Belfast Health and Social Care Trust

Annual Report

‘Our purpose is to improve health and wellbeing and reduce health and social inequalities.’

2012/13

This document is available in alternative formats on request

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Chair's Foreword

As the acting Chair I am pleased to present this, the sixth Annual Report for the Belfast Health and Social Care Trust. The Trust has met its financial commitments in a year which has seen continued financial, social and clinical challenges.

I am constantly impressed by the dedication and commitment of the staff in Belfast Trust, who endeavour, at times in very challenging circumstances, to improve the lives of our patients and clients. The arctic blast we experienced in March did not deter our staff from carrying out their duties. From colleagues in Estates and IT who worked around the clock to protect our power supply and keep our IT infrastructure robust, to community staff who braved the elements to look after some of our most vulnerable citizens, to our hospital staff, many of whom stayed on after their shifts or came in early through the snow, to support services and administrative staff, all of whom played a crucial role in ensuring that all our services remained accessible to the people we serve.

We are continuing to develop both our care pathways and working relationships with the community in line with 'Transforming Your Care'. With innovative, flexible thinking and clever use of technology, many of our services are becoming even more responsive and moving closer to people's homes. We work closely with colleagues in the Health and Social Care Board, Public Health Agency and Department of Health, Social Services and Public Safety, to ensure continued improvement in the care we are able to provide.

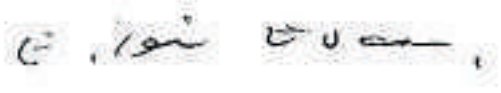
We have a responsibility to ensure that the entire population has access to health care, and I would like to highlight some of the innovative ways our staff bring healthcare to some of the more disadvantaged elements of our community. 'I am Roma', is an award winning EU funded programme developed in partnership with the local Roma community to assess and support their healthcare needs. A highly successful clinic has been established and this is supported with a training programme for staff.

Single Homeless Health Care supports a group of single homeless people within the Belfast Trust area. Currently the only service dedicated to meeting the physical health needs of this population, the programme is recognised as a model of good practice by a range of organisations. It also offers a weekly health check drop-in facility for women and men working in prostitution in inner city Belfast.
Gaining employment in the present climate is difficult, but especially challenging for young people in care. Belfast Trust, as a corporate parent, has committed itself to making training and employment opportunities across the Trust, and I am proud to report that in the last year 32 of our young people have had work experience and 16 have been assisted into jobs.

Eileen Evason
Chair (acting)
Belfast Health and Social Care Trust

I would like to pay tribute to our previous Chair Mr Pat McCartan who discharged his duties over the last six years with great professionalism and diligence. 'Thank-you' to my non-executive colleagues on the Board of Directors, and to the Executive Team ably led by Chief Executive Colm Donaghy. The pages that follow give a flavour of the wide ranging support that Belfast Trust provides for the entire population of Northern Ireland. Our work ranges from supporting frail elderly people to continue to live at home, to providing over 1000 cardiac procedures, from offering a responsive midwifery-led maternity option, to helping new arrivals to the country access healthcare, to our award winning macular degeneration service.

We will continue to do our best to provide the most accessible and responsive service possible, whatever your needs – whenever you need us, we will be there.



Eileen Evason
Chair (acting)
Belfast Health and Social Care Trust

Chief Executive's Report

Belfast Trust wants health and social care to be the best. My colleagues and I are committed to delivering safe and high-quality care in an environment that puts patients, clients, and their carers at the centre of everything we do. We want to be innovative in our thinking, modern in all that we do, and leading-edge in our healthcare advances.

As the largest health and social care provider in Northern Ireland, with a highly professional and skilled workforce, providing local and regional services, with strong links to leading-edge academic research institutions through Queen's University, Belfast and University of Ulster, the Trust is uniquely placed to deliver excellence in health and social care.

In this Annual Report, you will read much that demonstrates this commitment. For example, Belfast Trust has been chosen as a centre of excellence in vascular surgery; the Regional Macular Service at the Mater Hospital has achieved the coveted Royal National Institute for the Blind Model of Excellence Award as an exemplar service; our family nurse partnership pilot is dedicated to supporting young parents through pregnancy until their child is two-years-old and to date, has achieved remarkable outcomes for both parents and children. Belfast Trust has been recognised as an Employer for Disability (NI) Member of Excellence – only one of four organisations in Northern Ireland who have achieved this. Trust staff working on the 'I am Roma' project have contributed significantly to the health and social care of a very vulnerable section of our community. This year our sustainable transport plan was recognised at the annual Action Renewable award ceremony, and our use of electric vehicles puts the Trust in the vanguard of public sector organisations when it comes to sustainable transport.

We continue the process of changing how we deliver care for our population, engaging with the public as these changes are planned to ensure they have a voice in how their healthcare will be shaped and delivered. Following the consultation on maternity services, we have transformed our maternity unit in the Mater Hospital into a state-of-the-art midwifery-led unit which is available to women who chose to deliver in Belfast Trust, as an option for maternity care.

In line with 'Transforming Your Care', we are moving many of our services for older people closer to where they are needed. In a redesign of urgent care, a consultant-led pathway provides an alternative to emergency department (ED) attendance and admission. This pathway allows us to provide acute care at home, keeping the frail elderly out of hospital. We are also developing an ambulatory care centre as an urgent care hub. This has access to the full range of intermediate care options including community rehabilitation teams and intermediate care beds.

Colm Donaghy
Chief Executive
Belfast Trust

As we await the findings of the consultation into the provision of emergency departments in the greater Belfast area, a number of initiatives are improving access to our unscheduled care services. GPs are now able to directly access admission to hospital beds on the Belfast City Hospital site, and a programme treatment unit on the Royal site provides access to treatments and tests on a day-care basis. We have also created a 61-bedded acute medical admissions unit on the Royal site.

In line with national standards, all our medical staff are going through a revalidation process. This is to provide reassurance to the public that licensed doctors are practising to the appropriate professional standards. By the end of March 2013 the first batch of 11 doctors from Belfast Trust will have completed the revalidation process – in the next year that number should rise to 163, with all 840 Trust doctors completing the process by 2018.

I am constantly impressed by the resilience shown by Belfast Trust staff and their commitment to doing their best for the people we serve. That is why I am delighted to report that Belfast Trust has successfully been reaccredited as an Investor in People (IIP) organisation. This international quality standard is an external endorsement of the measures we take to continually improve our performance for the benefits of our patients and clients.

I am pleased to report that Belfast Trust met all its financial requirements this year. Financial constraints

Chief Executive's Report

will be part of our life for the foreseeable future as public expenditure for health contracts. As we meet those financial challenges with creativity and innovation, we are always mindful of the ever increasing demand for our services.

We remain focussed on modernising how our services are delivered, ensuring that they are responsive to the needs of a changing population. We continue to engage with a wide range of individuals and groups, as we play our role in the shaping and delivering of healthcare for people in Northern Ireland.

In December 2012, Pat McCartan CBE, the first Chairman of Belfast Trust, retired after six years of exemplary service. As Chairman of Belfast Trust, Pat was unstinting with his time and effort and has supported the Trust on all levels. We are greatly indebted to him for his drive for quality and continual improvement. He was a particular champion of the Chairman's Awards, ensuring that this recognition of initiative and innovation is now embedded in the life of the Trust. Until a new Chairman is appointed, non-executive director Professor Eileen Evason is fulfilling the function in an acting capacity.

The Trust faced a number of challenges over the period of this Annual Report. In April 2012 the Health Minister announced enhanced oversight arrangements in the governance of Belfast Trust. I am pleased to report that these special measures were relaxed in November 2012.

To conclude, we started a journey in 2007 and six years on so much has been achieved, and there is still much to do. However, our core purpose remains the same, 'To improve health and wellbeing and reduce health and social inequalities.' I am pleased to present Belfast Trust's Annual Report 2012/13 to you, and I am confident you will see how our journey of achievement is progressing.

Colm Donaghy
Chief Executive
Belfast Health and Social Care Trust

Directors' Report

Belfast Trust delivers integrated health and social care to approximately 340,000 citizens in Belfast and part of the Borough of Castlereagh. We also provide a range of specialist services to all of Northern Ireland. With an annual budget of approx. £1.2bn and a workforce around 17,000 (whole time equivalent) we are one of the largest Trusts in the United Kingdom.

In our hospitals in 2012/13 we delivered 6,672 babies and recorded over 120,900 Emergency Department attendances.

In the community we are corporate parents to 669 children in care, the majority in foster care. We are also responsible for 424 children on the child protection register.

There were 10,902 care packages in place as of 31 March 2013. 948 through residential care; 2,248 through nursing home care; and 7,706 through domiciliary care packages.

We deliver a range of both community and hospital based care including cardiology, anaesthetics and theatre services, medicine and neurosciences, cancer services, nephrology and transplant services, rheumatology, dermatology and neuro-rehabilitation services, adult social and primary care incorporating learning disability, mental health services, services for older people, physical and sensory disability services and psychological services, maternity and women's services, dentistry and child health, trauma and orthopaedics, children's community services, and social work services.

Board of Directors

The Board of Belfast Trust is responsible for the strategic direction and management of the Trust's activities. It is made up of a Chairman, seven Non-Executive Directors, five Executive Directors and six other Directors.

It continues to revise its executive management structures as personnel change, to ensure the delivery of the highest performance and professional standards. The Board, until March 2013 was constituted as follows:

i Non-Executive Directors

- Professor Eileen Evason – Acting Chairman (wef 1.1.13)
- Ms Joy Allen
- Mr Les Drew
- Cllr Tom Hartley
- Mr Charlie Jenkins
- Dr Val McGarrell
- Mr James O'Kane

ii Executive Directors

- Mr Colm Donaghy, Chief Executive
- Miss Brenda Creaney, Director of Nursing and User Experience
- Mr Martin Dillon, Director of Finance and Estate Services
- Miss Bernie McNally, Director of Social Work/Primary and Social Care (secondment wef 31.08.12)
- Mr Cecil Worthington, Director of Social Work/Children's Community Services (took up post wef 01.09.12)
- Dr Tony Stevens, Medical Director

Directors' Report

iii Directors

- Mrs Marie Mallon, Deputy Chief Executive/Director Human Resources
- Mr Brian Barry, Director of Specialist Hospitals and Womens Health*
- Mrs Patricia Donnelly, Director Acute Services
- Ms Catherine McNicholl, Director Planning, Performance and Informatics (until 31.08.12)
  Director Adult, Social and Primary Care (wef 01.09.12)
- Mrs Jennifer Welsh, Director Cancer and Specialist Services
- Mrs Jennifer Thompson, Director Planning, Performance and Informatics (Acting – 01.09.12 - 28.02.13)
- Mr Shane Devlin, Director Planning, Performance and Informatics (wef 01.03.13)

*Mr Barry had been acting in post of Director of Specialist Hospitals, Womens and Child Health – appointed September 2012 to above.

