equality, Gender Identity and Expression and Flexible Working were launched.

The Trust arranged sessions to help managers and their teams support staff with disabilities and make adjustments in the workplace.

Psychological Support for Staff

The Trust continued to offer psychological support for individuals, managers and teams, and a staff wellbeing helpline remains in place in line with the Regional Workplace Wellbeing Framework.

Staff were given access to mindfulness programmes, 'pause spaces', coaching, counselling and advice through psychological and Occupational Health support helplines. This activity was shaped by the outcome of the COVID-19 wellbeing study.

COVID-19 Staff Wellbeing Study

The IMPACT Research Centre in Psychological Services led on the Northern Ireland COVID-19 staff wellbeing study. The survey of all HSC staff highlighted poor levels of wellbeing within HSC staff. On this basis, Trusts went to considerable efforts to improve their communication with staff regarding COVID-19 issues and changed the manner in which redeployment was considered and carried out. In addition, many Trusts used the results of the survey to successfully secure additional resources to support staff. The results are available at www.impactresearchcentre.co.uk.

Long COVID-19 and Attendance Management

The Trust supported its staff and managers through proactive engagement to help put in place adjustments at work and provided the necessary help for staff to return to work.

Management of Violence and Aggression

A toolkit for the Management of Violence and Aggression was developed in conjunction with stakeholders including Trade Unions. Awareness sessions were delivered as part of the launch of the toolkit in November 2021.

Building Capacity, Capability and Culture

During the year, a new Recruitment Strategy was developed and a multi-year plan to deliver commenced.

Chairman's Awards

The annual Chairman's Awards recognised exceptional work by teams and individuals across the Trust. The event took place in November 2021.

Leadership Conference

The annual Leadership Conference in September 2021 provided the opportunity for staff to hear inspirational talks on how to emerge stronger from adversity and change.

PERFORMANCE REPORT

COVID-19

The Trust employed additional staff resources through upskilling and internal and external workforce appeals, and partially redeployed staff to the Vaccination Programme and Family Liaison Service.

As part of the COVID-19 regional response, Intensive Care Unit (ICU) capacity was increased as staff were redeployed to support additional ICU beds.

In Medicine and Emergency Medicine, the Programme Treatment Unit staff completed non-medical prescribing.

Upskill training in NIV (Non-invasive ventilation) and AIRVO (a nasal high flow system for oxygenating patients with severe acute respiratory) was provided in Respiratory and other services.

ICT Skills

ICT skills training was offered to all staff including in-house training on Microsoft Office applications.

Partnership and Engagement

Trust management and Trade Union colleagues worked in partnership to develop a Joint Commitment to a Harmonious Work Environment detailing principles to create a more co-operative and inclusive workplace.

IQI: Building Improvement Capability

The IQI Team continues to support colleagues across the organisation, bringing their improvement ideas to life through IQI clinics on a monthly basis.

By the end of 2021, 71% of staff completed Level 1 in Innovation and Quality Improvement (IQI) and over 550 completed 'Pocketsize' training.

Eight staff graduated from the second cohort of Safety Quality North. The programme had a diverse range of improvement projects from across Trust Divisions.

Two service users completed the Northern Improvers Programme and graduated alongside Northern Trust staff at a ceremony in September 2021.

A clinician from Medicine and Emergency Medicine undertook the prestigious Scottish Quality and Safety Fellowship.

The annual IQI Celebration Event 'Flipping the coin' of improvement science had over 120 staff in attendance - over 80% reported that they were confident they could apply the learning to their role.

The Chief Executive's IQI Team of the Month Award continued to recognise the great teams and improvement projects across the Trust including the Gynae Assessment Unit, Whiteabbey Nightingale and the Domestic Services Team.

PERFORMANCE REPORT

Greatix

In June 2021, a 'Greatix' celebratory event gave teams the opportunity to share learning and demonstrate excellence using the Greatix tool. The tool is a positive reporting system, which recognises excellence and feedback and shows staff that their work is valued. It encourages learning, development and leading by example.

HSC Quality Improvement Awards

The Northern Trust had huge success in 2021 at the regional HSC Quality Improvement Awards. Three projects were finalists and the Acute Medical Model at Antrim Area Hospital won overall winner in the Building Reliable Care category.

Recognising Quality

World Quality Day in November 2021 provided an opportunity to celebrate and recognise staff efforts, contributions and achievements.

General Surgery

Despite the challenges, Surgery services established additional Nurse Practitioner roles on both Antrim Area and Causeway Hospital sites. These roles are invaluable in contributing towards safe, timely and effective discharge for patients at the end of their hospital journey.

The Trust is the first in Northern Ireland to have a Surgical Advanced Nurse Practitioner.

Pathology

With the support of the regional Pathology Network, the Trust developed non-medical advanced dissection practitioners, an advanced biomedical scientist role which will support pathologists to release time to support high-risk patients and to report on results.

District Nursing

Delivering Care Phase 3 District Nursing, a policy framework for nursing and midwifery workforce planning in Northern Ireland, provided a welcome investment to enhance the workforce. Recurrent funding secured recruitment of an additional 16 permanent posts. This investment is being progressed through a realignment of district nursing caseloads to allow the service to work towards attaining the objectives detailed in the District Nursing Framework 2018 – 2026.

The Service continues to nurture its workforce through a coaching approach, which were skills introduced following successful evaluation of a Neighbourhood District Nursing pilot project.

The regional District Nursing SSKIN bundle was embedded across all district nursing teams and has provided ongoing opportunity for shared learning and improvement in pressure ulcer prevention and management strategies.

Care Opinion

District Nursing teams and various other services have fully embraced Care Opinion, the online feedback platform for Health and Social Care. Since its launch in August

PERFORMANCE REPORT

2020, Care Opinion has provided valuable feedback to staff and maintained a focus on the contribution of service user experience to quality improvement.

Occupational Therapy and Podiatry

Two senior clinical staff successfully completed the Safety Quality North Programme and developed a range of support the implementation of two key service improvements: an Occupational Therapy led Fatigue Management Programme for Clients with Multiple Sclerosis and the establishment of the Virtual Consultation in Musculoskeletal (MSK) Podiatry.

Palliative Care

A Clinical Nurse Specialist in Palliative Care was seconded to complete a PHD on 'co-design of an evidenced informed logic model of integrated palliative care for persons living with a severe mental illness'.

A Clinical Nurse Specialist in Palliative Care successfully completed Non-Medical Prescribing.

The Specialist Palliative Care Team won the national Macmillan Award in the category of 'Whatever it takes' in November 2022.

The Cancer and Palliative Care Wellbeing Team were also successful in winning the Service User Outcome and Experience Category in the Northern Trust Chairman's Awards 2021.

Catering and Domestic Services

Catering and Domestic Services secured extra computer equipment to facilitate training for staff. In 2021/22, the services retained their Customer Service Excellence (CSE) Award and Community Domestic Services received an IQI Award for work to reduce MSK injuries.

Induction Programmes

New staff joining the Trust during 2021/22 were inducted through the Digital Corporate Welcome, which includes briefing on key issues such as Trust vision and values, health and safety and equality and diversity.

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

The Practice Development Team co-ordinated and developed Band 2, Band 3 and Band 5 induction programmes to enable new staff to integrate into the Trust and into their clinical teams in a timely and supportive manner. Enhanced one-to-one training was developed and delivered in response to the workforce appeal for non-clinical staff to offer assistance in the acute wards
Thirty-five staff commenced the Open University degree course in September 2021, supported by the Practice Development Team.

Pharmacy Culture Club

In August 2021, a Pharmacy Culture Club was established to develop the culture

PERFORMANCE REPORT

within pharmacy services. As a priority, the group conducted an employee engagement survey 'What matters to You?' in December 2021 which received 122 responses (48% response rate) and identified 10 overarching themes for staff and service development.



5. Improve population health and address health and social care inequalities

Outpatient Megaclinics

The regional Elective Care Framework sets out time bound proposals on how to systematically tackle the backlog of patients waiting longer than Ministerial standards, and how investment and transformation of services will allow Trusts to meet demands in the future. The Trust's Medicine and Emergency Medicine Team looked at improved pathways to deliver services, delivered outpatient megaclinics, and Active Clinical Referral Triage within the relevant specialities.

Long-COVID-19 Rehabilitation

Long-COVID-19 arrangements were implemented in line with the regional plan and included Pulmonary Rehabilitation with virtual options. The Trust is working towards recruiting for Long-COVID-19 rehabilitation teams.

Breast Cancer Services

The trial and planned implementation of Magseed has been a significant boost for Northern Trust Breast Cancer Services, ensuring the Trust is on a par with others in NI and has access to the most up to date and innovative technology and diagnostic approaches.

Radiology/Breast Screening

Despite the challenges during the COVID-19 pandemic, the Breast Screening Service continued to perform to an extremely high standard. Patient uptake was 75.8% against the standard of 70%, which is particularly commendable and attributable to the efforts of the Breast Screening Support Team who encouraged women to accept the offer of an appointment.

The introduction of central booking for X-ray services has led to equitable access for patients across all Trust localities.

Radiology and Renal teams have worked together to introduce a renal dialysis line insertion service to provide patients with local access to the service which was previously only delivered in neighbouring Trusts.

Support to Care Homes and Families

Community Care staff recognised the importance of facilitating effective and up-to-date communication between families and their loved ones who were resident in care homes. Social workers acted as the communication link between the homes and family members.

Comfort Packs

Comfort packs containing essential toiletry items were distributed to patients in acute

PERFORMANCE REPORT

and community hospitals. The Palliative Care Service Improvement Team has worked with local communities to maintain supplies.

Community Catering

Community kitchens were renovated to maintain Infection Prevention and Control and Environmental Health Office standards. Food sampling, focus groups and surveys continued to take place, to obtain service user feedback for improvement.

Rehabilitation Resources

Funded by the Northern Ireland Healthcare Chaplains Association, the Chaplaincy Service worked with the Pavestone Centre to commission the production of resources to support rehabilitation of service users who have suffered brain injury, and distributed these across Northern Ireland.

Public Attitudes Survey to Coercive Control

The IMPACT Research Centre, in collaboration with the Ulster University and Queens University Belfast, completed a survey of public attitudes to coercive control in Northern Ireland and its impact on mental health. Coercive control, a form of domestic violence, became an offence in Northern Ireland in March 2021. The survey highlighted that public understanding of this concept could be improved. Results are available at: <https://ark.ac.uk/ARK/sites/default/files/2021-06/update141.pdf>.

The IMPACT Research Centre expanded its role to deliver regional functions and now runs research for the Forensic Managed Care Network (Mental Health and Learning Disability) throughout Northern Ireland. A senior researcher will commence in post leading on research in the Regional Trauma Network throughout Northern Ireland.

Loneliness Networks

Within the Northern area there are four locality Loneliness Networks delivered using a strategic partnership approach with a wide range of agencies, each working within their council area to raise awareness, reduce the stigma, share information and address the challenges of loneliness in practical ways.

Each of the Loneliness Networks developed an annual action plan and led on a range of innovative initiatives to tackle loneliness across the Northern area. In 2021/22, this included the roll out of chatty cafes, chatty benches, connected walks and kindness post-boxes. In addition, a Loneliness Network for Northern Trust staff is also operational utilising the same principles.

To further support this work, the Trust launched a Loneliness Framework setting out ten key priorities for moving forward building on the innovative work that has already taken place. The Framework demonstrates the Northern Trust's ongoing commitment to preventing and addressing loneliness, promoting action on loneliness and helping build stronger connections within communities.

Health Books Available in Community Settings

The 'Read Yourself Well' scheme provides free access to a range of health books in accessible community settings, enabling people to better understand and manage

PERFORMANCE REPORT

their health and wellbeing through self-help reading. The scheme was initially delivered in partnership with Libraries NI and has been extended into an increased number of libraries. Due to its success, each of the four local councils, along with the Northern Regional College, have worked in partnership with the Trust to extend the scheme to community venues and there are plans to expand it further.

Improving Outcomes for Children and Young People

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

Workplace Charter on Domestic Violence

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

Outpatient COVID-19 Treatment Service

A Northern Area Outpatient COVID-19 Treatment Service (OCT) was established in December 2021 to treat non-hospitalised patients who were considered at highest risk of progression to severe disease, hospital admission or death. The Acute Medicine Team manage this COVID-19 Treatment Service, delivered by the Programmed Treatment Unit at Antrim Area Hospital.

The Team includes consultants, nurses, pharmacists, administration and hospital information staff. Between 16 December 2021 and 6 March 2022, the Service received 956 referrals for triage - 196 patients were treated with a neutralising Monoclonal Antibody and 97 patients with an oral anti-viral, in accordance with a National Clinical Commissioning Policy. Reasons for not proceeding to treatment included, not eligible for treatment against criteria, patient declined treatment and inpatient at the time.

Equality Matters

The Trust continued to embrace and promote equality of opportunity, good relations and human rights and continues compliance with its Equality Scheme and related action plans.

In May 2021, the Trust launched new accessibility guides for Causeway and Antrim Area Hospitals, which were made available as a mobile application and in a wide range of accessible formats.

Assistance Dog Etiquette and Deaf Awareness Posters were co-designed with a service user. These were displayed across all Trust facilities.

PERFORMANCE REPORT

A review of the Equality Scheme was carried out to assess how effective it has been in assisting with compliance of the Section 75 duties. Inequalities remain and the Trust will continue to take positive steps towards inclusion.

Involvement

The Trust's Involvement Network has strengthened in numbers and has helped to shape a number of service improvements during these unpredictable times. A group of 300 individuals and organisation work with the Trust as part of the Network to develop and improve services.

Engagement Advisory Board

The Trust publicly advertised the opportunity to become a member of a new Engagement Advisory Board and membership will reflect all of the communities that the Trust serves. The Equality Team is working with staff to ensure that the Trust is approaching engagement in a way that meets the needs and interests of all communities, with a focus on targeting the most hard to reach groups. The outreach for members has resulted in 60 expressions of interest.

In 2022/23, the Trust will build an integrated approach to Patient Client Experience, Personal and Public Involvement and Co-production. By building on the good practice that already exists, it will adopt creative and innovative ways to maximise involvement in the challenging times ahead.

Support for Carers

The Carer Hub has continued to be a central point of contact for carers and staff. In 2021/22, the Hub was key in informing carers of the latest regional advice and local support initiatives. During the year, there were over 13,000 contacts with carers and staff and the carer support programme held 63 classes (attended by 1,106 carers). The Hub was successful in reaching the finalist stage of the Chairman's Awards in November 2021 under the category of 'Northern Partnership and Integrated Care Award' for the submission of the 'Co-Produced Carer Support during COVID-19' policy. Because of the COVID-19 pandemic, the Carer Hub is changing the focus of how it will work and is engaging with carers to develop a new, three-year Carer Action Plan.

EU Exit

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

The Trust has previously identified supplies where risk assessments identified a requirement for increased stockholding. The value of these at 31 March 2021 was £142k and these increased stock levels continue to be carried at 31 March 2022. The costs the Trust has incurred to date have been in the discharging of risk mitigation measures. No specific allocations of funding have been received by the Trust for any EU Exit related costs.

PERFORMANCE REPORT

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

Emergency Planning

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

The Trust Emergency Response Team continues to be a highly regarded and valuable Trust asset during a major incident response. The Trust was alerted to 12 incident/potential incident responses during the year and the Community Incident response plan was successfully invoked on two occasions. Work continued with other organisations and agencies in preparing for and maintaining the Major Incident Plan, through participation in local emergency planning forums. The Trust continued to be involved in and contribute to events planning and training along with multi-agency partners, including local borough councils, to develop a regional Emergency Support Centre (ESC) protocol, which continues to address safety measures required as a result of COVID-19. The Trust contributed to the review and agreement of the NI Emergency Planning Group's (NIEPG) terms of reference in 2021/22. Familiarisation events with agency partners have continued to be held by Borough Councils in 2021/22 in conjunction with the Trust, across all available ESCs, in response to the ESC protocol. Governance and Emergency Planning and Business Continuity (EPBC) continued to support planning for the potential impacts of the EU Exit, the new trade agreement and NI Protocol.

The Trust has participated in twelve multi-agency exercises, which included scenarios regarding: the response to mass displacement of Control of Major Accident Hazards (COMAH) sites, a Reservoir Exercise for a multi-agency Tactical Control Group, Cyber Attack (including COVID-19 protocols), Corporate Communications in event of a Major Incident and Event Risk Management. Training staff who are involved in an incident response is fundamental to the Trust's ability to handle any type of emergency, and to support this a simulated desktop training exercise was facilitated for the Trust Chief Executive and Directors on Major Incident Response including Mass Casualties. EPBC has been involved in the regional response to the QUB cyber event invoking business continuity arrangement across all Trusts.

Within best practice, the Civil Contingency Arrangements for Northern Ireland require that organisations facilitate a live exercise every three years. To meet this requirement, in 2019/20 the Trust hosted a live exercise in Antrim Area Hospital to test the response to an incident involving the contamination of a caustic chemical

PERFORMANCE REPORT

agent, requiring the activation of the Chemical, Biological, Radiological, Nuclear Plan. The Trust will next be required to facilitate a live exercise during 2022/23. During 2020/21, the Trust persisted in invoking its Business Continuity /Command and Control Arrangements for COVID-19. During the year, the COVID-19 pandemic has continued to impact on the ability to disseminate update training to all staff involved in major incident response and to allow for further testing of plans.

Complaints and User Experience

We continue to listen to our service users who make complaints or enquiries and try to ensure that complaints are dealt with effectively. Learning is identified from complaints and changes and improvements to practice and care delivery are made.

The total number of formal complaints received for the period 1 April 2021 – 31 March 2022 was 823 (including 109 follow on complaints), set out in the table below by Division.

Division	2021/22	2020/21
Medicine and Emergency Medicine	208	166
Surgery and Clinical Services	131	85
Women, Children and Families	208	162
Nursing and User Experience	19	6
Finance	6	19
Medical and Governance	11	2
Mental Health, Learning Disability and Community Wellbeing	132	127
Community Care	108	69
Strategic Development and Business Services	0	0
HR, OD and Corporate Communication	0	0
Total	823	636

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

Compliments

Services across the Trust receive many compliments on a frequent basis; these can range from written letters and thank you cards, verbal feedback and donations to our Charitable Trust Funds in recognition of the service provided. In addition, a number of compliments are received directly by the Chief Executive and the Complaints/Service User Department, and for the year ended 31 March 2022 a total of 3,557 compliments were received.

PERFORMANCE REPORT

Ombudsman

Sometimes people are not happy with the outcome of the investigation into their complaint. For those who remain dissatisfied, they may approach the Northern Ireland Public Services Ombudsman (NIPSO) Office directly. The Advice, Support Service and Initial Screening Team (ASSIST) is the public's first point of contact with the office. Where the ASSIST team decide that they cannot resolve the complaint, the case is forwarded to the Ombudsman's Investigations Team. In 2021/22, there were 18 requests for information from the NIPSO Office. Four cases were issued a letter of apology, six cases were closed and not upheld and eight are ongoing.

Going Concern

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

PERFORMANCE REPORT

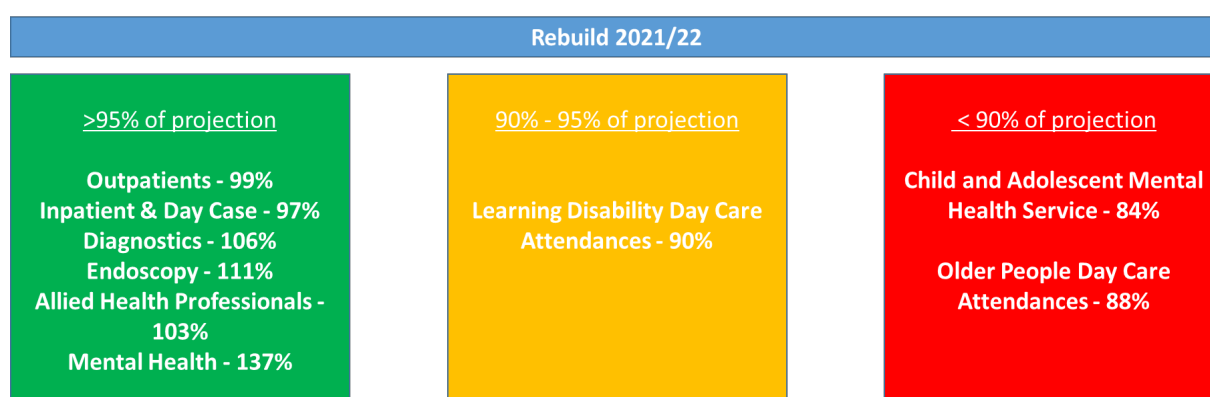
PERFORMANCE – ANALYSIS

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

Due to the COVID-19 pandemic, 2021/22 brought a new set of 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.

In the implementation of the Trust's surge plans, in response to the COVID-19 pandemic, elective activity was significantly reduced to allow staff to be redeployed to support ICU. As a consequence, the Trust has been unable to meet its Service Budget Agreement across many service areas. The reduction in elective activity has meant that waiting times for outpatient appointments and inpatient and day case procedures have 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 are monitored at the Regional Management Board. This process has continued throughout 2021/22 and progress is summarised below.



A number of delivery areas were able to deliver greater than 95% of projected activity as part of the Trust's Rebuild plans. Challenges for those areas that didn't, were down to staff isolation and sickness, service user isolation, social distancing, and in Day Centres, lower uptake of services associated with Covid fears.

During 2020/21, the first year of the pandemic, ED attendances reduced significantly in both Antrim and Causeway. In 2021/22 the number of attendances to the emergency departments at Antrim and Causeway Hospitals increased by over 20% compared to 2020/21 with just over 136,000 people attending across both sites. Antrim ED attendances have now largely returned to pre-pandemic levels, with Causeway experiencing slightly lower attendances than 2019/20. The Trust achieved an average of 56% in four hour performance across both sites in 2021/22 which is a deterioration on the previous year. However, according to the latest regional

PERFORMANCE REPORT

performance report produced by DoH up until January 2022, the Trust remains the second highest performer in the region against the four hour ED target.

Modernisation projects implemented at the start of the pandemic, aimed at optimising performance in spite of increasing demand continued into 2021/22. This includes the surgical ambulatory emergency care unit set up in March 2020 and Phone First aimed at diverting patients away from the emergency departments to alternative services. A new Cardiology ambulatory pathway was implemented in Antrim Area Hospital in September 2020 for patients experiencing Atrial Fibrillation. This pathway continues to develop and further work is planned around communication with Primary Care. This will form part of the relaunch of the Direct Assessment Unit and Same Day Acute Care

The Trust will continue to innovate and deliver services in different ways, including a much greater use of technology to connect and engage with our service users. However, the continued constraints of PPE and social distancing mean that returning to pre-pandemic activity levels is an ongoing challenge. There has also been significant disruption to service capacity due to COVID-19 related absence – both illness and isolation. In particular this has heavily impacted community services and their ability to facilitate timely hospital discharges.

Summary of Trust Performance against Commissioning Plan Targets

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

Summary of Trust Performance against Commissioning Plan Targets, March 2022	
By March 2022, secure a reduction in the number of MRSA infections. Trust target is no more than 7 cases.	R
By March 2022, secure a reduction in the number of CDIIF infections. Trust Target is no more than 49 cases.	R
By March 2022, secure an aggregate reduction of 21% of GNB bloodstream infections acquired after two days of hospital admission.	R
By March 2022, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	R
By March 2022, all urgent diagnostic tests should be reported on within 2 days.	R
During 2021/22, all urgent suspected breast cancer referrals should be seen within 14 days.	R
During 2021/22, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	R

PERFORMANCE REPORT

During 2021/22, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days	R
By March 2022, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	R
By March 2022, no patient should wait longer than 52 weeks for an outpatient appointment.	R
By March 2022, 75% of patients should wait no longer than 9 weeks for a diagnostic test	R
By March 2022, no patient should wait longer than 26 weeks for a diagnostic test	R
By March 2022, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test.	R
By March 2022, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test.	R
By March 2022, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment.	R
By March 2022, no patient should wait longer than 52 weeks for inpatient/ daycase treatment	R
By March 2022, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	R
By March 2022, 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 2022, 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 2022, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours	R
By March 2022, at least 80% of patients to have commenced treatment, following triage, within 2 hours	R
By March 2022, ensure that 90% of complex discharges from an acute hospital take place within 48 hours	R
By March 2022, ensure that no complex discharge from an acute hospital takes more than seven days	R
By March 2022, all non-complex discharges from an acute hospital to take place within six hours.	R
By March 2022, no patient waits longer than nine weeks to access adult mental health services	R
By March 2022, no patient waits longer than 9 weeks to access dementia services.	R
By March 2022, no patient waits longer than 13 weeks to access psychological therapies (any age)	R
By March 2022, the proportion of children in care for 12 months or longer with no placement change is at least 85%. (based on Sept '20 position)	G

PERFORMANCE REPORT

By March 2022, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). (based on March '21 position)	
By March 2022, no patient waits longer than 9 weeks to access child and adolescent mental health services.	
By March 2022, secure a 10% increase in the number of direct payments to all service users.	
By March 2022, secure a 10% increase in the number of carers' assessments offered to carers for all service users.	
By March 2022, 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 has been severely impacted by the pandemic with the main reasons for reduced activity being the redeployment of staff to support patients in ICU, staff sickness and isolation and patient cancellations for reasons related to COVID-19. The Trust delivered 97% of its monthly inpatient and day case activity targets as set out in its Rebuild plan, however this activity amounted to 56% of the annual Service Budget Agreement.

The reduction in elective activity has meant that waiting times have grown significantly. The regional performance standard is that 55% of patients should wait no longer than 13 weeks for inpatient or day case treatment and no patient should wait longer than 52 weeks. At the end of March, 82% of people on a waiting list were waiting more than 13 weeks for treatment and 5,011 people were waiting for more than 52 weeks. Addressing the growth in waiting lists will remain a significant challenge for the Trust and the region as a whole for some time to come.

The Trust delivered over 46,000 new outpatient appointments throughout 2021/22, a 73% 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, 82% of people had been waiting for more than nine weeks since referral and more than 29,000 people were waiting for more than 52 weeks.

The initiation of the Trust's Renewing Our Vision Elective workstream has brought 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 has increased steadily from December 2021 to 61% at the end of March. The number of diagnostics patients waiting more than 26 weeks steadily increased during the first part of the year. Funding was secured for the year to continue the transfer of patients to the independent sector and this helped reduce the waits from 4773 in December

PERFORMANCE REPORT

to 4174 at the end of March. Diagnostics have continued to exceed the projections in the Rebuild plan.

Endoscopy services were significantly impacted by COVID-19 with a large percentage of activity turned down to allow staff to be redeployed to ICU. At the end of March 2022, 30% of patients waiting on an Endoscopy procedure were waiting less than nine weeks. The ongoing transfer of patients to the independent sector plus additional in-house weekend endoscopy sessions, funded through Waiting List Initiatives, stemmed the increase in the numbers waiting over 26 weeks. At the end of March, 2930 were waiting over 26 weeks.

Allied Health Professional Therapies

For the combined Allied Health Professional therapies such as Speech and Language Therapy, Occupational Therapy and Physiotherapy, the regional performance standard is that no patient should wait longer than 13 weeks from referral to beginning treatment. At the end of March 2022 there were 8366 waiting more than 13 weeks. Total waits have increased for Allied Health Profession services due to reasons related to the pandemic, within this, by far the greatest number were waiting for physiotherapy, with over two thirds of the physiotherapy waits being for musculoskeletal appointments.

The cumulative activity in 2021/22 remains 16% behind Service Budget Agreement for AHP services but 3% above the cumulative projected activity in the Trust Rebuild plan.

Cancer Services

Red flag referrals dropped by over 7% between 2019/20 and 2020/21 due to the pandemic, however red flag referrals have increased in 21/22 to 9% higher than 2019/20, and 18% more than 2020/21. Demand has continued to exceed capacity in many areas and in Breast assessment services this has negatively impacted on the 14-day breast target with the service achieving 42% of patients being seen on average up to the end of February 2022. A regional demand and capacity exercise was undertaken which identified a capacity gap in the Trust to meet Breast red flag referrals with the recommendation that other Trusts lend their support.

Delays accessing outpatients, diagnostics and reduced access to theatres have led to challenges in meeting the 31 and 62 day Cancer access targets. By the end of February 2022, the Trust achieved a Year to Date performance of 82% in the 31-day target against a target of 98% and achieved A Year to Date performance of 36% against a target of 95% for the 62 day target. A regional process for prioritisation of theatre capacity remained in place for 2021/22 to ensure that patients were allocated to available theatre space in line with clinical priority. 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.

PERFORMANCE REPORT

Mental Health Services

Due to the migration from EPEX to the Paris information system, at the time of publication Adult Mental Health and Learning Disability performance was unavailable for much of the year. 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 December 2021 there were 198 patients waiting more than nine weeks for an Adult Mental Health appointment. In the Dementia service, after several months of increasing numbers waiting over nine weeks largely due to social distancing, patients shielding and self-isolating, there was a small reduction in the last few months of the year making them comparable with late 2020. At the end of December there were 241 patients waiting. Waiting time for psychological therapy services have grown, at the end of January 2022 there were 633 patients waiting over 13 weeks.

Total waits in CAMHS increased in the latter part of the year. The service had a number of staff redeployed and this impacted the number of patients waiting over nine weeks for an appointment. The number of patients waiting over nine weeks at the end of March was 310.

Community Services

The Trust's Community Services have been operating with less capacity than they require to meet demand and this has been further impacted by high numbers of staff isolation and sickness. This is evident in the Trust's performance in the area of achieving timely discharges. 90% of patients being discharged from an acute site, whose discharges are complex, should take place within 48 hours; the average for the year in Antrim was 81% and the average for Causeway was 74% with figures deteriorating towards the end of the year due to persistent community COVID-19 transmission. 100% of those patients whose discharges are classified as non-complex should be discharged from acute hospitals within six hours; during the year the Trust averaged 91%.

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

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

Adoption

There is one regional performance indicator which governs adoption. It is that 90% of children, who are adopted from care, are adopted within a three-year timeframe; the Trust's average performance during the most recent report year was 50%. There are factors outside the Trust's control, which limited the Trust's ability to achieve this.

PERFORMANCE REPORT

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; 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 (GNB) bloodstream infections during the year. At the end of March 2022, the Trust had 11 cases of MRSA, 51 cases of CDI and 88 cases of GNB. Work is continuing at ward level to raise awareness of MRSA management and placement of at risk patients. CDI cases continue to present challenges in relation to early identification and isolation. The issues of insufficient acute beds and increasing patient acuity contribute to the challenge of managing CDI by potentially increasing the risk of transmission. Additionally the ongoing challenges faced by management of COVID-19 cases across the Trust add to the demands of the Infection Control team and demands on isolation and cohorting.

Staff Absence

For 2021/22, the Trust was set a sickness absence compliance target of 6.34% by the DoH, excluding COVID-19 related absences. At 2021/22 year end, the Trust sickness absence percentage was 7% (excluding Homecare staff). The top five reasons for absences continue to be stress, work related stress, grief / bereavement, anxiety and backache / pain. Absences attributed to work related stress and backache / pain have seen an increase from 2020/21.

Moving into 2022/23, the Trust will review the Stress Policy and Stress Management Assessment tool in order to make it more user friendly and impactful for both managers and staff. The Bereavement Policy and associated supports are also being reviewed with a view to making them more accessible and supportive for managers and staff.

The Trust will continue to identify hotspot areas and expedite contact with managers to provide advice and support, aiming to facilitate absent staff back to work. Absence Case Review discussions were reintroduced during 2021/22 with collaborative work taking place with Divisional leads/ HR/ Occupational Health to support attendance including the identification of any adjustments to facilitate a timely return to work.

Staff Appraisal

For 2021/22, the Trust was set an annual staff (agenda for change) appraisal compliance target of 75% by the DoH. At 2021/22 year end, 57% of staff have been given the opportunity to undertake an annual appraisal conversation.

In response to the pressures and demands placed on staff during the COVID-19 pandemic over the past two years, the Trust re-launched the 'Wellbeing Appraisal'

PERFORMANCE REPORT

conversation to encourage compassionate conversations between managers and staff.

The Trust remains committed to the appraisal process and the benefits that it brings to our staff and to the wider provision of services for patients and service users, and a review of our Corporate Appraisal process is being undertaken to make it more meaningful for staff. During 2022/23 the Trust will continue its efforts to promote and embed the annual staff appraisal conversation as a crucial component of the staff/manager relationship.

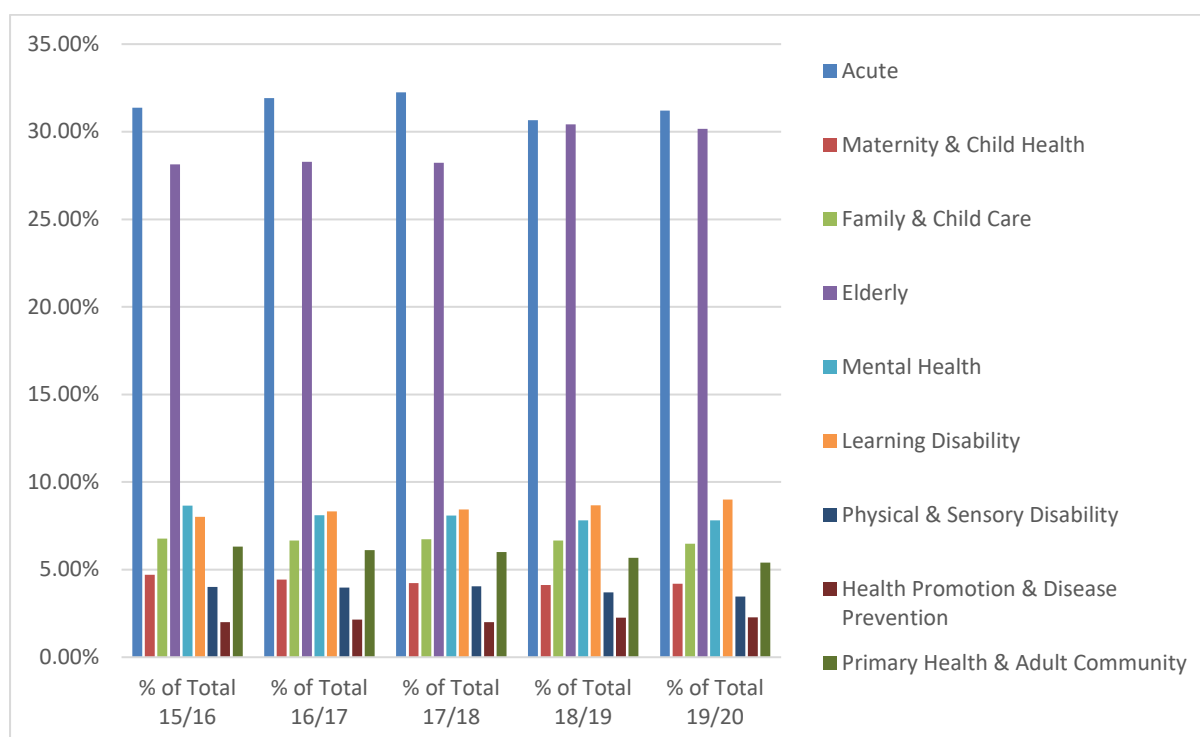
Anti-Bribery and Counter Fraud

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

Long Term Expenditure Plans

Within the HSC sector our plans are formed in partnership with many stakeholders and are impacted by the availability of resources such as staff and revenue and capital funds. Over 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.

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

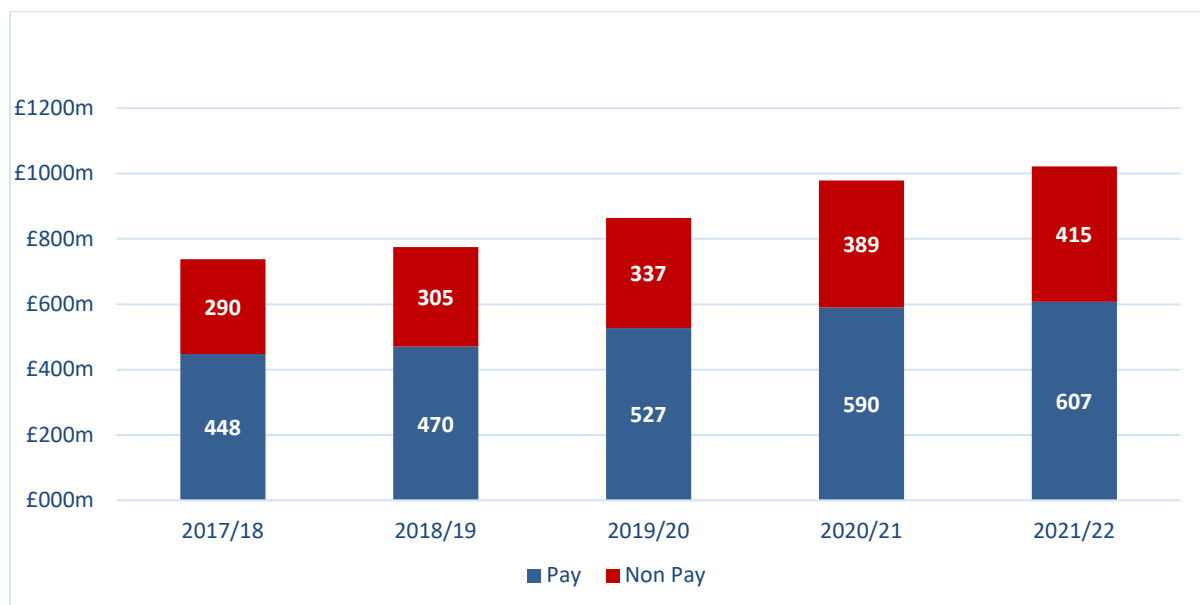


* Source: annual Trust Financial Returns. Last return submitted was for 2019/20

PERFORMANCE REPORT

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

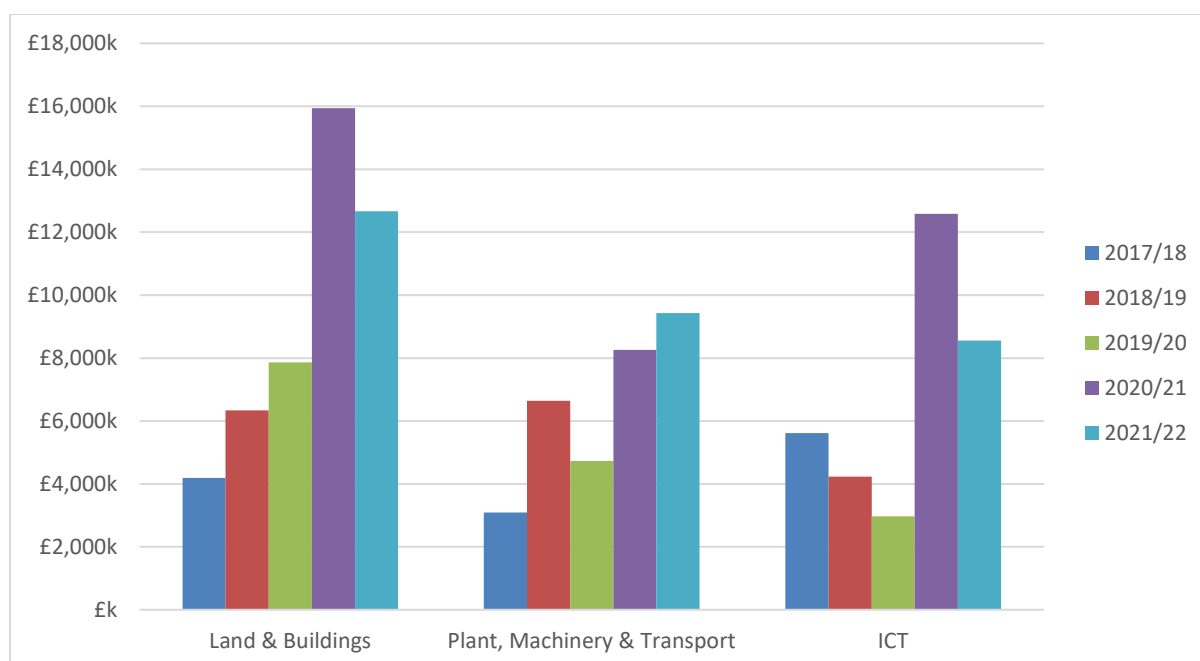
Analysis of Outturn Total Revenue Expenditure (2017/18- 2021/22)



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.

Analysis of Outturn Total Capital Expenditure (2017/18 – 2021/22)



PERFORMANCE REPORT

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 started the design on a new Mental Health Unit with the appointment of a design team in September 2021 and will continue to develop RIBA stage 2 design, to be completed in June 2022.

Other major capital investment projects were covered in our 10 year capital plan which was resubmitted to the DoH in August 2021. This included, in addition to the Mental Health Unit, a 2 storey ward block and new Intensive Care Unit, an interim 48 bedded modular ward, an electrical infrastructure upgrade, additional theatre capacity and a new Woman's and Children's Unit, all at Antrim Area Hospital; investment in hospital sterilisation and decontamination units (HSDU); 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 2021/22 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.

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:

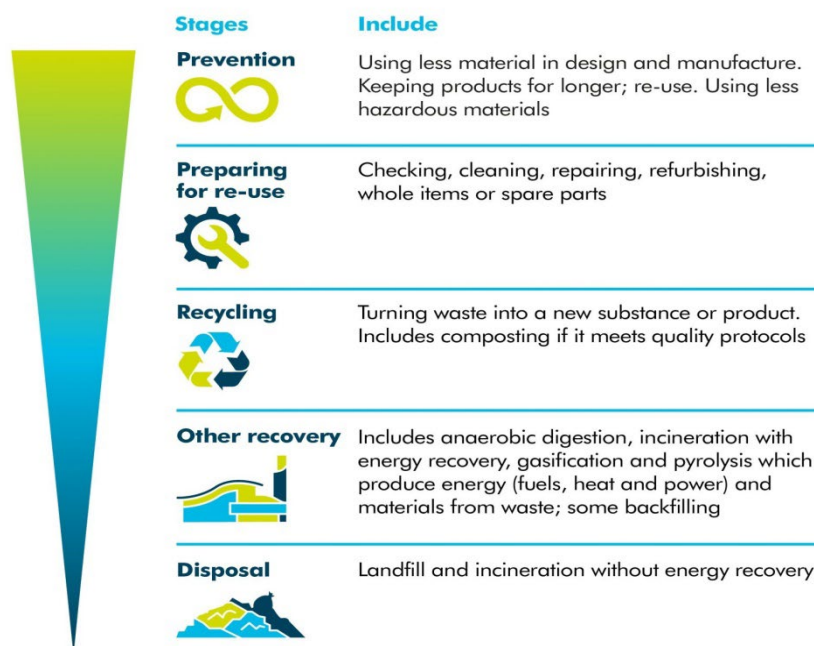
Prompt Payment	Number	£000s
Total Bills Paid	287,486	502,774
Total Bills Paid within 30 days of receipt of an undisputed invoice	266,521	477,031
% Bills Paid within 30 days of receipt of an undisputed invoice	92.71%	94.88%
Total Bills Paid within 10 days of receipt of an undisputed invoice	214,560	403,515
% Bills Paid within 10 days of receipt of an undisputed invoice	74.63%	80.26%

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

Environment and Sustainability Report

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

THE WASTE HIERARCHY



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

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

The Waste Strategy sets out the target for 2021/22 for 100% landfill diversion (the least favourable option), emphasising less on recycling and using other waste management options to achieve 'zero to landfill'. During 2021/22, all hospitals have achieved 100% landfill diversion, with community facilities achieving 99.9%.

To complement the service contract and to aid prevention, reuse and the minimising of waste, a web-based portal to trade items internally was implemented in January 2019. The portal (Warp-it) allows staff to exchange items no longer required so increasing the lifecycle of items and reducing disposal costs. Since start-up, (to March 2022) the Trust has saved £98,574 and saved 42,709kg of CO₂ (equivalent of taking 18 cars off the road and planting 58 trees) and avoided 21,644kg of waste.

Other recycling projects operating across the Trust include:

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

Food waste within the catering departments across the Trust and residential homes is segregated, collected and reprocessed by anaerobic digestion to generate green

PERFORMANCE REPORT

electricity. During 2021/22, 2,134 bins (154 tonnes) of food waste had been collected across 39 facilities.

Waste Electrical and Electronic Equipment (WEEE) is a complex mixture of materials and components that because of their hazardous content and, if not properly managed, can cause major environmental and health problems. Under contract this waste type is recycled and during 2021/22 the following was collected and recycled across the Trust:

- 57 fridges;
- 9,720kg of small domestic appliances;
- 4,450kg of large appliances;
- 575kg of florescent tubes; and
- 20 televisions.

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

During 2021/22 the amount of clinical waste being produced across the Trust continued to be high due to the continuing cases of COVID-19. The contributing factors were the increased use of PPE across the Trust, the increase of patient numbers within the acute hospitals, and the testing and vaccination centres across the Trust. The amount of healthcare waste increased by 128 tonnes.

During January 2022 the contract for clinical waste containers was awarded which included the new design of sharps containers (for needles, syringes, blades, scissors etc.) and burn bins (for clinical liquid waste, pharmaceutical and anatomical waste). Previously these single use containers were made from virgin plastic; under the new contract they will contain 80% recycled plastic. The containers will be implemented from 1 April 2022.

Energy Report

The Trust has been working closely with suppliers to reduce consumption, cost and emissions. New contracts have been awarded to Firmus and Electric Ireland for the supply of Natural Gas and Electricity respectively, effective from 1 April 2021. The Trust closely monitors costs and, in particular, when appropriate, smooth fuel purchase costs on the basis of professional advice under a framework managed by the Strategic Investment Board.

100% of the electricity supplied to the Trust will be renewable, with sustainability clauses included for natural gas and electricity to provide grant funding for a range of schemes.

An internal campaign was rolled out to improve energy awareness and communicate advice to staff on how to reduce energy consumption. Every member of staff can contribute to reducing the Trust's energy bill and small changes can make a massive impact. Simple things such as closing doors, turning off lights in unoccupied areas

PERFORMANCE REPORT

and shutting off unused electrical equipment will all ensure resources are used more efficiently. A targeted campaign was implemented at the start of winter to inform staff of the consequences of using electric heaters. The Energy team work closely with Corporate Communications to raise awareness and engage with staff across the Trust.