A declaration of Board Members' interests has been completed and is available on request from the Chief Executive's office, Belfast Health and Social Care Trust headquarters, A Floor, Belfast City Hospital, 51 Lisburn Road, Belfast BT9 7AB. The executive and senior management of the Trust, along with the Director of Finance of the Trust have the responsibility for the preparation of the Accounts and Annual Report. They have provided the auditors with the relevant information and documents required for the completion of the audit. The responsibility for the audit of the Trust rests with the Northern Ireland Audit Office.

The Chief Executive has confirmed there is no relevant audit information of which he and the Trust's auditors are unaware. A full Governance Statement is available from the Chief Executive's office.

The Directors confirm that they have taken steps to ensure that they are aware of the relevant audit information, and have established that the Trust's auditors are aware of the information.

The notional cost of the audit for the year ending 31 March 2013 which pertained solely to the audit of the accounts was £83k. An additional amount of £2.5k was paid to the Audit Office in respect of work carried out on the National Fraud Initiative. This is reflected within miscellaneous expenditure within note 4 to the accounts.

During the year the Trust purchased no non-audit services from its external auditor.

Governance

The Board of Directors of Belfast Health and Social Care Trust (The Board) has a responsibility to provide high quality care which is safe for patients, clients, young people, visitors and staff and which is underpinned by the public service values of accountability, probity and openness.
The Board is responsible for ensuring that it has effective systems in place for governance, essential for the achievements of its organisational objectives. The Assurance Framework provides the structure by which the Board's responsibilities are fulfilled.

The Assurance Framework is an integral part of the governance arrangements for the Trust and should be read in conjunction with the Corporate Plan. The Assurance Framework outlines the Chief Executive's overall responsibility and accountability for risk management.

The governance arrangements of the Trust are audited on a yearly basis by both internal and external auditors to ensure that they are fit for purpose.

Integrated Delivery

Belfast Trust provides a wide variety of services ranging from acute services on hospital sites to the provision of social care throughout the community. As a result the Trust is subject to a highly regulated environment across all areas of its operations, which include external regulatory bodies such as the Regulation and Quality Improvement Authority.
During its sixth year of operation – 2012/13 - Belfast Trust reviewed and refined how best to meet its changing reporting and accounting expectations, as well as the changing expectations of the Trust's

service users. In working to deliver acute and community services the Trust has five key Directorates supported by Corporate Services.

These are:

- Acute Services incorporating surgery and cardiology, anaesthetics and theatre services, medicine and neurosciences;
- Cancer and Specialist Services incorporating cancer services, nephrology and transplant services, rheumatology, dermatology and neuro-rehabilitation services, therapy and therapeutic services, pharmacy, laboratory and medical physics services;
- Adult Social and Primary Care incorporating learning disability, mental health services, services for older people, physical and sensory disability services and psychological services;
- Specialist Hospitals, Women's and Child Health incorporating maternity and women's services, dentistry and child health, trauma and orthopaedics;
- Children's Community Services incorporating family and childcare, social work services, community child health and children's disability service;
- In 2013 an interim directorate of Unscheduled Care was established with responsibility for emergency departments, acute medicine, neuroscience, imaging services and GP out of hours.

The Trust continues to work under the five key pillars of the organisation that were updated in 2012/13 – Safety and Excellence, Continuous Improvement, Partnerships, People and Resources – we group all our work under these.

Managing Attendance

Belfast Trust recognises that the health and wellbeing of the workforce is critical to the effective functioning of the organisation. The health of employees directly affects the quality of patient and client care and with this in mind the Trust continues to view the management of attendance as a corporate priority.

During the period the Trust continued to seek to meet its target of reducing absence levels to 5% by March 2013. The Trust has significantly reduced absence levels from 6.36% in March 2007 to the current position of 5.53% for the period 1 April 2012 to 31 March 2013.

It is recognised that Mental Health related (29.3%) and Musculoskeletal (21.6%) conditions are key causes of absence within the Trust and these have been specifically targeted in 2012/13 through a range of initiatives including Fast Track Physiotherapy Service, Guidance and Support Leaflets on Mental Health in the workplace, Conditions Management, the Here4U programme, training and support for managers in the implementation of the reviewed Prevention and Management of Stress Policy and a range of Health Improvement initiatives.

Best practice Attendance Management has been promoted throughout the period including;

- Mandatory Training for Managers in Attendance Management Protocol;
- Ad-hoc, on-site, tailored training for managers and their teams regarding absence;
- Case Management and Case Conference Meetings incorporating Occupational Health and Management;
- Detailed statistical reports to Senior Managers by cost centre with analysis of absence, reasons and identification of any trends.

Reporting Loss of Personal Data

Within the Trust's information governance is the framework of law and best practice that regulates the manner in which information is managed, obtained, handled, used and disclosed. We are an organisation that collects and processes vast quantities of information from our patients, clients and other users as well as from our staff. We use this information, for example, for efficient planning, proper maintenance of accounts, to provide assurance on the level of service provision and the monitoring of outcomes. Good quality information forms the basis of high quality care.

The Trust is very aware of the need to ensure that all personal data is held in a secure and confidential manner and we continually look at ways to improve how we handle paper and computer records. We endeavour at all times to treat this information with the utmost care and respect.

We have well-defined Information Governance structures across the Trust, Information Asset Owners are senior managers who have a clear responsibility for information governance within designated areas of the organisation.

Data loss or mismanagement do occasionally happen, these are relatively minor in nature but nevertheless the Trust continues to use the learning from these incidents to inform and develop good practice. A recent audit from the Information Commissioner's

Office (ICO) was welcomed as an opportunity to have independent scrutiny on how we manage personal information. The Trust views the outcome as a beneficial way to improve what we can do to protect and secure all personal data.

WORKFORCE GOVERNANCE

Audit Arrangements

The Safer Recruitment and Employment Practices Framework pre and post-employment standards and legislative requirements continue to be audited with two comprehensive six-monthly audits being carried out during the year confirming a high level of compliance.

In 2012 a comprehensive audit of compliance with the Safer Recruitment and Employment Practices Framework was carried out on the Agencies contracted to the Trust. Similarly Trust Directorates were also audited on their compliance with the Framework when taking on Agency personnel. From the ensuing report, action plans have been put in place and a further full census audit of both Agencies and Trust Directorates is scheduled to take place in 2014.

Controls Assurance

The Human Resources (HR) Controls Assurance Self-Assessment for 2012/13 confirmed a compliance level of 98%.

Workforce Governance Steering Group

The Workforce Governance Steering Group helps to ensure a coordinated and managed approach to workforce governance requirements. The purpose of the Group is to ensure that there are robust systems, accountability and audit arrangements in place in relation to all aspects of safe recruitment and employment legislation and requirements. The Group comprises representation from all Trust Directorates to ensure ownership and accountability is directed to the appropriate level of management within Directorates as part of the corporate approach.

Human Resource User Engagement and Involvement Framework

The Directorate HR Forum has continued to meet throughout 2012 to communicate with key Directorate stakeholders regarding HR developments, in particular with regard to implementing a regional 'shared services' initiative. As with the implementation of any new way of working it is key that all issues are discussed and resolved in order to initiate a better quality HR service.

Working Time Regulations

HR continues to provide advice and support to Directorates. The Workforce Governance Team, through the Workforce Governance Steering Group, carried out an audit of compliance with the Working Time Regulations across the Trust. Action Plans are currently in development to address areas identified as having low levels of compliance.

Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 as amended by the Protection of Freedoms Act 2012

The protocol for the Recruitment and Employment of staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting and Barring Scheme was reviewed during the period to reflect the changes brought into place by the Protection of Freedoms Act 2012. The changes are being introduced in phases, therefore the protocol is subject to review and will be updated as further changes are announced.

Complaints Management

We recognise that there are times when patients, clients and their families will feel unhappy with the service we have provided. We welcome any complaint as it provides an opportunity to raise the quality of our services by identifying where we have service shortfalls.

The Complaints Review Committee continues to meet quarterly to review the complaints received and monitor lessons learnt and actions taken.

The Complaints Department has developed a number of training packages for staff which provide informative and practical support to enable the team to continue their service.

Along with active complaints management that ensures we take up all learning, we are pleased that Belfast Trust staff consistently received compliments – both officially and anecdotally about the services they deliver. Compliments not only boost morale and encourage staff to continue to do better, but they are one of a number of measurements that help us to benchmark how we are performing.

We will foster an open and learning culture and put in place robust systems to provide assurance to our users and the public regarding the safety and quality of services

Infection prevention and control

The reduction of healthcare associated infections (HCAIs) is one of the top priorities for Belfast Trust. It is reported on at every Trust Board meeting and the Executive Director of Nursing and User Experience reports regularly to the Trust executive team. It is a standing agenda item on the Chief Executive's senior managers briefings and it forms part of each directorate's core arrangements and governance plans.

At ward/department level, each directorate continues to collect audit data on hand hygiene, high impact interventions (HIIs) and environmental cleaning. This data is fed back to staff locally and to the healthcare associated infection improvement team monthly which is chaired by the Executive Director of Nursing and User Experience who is the executive lead for Infection Prevention and Control (IPC).

Through the implementation and audit of High Impact Interventions, staff are reminded about the route of infection and full compliance with these interventions ensures the proper care and management of invasive devices such as intravenous lines and urinary catheters.

At the Safety and Quality Steering Group, chaired by the Trust's Medical Director, Directors and Co-Directors scrutinise all information with regard to patient safety. Directors/Co-Directors regularly walk around the clinical areas specifically to raise issues relating to infection prevention and control and cleaning.

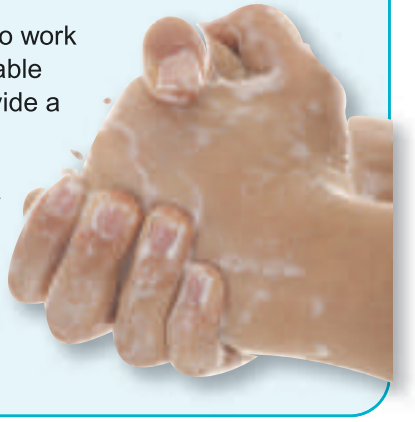
Mandatory infection prevention and control training is delivered by the Infection Prevention and Control Nursing Team (IPCN) to all clinical and non-clinical staff in both primary and secondary care settings. The IPCNs are working on new ways of delivering IPC education including an e-learning programme and DVDs specific to particular groups of staff. Hand hygiene continues to be a key component of infection prevention and control, along with strict adherence to aseptic non-touch technique (ANTT), good antibiotic stewardship and rigorous equipment and environmental cleaning.

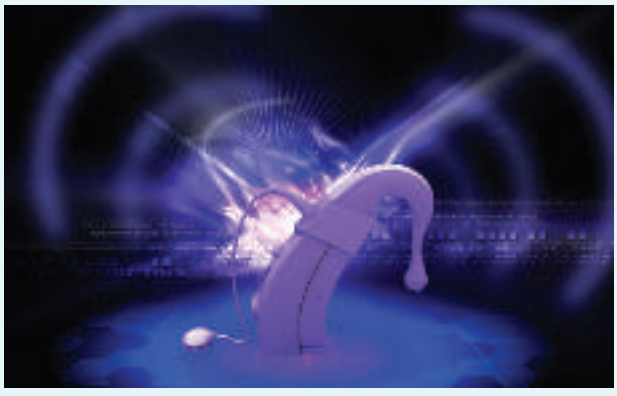
Hand Hygiene audits continue and ANTT has been rolled out to all clinical staff. Continuing updates of practice are in the process of being developed. The Trust's Antimicrobial Stewardship Committee continues to oversee antibiotic policies and to review prescribing audits. All audits are discussed locally with clinical staff.

Significant investment has been made in the numbers of cleaners required to carry out this function to national standards. A business case has been submitted to the Board to further support this standard. Deep cleaning is carried out after every patient with Clostridium difficile has been discharged and also following an outbreak of an infectious condition. A pilot scheme using dedicated teams to proactively clean wards has just commenced. In this 'deep clean' process vaporised hydrogen peroxide may be used. Once the room has been vacated and thoroughly cleaned, this chemical is delivered into the environment as a mist so that all surfaces are covered to kill any remaining microorganisms.

The Trust has worked closely with Regulation and Quality Improvement Authority (RQIA) to produce new audit tools for augmented care (critical care) settings to ensure these high risk areas maintain a high level of cleanliness and good infection control practices. This is extremely important as the Trust has the highest number of augmented care beds in Northern Ireland and treats the sickest patients, for example, trauma cases, patients who have undergone highly complex specialist surgery and patients with poorly functioning immune systems who are extremely vulnerable to infection such as those undergoing chemotherapy and neonates.

The Trust continues to work hard to reduce avoidable infections and to provide a clean and safe environment for patients, clients, their relatives and our staff.





Changes and innovations in the Regional Cochlear Implant Service

The Regional Cochlear Implant Service is provided by a multi-disciplinary team comprising of a consultant otolarygnologist, audiologists, speech and language therapists, advisory teachers of the deaf and administrative support staff. The paediatric and adult programmes within this service support people of all ages who have severe to profound deafness.

Following National Institute for Health and Care Excellence (NICE) guidance regarding bilateral cochlear implantation for children, the Department of Health, Social Services and Public Safety (DHSSPS) provided funding for children who already have one implant, to receive a second device for the other ear. Over the past year those children who had already received one cochlear implant were invited to consider a second device. So far 23 of the children who were eligible have received a second implant and are making considerable progress.

Bilateral cochlear implantation is now considered for all children who are being assessed at the auditory implant centre.

In January 2013 the service was relocated to Beech Hall Wellbeing and Treatment Centre and was re-named Auditory Implant Service to reflect the increased diversity of implantable devices now on offer to patients with differing hearing losses. The devices include cochlear implants, bone anchored hearing aids and middle ear implants.

The benefits of the Auditory Implant Services new facilities are evident in the bright and modern environment. Two 'state of the art' audio-testing suites, (fully sound proofed and kitted out with a computer generated video visual response audiometry system for young children), are a welcome improvement in the standard of service.

A specially designed children's waiting area features colourful soft seating and a spectacular marine life ceiling light, and we also now have a patient counselling and resource room. Both of these facilities greatly improve the experience for all of the patients and families attending the Centre.

Centred around YOU! – putting older people at the centre of their care

Belfast Trust supports a large number of older people with staff from a number of different specialties. We are always trying to integrate how we look after older people, to ensure they receive a seamless support from us.

The programme is still in its infancy, however benefits include:

- Getting a multi-professional local focus group together, meeting monthly, to examine and progress the person-centred work within the team, ensuring continuous feedback and encouraging ownership of the programme by the entire team.
- The start of the programme was the development and clarification of the Integrated Care Teams values around Person-Centred care.
- The encouragement of individual staff's reflection of their own practice, the identification of frustrations within the team and the observation of practices within the team all help to identify which systems and processes work well and are person-centred, and which areas could be refined and improved.

While the aim of the programme is to improve patient care and integrated working with anticipated outcomes and improvements, it is also

hoped to encourage an ongoing commitment to a culture of challenge and support.

- Patient/client interviews or patient stories should be undertaken to get service user opinions and inputs.
- Much of the evaluation to person-centred practice is subjective. Staff members within the team can be surveyed to identify if they feel that team systems and processes have improved and are leading to improved person-centeredness.
- Examples of positive person-centred practice can be mapped against the person-centred framework to identify good practice and, in turn, examples of where practice did not lead to person-centeredness, can be used to demonstrate if there are still improvements to be made.

Resettlement at Muckamore Abbey Hospital

The community integration project is working to achieve Government Policy which has emphasised the rights of those with learning disabilities to enjoy a fulfilling life in the community.

Trust staff in the hospital have been working with community colleagues and other Trusts to ensure that suitable alternative homes and support are found for those patients living long-term in Muckamore Abbey Hospital, and in the last year 22 patients have successfully left the hospital and started new lives in the community, with a further nine patients placed on trial resettlements. We believe that this 'resettlement' process is a major priority and continue working to ensure that all remaining patients who are in long-stay wards will be discharged by March 2015.

As a result of ongoing resettlement the hospital continues to retract with one ward closure completed last year and a further two ward closures planned for 2013/14.

Clinical Health Psychology

There is a growing acknowledgement of the need for integration of psychological care into physical healthcare, and Belfast Trust continues to ensure that this is an important component in the development of physical health hospital and community services. In recognition of the growing literature base a comprehensive training programme has been rolled across psychological clinical health services, both for adults and paediatrics in the Acceptance and Commitment Therapy (ACT) model, which has good evidence base for areas such as pain management and long term conditions (eg diabetes).

To provide a more comprehensive and responsive service, ACT groups have been established as part of the psychological service into pain management within the Trust. These have been very well reviewed by users and have helped significantly in reducing waiting times for service users.

Palliative Care: Breaking the taboo

It is a regional aim to promote more openness about death and dying and to enable people to find it easier to talk about. Belfast Trust has been working with staff and colleagues to promote the normalisation of what is often seen as a taboo subject.

By promoting this acceptance we hope our patients, their families and carers, our staff and the public at large, learn that palliative care is there to support people to live well. The roots of palliative care are in hospice and cancer care and that can create a barrier to accepting that palliative and end of life care has a role to play in every condition and care setting.

To promote Living Well and Dying Well we have begun to start challenging this taboo with our own staff, who make up 6% of the population of Belfast. Good palliative care and end of life care not only

improves the patient and family experience, but also lowers costs and reduces the need for admissions to hospital.

More widely we hope that by talking about death and dying as a normal part of life, our patients, their families and carers, our staff and colleagues and the general public, can start to break down the taboo of talking about 'it'. If we don't talk about it among ourselves and with our loved ones, then how can we plan for a good end of life and a good death?

Belfast Trust held a successful week of events during Dying Matters Awareness Week 2012, including personal reflections from local comedian Tim McGarry and BBC 'Good Morning Ulster!' interviews with Respiratory Nurse Consultant Ann Marie Marley OBE and, a patient nearing the end of life and being supported in his own home. We asked our hospital staff to think about the five things they would like to do before they die and to share these on graffiti walls. The conversation generated, helped to break down those barriers about talking about death and dying and encouraged more than a few to sign themselves up for life changing experiences, to reconnect with old friends, or simply to spend more time with loved one.

This will be followed by more events in 2013 including a 'life list' set of events to raise awareness of talking about wishes and making plans.

Helping older people get the most out of life

Reablement is another name for inventive physical support to help an older person get back on their feet.

The integrated care team at the Arches Health and Wellbeing Centre has been in the forefront of implementing an effective reablement service to older people which is already delivering good outcomes for older people. This occupational therapy and social care service ensures older people who are at risk of losing independence receive a comprehensive assessment and the right support to maximise wellbeing and independence. A key success factor is the close integration with the community and voluntary sectors, with the introduction of the community navigator who ensures service users are supported to access local services essential to supporting independence and reducing isolation. The emerging service is being evaluated by service users in a community based project led by Engage with Age. It is also subject to rigorous performance monitoring by the Health and Social Care Board (HSCB).

Redesign of urgent care for older people

We are developing a consultant led urgent care pathway as an alternative to Emergency Department (ED) attendance or admission to hospital. Working initially with three GP practices as first responders for older people who may need to be sent to hospital, to date we have provided 36 patients with alternative acute care at home.