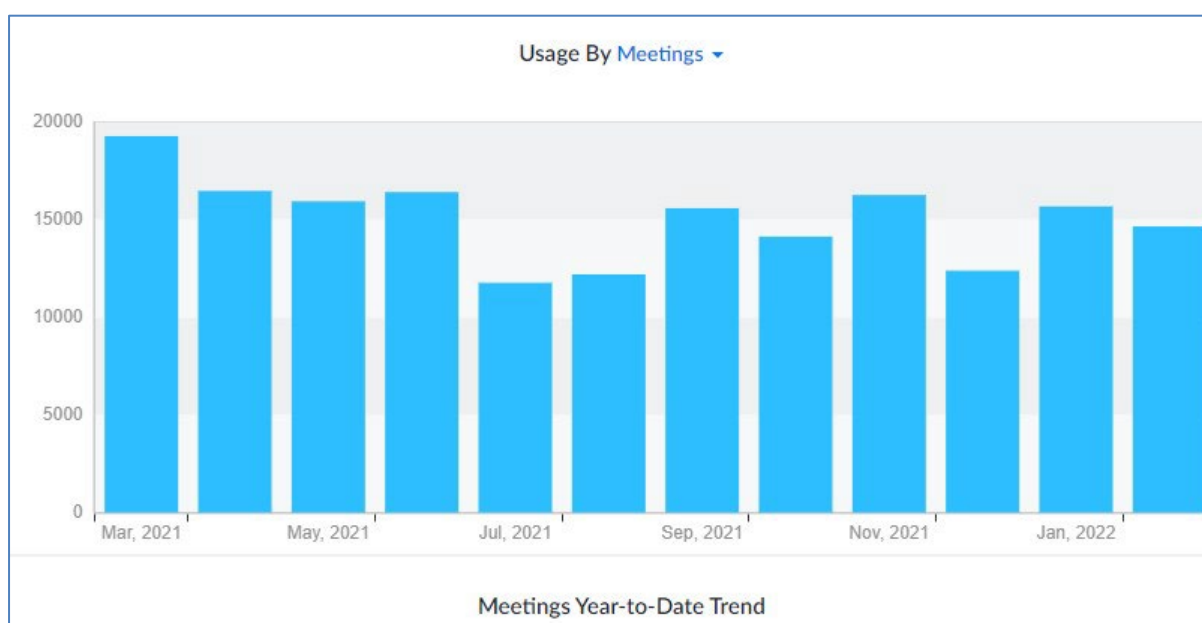
During 2021/22, the Trust invested in energy efficiency and emissions reduction, funded by the Invest to Save Scheme from the DoH. Projects included lighting upgrades and oil to gas conversions. Year-on-year, the Trust reduced carbon emissions from utilities by over 200 tonnes. The Trust are continuing to work towards lowering net energy consumption by 30% by 2030, based on a 2016/17 baseline year*.

In 2022/23 plans are in place to install Photovoltaic Solar Panels on numerous buildings across the Trust's estate which will reduce net electricity consumption. The Energy Team are constantly exploring new methods to reduce the Trust's dependency on fossil fuels: one such solution being explored at present is geothermal energy on the site of Antrim Area Hospital.

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

Telecoms Report

Over the past 12 months we have continued to witness a continued high use of telecommunication services including that of video conferencing technology. Zoom has continued to be an unprecedented success and as of March 22 there are 4,186 registered Trust users. Over the past 12 months there has been approximately 30.54 million minutes of video calls, with the average number of meetings held per day during March 2022, ranging between 750–850. Interesting to compare this with only 788 video calls back in 2015/16.



PERFORMANCE REPORT

Growth has continued with respect to mobile phones and especially the provisioning of smart phones (iPhones) to enable the various services to have increased mobility and provide continuity of service. The Trust has over 6,250 mobile phones, which are configured and managed by the Estates Specialist Services team, of which there are approximately 3,000 smart phones which enhance productivity.

Text messaging usage continued to increase during 2021/22 with nearly a tripling of use to over 1.3 million texts to various groups of people.

There are many benefits relating to this new way of communication 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 is committed to ensuring equality and diversity in the workplace. During this year the Trust has established an Equality, Diversity and Inclusion (EDI) Steering Group chaired by an Executive Director and supported by Trust Board. The group brings together representatives of each service area with key stakeholders and is responsible for driving workplace equality, diversity and inclusion initiatives and for making recommendations to the Executive Team and Trust Board. The EDI group will engage stakeholders, agree priorities, make decisions, commission work and guide the prioritisation of the EDI programme.

The Trust has in place a number of policies to support equality, diversity and inclusion in the workplace:

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

Disabled Persons

The Trust is committed to promoting equality of opportunity for employees and applicants with a disability.

- The Disability Equality Policy applies to people with disabilities applying to the Trust, to staff with disabilities already employed by the Trust, staff who develop a disability during their employment, and former employees with disabilities when providing references;

PERFORMANCE REPORT

- In addition to the Policy, a Reasonable Adjustment Toolkit provides practical advice and guidance for staff and managers

Flexible Working / Work-life balance

The Trust recognises that flexible working is a crucial part of creating modern and inclusive employment practices.

The Trust has a Flexible Working policy in place which offers a range of options to support staff with their work-life balance. This policy is currently under review following recent changes (April 2022) to national terms and conditions. These changes reinforce our commitment to working with staff and managers to find ways of increasing flexibility for staff whilst ensuring patient safety and service provision.

Staff Benefits

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

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

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

Further Disclosure

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



Jennifer Welsh – Chief Executive/Accounting Officer

23 June 2022

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

2021/22 has been a further challenging year for the Trust in ensuring the planning and delivery of services during the COVID-19 disruption with high levels of prolonged demands being placed on finite numbers of staff. The shortage of resources has necessitated the Trust prioritising front line services and balancing risks in managing delivery.

Within such an environment, risk management is particularly important and the Trust Management Board has focused considerable energy on identifying corporate risks and the potential mitigating actions to be taken to minimise residual risk.

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

In delivering their roles, the six Non-Executive Directors act as chairs of sub-committees of the Board, and participate as members of Committees, namely:

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

Leadership of these Committees focuses on continuous improvement and strong governance and accountability throughout the Trust. The Governance Statement provides additional detail on all Committees and Board meetings held during 2021/22. In addition, there were four Board workshops held during the year, which focussed on a range of strategic matters.

ACCOUNTABILITY REPORT

CORPORATE GOVERNANCE REPORT

Directors' Report

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

- i. Non-Executive Directors
 - Mr Bob McCann (Chairman);
 - Mr Paul Corrigan;
 - Mr Jim McCall;
 - Mr William Graham;
 - Mr Glenn Houston; and
 - Mr Gerard McGivern.
- ii. Executive Directors
 - Mrs Jennifer Welsh, Chief Executive;
 - Mr Seamus O'Reilly, Executive Director of Medicine;
 - Mr Owen Harkin, Executive Director of Finance (and Deputy Chief Executive from 9 June 2021, previously Interim Deputy Chief Executive);
 - Mrs Suzanne Pullins, Executive Director of Nursing and User Experience from 16 July 2021 (previously Interim Executive Director of Nursing and User Experience); and
 - Miss Maura Dargan, Executive Director of Social Work.
- iii. Directors
 - Mrs Karen Hargan, Director of Human Resources (left 16 May 2021);
 - Mrs Jacqui Reid, Interim Director of Human Resources from 10 May 2021; and
 - Mrs Wendy Magowan, Director of Operations from 3 November 2021 (Previously Interim Director of Operations)

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

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

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

ACCOUNTABILITY REPORT

Board are content with the quality and accuracy of the data presented to assist them in the decision making process.

Since April 2021, one incident was reported to the ICO. Further information is disclosed within the Governance Statement.

The auditor for the Trust is the Northern Ireland Audit Office. The notional cost of the audit for the year ending 31 March 2022 which pertained solely to the audit of the accounts is £74,000 made up as follows, Public Funds £68,000 and Charitable Trust Funds £6,000.

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 Department of Health (DoH) has directed the Trust to prepare for each financial year a consolidated statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Trust of its income and expenditure, 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 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 organisations policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the DoH.

For 2021/22, the Trust had the following key relationships through which it demonstrated the required level of accountability:

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

The HSC Board has been disbanded and its functions subsumed within the DoH from 1 April 2022, as the Strategic Planning and Performance Group.

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 2021/22, the Trust undertook a further review of its Integrated Governance and Assurance Framework Strategy. The revised strategy is currently in draft and will be tabled at the Trust Assurance Committee for approval, in June 2022. This strategy sets out the strategic context, responsibilities, management and accountability arrangements to manage risk effectively in the organisation.

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

The framework includes arrangements by which the Board will provide assurance on risk management, governance and internal control, clearly setting out the complex structure within the organisation. To ensure the quality and robustness of the

ACCOUNTABILITY REPORT

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 was formally approved by Trust Board at a meeting on 27 May 2021.

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 2021/22, 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
Mr B McCann Chairman	7	7	
Mr B Graham Non Ex Director	6	7	
Mr P Corrigan Non Ex Director	7	7	
Mr J McCall Non Ex Director	7	7	
Mr G McGivern Non Ex Director	7	7	
Mr G Houston Non Ex Director	5	7	
Mrs J Welsh Chief Executive	7	7	

ACCOUNTABILITY REPORT

Mr O Harkin Director of Finance and Deputy Chief Executive	7	7	
Mrs W Magowan Director of Operations	7	7	
Maura Dargan Director of Women, Children and Families/ Ex Director Social Work	6	7	
Dr S O'Reilly Medical Director	7	7	
Mrs S Pullins Director of Nursing and User Experience	7	7	
Mrs J Reid Interim Director of Human Resources	7	7	Took up post 10/05/2021
Mr R Hamill Interim Divisional Director of Community Care	3	7	
Dr P Corr Interim Divisional Director Mental Health, Learning Disability and Community Wellbeing	5	7	
Mrs M O'Hagan Director of Surgical and Clinical Services	3	3	On secondment from 05/09/2021
Mr K McMahon Interim Divisional Director Surgical and Clinical Services	4	4	Took up post 06/06/2021
Mrs A Harris Interim Divisional Director of Medicine and Emergency Medicine	6	7	
Mr N Martin Interim Divisional Director Strategic Development and Business Services	6	7	
Mr P Graffin Interim Director of Integrated Care Prototype	4	5	Took up post 01/07/2021
Mrs B Donaghy Director of Integrated Care Prototype	2	2	On secondment from 30/06/2021

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

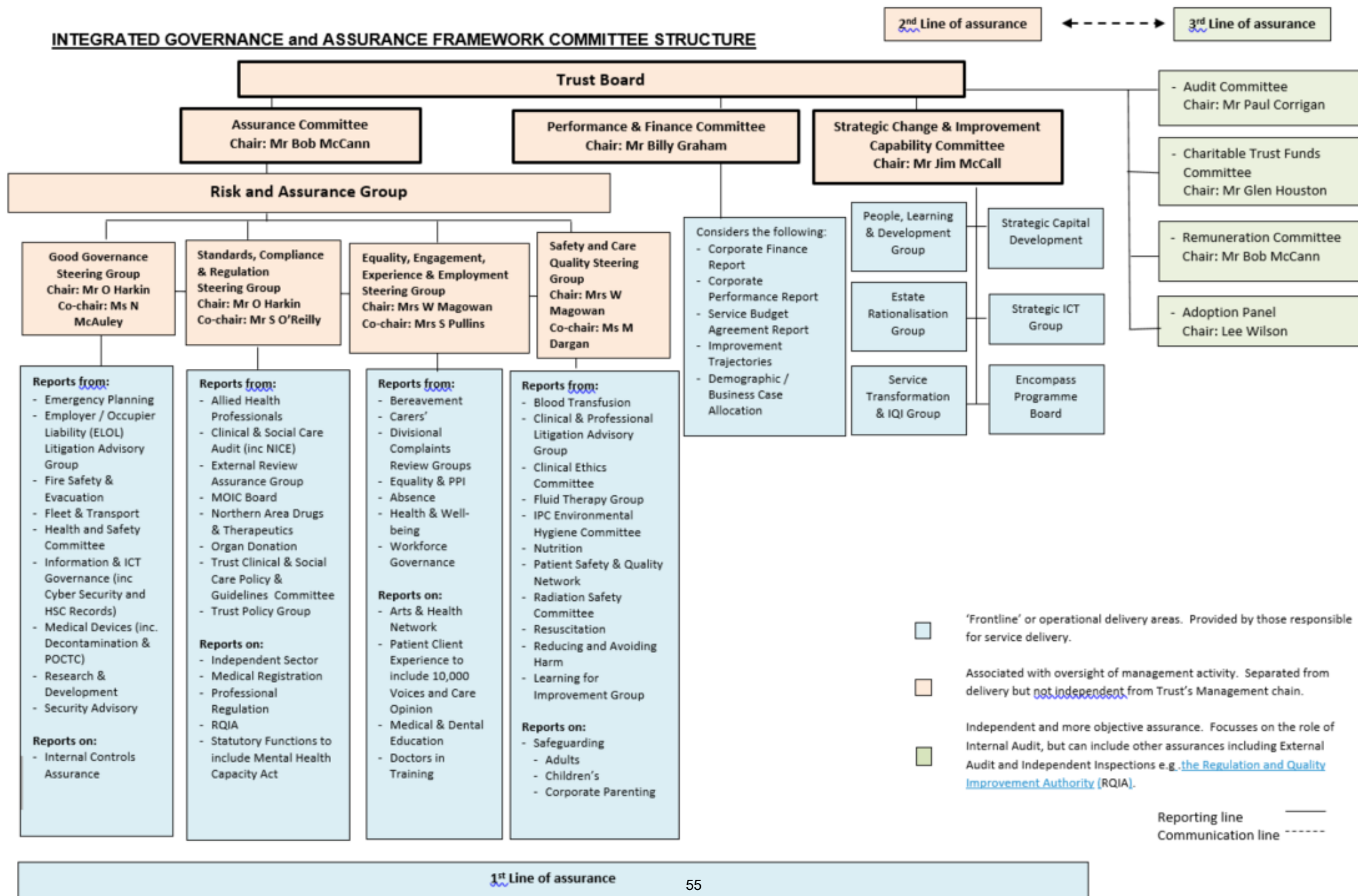
The governance arrangements for the Trust are based on an Integrated Governance model that links financial governance, risk management and clinical and social care governance into a single framework (see chart overleaf). During the year the Information and ICT Governance and HSC Records Committees were brought

ACCOUNTABILITY REPORT

together as one committee, due to the overlap between their functions and reports on 10,000 voices, which are reported via Equality, Engagement, Experience and Employment Steering Group, were expanded to incorporate Patient Client Experience and Care Opinion. These revised arrangements are captured within the revised Assurance Framework Committee Structure.

During November/December, Internal Audit carried out an audit on the Operation of the Assurance Framework. The audit reviewed the robustness of the operation of the assurance framework from 6 Sub-Groups reporting and providing assurance to the 4 Steering Groups, reporting to the Risk and Assurance Group and onwards to the Assurance Committee and Trust Board. The resulting audit report provided satisfactory assurance on the basis that there is a defined and agreed structure for obtaining assurance from operational level through to Non-Executive and Board level within the Trust. Assurances were being received as required for the Groups/Committees reviewed. The process for communicating and escalating assurance is working effectively based on the sample testing conducted. There is a good range of assurances being received across the various Groups and Committees reviewed. The Groups and Committees are largely meeting as intended, albeit some had to be stood down during COVID-19 with good attendance, reports and discussion and challenge where appropriate.

ACCOUNTABILITY REPORT



ACCOUNTABILITY REPORT

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 in respect of internal control:

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

The Committee has three Non-Executive members, including the chair, and met four times during 2021/22.

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 2021/22, summarising the work of the Committee and providing its clean 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 action was taken to address the issues 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 by 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 2021/22.

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 2021/22. 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 pandemic meant that services have had to be suspended or reduced, including many elective procedures, allowing the Trust to protect emergency and urgent services. The Trust command and control arrangements remained in place during the year and operated flexibly with regular Bronze meetings to strategically lead and support the Trust preparedness and planning, to ensure the safe and effective operational management of COVID-19 for the various phases of response. During the year, due to the impact of COVID-19 meetings of many of the supporting groups within the Assurance Framework were temporarily stood down, as staff and teams continued to support the Trust Wide plans to manage the ongoing response. In the absence of formal meetings these groups continued to report, by exception, any issues which arose and which were required to be brought to the attention of the Assurance Committee.

The Trust commenced planning for the COVID-19 vaccination programme in November 2020. With roll out of the programme following the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI), an independent expert group. JCVI recommended which cohorts should be prioritised to receive the vaccine. The Trust set up a Mass Vaccination Centre in the Seven Towers Leisure Centre, Ballymena, which opened on 20 December 2020 for the vaccination of Health and Social Care staff, alongside the programme within the community for vaccination of Care Home residents and staff who were among the highest priority groups to receive a COVID-19 vaccination.

During 2021/22 the Trust continued with the phased roll out of the COVID-19 vaccination programme in line with JCVI recommendations. To facilitate this, alongside the Mass Vaccination Centre, pop-up vaccination clinics were set up across a range of facilities in the Trust catchment area and arrangements were put in place to deliver vaccinations to those who were house bound. From 2 March 2022 the phased roll out has been extended to Children in the 5 – 11 age bracket and the Trust is also now participating in the roll out of the Spring Booster programme. As at March 2022, the Trust has delivered in excess of 300,000 vaccinations.

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

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

ACCOUNTABILITY REPORT

The Charitable Trust Funds Advisory Committee is chaired by a Non-Executive Director with senior staff including the Director of Finance in attendance. The Charitable Trust Funds Advisory Committee oversees the administration of Charitable Trust Funds in line with the Trust's Standing Financial Instructions. During 2021/22 the Committee met on three occasions. The role of the Committee is to oversee the administration, including banking arrangements, of Charitable Trust Funds, its investment and disbursement. It also ensures that a strategic approach is adopted with regard to charitable expenditure and that Directorates produce and implement annual expenditure plans relating to all funds at their disposal.

Other Assurance Groups

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

3. Business Planning and Risk Management

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

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 2021-2022. 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 HSCB Commissioning Plan priorities are responded to in the annual Trust Delivery Plan (TDP) and the Corporate Plan and the TDP set the context for the development of corporate support and operational divisional Directorate Plans, which set out how each Directorate will support the delivery of targets and priorities appropriate to their service areas. The HSCB did not produce a Commissioning Plan this year due to the pressures HSC services faced in response to the pandemic and therefore no TDP was produced. The achievement of plans and performance are normally progressed through internal Accountability meetings across the year, however these in the main were stood down due to the Trust's response to the 3rd and 4th waves of COVID-19. These were re-established for 2021/22 year-end (in May 2022).

The Finance and Performance Committee and Strategic Change and Improvement Capability Committee, both of which normally meet between four to six times a year and are chaired by Non – Executive Directors, met up to the summer months but were stood down as we moved into the 3rd and 4th Surges. The Trust Board did

ACCOUNTABILITY REPORT

continue to receive a monthly Performance Report setting out performance against each of the Ministerial targets and HSCB Commissioning objectives (carried forward from the previous year) and this is reviewed as part of the Trust Board meeting held in public. The Trust has developed, and submitted to the HSCB, quarterly Service Delivery Plans and associated activity projections. These have then been shared at Rebuilding Management Board (RMB) and published on the DOH website.

Progress on the reform of services is managed through the Service Transformation and Innovation and Quality Improvement (IQI) group, which continued to meet monthly. This group reports to the Strategic Change and Improvement Capability Committee, the meetings of which, as referenced above, were stood down during the 3rd and 4th COVID-19 surges but are now being re-established for the new financial year.

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 2021/22, the Integrated Governance and Assurance Framework Strategy was kept under review with some changes being made to the committee structure, which were approved by the Assurance Committee. The revised strategy will be tabled for approval at the Assurance Committee in 2022/23.

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.

ACCOUNTABILITY REPORT

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 2022.

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

There are structured processes in place for incident reporting and the review and learning from Serious Adverse Incidents (SAIs). The Trust has in place a Corporate Trigger List, which identifies incidents that must be reported by all staff, onto Datixweb. In addition, Trigger Lists 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.

Between December 2021 and March 2022, the Trust trained 137 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 PA request compliance, mandatory training compliance and update on internal audit recommendations progress.

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 year ended 31 March 2022 was 240, a decrease of 14 incidents on the previous year. Incidents and trends are reviewed by the Trust's Information Governance Forum and learning shared across divisions. There was one data security incident to the Information Commissioner's Office (ICO) during the period 1

ACCOUNTABILITY REPORT

April 2021 to 31 March 2022. This incident has been closed by the ICO with no further regulatory action.

An information governance audit was undertaken by BSO Internal Audit in May/June 2021, which yielded a Satisfactory Assurance for the Trust. There were seven recommendations (5 Priority 2's and 2 Priority 3's). Six recommendations have been or will have been implemented by 31 March 2022. The remaining recommendation, a previously identified Priority 2 recommendation in the 2018 BSO Internal Audit, in respect of GDPR compliance of all contracts with any external organisation under which the Trust is sharing personal information, is being progressed as a key priority with Divisions, as the Trust works towards a full implementation date of 31 December 2022.

Information security remains on the Corporate Risk Register. Internal Audit carried out an ICT Procurement and Contract Management Audit during 2020/21. The Trust achieved satisfactory assurance for both Managing User Privileges and ICT Risk Management. The Trust Information and Communications Technology (ICT) Service continues to hold ISO270001, which gives assurance in regards to cyber and information security, along with ISO20000 (international standard for IT service management) accreditations, most recently achieved in April and May 2022. The Trust is reliant to a significant extent on the services provided by BSO Information Technology Services (ITS), for which a Service Level Agreement is in place. BSO ITS also provides formal assurance, via their SIRO, to the DoH as part of the corporate governance process.

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

A range of information governance courses are offered in-house, some of which are mandatory for specific staff groups. The following are mandatory:

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

Compliance with mandatory training (as at 31 March 2022) for Trust staff is 83% for IG Awareness, 69% for ICT Cyber Security and additionally 81% of managers have undertaken the mandatory POPI training. Completion of mandatory training continues to be a priority for Divisions, however this has been challenging due to COVID-19 related pressures. Divisional IG Action Plan progress, which support the delivery of the Trust's Information Governance Improvement Plan, are integrated into the internal Accountability meetings review process.

ACCOUNTABILITY REPORT

Fraud Risk

The Trust takes a zero tolerance approach to fraud in order to protect and support our key public services. We have in place an Anti-Fraud Policy and Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud.

Our Fraud Liaison Officer promotes fraud awareness, co-ordinates investigations, in conjunction with the Counter Fraud and Probity Service provided regionally by the Business Services Organisation, and provides advice to our employees on fraud reporting arrangements.

Raising Concerns (Whistleblowing)

The Trust Raising Concerns (Whistleblowing) Policy is in place and provides a robust 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's intranet where staff are encouraged to 'See something, say something'. A HR governance email account is available for staff to directly contact HR staff with their concerns. Throughout 2021/22, six formal concerns were raised with impartial and independent investigating officers being 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.