Older peoples services has developed an ambulatory care centre at Meadowlands in Musgrave Park Hospital to provide improved access to falls services and comprehensive geriatric assessment as a quality alternative to ED attendance/ admission.

This centre is being developed as an urgent care hub with access to the full range of the Trust's intermediate care services across the city including community rehabilitation teams, intermediate care nursing beds and rapid response social care teams.

Integrating Acute and Community Stroke care

Continuing to build on the major changes already embedded into the delivery of acute services in Belfast we are developing a centre of excellence for acute stroke care based at the Royal Victoria Hospital. It will include a high level of senior input with 24/7 consultant stroke physician rota and a named 'stroke physician of the day'. It will be fully integrated with early supported discharge and community specialist stroke services.

Stroke Prevention (Transient Ischemic Attack [TIA] services)

Currently there are TIA clinics with access to specialist imaging running four days a week. We are streamlining referrals to these clinics so that all patients with high risk TIA are seen within 24 hours, either at a clinic, or on the ward by the 'stroke physician of the day'.

Early Supported Discharge (ESD) and Community Services

The case for ESD is clear. For every 20 patients entering ESD, one less patient will have an adverse outcome (death or dependency). In addition, length of stay is shortened and there is no evidence of any adverse outcomes. While there is debate about who is eligible for ESD, recent research has demonstrated that by taking the bold step of providing a service capable of caring for patients with severe as well as mild/moderate disability, it is possible to discharge almost 60% of patients to ESD, with excellent outcomes.

The ESD team links with other services in the community so that patients can be directed towards reablement or further support services as appropriate.

To achieve this changed role the 'community stroke team' will become the 'ESD team' with a changed philosophy from accepting patients to proactively facilitating their discharge.

Dementia care

By closing three old wards at Knockbracken Healthcare Park, and creating a multidisciplinary inpatient assessment and outreach service for people with dementia and severe behavioural disturbance, our older peoples team has transformed services, has closed three old continuing care wards at Knockbracken and created a multidisciplinary inpatient assessment and outreach service for people with dementia with severe behavioural disturbance. In doing so they have transformed the culture to initiate a sensitive approach to a group of highly vulnerable older people.

The outreach service works with nursing homes to provide education training and support to maintain people's placements. The new service is now able to provide a therapeutic service to more patients with better outcomes and a more fulfilled staff.

Easy read information pack

Community learning disability teams have introduced an information pack in an easy read and pictorial form. The pack is not designed to replace personal contact which is all important, but rather to support staff in giving service users accessible information.

It includes information such as, services on offer, direct payments, carer support, how to comment on services, data protection and respite services. It has been well received by service users who have commented that it helps them understand what is happening.

Specialist support service for parents with a learning disability

We have recently established a specialist support service for parents with a learning disability.

People with a learning disability face many barriers when it comes to parenting. Sometimes people automatically think that they can't or shouldn't be parents. Sometimes parents with a learning disability find it difficult to understand things like a doctor's letter or the instructions to make up a bottle and need support to help them with such issues. And when, as often happens, parents with a learning disability find themselves in the child protection system, they can struggle to understand what is happening and find it hard to speak up for themselves.

We believe that people with learning disabilities can be good parents and make every effort to ensure that they have the appropriate support by:

- providing a support worker service for parents with a learning disability,
- devising individualised parenting support plans with parents with a learning disability,
- promoting the use of appropriate assessment tools for parents with a learning disability,
- devising easy read information on all aspects of parenting,
- liaising with the community and voluntary sector to promote the availability of mainstream parenting resources for parents with a learning disability,
- providing training for staff on the needs of parents with a learning disability.

Looking after the homeless

Single Homeless Health Care is a nurse-led initiative, which supports a group of single homeless people within the Belfast Trust area. The service has expanded since 1999 from four hostels in North and West Belfast to 23 homeless facilities across the Belfast Trust area including day shelter and night crash facilities.

Currently, we are the only service dedicated to meeting the physical health needs of this population and have been recognised as a model of good practice by a range of organisations. The service also operates a weekly drop-in facility for women and men working in prostitution in inner city Belfast.

From 2010 to 2012 we carried out a health needs analysis of both populations to identify gaps in service provision and to inform future service delivery. This led to a range of health initiatives and screening including sexual health screening. Many minor infections were able to be treated via the advanced nurse practitioner through independent prescribing at the point of care, and we were able to offer Hep A and B immunisation.

We have also been able to provide psychosexual counselling carried out by an associate sexual and reproductive health doctor. Personal safety and breakaway techniques training was offered for those working in prostitution and we facilitated a two day residential to Corrymeela for a Black and Minority Ethnic (BME) homeless group. As the group did not have English as their first language an interpreter was present for the two days. This residential was invaluable as it informed the service of cultural and health issues experienced by this group as anecdotal evidence suggests often this group can feel excluded even among the homeless.

The team has been recognised for this work in the Northern Ireland Health Care Review 2012 awards which took place in Belfast in February 2013. This prestigious award recognised innovation in sexual health initiatives delivered with society's most socially excluded populations. This is the first time a sexual health category has been given in the NI Health care review awards.

Speech and Language Therapy - Communication Advice Centre (CAC)

Belfast Trust's Communication Advice centre specialises in helping people with complex communication needs. Here is an example of how we can help.

John (not his real name) was a typical working man, in his fifties, who lived at home with his wife and 2 children. He is gregarious and outgoing and loves to keep in touch with all the sporting gossip on twitter.

He noticed he was becoming clumsy, had difficulty managing a keyboard and his speech sometimes sounded a bit slurred. After a period of medical investigation he was diagnosed with motor neurone disease. His speech rapidly deteriorated and he soon had to leave his job. His life expectancy is now in the region of two years. He reported that one of the most difficult things about this progressive condition was the difficulty communicating with his friends and family and particularly maintaining good channels of communication with his teenage children. With this rapidly changing condition it is important that a service is responsive and meets the patient's multi-dimensional communication needs in a timely way.

The CAC now has a broad range of augmentative and alternative communication (AAC) systems

which can be used in assessment to support a client with a range of communication needs. When John attended the CAC a range of communication options were available for assessment. This allowed us to select a device which specifically met his needs which included the requirement for a lightweight portable device. He also required a specially adapted touch screen that allowed him, despite his poor hand control, to type on an on-screen keyboard, save messages and control volume of speech output. This device also allowed him to send texts to his teenage children, send and receive emails and of course access his all important twitter account. In the past identifying the right communication system for John would have been impacted by the limited range of assessment equipment available.

After initial assessment in the CAC, the range and quantity of assessment kit available allowed us to extend the assessment to a trial period with the identified system at home. This meant that the assessment extended into John's real life home situation to ensure that it met all of his needs. In the past an assessment loan period may have been delayed by the limited quantity of systems available for assessment in the CAC.

Introduction of new genetics test

A major success in the genetics service was the introduction of Comparative Genomic Hybridization (CGH) microarray testing. This is a new way of looking at chromosomes (In the nucleus of each cell, the DNA molecule is packaged into thread-like structures called chromosomes) and is used for diagnosing the causes of learning disability and other physical problems. It is used as a frontline test in other parts of the UK and in those circumstances about 10-15% of results are positive and show an abnormality.

Funding was made available by the Public Health Agency (PHA) through the HSCB to introduce the service locally. This process represented an enormous amount of work across the range of genetics clinical and non-clinical staff. In 22% of cases an abnormality was seen. Follow up to look at the significance of these abnormalities needed further samples from the affected individual and their parents. The outcome of the initial exercise was the identification of a gene abnormality in around 100 cases, allowing 100 families whose family member had been assessed as having a learning disability to know the cause of it and also to know whether or not there is a risk to other family members. This has been a great success and with the introduction of CGH Microarray testing equipment within the Trust the service will soon be provided in-house.

Emergency Department update

In September 2011, the board of directors of Belfast Trust took the decision to temporarily close Belfast City Hospital (BCH) Emergency Department (ED) due to medical staff shortages and associated supervision and training issues. A formal consultation on the future of emergency services in Belfast has now taken place.

Throughout the temporary closure we have worked closely with all partner organisations, the PHA, the HSCB, General Practitioners and the Northern Ireland Ambulance Service, to ensure that the impact on patient care is minimised.

A number of initiatives have been developed to improve access to services for all patients. For example, there are arrangements in place for GPs to directly access admission to a hospital bed on the City Hospital site. There is a programme treatment unit on the Royal Victoria Hospital (RVH) site which provides access to treatments and diagnostic tests for patients on a day case basis - these patients would have previously required an inpatient stay.

We have redesigned the arrangements for urgent admissions with the creation of a 61 bedded acute medical admissions unit on the RVH site including the specialty of acute internal medicine. Specialist expertise across a range of medical conditions i.e. respiratory and stroke is available at all times, ensuring that patients are admitted in a timely way and seen by the appropriate specialist.

In particular Belfast Trust now has a team of consultants providing intervention and advice for any patient admitted with an acute gastric haemorrhage and is the first Trust in Northern Ireland to provide this.

We continue to provide full emergency care services on the RVH and Mater Hospital sites for patients who become acutely unwell or need very urgent care. Although there has been a slight decrease in the overall number of ED attendances in Belfast during the period since the BCH temporary closure, attendances at the RVH and Mater sites have increased as expected and planned for.

However, regional recruitment of medical staff continues to be an ongoing challenge, with insufficient numbers recruited to date. This remains a national issue.

During the last year there have been 120,932 recorded ED attendances, and 32,246 admissions to the hospitals via the Emergency Department. Peaks in demand for Emergency Care services and hospital admissions have been challenging, particularly in February and March 2013. Despite this there has been an overall reduction in the number of patients waiting on a bed longer than 12 hours as demonstrated by the following figures, 2011/12 = 2,733 and 2012/13 = 396. More importantly however from October 2012 to February 2013 there were 13 patients who waited more than 12 hours on a bed compared with 1,415 during same period the previous year. This represents a significant improvement on last year.

Cancer and Specialist Services

Therapeutic Radiography – extended practice

Three therapeutic radiographers working at the Cancer Centre, are among the first Allied Health Professional (AHP) Non-Medical Prescribers (NMP) in Northern Ireland. All three are advanced practitioner radiographers who hold clinical site specialist roles in head and neck cancer, lung cancer, breast and gynaecological cancers respectively.

The therapeutic radiographer's main role is in the planning and delivery of radiotherapy treatment to patients with cancer. In Belfast Trust these therapeutic radiographers have extended their scope of practice within disease specific teams to become expert clinical practitioners in managing radiotherapy related toxicities, navigating the clinical pathway and facilitating patient access to all the necessary services and expertise at the Cancer Centre. Introduction of non-medical prescribing for Allied Health Professionals has allowed disease specific radiographers to further enhance patient care by providing more timely access to medicines at the point of care, safely and without compromising patient safety. It has promoted radiographer role extension and allowed for more flexible team working within the Radiotherapy Service.

The NI Cancer Centre houses a series of Linear Accelerator (LinAc) machines which are used to provide a regional Radiotherapy service to the Northern Ireland Population.

Finally, one of our therapeutic radiographers has been awarded Northern Ireland Radiographer of the Year 2012. Great news for the radiographer, the department and our patients!

Performance against Standards and Targets

The Trust had a wide range of challenging standards and targets to meet in 2012/13, which were set out in the DHSSPS Commissioning Plan. In a difficult year we were able to meet some of the targets and standards in a number of areas. However, for a variety of reasons, some of which were outside the control of the Trust, a number of targets/standards were not achieved during the year.

1. Healthcare Acquired Infection

Target: By March 2013, secure a reduction of 29% to 14% in Methicillin Resistant Staphylococcus Aureus (MRSA) (all patients) and C Difficile infections compared to the position in 2011/12.

Performance: The Trust came close to achieving the target reduction for MRSA with only three infections more than the target indicated being reported by the end of February. This was a significantly fewer number than in 2011/12. C Difficile infections were however 40 ahead of target by the same time. It is noteworthy however that two thirds of the C Difficile infections were confirmed within 48 hours of admission suggesting that many were contracted before being admitted to our hospitals. The Trust HCAI improvement team, chaired monthly by the Director of Nursing and User Experience continues to work hard to tackle the issue of HCAIs and focuses on actions taken to implement the Trust's HCAI improvement plan.

2. Elective Access

Target: Elective care (Consultant-led) – 50% of patients wait no longer than 9 weeks for a first outpatient appointment increasing to 60% by the end of March 2013 and no-one will wait longer than 21 weeks reducing to 18 weeks by March 2013 and 50% of elective inpatients or day cases wait no longer than 13 weeks for treatment increasing to 60% by the end of March 2013 and no-one will wait longer than 36 weeks reducing to 30 weeks by March 2013.

Performance: Inpatient and Daycases
Between April 2012 and February 2013, 64% of patients waited 13 weeks or less. However by the end of February 1576 patients were waiting longer than 36 weeks and 2561 were waiting more than 30 weeks. The Trust is aiming to achieve the 30 week maximum waiting time in most specialties, however due to capacity issues we are unable to achieve this in some areas (e.g. General Surgery, Paediatric Dentistry, Paediatric Surgery, Urology, ENT, Vascular Surgery, Cardiology, Gynaecology, Orthopaedics, Neurology VEEG, Plastic Surgery). Independent sector capacity is also being used to reduce waiting times in a number of areas. Regular updates have been provided to the HSCB.

Performance: Outpatients
Between April 2012 and February 2013, 64% of patients who underwent surgery waited 13 weeks or less. However by the end of February 3325 patients were waiting longer than 21 weeks and 5114 were waiting more than 18 weeks. The Trust is aiming to achieve the 18 week maximum waiting time in most specialties, however due to the capacity issues we are unable to achieve this in some areas (e.g. General Surgery (colorectal), Osteoporosis, Infectious Diseases, Respiratory, Ophthalmology, (small number of Retinal Vein Occlusion patients) Paediatric Cardiology, Cardiology Genetics, Hepatology). Independent sector (IS) capacity is also being used to reduce waiting times in a number of areas and delivery of the 18 week waiting times is dependent on Independent Sector companies delivering agreed contact volumes. The Trust has provided regular updates to the HSCB in relation to specialties which will not achieve the 18 week waiting time.

3. Fractures

Target: From April 2012, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.

Performance: 94% of hip fractures were seen within 48 hours from April 2012 to March 2013. Through the year 75 patients had to wait longer than 7 days for treatment.

4. Emergency Department

Target: From April 2012, 95% of patients attending (any Type 1, 2 or 3) ED are treated and discharged home, or admitted, within 4 hours of their arrival in the department and no patient attending any ED should wait longer than 12 hours.

Performance: Performance in relation to the 4 hour target continues to be well below the 95% target. Cumulatively the April 2012 to February 2013 performance was 69% compared to 72% in 2011/12. To provide a dedicated focus related to unscheduled care pathways (including ED waiting times performance), the Trust has appointed an interim Director of Unscheduled Care Services supported by dedicated nursing and medical leads. These arrangements will be established over the next weeks. Significant work and effort has gone into bringing down the number of people waiting more than 12 hours. The number of 12 hour breaches from April 2012 to February 2013 at 406 is substantially down on the breaches recorded in the equivalent period in 2011/12. In the past three months 12 hour breaches have totalled only seven across all sites.

5. Renal Services

Target: During 2012/13 the Trust will undertake 50 live donor transplants.

Performance: In 2012/13 the Trust exceeded this target by effecting 53 transplants. Live donor transplants are where a healthy person, often a relative of a patient with kidney failure, offers up one of his/her kidneys for transplantation.

6. Cancer

Target: From April 2012, ensure that 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

Performance: Performance against this target as at February 2013 is 78%. The Trust is working to improve performance against the 62 day target with service areas working to reduce waits for urgent GP referrals, for outpatient appointments, scopes and imaging. Ability to meet the 62 day target consistently however relies on investment from HSCB in a range of key areas and improvement in the management of Inter Trust Transfers. A summary of performance against the 31 day (waiting time from diagnosis to treatment) and the 62 day indicator and performance for Trust patients (excluding internal transfers) and ITT patients is set out in the table below. This indicates that when ITTs are excluded, Trust performance is better against the 62 day target.

Target	Dec 2012	Jan 2013	Feb 2013
Overall 31 day	98%	95%	96%
Overall 62 day	83%	82%	72%
Internal 62 day	91%	90%	78%
ITT 62 day	64%	66%	57%

The Trust is focusing on reducing the number of patients recorded as waiting 95 days (referral to treatment). The aim is to have no patients waiting longer than 95 days. At the end of February 2011 patients were waiting longer than 95 days (seven ITT patients and four internal Trust patients). The Trust is working to reduce this number for the end March.

7. Children in Care

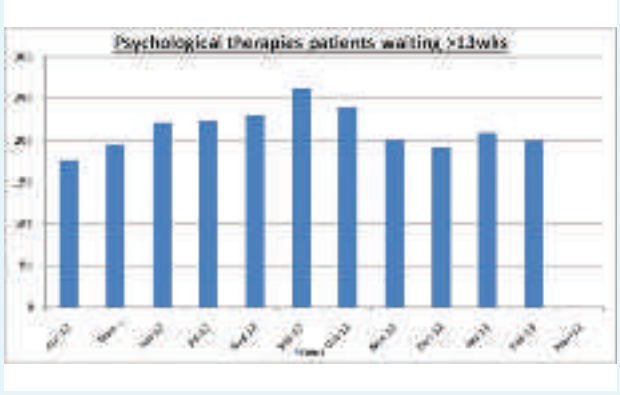
Target: The Trust is subject to many targets in relation to ensuring that children in our care receive the highest possible standard of care.

Performance: The Trust meets these standards fully in most cases. For example the Trust exceeds the standard of requiring that 62% of children leaving our care are in either education training or employment. This is the case for 71% of our care leavers.

8. Mental Health Services

Target: From April 2012, no patient waits longer than 9 weeks to access child and adolescent or adult mental health services and 13 weeks for psychological therapies (any age).

Performance: The tables below detail performance against these two standards throughout 2012/13.



The majority of breaches in psychological therapies are within adult health and psychosexual services. Investment is being provided for the specific areas of HIV and Cancer which, once in place should assist in reducing breaches. The Trust is also in discussion with the HSCB regarding investment for psychosexual services. Early indicators are that the HSCB will support investment in this service area.

9. Disability Services Learning Disability

Target: The Trust has now agreed with the HSCB a re-profiling of the target for the resettlement of long stay patients from our hospitals. More resettlements are now being scheduled to take place later in the three year plan. This is because of the need to identify and take forward the development of supported housing schemes. The new target profile is;

- 2012/13 – 13
- 2013/14 – 25
- 2014/15 – 24

Performance: The Trust resettled 8 long stay patients between April 2012 and February 2013

10. Community Care

Target: From April 2012, people with continuing care needs wait no longer than 8 weeks for assessment to be completed and have the main components of their care needs met within a further 12 weeks.

Performance: This target was met or exceeded in all cases dealt with by the Trust from April 2012 to February 2013.

Advancements in tackling Heart Disease

Abdominal Aortic Aneurysm screening programme introduced into Northern Ireland

During the summer of 2012 Belfast Trust was chosen as a centre of excellence in Vascular Surgery, to set up and roll out an Abdominal Aortic Aneurysm (AAA) screening programme across Northern Ireland, in partnership with the Public Health Agency. This hub and spoke model is delivered within 17 locations throughout Northern Ireland networked to the regional vascular centre in Belfast, with the aim of reducing AAA-related mortality in men over 65. There is evidence of a significant reduction (45%) in mortality from AAA in this cohort of men who undergo ultrasound screening. There is also long-term cost-effectiveness of AAA screening in men and further evidence that the early mortality benefit from screening is maintained. Mortality following rupture is high, with around 50% of those who suffer a ruptured aortic aneurysm dying before reaching hospital.