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 has worked with DoH on the review of the DoH Regional Framework for Raising Concerns and model policy (currently awaiting public consultation).

4. Public Stakeholder Involvement

Service users and carers continue to be at the heart of everything we do. Our services should be designed to fit the needs of local people in order to deliver the best possible outcomes for our communities. 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.

The Trust is committed to Personal and Public Involvement (PPI) and has assigned responsibility for this to the Director of Operations. The Trust's Equality, Engagement, Experience and Employment Group (EEEEG) continues to ensure compliance with and mainstreaming of personal and public involvement. The EEEEEG seeks assurance that service users, carers and communities are fully involved in the development of Trust services and that their involvement shapes our business. The membership includes a service user representative and the Patient and Client Council (PCC).

ACCOUNTABILITY REPORT

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 has strengthened in numbers and has helped to shape a number of service improvements during unpredictable times amid the COVID-19 pandemic. We continue to nurture existing local partnerships and develop new connections with service users, carers and communities to make sure that partnership working is an integral part of the Trust's work.

Following on from the work carried out with Divisions, service users and carers to create an integrated partnership plan, we are now in the pilot stages of establishing this integrated approach building on the good practice that already exists, we will adopt creative and innovative ways to maximise involvement in the challenging times ahead. We are always open to new ideas and ways of working and have publicly advertised the opportunity to become a member of a new Engagement Advisory Board. Membership of the Board will reflect all the communities we service and will work with Trust staff 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 hardest to reach groups.

Our Trust Board continues to take personal testament from service users, their representatives or members of staff to ensure experience remains a key part of the report to the Board members. In addition, the 10,000 Voices project gives patients, as well as their families and carers, the opportunity to share their overall experience and highlight important issues.

Care Opinion, launched in August 2020, is a platform for people to share their experiences of health and social care. This provides an opportunity for us to engage with our service users and their families by responding to feedback at service level, enabling us to learn, change and make improvements to provide safe and effective care. Since August 2020, we have received 367 stories on Care Opinion. The positive stories have provided a much needed boost to staff morale during challenging times, and those less positive stories have provided opportunities for learning and improvement.

As we move forward, we will ensure that Care Opinion is further embedded within the organisation, and provide more opportunities to learn from our service users, families and carers. The Trust 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

ACCOUNTABILITY REPORT

financial year:

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

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

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

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

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

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

Internal Assurance Standards

From 1 April 2018 the process for completion of Controls Assurance Standard (CAS) self-assessments ceased. The Northern Health and Social Care Trust established alternative methods of internal assurance for the 22 previous Controls Assurance Standards. The Trust self-assessed its compliance with the 20 applicable Internal Assurance Standards. The Trust achieved the following levels of compliance for 2021/22.

ACCOUNTABILITY REPORT

Internal Assurance Standard	Method of Assurance	Score	Trust Level of Compliance
Building, Land, Plant & Non-Medical Equipment	Regionally agreed Assurance Standards	81%	Substantive
Decontamination of Medical Devices	CAS Framework	86%	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	82%	Substantive
Fleet and Transport	Replacement Template	N/A*	Compliant
Food Hygiene	Regionally agreed Assurance Standards	N/A*	Compliant
Health and Safety	CAS Framework	83%	Substantive
Human Resources	CAS Framework	93%	Substantive
Infection Control	CAS Framework	96%	Substantive
Information and Communication Technology	ISO27001		The Trust remains ISO accredited. The Audit due to take place February 2022 will now take place in May 2022
Information Management	Assurance Checklist	N/A*	Compliant
Medical Devices and Equipment	CAS Framework	86%	Substantive
Medicines Management and Optimisation	Regionally agreed self-assessment tool	77%	Substantive
Procurement	Standard based on DoH guidance	84.2%	Compliant

ACCOUNTABILITY REPORT

Research Governance	This year's performance metric has been stood down.		Compliant
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. Sources of Independent Assurance

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

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

Internal Audit

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

Internal Audit's follow up review on the status of implementation of previous recommendations, which should have been implemented by 31 March 2022, determined that a total of 76% were fully implemented, with 23% partially implemented and 1% not yet implemented. The impact of the Trust's response to the pandemic has meant a delay in implementing some of the recommendations but additional resource is to be applied to this area in 2022/23 to focus on improved performance against recommendations. The Audit Committee and Audit Steering Group have been and will continue to focus on those not yet fully implemented.

In her annual report, the Internal Auditor reported that the Trust system of internal control was satisfactory. However, weaknesses in control were identified in a number of areas as set out in the table below. Action plans have, or are being, developed to address the related recommendations. Implementation will be closely monitored by the Executive Team, Audit Steering Group and Audit Committee during 2022/23.

ACCOUNTABILITY REPORT

In 2021/22 Internal Audit reviewed the following systems:

AUDIT ASSESSMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT RECOMMENDATIONS
Payments to Staff – Laboratory Department only	Unacceptable	A Management of Change exercise should be progressed to review employment contracts within the Laboratory service so that shift patterns are aligned to the needs of the Laboratory Department. Controls over Rota Management need strengthened, ensuring there is appropriate oversight by the Head of Service. Improvements are required to the Timesheet management and Staff in Post processes which are both actively under review/development.
Non Pay Expenditure	Split Assurance: Satisfactory Limited on Off Contract Agency Spend	Direct Award Contracts should be put in place for off contract agency spend, where appropriate.
Management of Cash Office	Satisfactory	N/A
Self-Directed Supported	Satisfactory	N/A
Management of Private and Change of Status Patients	Limited	The Trust should strengthen existing controls regarding patients who change status between Private and NHS provision. Procedures should be updated and issued to all relevant staff so there is a clear understanding of the process. Reviews should take place to ensure consistency of reporting between job plans, declarations and PAS activity.
Management of Client Monies and Valuables in Social Services Facilities	Split Assurance Satisfactory for 9 of the 10 facilities Limited for 1 facility	Trust should strengthen controls over the management of cash at the facility receiving limited assurance including ensuring ledgers are signed and reconciled, kept up to date and receipts support all expenditure. The Trust should ensure that Service User Finances policy is updated accordingly.

ACCOUNTABILITY REPORT

AUDIT ASSESSMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT RECOMMENDATIONS
Procurement and Management of Domiciliary Care Contracts	Limited	Management should proceed with the competitive tendering of Domiciliary Care contracts upon receipt of agreed regional terms and conditions. Management should ensure that Independent Sector Provider compliance checks and subsequent reports are issued in line with the agreed programme of visits. They should further develop escalation arrangements for significant findings identified which include developing assurances that approved action plans are implemented on a timely basis.
Management of Client Monies in the Independent Sector Homes	Limited in respect of 1 out of 6 Homes visited	The Trust should visit the particular site over which limited assurance was found and should more widely communicate the findings and lessons learned of this audit to the specific homes and agree actions to address issues raised. The Finance Department should liaise with Trust Senior Management to determine the plans to re-establish visits to independent homes on the basis of a risk assessment.
Patient Flow Community Beds	Limited	Performance against community bed discharge targets should be regularly reported at Non-Executive level The Trust should ensure discharges from community beds are managed effectively and named workers are allocated to service users in a timely manner. Controls over GP provision should be strengthen to include SLAs being in place for all four sites and review meetings are taking place in a timely manner.
Information Governance	Satisfactory	N/A
Care Management	Limited	The Trust should improve reporting functionality to allow better real time corporate information to be available in relation to care plans and annual reviews. A report on care management should be presented at Non-Executive level so there is visibility on the number of care-managed clients, the status of each care plan and support reviews to

ACCOUNTABILITY REPORT

AUDIT ASSESSMENT	LEVEL OF ASSURANCE	SUMMARY OF SIGNIFICANT RECOMMENDATIONS
		be conducted in a timely manner. Care Plan templates should be consistent across all programmes of care.
Operation of Assurance Framework	Satisfactory	N/A
Absence Management	Limited	The Trust's Corporate Absence Report should include absence for all homecare workers so the figures are reflective of the Trust as a whole. All fields relating to sickness absence to be recorded on HRPTs in an accurate and timely manner including return to work dates. The correct processes are followed when triggers are met such as issuing letters to employees and holding meetings within the required timeframes.
ICT Project Management	Satisfactory	N/A
Complaints Management	Limited	To strengthen controls over how complaints are managed and to ensure they are centrally logged to the Trust's Governance Department.

A further two audits in respect of Food Allergens and Mental Capacity Act, proposed in-year, were deferred to 2022/23 due to lack of access during COVID-19 restrictions.

ACCOUNTABILITY REPORT

Business Services Organisation Assurances

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

- The Directorate of Legal Services;
- Procurement and Logistics Services, which is the HSC's Centre of Procurement Expertise;
- Information Technology Services;
- Counter Fraud and 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 number of Customer Forum and takes action where necessary. The Payroll service is specifically highlighted in Section 8 of this report.

Shared Service Audit	Assurance(outcomes to be updated in April)
Payroll Shared Service (PSS)	Limited in respect of end-to-end manual timesheet processing, SAP / HMRC RTI reconciliation, overpayments and holiday pay Satisfactory in respect of elementary PSS.
Recruitment Shared Service (RSS)	Limited in respect of HSC Recruitment Processes Satisfactory in respect of RSS processing.
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 2021/22 from RQIA and have reviewed and taken action where applicable:

Final reports:

- Review of GP Out-of-Hours Services in Northern Ireland, April 2021
- Review of Governance Arrangements in Independent Hospitals and Hospices, June 2021
- Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons, October 2021

Draft reports:

- Review of Serious Adverse Incidents process – draft report received June 2021

ACCOUNTABILITY REPORT

- Review of the Implementation of Recommendations to prevent Choking Incidents – draft report received February 2022

New reviews commenced:

- No new reviews have commenced

Hospital Inspection Programme:

- No HIP work undertaken during 2021/22

The RQIA inspection programme continued during 2021/22. Quality Improvement plans 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 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, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, the Audit and Assurance Committees and other related sub-committees, and a plan to address weaknesses and ensure continuous improvement to the system is in place.

8. Internal Governance Divergences

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

Progress on Prior Year Control Issues – On-going

Joint Advisory Group (JAG) Accreditation

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

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

ACCOUNTABILITY REPORT

standard against waiting times. A further census was completed in April 2022 for all Endoscopy Units and has been submitted to JAG. Feedback from this census is still awaited.

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 has been under unprecedented pressures contributed to by the COVID-19 pandemic. There remains a recognised capacity gap in Antrim Area Hospital. The Trust has submitted an Outline Business Case to the DoH for a 72-bedded ward block on the Antrim Area Hospital site, which is being considered as part of the DoH's 10-year capital priorities. There is no approval of this business case currently. Discussions, however, are currently ongoing with DoH in relation to a business case submitted for 48 interim beds.

The Trust however has raised with the DoH that current pressures require more immediate action and a further business case is being completed for additional interim beds. The capacity gap has been increased due to the requirement to relocate the existing ICU to Ward C6 reducing the bed numbers available on site.

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

Transformation funding supported further expansion of Antrim Direct Assessment Unit (DAU) in 2019/20, alongside the creation of a Programmed Treatment Unit (PTU), which treats patients for planned procedures on an ambulatory basis, thus avoiding unnecessary inpatient stays. Both DAU and PTU have been fully utilised to address demand-related issues and effectively manage increasing pressure on inpatient beds even during the highs and lows of COVID-19 admissions into Hospital during 20221/22. The ability of these two areas to function as effectively as they should during the period July – October 2021 was impacted by the ICU refurbishment work, due to the need to re-provide an emergency surgical unit in the PTU area. Then into 2022, the delivery of COVID-19 Anti-viral treatments has caused further pressure on this area.

The 'Acute Care at Home' Programme continues through phases one and two supported from Transformation Funding. This Anticipatory Care has demonstrated a decrease in Causeway ED attendances. This project focuses on the proactive Medical and AHP support into care homes in the Causeway locality.

Causeway Hospital Direct Assessment Unit continues to focus on the assessment and treatment of frail elderly patients and appropriate hospital admission avoidance. Causeway DAU also interfaces with the Anticipatory Care Project providing a

ACCOUNTABILITY REPORT

pathway and telephone support to the Anticipatory Care General Practitioners. This is now further supported with joint ward rounds between the providing GP and Consultant leading DAU Causeway. The Unit is currently actively reviewing and considering additional ambulatory pathways in relation to NI Ambulance Services (NIAS) and falls.

The Acute Medical Model has been rolled out within AAH since September 2019. Based around a 22-bedded Acute Assessment Area, this model is realising its full potential by ensuring patients are assessed, as standard practice, by a consultant physician after admission from ED, maximising opportunities for ambulatory pathways and facilitating early senior decision-making. The team has implemented a new symphony system to support their patient information processes and to help realise implementation of a Virtual Hub facility for support / follow up of patients. The COVID-19 pandemic has had an impact on this area, with flow of patients affected due to COVID-19 swabbing.

The Care of the Elderly team continues to focus on acute frailty pathways and the team has remained totally committed to realising this service, which also involved several ward moves, despite the challenges of COVID-19 within their service and team. This unit provides a comprehensive geriatric assessment including a Multi-Disciplinary Team review and aims to discharge patients from an acute hospital bed within 72 hours of admission if it is safe to do so. This has been achieved within additional resources.

A No More Silos initiative, in relation to ambulance turnaround, was completed in August 2021 and provided a dedicated six bedded area for ambulance arrivals at Antrim Hospital Emergency Department. The second phase has completed in May 2022 with a 22 seated waiting area to support patients brought by NIAS who are Fit to Sit.

Domiciliary Care and Care Home Placements

Domiciliary care tariff rates have been consolidated as much as possible, increasing ability to monitor costs. The Minister's £23m Support Package has increased the hourly tariff rate paid to most providers, which has helped with reducing the number of differing tariffs in payment. The Project Board to progress procurement, which had been paused due to COVID-19 work pressures, has recommenced with a timescale to procure during 2022/23. This will ensure going forward the cost paid reflects the true market price.

In the Nursing Care Home sector, increased tariffs are being driven by Providers' need to access agency Nursing staff, and the increase in complex needs of residents, including dementia related care. The Trust continues to engage with the regional Commissioner to seek the enhancement of tariff rates to reflect these issues. Care Homes have been adversely impacted by COVID-19. Homes are balancing bed vacancies with ongoing staff absence due to COVID-19 requirements. A new corporate risk has been created relating to Instability within the Care Home Sector relating to ongoing staffing and vacancy issues.

ACCOUNTABILITY REPORT

Both sectors are experiencing significant staffing pressures and reporting a downturn in the number of applicants for job vacancies. It is anticipated the Minister's Support Package will stimulate recruitment within these sectors.

Several workstreams are in place for the Trust/Region to support the sectors, including specific financial measures

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

During the COVID-19 pandemic a large percentage of the Trust's elective activity was stood down to enable staff redeployment to other areas. As a consequence of this scaling back of services, the Trust has been unable to meet its funded SBA in most service areas although the rebuilding of services, particularly towards June 2021 saw many services return closer to SBA. This was recognised by the DoH and Health and Social Care Board, and the Trust was required to produce quarterly rebuild plans, setting out challenging but realistic activity projections for a range of service areas. Performance against these rebuild plans is monitored at the Rebuilding Management Board.

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

The number of red-flag referrals has continued to increase to beyond pre-COVID-19 levels and this is particularly evident in the breast service. Demand has continued to exceed capacity and this has negatively impacted on the 14-day breast target. The pilot of an urgent clinic for appropriate patients has improved the percentage of red flag patients seen within 14 days but some capacity issues continue. Delays accessing outpatients and reduced access to theatres has led to challenges in meeting the 31 and 62 day targets.

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

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

The Trust's Paediatric Autism Service continues to experience an increase in referrals to the Autism Spectrum Disorder (ASD) service (55.9% between 2020/21 and 2021/22 combined increase to both assessment and intervention service). Those waiting for commencement of diagnostic assessment and for the completion of assessment continues to rise. The waiting list for Autism Diagnostic Observation Schedule (ADOS) assessments increased as a result of COVID-19 restrictions on face to face contact. Direct diagnostic assessments recommenced in October

ACCOUNTABILITY REPORT

2020. The telephone consultation service introduced during COVID-19 for families awaiting assessment is now a permanent feature within the service delivery model. The service is fully engaged in regional work to develop the Autism Spectrum Disorder pathway and model to improve access and service user experience in the medium to longer term.

Infection Prevention and Control

For the 2021/22 year, no Priority for Action targets for HCAs were set by DoH, to allow Trusts 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 (ie, for 2020/21). The Trust performance on C difficile infections as at March 2022 was 52 cases (2020/21 35 cases) against an internal target of 49. The Trust performance on MRSA bloodstream infections as at March 2022 was 11 cases (2020/21 12 cases) against an internal target of 7. Enhanced monitoring of compliance with the Trust MRSA Policy and MRSA Care Bundle continues Trust-wide with particular focus on areas of clinical practice, environmental maintenance and cleanliness to prevent Healthcare Acquired Infections.

Monitoring of additional targets for healthcare associated Gram-negative bloodstream infections (HAGNBSI) has occurred from 2018/19. There were 89 HAGNBSI during the 2021/22 year (2020/21 77), against a target of 75 from the previous year.

The Trust has maintained focus on the ongoing reduction plans in the overall antibiotic use including Tazocin and Meropenem. The use of the Antibiotic Review Kit (ARK) study; an applied research programme funded by National Institutes of Health Research (NIHR) which assists clinicians in their decision making regarding antibiotic use. The close out process for the ARK study began in January 21. The ARK decision tool has now been incorporated into the antimicrobial pages of the adult acute kardex for use within the Trust.

Community transmission of COVID-19 continues to be observed throughout 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 1 April 2021 until 31 March 2022, 109 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 109 outbreaks, a total of 42 COVID-19 outbreaks involved patients and staff; 48 outbreaks involved patients only and 19 involved positive cases in Trust staff only. These staff cases will be assessed and reported according to RIDDOR requirements to the Health & Safety Executive 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.

ACCOUNTABILITY REPORT

Dysphagia

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

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

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). The Trust is awaiting a final report and recommendations from RQIA.

The Trust is also providing assurances on the 11 recommendations within the NCEPOD Report: 'Hard to Swallow' 2021. This report has reviewed dysphagia management for inpatients with Parkinson's disease, but states that the recommendations are applicable to all populations with dysphagia needs.

In addition the 10,000 Ten Thousand More Voices, Your Experience of Swallowing Difficulties 2021 report was issued to Trusts, which has 7 key recommendations

The Trust Dysphagia Group co-ordinates the implementation of the Trust action plan which includes the actions to address identified areas for improvement. This plan has grouped and themed the many recommendations in the above reports which have been issued to the Trust.

Nurse Recruitment and Retention

There is an ongoing workforce challenge to secure nurse staffing across sites against Delivering Care staffing levels. Whilst there is significant use of agency nurses to meet our duty of quality and safe staffing levels, contingency planning to mitigate the risk from gaps in rotas is undertaken each day. Consequently the use of agency is also a financial risk for the organisation. The Trust has established a Nursing Workforce Stabilisation Group to increase efficiency of nursing resource; and a safe staffing lead nurse has been appointed.

- Transformational Funding for investment in Band 6 registered nurses in the acute hospitals will continue non-recurrently. This resulted in a funded uplift of 41.75 whole time equivalent Band 6 nurses from Band 5, these posts contribute to improved clinical outcomes and provide a career pathway for acute nurses leading to improved retention; there was also a temporary uplift of staff, from band 5 to band 6, working in critical care and respiratory wards in respect of

ACCOUNTABILITY REPORT

COVID-19 roles. This uplift is under consideration for ongoing Delivering Care Funding;

- Proactive nurse recruitment continues and the Trust has contributed to a regional implementation plan, which is under development for consideration by the Minister to ensure improved retention;
- Nurse on the temporary COVID-19 register are being encouraged to join the permanent NMC register and take up permanent appointment;
- Delivering Care funding for 57.6 whole time equivalent posts has been received across service areas and the majority of recruitment has been undertaken with monthly reporting to the Regional Delivering Care Oversight Group;
- An educational commissioning plan has been submitted to encourage career progression and address succession planning;
- Proactive nurse recruitment activity continues and includes rolling monthly and web based recruitment; bespoke and Trust wide recruitment with on line marketing continues.
- Regional student streamlining is agreed and will be taken forward for all fields of practice for those due to complete in September 2022;
- Nurse vacancies are monitored and reported monthly;
- Voluntary transfer policy is operational;
- A second agency is being utilised through regional tender to support International Nurse recruitment;
- A Nurse Utilisation Group to be re-established to increase efficiency of nursing resource;
- Development of Advanced Nurse Practitioner and Specialist practitioner roles continues;
- Open University Virtual Roadshows have been provided across trust sites to promote application to preregistration programmes; and
- Graduate level Masters in nursing rotational programme has been continued through confidence and supply transformational funding;
- Nursing Workforce Strategy report has been finalised and will be implemented in the coming months.

Medical Workforce

The Trust faced unprecedented challenges since the last report with the significant impact of the COVID-19 pandemic and the continuing challenges in recruiting to a number of specialties, which has the potential to disrupt services provided. Gaps remain in some training programmes due to an inability of NIMDTA (as the Single Lead Employer) to recruit; this remains essentially unchanged; although there have been a number of permanent Consultant and Speciality Doctor and Associate Specialist (SAS) appointments within Paediatrics, Obstetrics and Gynaecology, Radiology, Palliative Medicine and Anaesthetics in the Trust.

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 need to be supported in the workplace to provide safe, high-quality patient care;

ACCOUNTABILITY REPORT

- The Locum Scrutiny Group in conjunction with Directorates are 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;
- We are 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;
- The appointment of a Trust Medical HR Lead has enabled the Trust to progress the New 2021 Specialty Doctor and Specialist contract. The Trust is the first NI HSC Trust to appoint a Specialist Doctor under the new terms and conditions.

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. There are four of these currently though that number varies throughout the year and pre-Christmas was a notably challenging period. 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 740 at 31 March 2022 and the significant reduction in enquiries to the regional foster care recruitment team – 29% decrease since April 2020 for the Northern Trust area. The Trust's Escalation Panel oversees placements available and remaining in place. There is a particular shortfall in placements for children with disabilities and teenage young people. All Trusts have indicated similar pressures and the HSCB is prioritising children with disabilities in the forthcoming months.

Monitoring Domiciliary Care Contracts

Following the publication of 'Power to People' and on-going work with the HSCB on the most effective domiciliary care model for future service delivery, the Trust delayed full procurement as it awaited the outcome of this regional work. However, the Trust has now re-commenced pre-procurement activities, with the public consultation being completed in late 2021. BSO has been engaged to procure services during 2022/23, although it is acknowledged dependent on available regional resources. In the interim, the Trust continues to apply full openness in engagement with Providers and indeed regularly tenders for work when Primary Providers are unable to meet the requirement. The Secondary Provider List has been re-opened, thus allowing new providers to deliver within the Trust, provided they first meet our governance requirements.

During 2021/22 the Domiciliary Care Compliance Officers have been undertaking a work programme that will result in all independent domiciliary care providers being subject to a compliance audit on a 24-30 monthly basis, with a focus on evidencing calls commissioned are delivered and quality of service delivered.