Additional investment within cardiology services

Following a successful pilot, commissioners have agreed to expand cardiac catheterisation laboratory capacity within Belfast Trust. By increasing the capacity to an additional nine weekly sessions, the service can now be delivered

seven days a week. This will increase the number of sessions from 63 to 72 per week and will include scheduled weekend lists, and for the first time provide elective capacity at weekends and bank holidays for the local population. The service is working alongside other local hospitals to reduce inpatient waits in line with the standards within the Northern Ireland Cardiovascular Framework.

RVH Cardiac Surgery service delivered over 1000 surgical cases

The RVH Cardiac Surgery service achieved 1006 surgical cases for 2011/12 and is on target to achieve the same volume this year. This is a 25% improvement over the last 5 years.

The development of clinical criteria for the scheduling of patients has helped to improve throughput of patients. This was developed by consultant medical staff and is used by the advanced nurse practitioner to schedule patients. An audit has shown that it is an excellent tool for the prediction of patients that will stay longer in the unit.

The achievements in this area have been successful due to the following:

- Staff have a better understanding of how they contribute to the delivery of the 1000 procedures
- Earlier decision making and standard discharge protocols from Cardiac Surgery Intensive Care Unit to ward
- Theatre utilization has been improved
- Less cancellations
- Flexible workforce
- Embedded expected date of discharge
- Empowerment of staff evidenced by increased ownership and decision making

Belfast Trust Fostering Service

Belfast Trust's Fostering Service was reconfigured in 2008, with the amalgamation of North and West and South and East Legacy Trusts. Based across two sites, the Service consists of five specialist teams including two Support and Development teams and a dedicated recruitment and assessment team.

The Fostering Service actively recruits, assesses, trains, supports and develops a range of foster carers, to provide safe and stable family placements for children who are unable to live with their birth families.

A total of 343 stranger and kinship foster carers currently provide placements for 526 children across the Belfast Trust area.

The Fostering Service strives to provide comprehensive support for its foster carers. A coordinated training programme ensures carers are equipped with a high level of skills necessary to undertake the fostering task. Organised social activities for carers and their families are another important aspect of what the Service provides.

In the last year the Fostering Service has held a number of social events including the annual Christmas coffee morning for foster carers at Belfast Castle, the annual Children's Christmas Party at Dundonald Ice Bowl, and a number of events with the Service's corporate partner, the Belfast Giants. The highlight of the year is the Fostering Achievements Awards Ceremony, where young people in foster care are presented with awards at the iconic Titanic Building.

Belfast Trust's retention levels for foster carers are higher than the average, with some carers having more than 30 years' service.

'There is a lot of support and training from the Trust and it's definitely worth talking to other foster carers if you're considering fostering' (Linda, Belfast Trust Foster Carer for 18 years)
'When you look and see that you're making a difference to a child's life it really makes it worth it' (Mary, Belfast Trust Foster Carer for 6 years)

Central Decontamination Unit Modernisation

Belfast Trust decontamination services are an amalgamation of four legacy services at the Royal, Musgrave Park, the Mater and the City Hospitals. To address identified decontamination risk and improve service delivery, decontamination services have undergone and continue to undergo a modernisation process.

There has been a new dedicated fully compliant endoscopy decontamination unit opened at the City Hospital site. The Central Decontamination Unit at the Royal has implemented decontamination services to cardiac surgery, School of Dentistry and community dentistry as well as amalgamating decontamination services from the Mater site.

A number of new staff have been appointed including a learning and development manager. The service has implemented a robust, detailed training and induction programme which is delivered to all staff.

The service has sterilized approximately 80,777 trays and 315,757 units this year. The Equipment Decontamination Unit (EDU) has decontaminated approximately 9,288 flexible endoscopes.

Medical Revalidation Programme

Doctors across Northern Ireland are now expected to have their licenses to practice revalidated on a regular basis, and doctors in Belfast Trust are no exception. Revalidation aims to provide reassurance to the public that licensed doctors are practising to the appropriate professional standards. By the end of March 2013 the first batch of 11 doctors from Belfast Trust completed the validation process – in the next year that number should rise to 163, with all 840 Trust doctors completing the process by 2018. Medical Director Dr Tony Stevens has been appointed as the responsible officer, and each consultant and specialty grade doctor has a date for revalidation. Doctors are assessed in four key areas – their knowledge, skills and performance; safety and quality; communications and team working and maintaining trust. For the first time patients will be asked to comment on an individual doctor's approach.

Midwifery Led Unit in Mater

Following the consultation on the future of maternity service in the Belfast area, this year saw the launch of a new midwifery-led unit in the Mater Hospital. Existing maternity accommodation underwent a refurbishment to include an increased number of birthing pools and to create a cosy environment for both women and their families.

The new service offers care for women with straightforward pregnancies and is available as an option for all women within Belfast Trust. More specialist obstetric care for women who have particular complications continues to be provided by the Royal Jubilee Maternity Service.

Modernisation of inpatient services for children

Several pilot projects have been introduced into the Children's Hospital during this financial year; including an out of hours GP service, Medical Consultant of the Week and a Short Stay Paediatric Assessment Unit. It is hoped that working in partnership with the HSCB will ensure these projects become established in the longer term.

Increasing PICU beds

In collaboration with the HSCB, Belfast Trust has addressed the capacity issue in Paediatric Intensive Care Unit (PICU), with an additional investment to allow the unit to grow from 8 to 12 beds. This great news means we can now care for even more of the sickest children in Northern Ireland.

Helping new arrivals access healthcare

Belfast Trust has developed the Northern Ireland New Entrant Service. This nurse led service aims to provide access to healthcare for new entrants to Northern Ireland to include new immigrants, asylum seekers, refugees and clients who are unable to register for GP services.

A range of clinics can be accessed to address the health and social wellbeing needs of the client group to include drop-in clinics for advice and support; health assessment clinics; immunisation clinics and health promotion sessions. It is planned to develop clinic sessions to include a clinic supported by a speciality doctor and a consultant led paediatric clinic.

Clients are offered a holistic health assessment; screening for communicable diseases such as HIV, Hepatitis B and Hepatitis C for clients from high risk countries and immunisations as required. Assistance is given with registration for GP and dental services; signposting to other services and onward referral as appropriate.

Ongoing progress in the School of Dentistry

The second phase of the £1.4m refurbishment of the School of Dentistry started in the summer of 2012. Following the refurbishment of the second floor treatment areas, this year the focus has been on the fourth floor conservation clinic. The scheme includes the installation of 23 new dental chairs and work stations, as well as an upgrade to the administration and teaching facilities. In partnership with Queen's University we have been able to transform the old laboratory areas on the second floor of the building with a new 33 station teaching area – the first of its kind in Ireland.

Staff from the School of Dentistry were among the winners at the annual Dental Nurse of the Year which took place in February 2013, with the Oral Medicine Dental Nurse Team in School of Dentistry (SOD) scooping one of the prestigious awards.

Trust in Us! – using technology to stay safe!

Belfast Trust has over 500 cameras which have proved beneficial in the detection and deterring of crime and assisting in ensuring a safe environment for patients, staff and visitors. However the quality of images, retention arrangements and compliance with Data Protection Act (DPA) legislation varied from site to site depending on the age of the CCTV equipment.

New developments in CCTV technology support our security teams in their strategy to Detect, Deter, Deny opportunities for crime. The security management team has worked closely with the I.T. department to improve ways of working, including remote and centralised viewing and address storage capabilities. We have also ensured that the storage and management of images is managed appropriately in accordance with the Data Protection Act.

A CCTV code of practice was produced and placed on the web-site promoting best practice and providing reassurance that privacy laws are being adhered to. It creates a climate of transparency stating the purpose of the CCTV system and provides guidance and mechanisms for operators and for those who may wish to obtain images.

All security officers and managers have completed a BTEC LEVEL 2 Award in CCTV operations, and a CCTV operators protocol has been introduced.

The enhanced system has resulted in improved crime prevention in regard to captured evidential CCTV images. The use of an integrated system allows greater flexibility in cross site working as cameras from the Mater and Musgrave Park can be viewed in the Royal control room.

The use of IP cameras, some of HD definition, has resulted in much sharper images and are particularly beneficial in the detection of crime especially where facial recognition is required for evidential purposes.

The use of cutting-edge technology has the potential to improve the management of Major Incidents where the Control and Command centre can make decisions on images of what is happening at ground level. For example a hand held tablet can access images from a number of sites. This will also allow for greater resilience and business continuity in the event of a fire or bomb threat.

Touch screen technology has been introduced which allows CCTV operators to access images by pressing site plans and calling up buildings, floors and particular cameras.

Also viewing the multi-image viewing of up to 64 cameras at a time is beneficial when investigating crime and enhancing patient safety.

Sight impairment in older people

Belfast Trust has developed a newly reconstituted service that provides state-of-the-art treatment for a devastating ocular disorder known as neovascular age-related macular degeneration (AMD). Neovascular AMD is the commonest cause of sight impairment in older adults. It affects the macula which is responsible for detailed vision and without treatment results in sudden and severe central visual loss. The majority of people afflicted by neovascular AMD will develop the same pathology in the fellow eye and thus its impact is huge with most people rapidly losing the ability to read, see faces and drive.

Belfast Trust's Regional Macular Service based at the Fairview Unit on the Mater Hospital campus, is rapidly growing year on year and is now dealing with double the number of patients that it dealt with in its first year in mid 2009. Modifications and redesign to the patient care pathway have allowed speedier assessment and treatment delivery. The potential for using highly skilled optometric staff for clinical assessments is currently being explored. In summary the development from a fledgling service to a highly professional comprehensive multidisciplinary service has evolved within the space of 18 months.

In April 2012 the Fairview Unit was successful in achieving the Royal National Institute for the Blind (RNIB) Northern Ireland Model of Excellence Award as an exemplar service for blind and partially sighted people.

Kinship Foster Care Support Service

The Kinship Foster Care Support Service (KFS) became operational in September 2012 and is a three year project funded by the Big Lottery. It is a service offered by Extern in partnership with Belfast Trust Kinship Fostering Service, to help both kinship foster carers and their fostered children, to have a happy and positive experience of fostering, to help keep the placement stable and to ensure a good outcome for the whole family.

KFS offers a range of services tailored to meet the needs of the individual child and foster family including:

- regular weekly individual support for the fostered child / children
- occasional respite for the child and family
- links with other service providers in the local community
- training and education events for foster carers
- creative therapies for children and carers
- whole family away days
- group away days with other foster children and carers

The project is currently working with 21 young people in kinship care and 60 beneficiaries. The children have enjoyed going away on residential trips and participating in group work activities and the fortnightly carers' morning is a huge success.

I am Roma!

Over the last year Belfast Trust has been the lead partner in the EU funded 'I am Roma' programme. Belfast was the only United Kingdom city involved in this programme alongside eight other European cities.

The health of the Roma population is extremely poor. Roma tend to live in overcrowded housing, with limited incomes, poor diets and other circumstances that leave both adults and children prone to poor health. As EU A2 nationals, very few of the Romanian Roma can register with family doctors due to strict guidelines and this means that their healthcare needs remain unmet.

An innovative programme was developed in partnership with the Roma community and a Local Action Group was established, comprising all the key stakeholders working for the Roma.

Among the many initiatives undertaken by the Local Action Group, was the establishment of a health visiting clinic, tailored to meet the needs of the Roma community.

The clinic was established following a comprehensive health needs assessment of the Roma community that highlighted a number of health concerns especially maternal and child health issues.

This unique clinic, which was staffed by a designated health visitor and a consultant paediatrician, was highly successful and provided care to young children and families who would otherwise not have received any health care.

Among the other initiatives undertaken by the Trust are the development of a training programme and leaflets for frontline staff working with the Roma community. A DVD was also produced for the Roma to raise their awareness of their rights and responsibilities while living in Northern Ireland.

While the EU funding for the project ended in December 2012, the Trust continues to work closely with the Roma community to try and ensure their health needs are met.

Autism services

Autism services across the Trust continue to develop. The Belfast Trust Steering Group has been expanded to become the Belfast Steering Group. This better reflects the proposed Strategy for Autism 2013 (in consultation) which emphasises the importance of autism being everyone's business. The group is led and chaired by the Trust but includes a wide range of

stakeholders and partnerships, with users and carers, community and voluntary partners and other public services agencies including education, justice and policing, and housing.

Adult services are in planning stages, with a limited adult diagnostic service being offered. Consultation regarding the format of future adult services is on-going with service users and Trust partners.

The children's service was runner-up in the Patient and Client Council's Making a Difference Award and we continue to reshape and remodel this service in response to user feedback. There are ongoing challenges in meeting demand but the service is under constant appraisal and review to ensure that we are providing a quality service, making best use of resources.

A workshop was held to coincide with World Autism Day, looking at carer and user perspectives of autism through the Lifespan. This added valuable insights for future service innovations.

Black and Minority Ethnic (BME) Carers

In the United Kingdom, one in eight adults is a carer and there is an estimate of 42,000 carers and around 3,000 BME carers in Belfast.

Belfast Trust is one of the partners in the regional Black and Minority Ethnics Carers Group, which aims to identity BME carers and develop support for them. Other representatives include the Public Health Agency, Belfast Health Development Unit, Carers Trust, Barnardos, NI Council for Ethnic Minorities and the Chinese Welfare Association.

Over the past two years, the focus has been on identifying BME carers; and supporting them to access to carers support, such as carer's grant, respite, complementary therapies and carers training.

The carer coordinator and the community development worker facilitate a BME carers support group, which meets regularly. The group has participated in a six weeks Health for Life programme to promote welfare and benefit sessions as well as pamper days and outings. The Trust has received funding from the Public Health Agency to develop a leaflet to identify BME carers and which will be translated into five top ethnic minority languages and distribute through interpreters and health professionals.

Employability Service – enabling young people into the workplace

Opportunity Youth in partnership with Include Youth is providing a service to all looked after children and young people aged 16-21 within Belfast Trust.

In light of the negative outcomes many young people in care face, Belfast Trust has committed itself as a corporate parent, to making education, training and employment opportunities available throughout the Trust.

The project develops a culture and infrastructure within Belfast Trust to better prepare young people in care for education, training and employment. It also identifies and supports a range of work experience, education and volunteering opportunities across various sectors, but particularly within the Trust.

Finally it provides a signposting service, information sharing, advice and guidance for those working with young people in care.

In the last year 20 of our young people completed applications for further education, 53 moved into further training, 32 have had work experience opportunities (14 within the Trust), and 16 have been assisted into full or part time work. In the Trust we have secured six full time posts for this scheme – three nursing auxiliary and three summer posts.

The service is an increasingly important element not only in the lives of young people in our care, but also for the social work staff who support them.

Ethnic minority mental health work

In recent years there has been an increase in the number of migrant and ethnic minority populations in Northern Ireland, with a high proportion of them living in Belfast.

One in four people will experience some kind of mental health problem in the course of a year, with the most common mental health disorder in Britain being anxiety and depression. Research shows that people from black and minority ethnic backgrounds have a lower uptake of mental health services, experience difficulty accessing mental health services due to language barriers and also experience higher levels of misdiagnosis due to cultural and language barriers. Asylum seekers and refugees also have a high risk of post-traumatic stress.

Staff from Community Development and Health Promotion in the Trust worked in partnership with a training consultant from the clinical leadership training centre to jointly develop the Ethnic Minority Mental Health Awareness training programme. The aim of this training is to develop relevant skills and capacity in leaders and workers from the ethnic minority groups, so they can facilitate mental health awareness initiatives in their own communities. The training is accredited by the Open College Network.

Over the past two years, seventeen people from the BME communities have completed the training and gained this qualification. Participants have been from a variety of communities including African, Chinese, Russian, Portuguese, Polish, Traveller, Nigerian, Palestinian and Indian communities.

Family Nurse Partnership

Belfast Trust is running a third test pilot site for the family nurse partnership (FNP). FNP is a service which involves working with young mothers and their babies from early pregnancy until their child reaches two years old.

FNP is an intensive preventive programme for first time young parents. This licensed programme, developed at the University of Colorado, is thoroughly evaluated and has tangible outcomes evidenced through 30 years of research. Parents receive weekly/fortnightly home visits from a specially trained nurse. The approach and materials used are rooted in theories of attachment, self-efficacy and human ecology.

This innovative programme achieves remarkable outcomes for both parents and children including

- Improvements in antenatal health
- Improved parenting practices and behaviour
- Reductions in children's injuries, neglect and abuse
- Fewer subsequent pregnancies and greater intervals between births
- Increased maternal employment and reduced welfare use
- Increases in father's involvement

The Belfast Trust FNP team is based in the Carlisle Health and Wellbeing Centre and is made up of five family nurses, one family nurse supervisor and one administrator. They work with young mums in North Belfast and Shankill.

Health Improvement Consortium Funding

In 2013 the Consortium budget funded 18 projects that were innovative and unique; from addressing chronic pain to promoting health and well being through circus skills for adults with a learning disability, from providing training for families of young people with Autism, to coping with stress through relaxation workshops to those affected by cancer. With small amounts of money, a huge amount of effort has been put into these projects that have made a real difference to people's lives.

NI Music Therapy Trust – Sing-a-Song Project

Since 1990 members of Fortwilliam and Everton Centres have been working with music therapist, Karen Diamond, exploring the joys and value of making music together.

Part of this work has included performing in their own right as a choir (Guys and Dolls) the aim of all of this work has been to let others see the 'ability in disability'.

In collaboration with Karen and local singer songwriter Matt McGinn they chose, rehearsed and recorded a CD of their favourite songs in May 2012.

This was launched at the Black Box in June 2012 in front of 300 people. For many in the audience with a learning disability this was the first time they were at a concert where they were entertained by their peers – something which we all take for granted.

A fabulous experience for everyone and now they want to know when they can record their next CD!

Circus skills!

Streetwise Community Circus was funded through Consortium funding to provide a series of circus workshops throughout Belfast Day Centres through July and August 2012. Streetwise has over 10 years experience of working with adults with learning disabilities and provides over 250 workshops a year with programmes throughout Northern Ireland. Participants were encouraged to participate and learn new skills which included a wide range of co-ordination and manipulation skills such as juggling, diabolo, hat tricks, flower stick, plate spinning, and poi as well as balance skills such as unicycling and juggling.

As well as improving physical health through participating in active enjoyable workshops, participants raised confidence and self-esteem through new skills learning. This programme of workshops which involved blocks of four in each centre, introduced Day Centre clients to the fun of circus and demonstrated to themselves their potential skill learning capability. Participants from these workshops were then invited to join Streetwise Community Circus's 'Evergreen Project' which runs weekly workshops in Belfast allowing individuals to continue learning circus skills as part of an evening project with other adults with learning disabilities who enjoy circus. Individuals also have the opportunity of joining Streetwise Community Circus Summer School which brings in an international director to produce a stage show. All the day centres were invited to this show on 24 August. This resulted in 150 people most of whom had attended workshops in their own centres watching the high quality show performed by their peers.

Musgrave Park Hospital on National Joint Registry (NJR)

Since the beginning of February 2013, Northern Ireland has been part of the National Joint Registry.

Five local NHS hospitals (Musgrave Park being one of them) and three independent hospitals are now contributing information for hip, knee, ankle, elbow and shoulder joint replacements. NI joins England and Wales on the NJR in providing clinical

evidence to surgeons and the wider orthopaedic community in order to protect patient safety and improve patient care. Recording operation details, along with patient information by consent, gives the NJR the ability to monitor implant and surgeon performance and highlight areas of concern and best practice. This will also allow surgeons to identify the strengths in their practice, as well as identifying areas for improvement. Surgeons regularly use NJR data to inform their choices when undertaking surgery.

All hospitals in NI have set up new processes to ask joint replacement patients to consent to the NJR at the time of pre-operative assessment or on admission and to collect operation data in theatres. Surgeons are delighted to join the National Joint Registry. It is important that they can benchmark their joint replacement surgery against those of their colleagues in England and Wales. This will provide our patients with the reassurance that the operation which they are about to undergo, is being rigorously monitored for quality and outcomes.