ACCOUNTABILITY REPORT

A revised monthly monitoring template has been developed in excel format and will reduce time currently spent by Trust staff on transposing information into databases and permit this time to be invested in analysing information submitted (incidents, accidents and complaints) enabling benchmarking to be developed. It is envisaged this will provide a more robust analysis on the quality of services delivery and increase our ability to hold providers to account. This information is being shared with Divisional Governance Leads to allow cross-referencing with information teams are logging on Datix. It is hoped this will significantly improve data quality in reporting and will make providers more accountable. The Trust will work with providers to improve performance and will seek remedies where any under performance is identified.

BSO Shared 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. The 2020/21 Audit Report provided a split level of assurance, satisfactory in respect of elementary PSSC processes and limited assurance in respect of timesheets, management of overpayments and HMRC reconciliations. Internal Audit highlighted that PSSC had successfully implemented or superseded five of 14 previous recommendations.

The 2021/22 Audit Report issued in April 2022 provided a limited opinion in respect of a range of services (end-to-end manual timesheet processing, SAP / HMRC RTI reconciliation, overpayments and holiday pay) but satisfactory assurance in respect of elementary payroll services.

The Payroll Quality Improvement Project (PQIP) continues with 8 strands addressing the remaining recommendations. PQIP aims to improve the quality and accuracy of payroll processing to enable the PSSC to become a Centre of Excellence.

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

- Shared Services Regional Customer Services Forum;
 - Regional Payroll Customer Services Forum; and
 - HR EDRMS Project Board and Microsoft Stakeholder Meeting;
- and monitoring progress and governance of key decisions in relation to payroll.

The recovery of overpayments is a particularly difficult issue and the AD's of Finance are liaising with PSSC with regard to further clarifications on the scope and value of these.

The Staff in Post process has been rolled out by the Trust during 2021 and will facilitate the early identification of payroll error. This will reduce the potential for overpayments due to out of date records and minimise the value, and hence potential for irrecoverability, where these do inadvertently occur. The Trust is also developing monitoring reporting to ensure compliance.

ACCOUNTABILITY REPORT

Recruitment Shared Service (RSS) also received limited in respect of HSC recruitment processes but satisfactory in respect of RSS processing. Work is on-going to enhance recruitment.

Information Governance including Incidents Reported to the Information Commissioner

The Trust continues to work towards implementing and maintaining best practice through delivery of a Trust Information Governance Improvement Plan and individual Divisional Information Governance Action Plans. Progress has continued to be closely scrutinised during 2021/2022 with Action Plans being reviewed at Information Governance Forum and internal Accountability meetings.

Compliance with mandatory training for Trust staff is at 83% for IG Awareness and 81% for POPI (at 31 March 2021). Cyber Security compliance at same period was 69%.

The number of IG incidents reported during the year ended 31 March 2022 was 240, a decrease of 14 from the previous year. IG incidents and trends are reviewed by the Trust's Information Governance Forum, with identified learning shared across divisions.

In February 2022, an incident was reported to the ICO, which involved the sharing of an Occupational Health report for an individual on placement with the Trust with a third party, without the individual's consent. The recipient further shared the report with two individuals who should not have had sight of the report. Consent was only obtained for the report to be shared with the referring/employing organisation. The ICO has now closed the incident with no further action upon the Trust. Recommendations and associated actions/progress from ICO reported incidents are reviewed by the Trust's SIRO and at quarterly Information Governance Forum meetings.

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

Budget Position and Authority

The Assembly passed the Budget Act (Northern Ireland) 2022 in March 2022 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2021-22 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2022 also included a Vote on Account which authorised departments and their Arms' Length Bodies' access to cash and use of resources for the early months of the 2022/23 financial year. The cash and resource balance to complete for the remainder of 2022/23 will be authorised by the 2022/23 Main Estimates and the associated Budget Bill based on an agreed 2022/23 Budget. In the event that this is delayed then the powers available to the Permanent Secretary of the Department of Finance under Section 59 of the Northern Ireland Act 1998 and Section 7 of the Government Resources and Accounts Act (Northern Ireland) 2001 will be used to authorise the cash and the use of resources during the intervening period.

ACCOUNTABILITY REPORT

Budget Forward Position

Following the resignation of the First Minister and the subsequent lack of an Executive, a Budget for 2022/23 could not be finalised. The Finance Minister wrote to departments to set out a way forward in the absence of an Executive to agree a Budget. This process involved the Department of Finance issuing departments with contingency planning envelopes for the 2022/23 financial year. These envelopes provided Departments with an assessment of the minimum funding they could reasonably expect for 2022/23 and allowed departments to plan for expenditure until such times as a Budget could be agreed.

The Department of Health has agreed an approach with the Minister to enable opening allocations to proceed to continue to fund activity at current levels in 2022/23 while controlling spending in line with the advice from the Finance Minister. However, there remains a great deal of uncertainty on the future financial position. The Department of Health's reliance on significant levels of non-recurrent funding in recent years means that it is expecting to face an extremely challenging financial outlook. Whilst significant allocations are anticipated for Health, once a Budget is agreed, the 2022/23 budget will continue to require careful managing in order to develop a break even position.

This significant budgetary uncertainty is supplemented by a sharp rise in consumer price inflation. The Trust is closely monitoring all costs and in particular, when appropriate, may smooth fuel purchase costs, on the basis of professional advice under a framework managed by the Strategic Investment Board. The Trust will be working closely with the Department of Health and SPPG to understand the financial consequences of all these issues and the resultant impact on the Trust recovery plan.

Financial Position

The Trust achieved a breakeven financial position in the year to 31 March 2022, following the receipt of significant non-recurring funding for COVID-19 activities and a material expenditure downturn, due to actions taken in managing the pandemic within its services. The Trust is continuing to manage the underlying recurrent deficit, with a forecast opening position of £129m of underfunding for 2022/23.

Following many single year budgets there has been a multi-year settlement for the NI Block and, the Executive had planned to deliver a three year budget 2022/25 to provide a more stable basis for public services to be planned, reformed, and improved.

Years of austerity and the COVID-19 pandemic have created severe pressures, which the Assembly recognised were felt most acutely within the health and social care service. The Executive therefore agreed Health as its top budget priority, committing to providing funding significantly above the relevant Barnett Consequential, funded by diversions from other Departments.

However, this commitment is in the context that transformation is delivered so that health outcomes improve and the department does not represent an ever-growing proportion of the Executive's total budget. The Trust continues to seek underlying

ACCOUNTABILITY REPORT

savings and business as usual downturn where possible and to work proactively with the PHA and DoH on planning to address pressures in 2022/23.

Winter Resilience

The Trust developed a Service Delivery Plan to include our response to COVID-19 Surge (4th wave), Winter Pressures and delivery of key Regional Priorities - October 2021 to March 2022. A more detailed operational plan for winter resilience was developed, including 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.

The areas of focus and actions within this plan reflected learning from previous winter plans and their impact, as well as the second and third COVID-19 surges. The Trust's objective throughout each winter period is to ensure a safe and responsive emergency care service across our two acute sites, supported by effective community and social care, with a continued focus on quality and patient experience. We purchased additional independent care home beds to support acute discharges for complex cases. We continued to optimise ambulatory care pathways at both acute sites including same day emergency pathways. We expanded community and primary care capacity and provided additional workforce capacity (medical, nursing, labs, admin and AHPs) at the acute sites.

Initial projections for this winter showed a significant shortfall in bed capacity across our acute hospital sites and this was born out with extremely high numbers waiting on a daily basis for admission to wards from ED, equating to often over 50 beds over the winter months. 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. The Trust proposed that a regional winter capacity plan should be developed, identifying where additional inpatient beds can be made available and ensuring that patients potentially requiring admission are redirected accordingly.

We continued to work in close co-operation with our Partners, including with other Trusts, NIAS, Primary Care and Social Care provision. We focused on protecting our staff through the flu and COVID-19 booster vaccinations programme, infection control measures (including PPE fit testing) and ensuring a positive experience for our patients.

We developed comprehensive surge plans for critical care, hospital beds and care homes and all the services that support these key areas. The Trust worked to maintain as many services as possible during this fourth wave, however to allow us to manage demand from COVID-19 and winter pressures, elective care services were reduced to focus mainly on red flag referrals impacting on our ability to rebuild services and address waiting lists.

Cyber Security

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

ACCOUNTABILITY REPORT

HSC organisations have come together to agree on a list of priorities to enhance the Cyber Security Posture. The highest priority identified is to create a strategy for all Organisations to focus and come together on. There is now a regional business case awaiting approval for two additional staff to help expedite this in light of the HSE cyber-attack. The Trust has been successful in retaining the ISO27001 standard for Information Security by external audit through SGS Certification body June 2021.

The Trust ICT team is still working to mitigate cyber risks as they arise, and are at a heightened awareness with the current conflict in Russia/ Ukraine.

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 NHSCT/BHSCT 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 who will work within the Northern Trust area. 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). 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.

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 completed DoL applications for all identified legacy cases by the implementation timeframe of 31 May 2021. The Trust has continued to strive to remain compliant but there have been 2 breaches in extensions due to persons/patients being ill with COVID-19. Fresh applications were lodged for these 2 individuals. All new cases that require a DoL authorisation have been managed either through the emergency provisions or full applications to the Trust panel. All Divisions are currently undertaking an internal quality assurance process to ensure all new admissions, from June 2021, to any setting where DoLs might apply have the correct paper work in place to evidence the DoL process has been followed.

A regional training group has been established in order to ensure standardisation of training and review of the mandatory training modules has taken place with recommendations going back to the DoH for their consideration and approval. A

ACCOUNTABILITY REPORT

Trust training subgroup has been established and will support the ongoing identification and delivery of the necessary training for the Trust's workforce.

Regional thresholds for patients who require a DoL, including those patients with palliative care needs, have now been agreed between Trusts, Directorate of Legal Services, Attorney General, Review Tribunal and DoH and guidance has been issued to staff. There is a fully agreed flow chart which guides staff through the decision making process and also acts as evidence that they have given full consideration to each aspect in determining if a DoL application is required and if not, ensures the reasons behind this decision are clearly evidenced.

The numbers of Short-Term Detentions completed per month has been limited due to the continued impact of COVID-19 in the acute setting. The lead practitioner for acute services, in partnership with lead medical staff, continues to drive forward the processes in place to ensure continued full compliance in relation to Short-Term Detentions. This will be monitored as we move forward.

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

The three main risks currently are:

- 1) The impact of the direction to submit Statements under Rule 6 which will require a minimum of an additional three hours of staff time for all cases referred to the Review Tribunal. There is an average of 40 Trust cases listed for hearing by the Review Tribunal per month each requiring an up to date Statement under Rule 6. The Trust has secured a solicitor, via the Directorate of Legal Services, on a full time basis to support staff in completion of these Statements and in the provision of responses to any Review Tribunal directions. Arrangements have been agreed to test a sample of five Rule 6 reports under three different Review Tribunal panels to help reduce the bureaucracy currently within the system. This should reduce the time needed to complete Rule 6 reports. The test cases have been submitted to the Review Tribunal with positive feedback re the information presented on them. The gap between referral by the Attorney General to the Review Tribunal and the time of the hearing has decreased and therefore the need for addendum reports to the Rule 6 is lessened.
- 2) Three Trusts have now moved to a position where they are paying their medical staff a higher tariff than the regionally agreed rate of £200/session. This may make it more attractive for staff to move to other Trusts. Equally it will put financial pressure on the Northern Trust if we have to increase the rate that is paid to medics. Applications in relation to day care facilities and domiciliary care settings, where there is no DoL authorised for the primary place of residence, have not been completed and each Division is currently mapping out the impact of this work and how it will be achieved.
- 3) There is a further financial risk given the gap between the funding identified for this work regionally and the Trust's preliminary cost estimates. Although the Trust has sufficient staff appointed to undertake the range of roles required, the cost of these staff is above what is available from the DoH. Reduced funding will impact

ACCOUNTABILITY REPORT

on delivery. Ongoing discussions with the Commissioners continue as part of the regional overview to reflect the resources needed to consolidate the current model to ensure continued compliance.

The Trust has put in place a lead Director, Assistant Director, Implementation Lead, professional MCA co-ordinator, programme structures and processes all aimed at managing the associated risks and ensuring compliance with legislation.

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 review by Internal Audit.

Unaccompanied Young People

There has been an increase in the number of unaccompanied young people entering Northern Ireland. From 01 December 2021 – 31 March 2022, the Trust received 12 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 set up, with each Trust taking responsibility for three young people after which the rota moves to the next Trust.

Fit Testing

In June 2020 an issue was identified in relation to the fit testing of FFP3 masks. This was followed by the initiation of a Severe Adverse Incident (SAI) through the Public Health Agency. The Trust has worked to identify the staff concerned and assess how many require to be re-fit tested and to put in place mitigating actions to ensure all staff are tested to the correct standard.

The Trust continues to ensure that fit testing is carried out using the HSE INDG 479 standard and that all training records are accurate and up to date. Certificates are reviewed to ensure they align with UK requirements and from July 2020 copies have been provided to all staff. Those staff who had been fit tested between February 2020 and July 2020 have now been provided with a copy of their fit testing certificate. The Trust has developed an Excel database where all fit testing outcomes are uploaded. This database is available to view on Staffnet and is updated on a weekly basis. A monthly audit has been put in place to check both the certificates and data held in the central database, to ensure all information is recorded correctly through the fit testing journey.

The supply of FFP3 masks is ever changing and the Trust now has a dedicated team within Occupational Health assigned to managing fit testing. The team continues to

ACCOUNTABILITY REPORT

communicate with staff and management on a regular basis to help identify those staff who require fit testing and ensure that they can be fit tested in a timely manner.

The oversight of FIT testing has been incorporated into Business as Usual and actions identified through the SAI have been implemented.

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 part of a wider 'Dementia Reform' work stream. The WLI is testing a new approach to memory assessment, which includes medical staff within the memory service, aiming to reduce waiting times for assessment and diagnosis. Progress was initially delayed by inability to identify temporary locums. In recent months a loss of capacity within Psychiatry of Old Age has impacted on progress. Currently, Corporate Information are unable to report the Trust dementia waiting time stats due to the transition/migration from ePEX to the PARIS system. While the figures will be revised at a later date from a manual count, the WLI is making a difference and the numbers waiting and waiting times are decreasing. The service review is underway to 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.

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. COVID-19 has heightened levels of psychological distress and mental health issues within the population. Services particularly impacted include Psychological Therapies (PTS), Clinical Health Psychology, Adult and Children's Learning Disability and the Adult Autism Service.

The PTS is experiencing specific pressures in relation to a loss of capacity within the service 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.

In addition to referral rates returning to pre-pandemic levels (slightly reduced by 6.5%), Clinical Health Psychology experienced a 40% reduction in capacity over the summer of 2021 due to staff moving to promotional opportunities. Due to the timing of these vacancies recruitment was not possible; they arose close to the end of the academic year and all newly qualifying psychologists had accepted offers of posts. As a result, a Service Review was undertaken, with a re-profiling of posts completed to assist recruitment. There was a further loss of capacity in October 2021 arising from staff displacement due to the Long COVID-19 Service delivery need.

ACCOUNTABILITY REPORT

Similarly, Learning Disability Clinical Psychology Services have experienced a reduction in staff capacity due to vacancy, maternity leave and absence. Psychometric referrals were stopped during the pandemic due to IPC issues, which led to a backlog of 101 eligibility psychometric assessments. A waiting list initiative is being implemented to address these waits. In terms of capacity, this is an improving picture with recruitment and staff returning.

Recruitment and Retention of Child Care Social Work Staff

The number of regional student social work placements is currently insufficient to ensure adequate qualified social workers to fill vacant posts within all Trusts. There are a number of 'hard to fill' posts within the Family Support and Intervention Service (FSIS) meaning that despite numerous recruitment drives the requisite number of candidates have not been identified to take up all the potential offers of employment. Challenges arise from difficulties in achieving work/home life balance due to excessive caseloads and general work pressures/stresses. In addition, the implementation of initiatives through Transformation Funding has created attractive alternative job opportunities leading to further drain within frontline statutory childcare social work teams, with retention of new and experienced staff becoming problematic. This impacts on the Trust's ability to fulfil its obligations under the Delegated Statutory Functions legislation, and inconsistency in service delivery. Currently there is between 21-49% vacancy rate (COVID-19 and non-COVID-19 sickness absence, maternity leave and vacancies) in Trust frontline childcare social work. The Trust is working with the DoH Northern Ireland to develop a strategy to increase future placements.

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.

The corrective actions taken as a result of the previous SAI did not consider areas external to theatres, such as the breast localisation procedures undertaken in breast imaging, or the performance of renal dialysis following a Nuclear Medicine examination. Robust training and documented procedures were implemented within AAH theatres, but these did not include other general or ward areas.

As a result of the repeated breaches of legislation the Trust was issued with an 'Enforcement Notice' (by NIEA) on 04 November 2021. The requirements of the enforcement notice, a report on which was required to be submitted to NIEA by 31 January 2022, were:

ACCOUNTABILITY REPORT

“A review of the procedures covering the disposal of radioactive waste generated by inpatients outside of the Nuclear Medicine Department to be carried out. A report of the review, including improvements identified and a timescale for implementation, to be submitted to the Chief Inspector”

A full SAI investigation into the circumstances of the incidents was initiated. The subsequent report sent to NIEA included a 13 point incident action plan, which included details on improvements identified and a timescale for their implementation. The report and action plan were shared with NIEA within the timescale required, and on 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.

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. Thirty CT scans were randomly selected and reviewed by three Trust Consultants. 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 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.

This review was conducted in line with the recently issued ‘Regional Guidance for Implementing a Lookback Review Process HSC (SQSD) 6/21’ and was overseen by a Steering Group, chaired by the Medical Director.

The review process commenced on 21 June 2021 and was completed in October 2021. The review was undertaken by Trust Consultant Radiologists, Consultant Radiologists from other HSCNI Trusts, and an Independent Sector provider (Everlight).

The review identified six Level 1 discrepancies that are 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 60 examinations with Level 2 discrepancies i.e. major reporting errors or omissions with probable impact for patients.

As a result of these findings the Trust initiated a formal Level 3 SAI lead by an independent chair and including members from outwith the Trust. The Terms of Reference for the SAI cover a number of strands, including:

- The conduct of the Lookback Review;
- The arrangements for recruitment and oversight of work being undertaken by the locum doctor;
- Engage with service users and families and consider any issues that they may raise;

ACCOUNTABILITY REPORT

- Providing individual case reports for each patient/family.

The findings, learning and recommendations from the SAI Investigation will be shared with patients and families affected and within the HSC when completed.

Divergences Closed During the Year

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

Community Equipment

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

As at March 2022, it has been agreed with Internal Audit colleagues that the quarterly audit process in place coupled with ensuing delivery of action plans, is deemed an acceptable approach and sufficient to close off the remaining Priority 2 recommendation on the understanding that there is six monthly oversight of the audits and action plans at the Divisional Assurance meeting commencing 9 March, 2022. Agreement has been reached, therefore, with Internal Audit to close off this recommendation and this Internal Control Divergence is now considered closed.

Breach of Radioactive Substances Act 1993

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

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

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

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

A full SAI investigation into the circumstances of the incidents was completed. The subsequent report included a 14 point incident action plan, which included details on

ACCOUNTABILITY REPORT

improvements identified and a timescale for their implementation. The report and action plan were shared with NIEA within the timescale required, and on 1 February 2021 NIEA advised that they were content that the documents provided satisfied the remedial steps required by the enforcement notice, and as such that the notice had been complied with. This divergence is now considered closed.

Cyber Security Incident at Queen's University Belfast

A cyber security incident took place at Queen's University Belfast (QUB) in February 2021. The Trust has multiple contractual interactions with QUB, some concerning personal information. The Trust technology teams, with the backing of the Trust's SIRO's, took a number of actions to reduce potential disruption to Trust services during this time. The impact on the Trust has been fully investigated, and QUB have supplied HSC with assurances around the remediation work that has been actioned since the attack. This was signed off by the Trust's SIRO and SMT. Connections to QUB regionally have been restored. This issue can now be closed as an Internal Control Divergence.

COVID-19 Funding

The Trust received allocations for COVID-19 activity amounting to £66m in respect of the financial year 2021/22 (2020/21 £90.5m). This funding ensured that critical services continue to be maintained and delivered during the ongoing pandemic and surges. A full analysis of the areas of spend are included in the monthly financial monitoring returns to HSCB/DoH.

New Divergences

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. By email on 1 April 2022, the supplier providing the managed service informed BSO of the administration. The supplier informed BSO that the sub-contractor will continue to trade as normal while the Administrators are exploring 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 supplier has confirmed in writing that the sub-contractor is continuing to operate business as normal, as advised by the Administrator. BSO has invoked its business and technical contingency plans and set up Bronze Command. BSO has met with the Minister, Permanent Secretary, Trade Unions and all stakeholders has been informed of the situation and the contingency plans to address this issue.

ACCOUNTABILITY REPORT

Appraisals, Sickness Absence and Flu Vaccination

Indicator	Trust Target for year ending 31 March 2022	Performance in year ending 31 March 2022
Sickness Absence	6.34%	7.00% (as at 31 January 2022)
Appraisal (excl. Medical and Dental)	75%	57% (as at 28 February 2022)
Flu Vaccination Frontline Staff	75%	35% (as at 13 January 2022)

Sickness Absence: The Trust set an internal target of 6.34% lost time cumulative absence for 2021/2022. The top five reasons for absences continue to be stress, work related stress, grief / bereavement, anxiety and backache / pain. Absences attributed to work related stress and backache / pain have seen an increase from 2020/21. Our Stress Policy and Stress Management Assessment tool is being reviewed in order to make it more user friendly and impactful for both managers and staff. The Bereavement Policy and associated supports are also being reviewed with a view to making them more accessible and supportive for managers and staff.

On a weekly basis, the Trust continues to identify hotspot areas and expedite contact with managers to provide advice and support, aiming to facilitate absent staff back to work. Absence Case Review discussions have been reintroduced this year with collaborative work taking place with Divisional leads/ HR/ Occupational Health to support attendance including the identification of any adjustments to facilitate a timely return to work. The Trust Absence Action Group, tasked with the governance of activity to pro-actively address absence issues has been re-engaged on a quarterly basis to support divisional and corporate absence initiatives.

Appraisal (AFC Staff): For the year 2021/2022, the Trust set an internal target of 75% in relation to AFC staff appraisal compliance. 59% of staff (not including medical and dental) have had an annual appraisal. In response to the pressures and demands placed on staff during the COVID-19 pandemic over the past two years the Trust re-launched the 'Wellbeing Appraisal' conversation to encourage compassionate conversations between managers and staff. Where progress in compliance has not been consistent, targeted action is being taken to address this with Directorates and a review of our Corporate Appraisal process is being undertaken to make it more meaningful for staff.

Flu Vaccination: For the last two years, the DoH has set an increased target of 75% for staff winter seasonal flu vaccination uptake amongst Health and Social Care workers. Flu is not a mandatory vaccination and it has proven challenging to achieve the set target. Uptake among staff in 2021/22 has been 35%. This has potentially been influenced by a number of factors including, the low levels of flu circulating within the community, the national focus on the COVID-19 vaccine and the absence of Peer Vaccinator Programme within the Trust due to the complexities of delivering the COVID-19 vaccine in tandem with the flu vaccine. From October 2021 the flu vaccine has been, and remains, readily available through the Mass Vaccination Centre in

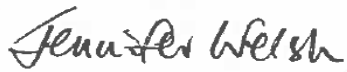
ACCOUNTABILITY REPORT

Ballymena and staff drop in sessions were available at locations throughout the Trust in December 2021 and January 2022. Moving forward into 2022/23 the re-introduction of peer vaccinators will be considered however this will be dependent on plans for further COVID-19 booster programmes.

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 2021/22.

A handwritten signature in black ink, reading 'Jennifer Welsh'.

Jennifer Welsh – Accounting Officer
23 June 2022

ACCOUNTABILITY REPORT

REMUNERATION AND STAFF REPORT

Remuneration Report

Scope of the report

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

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

Remuneration Committee

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

The current members of the Remuneration Committee in 2021/22 are:

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

The Remuneration Committee met on three occasions during the financial year 2021/22 to consider the starting salaries of the new Senior Executives appointed in year, the performance assessment of all Trust Senior Executives and to approve the work objectives of the Chief Executive and Executive Directors.

Early Retirement and Other Compensation Schemes

There were no early retirements or payments of compensation for other departures relating to current or past Senior Executives in 2021/22.

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 2021/22 were employed on the DoH Senior Executive Contract. The contractual provisions applied are those detailed within DoH Senior Executive circulars.

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

Pay Awards

A pay award issued for Senior Executives for 2016/17 and 2017/18 was approved in March 2021 with payment processed in April 2021. A pay award 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 that may become due for pay awards for 2018/19, 2019/20, 2020/21 and 2021/22, the latter two not yet issued.

A pay award for Agenda for Change staff for 2021/22, which included Divisional Directors, was approved in December 2021 and applied retrospectively in January 2022.

A pay award for Medical and Dental staff for 2021/22 was approved in December 2021 and applied retrospectively in March 2022.

A pay award issued for Non-Executive Directors for 2018/19 and 2019/20 was approved in April 2021 and applied in May 2021.

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. 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 in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce. The Trust is also required to disclose the percentage change from the previous financial year of the highest paid director and of their employees as a whole.

The table below outlines these:

	2021/22	2020/21
Band of Highest Paid Director Remuneration	£210k - £215k	£180k - £185k
% Change from Previous Year	16.44%	N/A
25 th Percentile Remuneration	£23,403	£22,900
25 th Percentile Pay Ratio	9.08	7.97
Median Remuneration	£31,535	£30,616
Median Pay Ratio	6.74	5.79
Mean Remuneration	£35,010	£34,038
% Change from Previous Year	2.86%	N/A
75 th Percentile Remuneration	£40,058	£39,074
75 th Percentile Pay Ratio	5.30	4.67
Range of Staff Remuneration	£18,545 - £244,075	£18,005 - £191,805

Total remuneration includes salary, non consolidated performance related pay and benefits in kind. The calculation also includes the HSC Staff Recognition Payment that was paid during 2021/22 because exclusion of these costs would have had a limited impact on the ratios.

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.

ACCOUNTABILITY REPORT

The values for the salary component of remuneration for the 25th percentile, median and 75th percentile were £23,403, £31,535 and £40,058 respectively.

In 2021/22 3 (2020/21: 6) employees received remuneration in excess of the highest paid director.

Remuneration ranged from £18,546 to £244,075 (2020/21: £18,005 to £191,805).

The movement in ratio calculations for 2021/22 from 2020/21 is consistent with the pay, reward and progression policies for the all the Trust's taken as a whole.

ACCOUNTABILITY REPORT

Senior Employees' Remuneration (audited)

The salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of the Trust were as follows (it should be noted that there were no bonuses paid to any Director in 2020/21 or 2021/22):

	2021/22				2020/21				2021/22				
Name	Salary £000s	(6) Benefits In Kind (to nearest £100)	Pensions benefit (to nearest £1,000)	Total £000s	Salary £000s	Benefits In Kind (to nearest £100)	Pensions benefit (to nearest £1,000)	Total £000s	Real Increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	(7) CETV at 31/3/21 £000s	CETV at 31/3/22 £000s	Real increase in CETV £000s
Non-Executive Members													
B McCann	30 - 35	0	N/A	30 - 35	30 - 35	0	N/A	30 - 35	N/A	N/A	N/A	N/A	N/A
P Corrigan	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
J McCall	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
B Graham	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
G Houston	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A
G McGivern	5 - 10	0	N/A	5 - 10	5 - 10	0	N/A	5 - 10	N/A	N/A	N/A	N/A	N/A

ACCOUNTABILITY REPORT

Executive Team & Divisional Directors	2021/22				2020/21				2021/22				
Name	Salary £000s	(7) Benefits In Kind (to nearest £100)	Pensions benefit (to nearest £1,000)	Total £000s	Salary £000s	Benefits In Kind (to nearest £100)	Pensions benefit (to nearest £1,000)	Total £000s	Real Increase in pension and related lump sum at age 60	Total accrued pension at age 60 and related lump sum £000s	(8) CETV at 31/3/21 £000s	CETV at 31/3/22 £000s	Real increase in CETV £000s
J Welsh	130 - 135	0	33	165 - 170	105 – 110	0	64,000	170 – 175	2.5 to 5 + lump sum 0	35 to 40 + lump sum 75 to 80	663	748	36
S O'Reilly	210 - 215	0	98	305 - 310	180 – 185	0	(1,000)	180 – 185	5 to 7.5 + lump sum	70 to 75 + lump sum 200 - 205	1,418	1,705	112
O Harkin	105 - 110	700	32	140 - 145	95 – 100	200	40,000	135 – 140	0 to 2.5 + lump sum 0	60 to 65 + lump sum 0	871	926	31
M Dargan	80 - 85	0	27	105 - 110	80 – 85	0	36,000	115 – 120	0 to 2.5 + lump sum 0	30 to 35 + lump sum 60 to 65	538	571	23
S Pullins (1)	80 - 85	0	46	125 - 130	45 – 50	0	53,000	100 – 105	2.5 to 5 + lump sum 0	35 to 40 + lump sum 80 to 85	733	800	46
B Donaghy (2)	30 - 35	0	38	70 - 75	110 – 115	0	51,000	160 – 165	0 to 2.5 + lump sum	45 to 50 + lump sum 135 - 140	1,033	1,112	38
W Magowan	105 - 110	0	17	120 - 125	95 – 100	0	52,000	145 – 150	0 to 2.5 + lump sum	35 to 40 + lump sum 105 to 110	787	840	31
M O'Hagan	95 - 100	200	33	130 - 135	100 – 105	200	1,000	100 – 105	0 to 2.5 + lump sum 5	40 to 45 + lump sum 125 - 130	908	981	45
K Hargan (3)	15 - 20	0	48	65 - 70	80 – 85	0	14,000	95 – 100	2.5 to 5 + lump sum 0	20 to 25 + lump sum 0	281	313	14
N Martin	80 - 85	0	33	110 - 115	75 – 80	0	21,000	95 – 100	0 to 2.5 + lump sum 0	20 to 25 + lump sum 30 to 35	299	335	27
G Hamill	85 - 90	0	32	120 - 125	55 – 60	100	29,000	85 – 90	0 to 2.5 + lump sum 5	35 to 40 + lump sum 115 to 120	893	947	45
P Corr	120 - 125	600	50	170 - 175	105 – 110	0	19,000	120 – 125	2.5 to 5 + lump sum 0	40 to 45 + lump sum 85 to 90	675	739	43
A Harris	80 - 85	0	57	140 - 145	55 – 60	0	107,000	160 – 165	2.5 to 5 + lump sum	30 to 35 + lump sum 90 to 95	617	690	56
P Graffin (4)	80 - 85	0	45	125 - 130	N/A	N/A	N/A	N/A	2.5 to 5 + lump sum	25 to 30 + lump sum 45 to 50	N/A	428	38
J Reid (5)	80 - 85	0	30	110 – 115	N/A	N/A	N/A	N/A	0 to 2.5 + lump sum 0	10 to 15 + lump sum 0	N/A	156	28
K McMahon (6)	80 - 85	100	45	125 - 130	N/A	N/A	N/A	N/A	2.5 to 5 + lump sum 0	25 to 30 + lump sum 45 to 50	N/A	526	45

The Executive Team (ref page 6) are shaded in the above table, Divisional Directors are unshaded, Please note Divisional Directors are employed on Agenda for Change contracts, the Executive team are held on either DoH Senior Executive Contract or HSC Medical Consultant Terms and Conditions. For titles please refer to page 48. These figures are inclusive of pay awards for 2016/17 and 2017/18 but exclusive of 2018/19 and 2019/20 pay awards.

ACCOUNTABILITY REPORT

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated 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. However, the real increase calculation uses common actuarial factors at the start and end of the period so that it disregards the effect of any changes in factors and focuses only on the increase that is funded by the employer.

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.

Senior Employees' Remuneration - Notes

Notes to tables above:

- (1) S Pullins commenced Directorship 01/09/20. Estimated 2020/21 full year salary £80 - £85k
- (2) B Donaghy left 30/06/2021. Estimated full year salary £100 – £105k
- (3) K Hargan left 16/05/2021. Estimated full year salary £105 - £110k
CETV at 31 March 2021 re-stated
- (4) P Graffin commenced Directorship 01/07/2021

ACCOUNTABILITY REPORT

- (5) *J Reid commenced Directorship 10/05/2021*
- (6) *K McMahon commenced Directorship 05/09/2021*
- (7) *Benefits in kind relate to the taxable benefits in kind on travel expenses reimbursed and leased cars where applicable*
- (8) *CETVs as at 31/03/21 for all Directors may have been adjusted by HSC Pensions Branch based on the current framework prescribed by the Institute and Faculty of Actuaries*

ACCOUNTABILITY REPORT

Staff Report Staff Costs (Audited)

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

Staff costs comprise:	2022 Permanently employed £000s	2022 Others £000s	Total £000s	2021 Total £000s
Wages and salaries	417,424	73,387	490,811	479,322
Social security costs	36,454	1,050	37,504	34,962
Other pension costs	78,372	1,313	79,685	76,325
Sub-Total (includes capitalised costs)	532,250	75,750	608,000	590,609
Staff costs charged to capital projects during the year			1,015	944
Total Staff Costs reported in SCNE			606,985	589,665
Less recoveries in respect of outward secondments			2,054	1,985
Total net costs			604,931	587,680
Total net costs of which:			£000s	£000s
Northern HSC Trust (excludes capitalised costs)			606,931	589,621
Charitable Trust Fund			54	44
			606,985	589,665

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.

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

Tier	Full-Time Pensionable Pay used to determine contribution rate	Contribution rate (before tax relief) 2021/22
1	Up to £15,431.99	5.0%
2	£15,432.00 to £21,477.99	5.6%
3	£21,478.00 to £26,823.99	7.1%
4	£26,824.00 to £47,845.99	9.3%
5	£47,846.00 to £70,630.99	12.5%
6	£70,631.00 to £111,376.99	13.5%
7	£111,377.00 and over	14.5%

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

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

ACCOUNTABILITY REPORT

Average number of persons employed (Audited)

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

	2022		2021	
	Permanently employed	Other	Total	Total
	No	No	No	No
Medical and dental	431	290	721	701
Nursing and midwifery	3,410	450	3,860	3,728
Professions allied to medicine	957	25	982	949
Ancillaries	787	129	916	913
Administrative and clerical	1,658	129	1,787	1,732
Ambulance staff	0	0	0	0
Works	155	7	162	158
Other professional and technical	658	11	669	632
Social Services	2,278	80	2,358	2,304
Other	0	0	0	0
Total average number of person employed	10,334	1,121	11,455	11,117
Less average staff number relating to capitalised staff costs	21	0	21	22
Less average staff number in respect of outward secondments	47	0	47	45
Total net average number of person employed	10,266	1,121	11,387	11,050

Of which:

	2022 Composition
Northern HSC Trust	11,386
Charitable Trust Fund (re-charged)	1
	11,387

Trust Management Costs

	2022 £000s	2021 £000s
Trust Management Costs	36,428	33,630
Income:		
RRL	1,014,961	964,875
Income per Note 4	58,322	57,997
Non cash RRL for movement in clinical negligence provision	(23,015)	(20,463)
Total Income	1,050,268	1,002,409
% of total income	3.5%	3.4%

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

ACCOUNTABILITY REPORT

Staff Redeployed

Due to significantly changed demands on the workforce during the COVID-19 pandemic, the Trust responded to requirements to support services where the need was greatest, ie, ICU and Emergency Departments, vaccination centres and providing support for 109 shifts in the independent care home sector.

During 2021/22 the Trust Human Resources department managed an Internal Workforce Appeal during July to September and between November and March where staff volunteered for alternative duties. From November, a Plea for Help identified staff in administrative roles who received training to provide Frontline care through Patient Companion and Enhanced 1-to-1 roles and supported the community through District Nursing Admin. The Trust Plea for Help covered 975 shifts (5,812 hours) in total across all the various roles.

Nursing staff were redeployed throughout 2021/22 to ICU where they ensured . Allied Health Professionals were redeployed to support hospital wards as part of the Family Liaison Service throughout August and September.

Staff were supported by an online resource called 'Colleague Support Pack' to provide information and guidance to all staff, including information on redeployment.

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

Staff Turnover

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

Contract Type	2021/22		2020/21	
	No of Leavers	%	No of Leavers	%
Permanent	1,002	8.44	718	5.71
Temporary	182	27.33	416	3.31
	1,184	9.45	1,134	9.02

Staff Engagement

In September 2020, Health and Social Care Northern Ireland carried out a survey of the organisational culture across health and care services in Northern Ireland. Within the Northern Trust, 2,493 staff completed the 'Cultural Assessment Tool' survey. Scores range between 1 and 5, with 3 being a neutral score:-

ACCOUNTABILITY REPORT

Dimension	Score
Values	3.86
Vision	3.31
Goals and Performance	4.03
Quality and Innovation	3.42
Team Working	4.09
Compassionate Care	4.34
Compassionate Leadership	3.71
Collective Leadership	3.63

In all dimensions, the Trust received a higher score than the aggregate for the region.

Retirements due to ill-health

During 2021/22 there were 19 (33 in 2020/21) early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £44k (£62k in 2020/21). These costs are borne by the HSC Pension Scheme.

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

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2022	2021	2022	2021	2022	2021
<£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

ACCOUNTABILITY REPORT

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 employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Compensation packages payable to a former senior manager - nil

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

Staff Composition by Gender

The following table provides an analysis of the number of employed staff as at 31 March 2022 by gender:

	Directors*		Non-Executive Directors		Senior Staff**		Other Staff		Trust Total	
	No	As %	No	As %	No	As %	No	As %	No	As %
Female	8	53	0	0	25	64	10,694	86	10,727	86
Male	7	47	6	100	14	36	1,785	14	1,812	14
Total	15		6		39		12,479		12,539	

*Executive Team and Divisional Directors

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

Staff Absence

The Trust was set a target of 6.34% by the DoH for staff absence. The Trust absence for 2021/22 was 7%, excluding Homecare staff (2020/21 6.68%, excluding Homecare staff).

Off Payroll Engagements

The Trust did not have any 'off-payroll' engagements in 2021/22 that were in excess of £245 per day and/or that lasted longer than six months.

Consultancy

Expenditure on Consultancy in 2021/22 was £nil (2020/21 £24,158 of which £4,158 was funded through Charitable Trust Funds).

ACCOUNTABILITY REPORT

ASSEMBLY ACCOUNTABILITY AND AUDIT REPORT

Financial Resources

The Trust managed revenue expenditure of £1,015m in 2021/22, £66m of which related to COVID-19.

The Trust employed an average of 11,387 staff serving a population of approximately 470,000 residents and manages a wide and geographically dispersed estate valued in excess of £416m.

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

Due to the COVID-19 impact a requirement for a Trust Delivery Plan for 2021/22 was stepped down; a financial update plan was submitted in May 2021 which identified a deficit of £68.5m 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. As a result of the pandemic a number of Trust services were stood down resulting in further service cost reductions, thus enabling the Trust to achieve a breakeven position for the financial year.

While the Trust achieved financial balance in 2021/22 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 2022/23 with a substantial underlying funding gap (£68.5m) which it continues to review with Commissioners and DoH. In addition, the estimated costs of COVID-19 impacted services including rebuild proposals is currently in the region of £55m, whilst the funding shortfall on 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
- 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.

ACCOUNTABILITY REPORT

Financial Governance

The Trust has continued to maintain sound systems of internal control which are designed to safeguard public funds and assets. The same high degree of security is maintained over 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

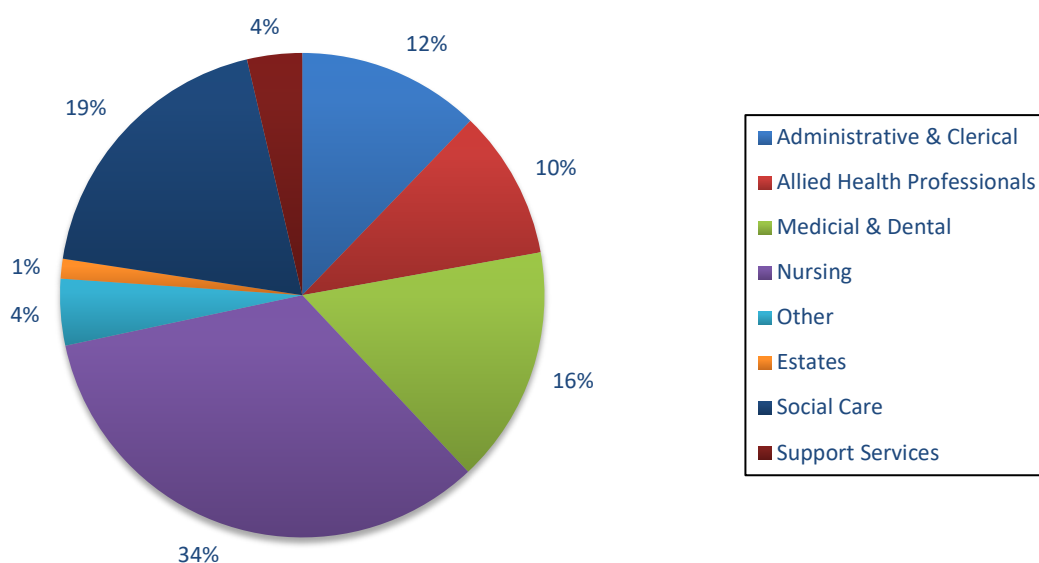
The information below provides an analysis of Trust's income and a breakdown of expenditure in 2021/22.

The largest cost incurred by the Trust is staff salaries, representing over 57% (£607m) 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 (£607m) for the professional staff groups with the largest spend residing in the nursing category.

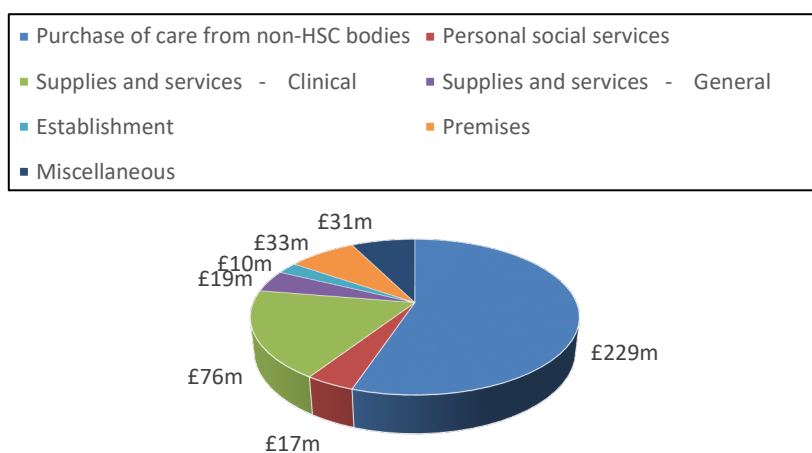
ACCOUNTABILITY REPORT

Analysis of Staff By Function



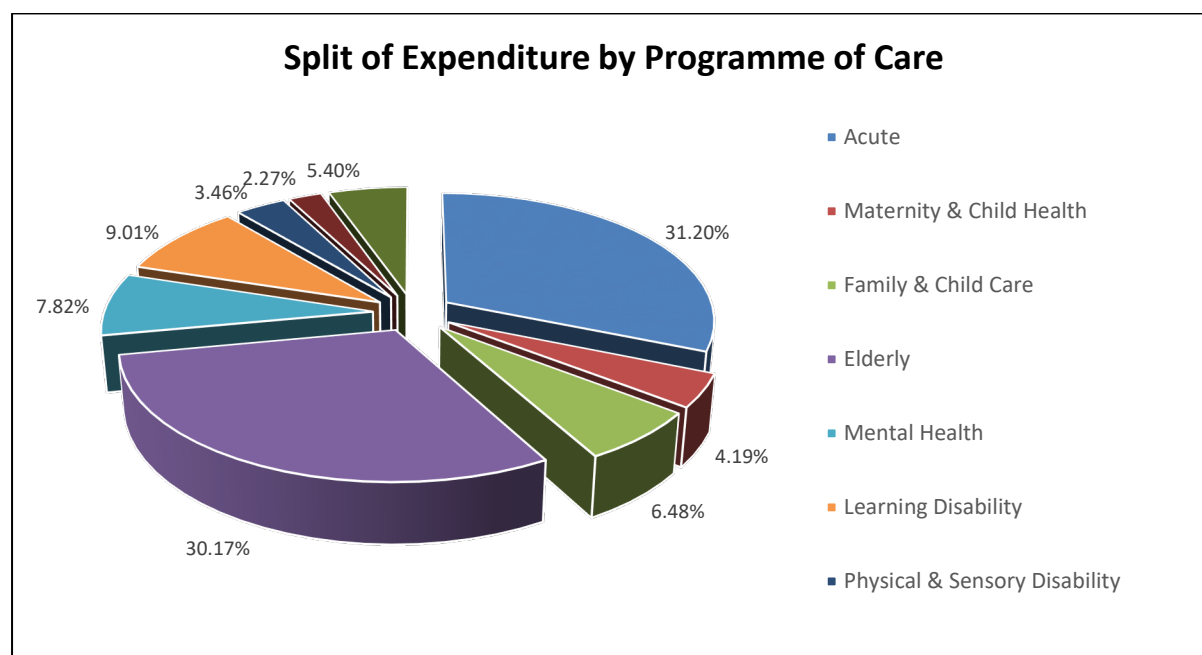
The Trust spent £416m non pay expenditure (operating expenses excluding staff costs) and the chart below provides an analysis of this.

Analysis of Non-Pay Expenditure



ACCOUNTABILITY REPORT

In 2021/22 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, 95%, comes from DoH, through the Health and Social Care Board and the Public Health Agency. The Trust also receives income for medical education from Northern Ireland Medical and Dental Training Agency (NIMDTA).

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

Fees and Charges (Audited)

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

Remote Contingent Liabilities (Audited)

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

Capital Development Programme

For the 2021/22 financial year the Trust managed gross capital expenditure to the value of £30.8m to deliver capital projects.

We are delighted to say that the following schemes progressed during 2021/22, with a minor surplus against the Capital Resource budget of £72k.

ACCOUNTABILITY REPORT

Capital Scheme	Expenditure 2021/22 £m	Total Value of Project £m
Mental Health Inpatient Facility	£1.37m	£88.21m
ICT	£8.52m	£8.52m
Medical Devices	£5.80m	£5.80m
Vehicle Replacement	£2.14m	£2.14m
Intensive Care Unit at Antrim Area Hospital	£2.10m	£2.10m
Accommodation for the Crisis Resolution Home Treatment Team	£0.96m	£0.96m
Endoscopy Decontamination Equipment at Causeway Hospital	£0.64m	£0.64m
Trust Wide Water Safety Works	£0.63m	£0.63m
Mid Ulster Hospital Boiler Conversion	£0.76m	£0.76m
Whiteabbey Hospital Low Voltage Infrastructure	£0.58m	£0.58m
Trust Wide Lighting Upgrades	£0.48m	£0.48m
Trust Wide Electrical Safety and DDA Improvements	£0.47m	£0.47m

The capital expenditure of £30.8m included general capital spend of £14.2m which was spent on capital estates schemes, medical devices and vehicles. There was a further £4.3m spent on backlog maintenance. The Trust commenced the capital works on the new Mental Health Inpatient Facility with and in year spend of £1.4m. Spend on the Trust's ICT infrastructure totalled £8.5m. The remaining spend of £2.2m was on Task and Finish, No More Silos 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
- research into any aspect of the work of the Trust.

During the year these funds supported initiatives as wide as provision of counselling services for patients, relatives and carers of patients with cancer; the purchases of greenhouses for an adult centre to provide stimulation and interaction; purchase of a Transonic machine for patients with established renal failure to ensure safe, optimal

ACCOUNTABILITY REPORT

haemodialysis treatment; and of electro-cardiogram (ECG) arrhythmia detection devices for stroke patients.

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

In 2021/22 Charitable Trust Fund income amounted to £626k and expenditure was £636k including £6k notional audit fee. Total fund balances as at 31 March 2021 amounted to £9,610k.

Investments showed an unrealised gain of £312k on their share valuation at 31 March 2022.

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 2021/22. This is subject to audit.

Losses and Special Payments (Audited)

Losses Statement	2021/22	2020/21
Total Number of Losses	289	156
Total Value of Losses (£000)	790	524

Individual Losses over £250,000	2021/22	2020/21
	£000	£000
Cash Losses	0	0
Administrative Write Offs	0	0
Fruitless Payments	0	0
Store Losses*	388	0

* These losses relate to PPE stock (facemasks) that were unsuitable for clinical use within the Trust.

Special Payments	2021/22	2020/21
Total Number of Special Payments	81	89
Total Value of Special Payments (£000)	3,964	3,225

ACCOUNTABILITY REPORT

Individual Special Payments over £250,000	2021/22	2020/21
	£000	£000
Compensation Payments:		
- Clinical Negligence (1 case/2 payments)	2,001	1,863
- 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	2,025	1,863

Other Payments

There were no other payments made during the year.

Regularity Statement (Audited)

The Trust has processes, procedures and controls in place to endeavour to ensure that the expenditure and income, reported for the year ended 31 March 2022, has been applied to the purposes intended by the NI Assembly and that transactions conform to the authorities which govern them.

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

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



Jennifer Welsh – Accounting Officer
23 June 2022

FINANCIAL STATEMENTS

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 2022 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 2022 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 of opinions

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

FINANCIAL STATEMENTS

Conclusions relating to going concern

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

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

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

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

Other Information

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

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

I have nothing to report in this regard.

Opinion on other matters

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

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

FINANCIAL STATEMENTS

- 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;
- assessing the Northern Health and Social Care Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by the Northern Health and Social Care Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

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

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in

FINANCIAL STATEMENTS

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

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

My procedures included:

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

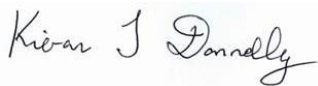
FINANCIAL STATEMENTS

- 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; and
- applying tailored risk factors to datasets of financial transactions and related records to identify potential anomalies and irregularities for detailed audit testing.

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



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

1 July 2022

**ANNUAL ACCOUNTS 2021/22 – FINANCIAL
STATEMENTS AND NOTES TO THE ACCOUNTS**

FINANCIAL STATEMENTS

Introduction

The financial statements and notes to the accounts of the Trust for 2021/22 are included on pages 124 to 166.

The Patients and Residents Monies Accounts for 2021/22 are included on pages 167 to 168.

Charitable Trust Fund Accounts for 2021/22 are issued separately however they are consolidated within the public fund accounts to meet the requirements of the relevant consolidation accounting policy.

FINANCIAL STATEMENTS

NORTHERN HSC TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

FOREWORD

These accounts for the year ended 31 March 2022 have been prepared in accordance with Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by DoH.

FINANCIAL STATEMENTS

NORTHERN HSC TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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 124 to 166) 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
23 June 2022

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 124 to 166) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



..... Chairman
23 June 2022



..... Chief Executive
23 June 2022

FINANCIAL STATEMENTS

Consolidated Statement of Comprehensive Net Expenditure for the year ended 31 March 2022

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	2022 £000s			2021 £000s		
		Trust	CTF	Consolidated	Trust	CTF	Consolidated
Income							
Revenue from contracts with customers	4.1	53,955	0	53,955	54,039	0	54,039
Other operating income*	4.2	4,367	449	4,816	3,958	3,586	7,544
Total operating income		58,322	449	58,771	57,997	3,586	61,583
Expenditure							
Staff costs		(606,931)	(54)	(606,985)	(589,621)	(44)	(589,665)
Purchase of goods and services	3	(341,559)	0	(341,559)	(321,789)	0	(321,789)
Depreciation, amortisation and impairment charges	3	(26,781)	0	(26,781)	(23,911)	0	(23,911)
Provision expense	3	(24,394)	0	(24,394)	(21,038)	0	(21,038)
Other expenditures	3	(73,571)	(576)	(74,147)	(66,276)	(633)	(66,909)
Total operating expenditure		(1,073,236)	(630)	(1,073,866)	(1,022,635)	(677)	(1,023,312)
Net operating expenditure		(1,014,914)	(181)	(1,015,095)	(964,638)	2,909	(961,729)
Finance income	4.2	0	177	177	0	153	153
Net expenditure for the year		(1,014,914)	(4)	(1,014,918)	(964,638)	3,062	(961,576)
Revenue Resource Limit (RRL) and capital grants	22.1	1,014,961	0	1,014,961	964,875	0	964,875
Add back charitable trust fund net expenditure*		0	4	4	0	(3,062)	(3,062)
Surplus / (Deficit) against RRL		47	0	47	237	0	237
OTHER COMPREHENSIVE EXPENDITURE							
	NOTE	2022 £000s			2021 £000s		
Items that will not be reclassified to net operating costs:		Trust	CTF	Consolidated	Trust	CTF	Consolidated
Net gain/(loss) on revaluation of property, plant and equipment	5.1 /5.2 /9	17,465	0	17,465	36	0	36
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	312	312	0	754	754
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March		(997,449)	308	(997,141)	(964,602)	3,816	(960,786)

The notes on pages 128 to 166 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 2022

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.

		2022		2021	
	NOTE	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Non Current Assets					
Property, plant and equipment	5.1/5.2	456,629	456,629	434,646	434,646
Intangible assets	6.1/6.2	10,639	10,639	11,101	11,101
Financial assets	8	0	5,050	0	4,865
Trade and other receivables	12	0	0	0	0
Other current assets	12	0	0	0	0
Total Non Current Assets		467,268	472,318	445,747	450,612
Current Assets					
Assets classified as held for sale	10	410	410	410	410
Inventories	11	5,496	5,496	5,951	5,951
Trade and other receivables	13	23,834	23,847	20,738	23,757
Other current assets	13	3,168	3,203	4,108	4,108
Financial assets	8	0	4,100	0	1,000
Cash and cash equivalents	12	4,912	5,330	1,748	2,174
Total Current Assets		37,820	42,386	32,955	37,400
Total Assets		505,088	514,704	478,702	488,012
Current Liabilities					
Trade and other payables	14	(143,444)	(143,450)	(143,557)	(143,565)
Intangible current liabilities	14	0	0	0	0
Provisions	15	(35,364)	(35,364)	(28,362)	(28,362)
Total Current Liabilities		(178,808)	(178,814)	(171,919)	(171,927)
Total assets less current liabilities		326,280	335,890	306,783	316,085
Non Current Liabilities					
Provisions	15	(68,425)	(68,425)	(56,547)	(56,547)
Total Non Current Liabilities		(68,425)	(68,425)	(56,547)	(56,547)
Total assets less total liabilities		257,855	267,465	250,236	259,538
Taxpayers' Equity and other reserves					
Revaluation reserve		174,950	174,950	157,792	157,792
SoCNE reserve		82,905	82,905	92,444	92,444
Other reserves - charitable fund		0	9,610	0	9,302
Total equity		257,855	267,465	250,236	259,538

The financial statements on pages 124 to 127 were approved by the Board on 23 June 2022 and were signed on its behalf by;

The notes on pages 128 to 166 form part of these accounts.



Signed

(Chairman)

23 June 2022



Signed

(Chief Executive)

23 June 2022

FINANCIAL STATEMENTS

Consolidated Statement of Cash Flows for the year ended 31 March 2022

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	2022 £000s	2021 £000s
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure		(1,015,095)	(961,729)
Adjustments for non cash transactions		50,863	44,791
(Increase)/decrease in trade and other receivables		815	(6,987)
(Increase)/decrease in inventories		455	(1,642)
Increase/(decrease) in trade payables		(115)	40,711
<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		(6,319)	(303)
Movements in payables relating to the purchase of intangibles		6,639	(6,808)
Use of provisions	15	<u>(5,514)</u>	<u>(6,769)</u>
Net cash inflow/(outflow) from operating activities		(968,271)	(898,736)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(21,340)	(27,922)
(Purchase of intangible assets)	6	(9,628)	(1,756)
Proceeds of disposal of property, plant & equipment		191	144
Proceeds on disposal of assets held for resale		0	146
Proceeds from sale of investments		127	0
Purchase of investments		(3,100)	
Other investing activities		<u>177</u>	<u>153</u>
Net cash outflow from investing activities		(33,573)	(29,235)
Cash flows from financing activities			
Grant in aid		<u>1,005,000</u>	<u>925,000</u>
service concession arrangements		<u>0</u>	<u>0</u>
Net financing		1,005,000	925,000
Net increase (decrease) in cash & cash equivalents in the period		3,156	(2,971)
Cash & cash equivalents at the beginning of the period	12	2,174	5,145
Cash & cash equivalents at the end of the period	12	5,330	2,174

The notes on pages 128 to 166 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 2022

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
Balance at 31 March 2020		131,893	157,880	5,486	295,259
Changes in Taxpayers Equity 2020/21					
Grant from DoH		925,000	0	0	925,000
Other reserves movements including transfers		124	(124)	0	0
(Comprehensive Net Expenditure for the Year)		(964,638)	36	3,816	(960,786)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	65	0	0	65
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

The notes on pages 128 to 166 form part of these accounts.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS

STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

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

1.1 Accounting Convention

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

1.2 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

FINANCIAL STATEMENTS

- 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.

The outbreak of COVID-19, declared by the World Health Organisation as a “Global Pandemic” on the 11 March 2020, has, and continues, to impact on many aspects of daily life, global economies and worldwide real estate markets. Some real estate markets have, and continue, to experience significantly lower levels of transactional activity and liquidity than would be normal. Nevertheless, as at the valuation date, many property markets are functioning again, with transaction volumes and other relevant market metrics at, or returning to, levels where an adequate quantum of market evidence exists upon which to base opinions of value. This is true of some (but not all) of the local property market sectors that relate to the assets types identified as part of the client property portfolio.

FINANCIAL STATEMENTS

LPS would advise that the overall market evidence gathered to underpin advice provided within the latest indexation report would tend to indicate a generally static property market at the present time, but that build costs are significantly increasing. Evidence has been collated and analysed to reflect general market movements only, as a means to allow restatement of the value of the client portfolio.

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 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.

FINANCIAL STATEMENTS

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-out and charged to operating expenses.

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

FINANCIAL STATEMENTS

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

FINANCIAL STATEMENTS

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.

FINANCIAL STATEMENTS

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

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

The Trust as lessee

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

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

FINANCIAL STATEMENTS

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

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

The Trust as lessor

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

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

1.13 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 STATEMENTS

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.

FINANCIAL STATEMENTS

Liquidity risk

Since the Trust body receives the majority of its funding through its principal Commissioner which is voted through the Assembly, there is low exposure to significant liquidity risks.

1.15 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.

FINANCIAL STATEMENTS

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 2022. 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 2021/22. Due to this, a full review and survey has been carried out, for the year ended 31 March 2022, 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. FReM provides an interpretation of the IAS19 standard and this standard requires the present value of defined benefit obligations to be determined with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. The 2021/22 financial statements are based on membership data as at 31 March 2016 since it was not practicable to utilise data as at 31 March 2020 within the time parameters available. The value of the liabilities as at 31 March 2022 has been calculated by rolling

FINANCIAL STATEMENTS

forward the liability calculated as at 31 March 2016 to 31 March 2022. The 2016 valuation assumptions are retained for demographics whilst financial assumptions are updated to reflect current financial conditions and a change in financial assumption methodology. The 2016 valuation is the most recently completed valuation since the 2020 valuation is ongoing which is why the demographics assumptions are not updated.

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 22 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

FINANCIAL STATEMENTS

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 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.

IFRS10 Consolidate Financial Statements, IFRS11 Joint Arrangements, IFRS12 Disclosure of Interests in Other Entities:

The IASB have issued new and amended standards (IFRS10, IFRS11 and IFRS12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards were effective with EU adoption from 1 January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury

A similar review in NI, which will bring NI Departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2022/23, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS12.

FINANCIAL STATEMENTS

ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

IFRS16 Leases:

IFRS 16 is effective from 1 April 2022 and has the effect of largely eliminating the current 'off-balance sheet' treatment of operating leases under IAS 17. A lessee is now required to recognise a "right-of-use" asset (the right to use the leased item) and a financial liability for any operating leases where the term is greater than 12 months, excluding those where the associated right-of-use asset is of low value.

The Trust has set the low value financial threshold at £5k and from the lease agreement can determine the non-cancellable periods for which the Trust has the right to use the underlying asset. One key consideration is calculating the implicit interest rate within the lease agreement.

Based on the Trust's review to date of operating leases associated with buildings, equipment and other assets there is likely to be minimal financial impact on the 22/23 financial statements.

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.

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

1.25 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 2022

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	2022 Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	2021 Other Expenditure £000s	Total Expenditure £000s
Community Care	94,446	104,776	199,222	89,813	100,726	190,539
Surgical & Clinical Services	111,055	33,115	144,170	104,946	28,967	133,913
Medicine & Emergency Medicine	94,314	17,906	112,220	88,384	15,559	103,943
Medical Directorate	15,670	2,702	18,372	14,788	2,422	17,210
Women, Children and Families	101,990	33,286	135,276	94,426	28,644	123,070
Mental Health, Learning Disability & Community Wellbeing	83,523	124,263	207,786	79,141	115,653	194,794
Nursing User Experience	33,056	6,469	39,525	32,206	5,311	37,517
Other Trust Directorates*	72,878	92,736	165,614	85,917	90,862	176,779
Expenditure for Reportable Segments net of Non Cash Expenditure*	606,932	415,253	1,022,185	589,621	388,144	977,765
Non Cash Expenditure**			51,051			44,870
Total Expenditure per Net Expenditure Account			1,073,236			1,022,635
Income Note 4			58,322			57,997
Net Expenditure			1,014,914			964,638
Revenue Resource Limit			1,014,961			964,875
Surplus / (Deficit) against RRL			47			237

*Includes COVID-19 expenditure

**Adjusted for Auditors Remuneration and profit on disposal of Property, Plant and Equipment

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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

FINANCIAL STATEMENTS

Women, Children and Families

- Includes all services to children and adolescents including Paediatric Wards, Neo Natal unit, provision of complex care support to children in the community
- Maternity and Women's Health including Community Midwifery services
- Regional Sexual Assault and Referral Centre
- Specialist Services such as Family Planning and Sexual Health Services
- Corporate Parenting including Adoption, Fostering, Family Support and Residential Services
- Safeguarding and Family Support, Early Years Services and Disability Services including Respite.
- Health Visiting and School Nursing
- Early Intervention and CAMHS
- Speech and Language Services to both Adults and Children
- Other Services include Autism and Attention Deficit Hyperactivity Disorder (ADHD), Paediatric Occupational Therapy
- Social Services and Training and Governance Unit
- Business and Governance support to Division

Mental Health, Learning Disability and Community Wellbeing

- Acute Mental Health including Dementia and Addictions, Crisis Response Home Treatment and Mental Health Liaison to Antrim and Causeway Hospitals
- Community Teams for Learning Disability, Adult Mental Health and Older People Mental Health including dementia service users
- Specialist Services including Condition Management, Recovery College, Wellness, Wellbeing Hubs, OT, Forensic, Promote, Brain Injury, Personality Disorders and Eating Disorders services
- Psychology Services including Learning Disability and Acute Health psychology
- Community Health, Wellbeing and Planning
- Mental Health including Dementia and Learning Disability Nursing Homes, Residential Homes, Supported Living, Domiciliary Care, Respite, Adult Centre and Day Opportunity Services

Nursing User Experience

- Includes all Corporate Support Services to Hospitals and Community facilities (Catering, Domestic Services, Laundry, Portering and Transport)
- Governance including Clinical Audit, Complaints, Health and Safety and Risk Management
- Corporate Nursing Services including Infection Control, Tissue Viability, Patient Pathways, Workforce and Practice Development.

Other Trust Directorates

- Chief Executive's Office
- Estate Services, Finance Directorate and Human Resources
- Strategic Development and Business Services
- Northern Prototype/ICP initiative (Transformational project)
- Research and Development

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 3 EXPENDITURE

	2022 £000s			2021 £000s		
Operating Expenses are as follows:-	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Staff costs*:						
Wages and salaries	489,742	54	489,796	478,334	44	478,378
Social security costs	37,504	0	37,504	34,962	0	34,962
Other pension costs	79,685	0	79,685	76,325	0	76,325
Purchase of care from non-HSC bodies	228,969	0	228,969	210,200	0	210,200
Personal social services	17,138	0	17,138	14,451	0	14,451
Recharges from other HSC organisations	2,592	0	2,592	2,393	0	2,393
Supplies and services - Clinical	75,606	0	75,606	74,191	0	74,191
Supplies and services - General	19,341	0	19,341	27,327	0	27,327
Establishment	10,484	0	10,484	8,710	0	8,710
Transport	3,337	0	3,337	2,263	0	2,263
Premises	31,773	0	31,773	27,957	0	27,957
Bad debts	196	0	196	188	0	188
Rentals under operating leases	1,074	0	1,074	910	0	910
Research & development expenditure	90	0	90	146	0	146
BSO services	6,756	0	6,756	6,187	0	6,187
Training	1,665	0	1,665	1,819	0	1,819
Professional fees	1,407	0	1,407	899	0	899
Patients travelling expenses	58	0	58	85	0	85
Costs of exit packages not provided for	0	0	0	0	0	0
Elective care	6,888	0	6,888	592	0	592
Other charitable expenditure	0	576	576	0	633	633
Miscellaneous expenditure	7,880	0	7,880	9,826	0	9,826
Non cash items						
Depreciation	24,006	0	24,006	22,368	0	22,368
Amortisation	3,451	0	3,451	1,530	0	1,530
Impairments	(676)	0	(676)	13	0	13
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(192)	0	(192)	(144)	0	(144)
Increase / Decrease in provisions (provision provided for in year less any release)	24,374	0	24,374	21,032	0	21,032
Cost of borrowing of provisions (unwinding of discount on provisions)	20	0	20	6	0	6
Auditors remuneration	68	6	74	65	5	70
Add back of notional charitable expenditure	0	(6)	(6)	0	(5)	(5)
Total	1,073,236	630	1,073,866	1,022,635	677	1,023,312

* Further detailed analysis of staff costs is located in the Staff Report on page 102 within the Accountability Report. During the year the Trust purchased no non audit services from its external auditor (NIAO).

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 4 INCOME

4.1 Income from Contracts with Customers

	2022 £000s			2021 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
GB/Republic of Ireland Health Authorities	109	0	109	92	0	92
Non-HSC:- Private patients	20	0	20	10	0	10
Non-HSC:- Other	668	0	668	696	0	696
Clients contributions	49,417	0	49,417	47,902	0	47,902
Seconded staff	2,054	0	2,054	1,985	0	1,985
Other income from non-patient services	1,687	0	1,687	3,354	0	3,354
Total	53,955	0	53,955	54,039	0	54,039

4.2 Other Operating Income

	2022 £000s			2021 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Other income from non-patient services	4,179	0	4,179	3,879	0	3,879
Donations / Government grant / Lottery funding for non current assets	188	0	188	71	0	71
Charitable income received by charitable trust fund	0	449	449	0	3,586	3,586
Investment income	0	177	177	0	153	153
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	8	0	8
Interest receivable	0	0	0	0	0	0
Total	4,367	626	4,993	3,958	3,739	7,697
TOTAL INCOME	58,322	626	58,948	57,997	3,739	61,736

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 5.1 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)
									0
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 31 March 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

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

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £0 (2020 £0)

The outbreak of COVID-19, declared by the World Health Organisation as a "Global Pandemic" on the 11th March 2020, has and continues to impact on many aspects of daily life, global economies and worldwide real estate markets. Some real estate markets have, and continue, to experience significantly lower levels of transactional activity and liquidity than would be normal. Nevertheless, as at the valuation date, many property markets are functioning again, with transaction volumes and other relevant market metrics at, or returning to, levels where an adequate quantum of market evidence exists upon which to base opinions of value. This is true of some (but not all) of the local property market sectors that relate to the assets types identified as part of the client property portfolio. LPS would advise that the overall market evidence gathered to underpin advice provided within the latest indexation report would tend to indicate a generally static property market at the present time, but that build costs are significantly increasing. Evidence has been collated and analysed to reflect general market movements only, as a means to allow restatement of the value of the client portfolio.

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

	2022 £000s	2021 £000s
Donations (CTF)	32	0
Donations (Other)	156	71
Contribution to Asset Works	0	0
Total	188	71

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 5.2 Consolidated Property, plant & equipment - year ended 31 March 2021

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2020	54,219	332,245	20,242	718	54,871	9,446	18,622	585	490,948
Indexation	0	0	0	0	67	0	0	6	73
Additions	0	14,037	142	1,767	6,962	1,187	4,017	113	28,225
Donations / Government grant / Lottery funding	0	0	0	0	71	0	0	0	71
Reclassifications	0	175	0	(175)	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	(15)	0	0	0	(15)
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(1,604)	(1,023)	(2,708)	0	(5,335)
At 31 March 2021	54,219	346,457	20,384	2,310	60,352	9,610	19,931	704	513,967

Depreciation

At 1 April 2020	0	2,270	142	0	40,094	6,668	12,658	421	62,253
Indexation	0	0	0	0	33	0	0	4	37
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	(2)	0	0	0	(2)
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(1,604)	(1,023)	(2,708)	0	(5,335)
Provided during the year	0	13,895	862	0	4,187	865	2,516	43	22,368
At 31 March 2021	0	16,165	1,004	0	42,708	6,510	12,466	468	79,321

Carrying Amount

At 31 March 2021	54,219	330,292	19,380	2,310	17,644	3,100	7,465	236	434,646
At 1 April 2020	54,219	329,975	20,100	718	14,777	2,778	5,964	164	428,695

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

Asset financing

Owned	54,219	329,975	20,100	718	14,777	2,778	5,964	164	428,695
Carrying Amount	54,219	329,975	20,100	718	14,777	2,778	5,964	164	428,695

Carrying amount comprises:

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
Northern HSC Trust at 31 March 2020	54,219	329,975	20,100	718	14,777	2,778	5,964	164	428,695
	54,219	329,975	20,100	718	14,777	2,778	5,964	164	428,695

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6.1 Consolidated Intangible assets - year ended 31 March 2022

	Software Licenses £000s	Total £000s
Cost or Valuation		
At 1 April 2021	24,934	24,934
Indexation	0	0
Additions	2,989	2,989
Donations / Government grant / Lottery funding	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	0	0
At 31 March 2022	27,923	27,923

Amortisation		
At 1 April 2021	13,833	13,833
Indexation	0	0
Reclassifications	0	0
Transfers	0	0
Revaluation	0	0
Impairment charged to the SoCNE	0	0
Impairment charged to the revaluation reserve	0	0
Disposals	0	0
Provided during the year	3,451	3,451
At 31 March 2022	17,284	17,284

Carrying Amount		
At 31 March 2022	10,639	10,639
At 31 March 2021	11,101	11,101

Asset financing		
Owned	10,639	10,639
Finance leased	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0
Carrying Amount		
At 31 March 2022	10,639	10,639

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:

	2022
	£000s
Donations	0

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6.2 Consolidated Intangible assets - year ended 31 March 2021

Cost or Valuation

At 1 April 2020

Additions

Disposals

At 31 March 2021

Software Licenses £000s	Total £000s
16,370	16,370
8,564	8,564
0	0
24,934	24,934

Amortisation

At 1 April 2020

Disposals

Provided during the year

At 31 March 2021

12,303	12,303
0	0
1,530	1,530
13,833	13,833

Carrying Amount

At 31 March 2021

At 1 April 2020

11,101	11,101
4,067	4,067

Asset financing

Owned

Carrying Amount

At 31 March 2021

11,101	11,101
11,101	11,101

Asset financing

Owned

Carrying Amount

At 1 April 2020

4,067	4,067
4,067	4,067

Carrying amount comprises:

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
Northern HSC Trust at 31 March 2020	4,067	4,067
	4,067	4,067

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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.

	2022			2021		
	Non-Current Assets £000s	Assets £000s	Liabilities £000s	Non-Current Assets £000s	Assets £000s	Liabilities £000s
Balance at 1 April	5,865	0	0	5,111	0	0
Additions	3,100	0	0	0	0	0
Disposals	(127)	0	0	0	0	0
Revaluations	312	0	0	754	0	0
Balance at 31 March	<u>9,150</u>	<u>0</u>	<u>0</u>	<u>5,865</u>	<u>0</u>	<u>0</u>
Trust	0	0	0	0	0	0
Charitable trust fund	9,150	0	0	5,865	0	0
	<u>9,150</u>	<u>0</u>	<u>0</u>	<u>5,865</u>	<u>0</u>	<u>0</u>

The only other financial instruments held by the Trust as at 31 March 2022 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 2020/21.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 8 INVESTMENTS AND LOANS

	2022		2021 (Re-Stated)
	CTF	Total	Total
	£000s	£000s	£000s
Balance at 1 April	5,865	5,865	5,111
Additions	3,100	3,100	0
Disposals	(127)	(127)	0
Repayments and Redemptions		0	0
Interest Capitalised		0	0
Revaluations	312	312	754
Impairments		0	0
Balance at 31 March	9,150	9,150	5,865

The balance is represented by Fixed Assets of £5,050k (2020/21: £4,865k) and Current Assets of £4,100k (2020/21: £1,000k)

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 9 IMPAIRMENTS

	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)

	2021 Property, plant & equipment £000s	Total £000s
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	13	13
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0
Total value of impairments for the period	13	13

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

	Land	
	2022 £000s	2021 £000s
Opening Balance at 1 April	410	548
Transfers in*	0	0
(Disposals)	0	(138)
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 2022.

NOTE 11 INVENTORIES

	2022 £000s		2021 £000s	
Classification	Trust	Consolidated	Trust	Consolidated
Pharmacy supplies	3,754	3,754	3,540	3,540
Building & engineering supplies	125	125	138	138
Laboratory materials	98	98	102	102
Heat, light and power	299	299	181	181
Other	1,220	1,220	1,990	1,990
Total	5,496	5,496	5,951	5,951

The above total includes £142k in stock across the Trust retained in relation to items specifically in respect of EU Exit contingency.

NOTE 12 CASH AND CASH EQUIVALENTS

	2022 £000s			2021 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Balance at 1st April	1,748	426	2,174	4,775	370	5,145
Net change in cash and cash equivalents	3,164	(8)	3,156	(3,027)	56	(2,971)
Balance at 31st March	4,912	418	5,330	1,748	426	2,174

2022			2021		
The following balances at 31 March were held at					
	Trust	£000s CTF	Consolidated	Trust	£000s CTF
Commercial banks and cash in hand	4,912	418	5,330	1,748	426
Balance at 31st March	4,912	418	5,330	1,748	426

NOTE 12.1 RECONCILIATION OF LIABILITIES ARISING FROM FINANCIAL ACTIVITIES

The Trust did not have any liabilities arising from financial activities (GiA receipt) in 2021/22.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2022 £000s			2021 £000s		
Amounts falling due within one year	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Trade receivables	13,223	0	13,223	12,093	0	12,093
VAT receivable	7,674	0	7,674	7,051	0	7,051
Other receivables - not relating to fixed assets	2,937	13	2,950	1,594	3,019	4,613
Trade and other receivables	23,834	13	23,847	20,738	3,019	23,757
Prepayments	1,581	35	1,616	2,272	0	2,272
Accrued income	1,587	0	1,587	1,836	0	1,836
Contract assets	0	0	0	0	0	0
Other current assets	3,168	35	3,203	4,108	0	4,108
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	23,834	13	23,847	20,738	3,019	23,757
TOTAL OTHER CURRENT ASSETS	3,168	35	3,203	4,108	0	4,108
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	27,002	48	27,050	24,846	3,019	27,865

The balances are net of a provision for bad debts of £1,989k (2021 £1,850k)

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

14.1 Trade payables and other current liabilities

	2022 £000s			2021 £000s		
Amounts falling due within one year	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Other taxation and social security	19,468	0	19,468	18,502	0	18,502
Trade capital payables - property, plant and equipment	10,796	0	10,796	14	0	14
Trade capital payables - intangibles	485	0	485	7,124	0	7,124
Trade revenue payables	24,549	0	24,549	34,001	0	34,001
Payroll payables	57,344	0	57,344	62,924	0	62,924
Clinical negligence payables	1,469	0	1,469	71	0	71
BSO payables	2,027	0	2,027	326	0	326
Other payables	63	6	69	64	8	72
Accruals	21,494	0	21,494	10,327	0	10,327
Accruals - relating to property, plant and equipment	4,416	0	4,416	8,879	0	8,879
Deferred income	1,333	0	1,333	1,325	0	1,325
Contract liabilities	0	0	0	0	0	0
Trade and other payables	143,444	6	143,450	143,557	8	143,565
Other current liabilities	0	0	0	0	0	0
Carbon reduction commitment	0	0	0	0	0	0
Intangible current liabilities	0	0	0	0	0	0
Total payables falling due within one year	143,444	6	143,450	143,557	8	143,565
Total non current other payables	0	0	0	0	0	0
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	143,444	6	143,450	143,557	8	143,565

The Trust did not have any loans payable at either 31 March 2022 or 31 March 2021.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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.

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. Previously, the rate in Northern Ireland was set by the Department of Justice in accordance with principles set out by the House of Lords in Wells v Wells, and was changed under that framework (from 2.5%) to –1.75% with effect from 31 May 2021. Following enactment of the Damages (Return on Investment) Act (Northern Ireland) 2022 in February 2022, the rate is now determined by the Government Actuary who completed his first review under the new legislative framework in March 2022, resulting in the rate changing again to –1.5% with effect from 22 March 2022. A review of Clinical Negligence cases was undertaken in 2021/22 to assess the impact on cases that have not yet settled in order to establish the increase in liability. This increase has been quantified as £2.9m which is included within the above figures.

Comprehensive Net Expenditure Account charges

	2022 £000s	2021 £'000
Arising during the year	28,353	22,407
Reversed unused	(3,979)	(1,375)
Cost of borrowing (unwinding of discount)	20	6
	24,394	21,038

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 2022

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES - 2021

	Clinical negligence £000s	Other £000s	2021 £000s
Balance at 1 April 2020	65,513	5,127	70,640
Provided in year	21,706	701	22,407
(Provisions not required written back)	(1,251)	(124)	(1,375)
(Provisions utilised in the year)	(6,181)	(588)	(6,769)
Cost of borrowing (unwinding of discount)	8	(2)	6
At 31 March 2021	79,795	5,114	84,909

Provisions have been made for 4 types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit, and Employment Law. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated an appropriate level of provision based on professional legal advice.

Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2021 £000s
Not later than 1 year	27,022	1,340	28,362
Later than 1 year and not later than 5 years	6,170	647	6,817
Later than 5 years	46,603	3,127	49,730
At 31 March 2021	79,795	5,114	84,909

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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:

	2022 £000s	2021 £000s
Property, plant & equipment	2,290	4,629
	2,290	4,629

NOTE 16.2 Other Financial Commitments

The Trust did not have any other financial commitments at either 31 March 2022 or 31 March 2021.

NOTE 17 COMMITMENTS UNDER LEASES (IAS17 DISCLOSURES)

17.1 Finance Leases

The Trust did not have any finance leases as at 31 March 2022 or 31 March 2021.

17.2 Operating Leases

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

	2022 £000s	2021 £000s
Obligations under operating leases comprise		
Buildings		
Not later than 1 year	855	598
Later than 1 year and not later than 5 years	1,571	658
Later than 5 years	291	0
	2,717	1,256
Other		
Not later than 1 year	175	173
Later than 1 year and not later than 5 years	118	183
Later than 5 years		0
	293	356

NOTE 17 COMMITMENTS UNDER LESSOR AGREEMENTS

17.3 Operating Leases

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

	2022 £000s	2021 £000s
Obligations under operating leases issued by the Trust comprise		
Land & Buildings		
Not later than 1 year	84	60
Later than 1 year and not later than 5 years	191	106
Later than 5 years	339	338
	614	504

The Trust acts as a lessor in the following arrangements: 1) Grazing Land - a small amount of land is leased to private individuals; 2) Joymount Carpark is leased to a local council; 3) Boots Chemist lease is part of Ballymena Health and Care Centre; 4) Shops in Antrim and Causeway Hospitals are leased to local businesses.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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 2021/22 and 2020/21.

18.2 On balance sheet (SoFP) PFI Schemes

The Trust had no on balance sheet (SoFP) PFI contracts and other service concession arrangements in 2021/22 and 2020/21.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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.

	2022 £000s	2021 £000s
Clinical negligence	1,199	1,417
Public liability	29	38
Employers' liability	135	119
Accrued leave	0	0
Injury benefit	0	0
Other	5	0
Total	1,368	1,574

Unquantifiable Contingent Liabilities

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 2013-2014 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 and the current legal opinion around the case from the Departmental Solicitors Office (DSO) supports the treatment of this matter as a contingent liability in the 2021-22 accounts. At this stage, it is not possible to determine the amount and timing of the financial impact, if any.

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. However, the PSNI has appealed the CoA judgment to the Supreme Court. The Supreme Court hearing was scheduled for the 23 and 24 June 2021 but was adjourned and not yet rescheduled. Based on the position in the NHS in England, Scotland and Wales, an accrual at 31 March 2022 has been calculated by HSC management for the liability and is included in these accounts. The accrual has been extended as at 31 March 2022 in respect of the sick pay implications from the ruling. However, the extent to which the liability may exceed this amount remains uncertain as the calculation has not been agreed with Trade Unions. The potential additional financial effect of this is unquantifiable at present.

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.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 20 RELATED PARTY TRANSACTIONS

The Trust is required to disclose details of transactions with individuals who are regarded as related parties consistent with the requirements of IAS 24 – Related Party Transactions. A Trust register is maintained by the Office of the Chief Executive and is available for inspection by members of the public.

During the year, the Trust entered into the following material transactions with the following related parties.

HSC Bodies

The Trust is an ALB of DoH, and as such the DoH is a related party and the ultimate controlling parent with which the Trust has had various material transactions during the year. During the year the Trust has had a number of material transactions with other entities for which the DoH is regarded as the ultimate controlling parent. These entities include the Health and Social Care Board, the five health and social care trusts and BSO.

Non-Executive Directors

Some of the Trust's Non-Executive Directors have disclosed interests with organisations which the Trust purchased services from or supplied services to during 2021/22. Set out below are details of the amount paid to these organisations during 2021/22. 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.

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	4	0	0	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

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

Mr Glenn Houston (Non-Executive Director) is a Non-Executive Director of the Human Tissue Authority.

Mr Jim McCall (Non-Executive Director) is a Non-Executive Director of Northern Ireland Housing Executive and is a member of the Board of Governors of Belfast Metropolitan College.

FINANCIAL STATEMENTS

Mr Paul Corrigan (Non-Executive Director) is a volunteer driver for Marie Curie.

2020/21	Service Provided by Organisation	Payments to Related Party £000s	Income from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
Human Tissue Authority	Human Tissue Regulatory Body	0	0	0	0
Northern Ireland Water	Water Services	831	0	9	0
Northern Ireland Housing Executive	Housing Authority	10	226	1	0
Belfast Metropolitan College	Education and Training	1	0	0	0
Marie Curie	Palliative Care Charity	643	0	0	0

Mr Jim McCall (Non-Executive Director) was a Non-Executive Director of Northern Ireland Water until 31 January 2021.

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 2021/22. The details are set out below. Again, the officers listed had no involvement in the decisions to procure the services from the organisations concerned.

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

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

Mr Owen Harkin (Executive Director of Finance and Deputy Chief Executive from 9 June 2021) is a past Chair of NI Branch, member of Board of Trustees and became

FINANCIAL STATEMENTS

President in December 2021 for 12 months, after serving a term as Vice President, for national organisation of Healthcare Financial Management Association.

2020/21	Service Provided by Organisation	Payments to Related Party £000s	Income from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
Healthcare Financial Management Association	Healthcare Financial Management and Governance Representative Group	8	0	0	0
Aware (Mental Health Voluntary Group)	Registered Mental Health Charity	0	0	8	0
Macklin Group	Private Nursing Homes	4,997	0	120	0

NOTE 21 THIRD PARTY ASSETS

The Trust held £8,170k investments and cash at bank and in hand at 31 March 2022 which relates to monies held by the Trust on behalf of patients. This has been excluded from the cash at bank and in hand amounts reported in the accounts. A separate audited account of these monies is maintained by the Trust.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 22 FINANCIAL PERFORMANCE TARGETS

22.1 Revenue Resource Limit

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

The Revenue Resource Limit (RRL) for NHSCT is calculated as follows:

	2022 Total £000s	2021 Total £000s
HSCB	945,137	905,932
PHA	9,512	8,828
SUMDE & NIMDTA	6,827	6,667
Non cash RRL (from DoH)	51,051	44,862
Total agreed RRL	1,012,527	966,289
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	(188)	(71)
Adjustment for Research and Development under ESA10	662	617
Adjustment for PPE Stock	1,960	(1,960)
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	1,014,961	964,875

In 2020/21 HMT allowed a one off change in budgeting treatment for Covid 19 (C-19) Personal Protective Equipment (PPE). The year-end stock of C-19 PPE at 31 March 2021 was treated as Resource DEL on purchase. This was an exemption to the usual Consolidated Budgetary Guidance rules which usually require that items are only charged to the budget when they are used. There was no change to the accounting treatment of such stock items, therefore, as for PFI contracts with differing accounting and budgeting treatments, the revenue RRL that was reflected in the Statement of Comprehensive Net Expenditure was reduced to exclude the budget cover in relation to this. An opposite adjustment is now required for 2021/22 to reverse this one off treatment.

22.2 Capital Resource Limit

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

	2022 Total £000s	2021 Total £000s
Gross capital expenditure	30,836	36,860
Less donation/charitable trust fund capital expenditure (Receipts from sales of fixed assets*)	(188)	(71)
	0	(138)
Net capital expenditure	30,648	36,651
Capital Resource Limit	31,382	37,403
Adjustment for Research and Development under ESA10	(662)	(617)
Overspend/(Underspend) against CRL	(72)	(135)

* Receipts from sales will be the lower of the NBV of the asset and the net sale proceeds.

FINANCIAL STATEMENTS

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

22.3 Financial Performance Targets

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

	2022 £000s	2021 £000s
Net Expenditure	(1,014,914)	(964,638)
RRL	<u>1,014,961</u>	<u>964,875</u>
Surplus / (Deficit) against RRL	47	237
Break Even cumulative position (opening)	(3,894)	(4,131)
Break Even cumulative position (closing)	<u><u>(3,847)</u></u>	<u><u>(3,894)</u></u>

Materiality Test:

	2022 %	2021 %
Break Even in year position as % of RRL	<u>0.00%</u>	<u>0.02%</u>
Break Even cumulative position as % of RRL	<u>-0.38%</u>	<u>-0.40%</u>

The NHSCT has achieved it's breakeven target in 2021/22.

NOTE 23 EVENTS AFTER THE REPORTING PERIOD

There are no financial implications on the Trust's consolidated financial statements for 2021-22.

Date of authorisation for issue

The Accounting Officer authorised these financial statements for issue on 1 July 2022

FINANCIAL STATEMENTS

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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 2022

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS / RESIDENTS

Previous Year	RECEIPTS		
£		£	£
6,500,000	Balance at 1 April 2021	6,750,000	
444,664	1. Investments (at cost)	1,048,317	
15,560	2. Cash at Bank	11,130	7,809,447
	3. Cash in Hand		
3,171,974	Amounts Received in the Year		3,186,725
21,572	Interest Received		7,441
10,153,770	TOTAL		11,003,613
PAYMENTS			
2,344,323	Amounts Paid to or on behalf of Patients/Residents		2,833,714
	Balance at 31 March 2022		
6,750,000	1. Investments (at cost)	7,500,000	
1,048,317	2. Cash at Bank	659,889	
11,130	3. Cash in Hand	10,010	8,169,899
10,153,770	TOTAL		11,003,613
Schedule of Investments held at 31 March 2022			
Cost Price £		Nominal Value £	Cost Price £
6,750,000	Investment		
	Invested: 02/10/21 - 01/10/22	3,500,000	3,500,000
	Invested: 02/10/21 - 01/10/22	3,000,000	3,000,000
	Invested: 14/07/21 - 13/07/22	500,000	500,000
	Invested: 29/06/21 - 30/06/22	500,000	500,000

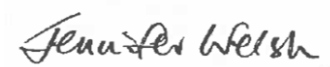
I certify that the above account has been compiled from and is in accordance with the accounts and financial records maintained by the Trust.



Director of Finance

23 June 2022

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



Chief Executive

23 June 2022

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 2022 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 2022 and balances held at that date; and
- the account has been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

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

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 ‘Audit of Financial Statements of Public Sector Entities in the United Kingdom’. My responsibilities under those standards are further described in the Auditor’s responsibilities for the audit of the account section of this certificate. My staff and I are independent of Northern Health and Social Care Trust in accordance with the ethical requirements 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 concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

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

Matters on which I report by exception

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

- adequate accounting records have not been; or
- the account is not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities of the Trust for the account

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

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

Auditor's responsibilities for the audit of the account

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

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

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

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Northern Health and Social Care Trust through discussion with management and application of extensive public sector accountability knowledge. The key laws and

regulations I considered included Health and Personal Social Services (Northern Ireland) Order 1972, as amended;

- making enquires of management and those charged with governance on Northern Health and Social Care Trust's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of Northern Health and Social Care Trust's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
 - performing analytical procedures to identify unusual or unexpected relationships or movements;
 - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
 - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
 - investigating significant or unusual transactions made outside of the normal course of business.

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

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the financial transactions recorded in the account conform to the authorities which govern them.

Report

I have no observations to make on this account.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
1 Bradford Court
BELFAST BT8 6RB
1 July 2022

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
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 & Social Care Trust
BPAS	British Pregnancy Advisory Service
BSO	Business Services Organisation
CAMHS	Child and Adolescent Mental Health Services
CARE	Career Average Revalued Earnings
CARF	Commission on Accreditation of Rehabilitation Facilities
CAS	Controls Assurance Standard
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
ED	Emergency Department
EEEEE	Equality, Engagement, Experience and Employment Group
ENT	Ear, Nose and Throat

GLOSSARY

EPBC	Emergency Planning and Business Continuity
EPEX	Electronic Patient Explorer Software
ESA	European System of Accounts
ESC	Emergency Support Centre
EU	European Union
FFP	Filtering Face Pieces
FReM	Financial Reporting Manual
GDC	General Dental Council
GDPR	General Data Protection Regulation
GMC	General Medical Council
GNB	Gram Negative Bacilli
GP	General Practitioner
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 & Customs / Real Time Information
HPSS	Health and Personal Social Services
HR	Human Resources
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSDU	Hospital Sterilisation and Decontamination Unit
HSENI	Health and Safety Executive Northern Ireland
IAA	Information Asset Administrators
IAO	Information Asset Owners
IAS	International Accounting Standards
IASB	International Accounting Standards Board
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

GLOSSARY

INDG	Industry Guidance
IPC	Infection Prevention and Control
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
LPS	Land and Property Services
LTR	Light Touch Regime
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
MHRA	Medicines and Healthcare Products Regulatory Agency
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
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
NIV	Non Invasive Ventilation
NMS	No More Silos

GLOSSARY

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
PFI	Private Finance Initiative
PHA	Public Health Agency
POC	Programme of Care
POPI	Processing of Personal Information for Managers
PPE	Personal Protective Equipment
PPI	Personal and Public Involvement
PSNI	Police Service Northern Ireland
PSSC	Payroll Shared Services Centre
PTS	Psychological Therapies Service
PTU	Programmed Treatment Unit
QUB	Queen's University Belfast
REaCH	Responsive Education and Collaborative Health
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
SAI	Serious Adverse Incident
SAS	Specialty and Associate Specialists
SBA	Service and Budget Agreement
SDAC	Same Day Acute Care
SIRO	Senior Information Risk Owner
SKIN	Surface, Skin Inspection, Keep Moving, Incontinence and Nutrition
SLA	Service Level Agreement
SLT	Speech and Language Therapy

GLOSSARY

SQR	Safety Quality Reminder
SQSD	Safety Quality Standards
SSNAP	Sentinel Stroke National Audit Programme
TDP	Trust Delivery Plan
UK	United Kingdom
UV	Ultraviolet
VAT	Value Added Tax
WEEE	Waste Electrical and Electronic Equipment
WLI	Waiting List Initiative
WTE	Whole Time Equivalent