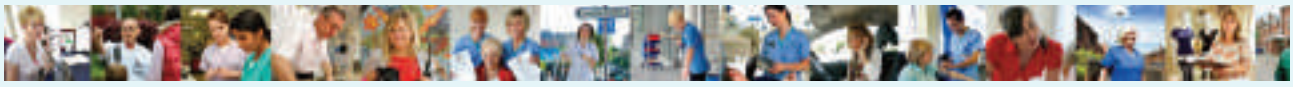
STOP before your OP!

This campaign aimed to help patients stop smoking prior to surgery, reduce post-operative risks, gain long term health benefits and financial benefits for patients and Belfast Trust. It targeted pre-operative patients and the pre-operative assessment team to increase referrals from this target group.

The objective for patients was to help them understand the benefits of stopping smoking prior to an operation, and to offer access to the hospital smoking cessation service. The objective for Belfast Trust was to increase the number of referrals, reduce length of stay, train the Pre Op Team in Brief Intervention, set up a clear referral pathway, drive the importance of smoking cessation and to ensure patients have choice.

This campaign involved partnership working with Pfizer, Acute Services Directorate and the Health Improvement Team. Campaign material included posters, leaflets, ward packs and a “ready reckoner” for staff. The material targeted staff, patients and visitors. Patients coming for their Pre Op Assessment are now informed of the Smoking Cessation Service on their appointment letter.

To date there has been a three-fold increase in referrals to the Smoking Cessation service with figures referred increasing monthly.



Investing in Our People

A number of major initiatives have been progressed over the last year to ensure that we continue to invest in and develop all of our staff and in turn improve performance for the benefit of our patients and clients.

Investors in People

Belfast Trust has been successfully reaccredited against the Investors in People international quality standard in March 2013.

The Investors in People standard is an internationally recognised framework which aims to improve organisational performance through effective people management. We are very proud to have retained this recognition as it is an external endorsement of the principles and practices we employ for developing and harnessing the skills of our people to meet our organisational purpose.

We have focussed on the themes of effective strategic and business planning, developing people, engaging and empowering the workforce, leading and managing effectively and continuous improvement. We are committed to ensuring that this work continues to be a vehicle for ensuring service improvement, and to supporting the development of our staff to meet service requirements.

Leadership and Management Strategy

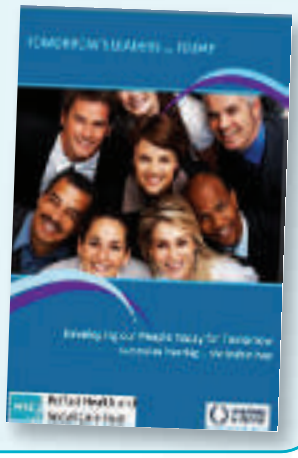
The key actions from the Trust's Leadership and Management strategy have been implemented over the last three years. Key to this strategy, is the objective to develop the skills, competences and behaviours required of Managers and Leaders so that we have a community of leaders who can efficiently and effectively meet the challenges of providing today's health and social care.

Leadership Development

Key outcomes from the strategy have been the design and implementation of specific and targeted **Living leadership development programmes**. All 160 of our Co-Directors and their direct reporting (Tier 4) Managers have completed the programme which had three central themes around performance, innovation and collaborative working. We continue to provide the Leading for Success programme for middle level (Tier 5) managers with 255 having participated to date.

Leadership Development for Ward Sisters/Charge Nurses and their Deputies remains a priority for the Trust given their key role and responsibility for patient/client care. All post holders have been given the opportunity to further develop their leadership skills and enhance their clinical effectiveness through attendance at the Trust's in house programme. Since these programmes commenced in 2010, 241 Ward Sisters/Charge Nurses have participated as well as 98 Deputy post holders.

Succession Planning the Belfast Way - Developing Our People Today for Tomorrow



Looking to the future workforce and the organisation's needs to ensure that we can recruit into future leadership and management posts, the

Trust has designed and launched a **Succession Planning Initiative** *Developing our People Today for Tomorrow - Succession planning…The Belfast Way.*

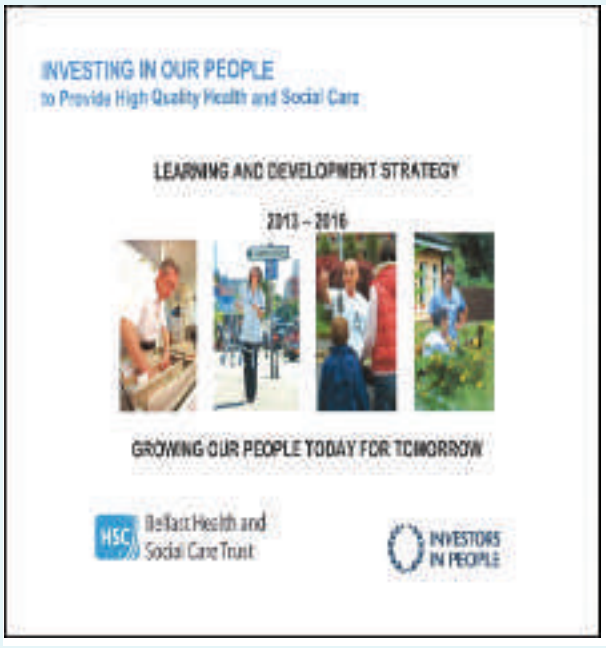
With the first cohort of 12 participants now identified, the initiative will provide individual tailored development to those who aspire to work in higher level posts whenever such vacancies arise. This will help the organisation to be proactive in ensuring that we have a stream of competent people with the potential to compete for and fill key positions. The initiative will be further offered out to middle level managers in the Trust in 2013/14.

Coaching

2012/13 also saw the development and launch of a new in-house Coaching Framework, the aim of which is to develop a coaching culture in the Trust to support the development of individuals and further enhance high performance. Seventeen Senior postholders have started their accredited training programme to become coaches and have committed to the provision of coaching for other staff in the Trust. In addition four workshops on coaching skills have been offered for line managers to enhance their people management skills and these will continue to be offered through the Trust's Human Resources Department in the next year.

Learning and Development Strategy 'Growing our People Today for Tomorrow'

The Trust's learning and development strategy for the period 2008-12 has been fully implemented and an external evaluation to determine the outcomes completed in 2012. This demonstrated considerable evidence to show real progress against the 12 priority areas giving a 'ringing endorsement' to the strategy. In particular it highlighted that a major contribution has been made to the Trust, equipping staff to deliver on the strategic objectives as well as individual roles. The evaluation outlined recommendations for consideration for the incoming strategy for 2013-16 which have all been taken on board. The new strategy has been developed specifically to prioritise the overarching learning and development needs aligned with organisational objectives and shift in models of care.



Supporting Belfast: A Strategy for Inclusiveness in Learning and Development for Support Workers (April 2010 to March 2015)

Work continues to be progressed in line with the strategy action plan, which is aimed at the development of Support Workers. Support Workers are the people who provide frontline services to our patients, clients, users and relatives and are primarily employed in Bands 1, 2 and 3. Year 3 of this action plan has just been agreed and covers approx. 8000 staff.

This year some of our key achievements have been as follows:

Level 2 Certificate in Working in the Health Sector

This part time modular programme covers topics linked to the Knowledge and Skills Framework Core Dimensions; Communication Skills, Equality and Diversity, Health, Safety and Security, Maintaining Quality Standards, People and Personal Development and Service Improvement. This programme also provides an opportunity to undertake an Essential Skills Communication qualification.

This year 45 staff have completed or are currently undertaking this programme.

Stand alone Essential Skills-Numeracy Programmes
This year 31 staff have completed or are currently undertaking this programme.

Stand alone Essential Skills-Literacy
This year 27 staff have completed or are currently undertaking this programme.

Contextualised Essential Skills Numeracy For Health Care Support Workers
This year seven staff have completed this programme

Vocational Learning - Health Care Support Worker Programmes
Belfast Trust employs approximately two thousand Health Care Support Workers. These staff are critical in the provision of patient care. Accordingly the Trust has developed a Learning and Development framework for this group of staff that is focused on delivering safe, effective patient centred care.

Two programmes run every year, and in 2012/13 95 people participated. The programmes provide an Induction and Development framework for both new and existing staff. The Trust's Vocational Learning Team are an accredited City & Guilds Centre, accordingly they co-ordinate the programme, and work collaboratively with nursing, internal trainers, the HSC Clinical Education Centre, the Education and Guidance Service for Adults and the Belfast Metropolitan College to deliver integrated and contextualised programmes, where all of the qualifications staff achieved are accredited on the Qualification and Credit Framework (QCF).

London South Bank University independently evaluated the first programme, and the evaluation from participants, mentors and managers was extremely positive. The programmes were awarded 2nd place in 2011/2012 Chairman's Awards.

Annual Summer Scheme

The Trust has successfully completed its fifth Summer Scheme which was provided for a seven week period during July and August 2012. A full evaluation of the scheme was undertaken which confirmed that 90% of parents rated the scheme as either excellent or very good, 98% of parents said that it was good value for money and 98% strongly agreed or agreed that the Trust Summer Scheme enabled them to balance their work and family more effectively.

Disability Action Plan

Trust Board has now endorsed the Trusts Disability Action Plan and the outcome report. The plan is a formal framework on how we as a Trust take forward our statutory responsibilities in regard to service users and staff and how we will address the need to promote positive attitudes towards disabled people and encourage their full participation in public life.

Disability Steering Group workshop

In February 2013, Belfast Trust convened a workshop on the future of the Disability Steering Group, which was first established in 2007 in response to the introduction of new legislative provision – known as the Disability Duties which are:

- to promote positive attitudes towards disabled people and
- to encourage full participation of disabled people in public life.

We have developed and consulted on a second Disability Action Plan – which is a framework outlining what the Trust will do to fulfill these statutory requirements in terms of how we provide our services, the way we produce our information and the way we employ our staff.

Given that the group is now in its sixth year it was agreed that the disability infrastructure could be further enhanced by:

- raising its profile corporately

- increasing representation from across the services
- reconfiguration so that working groups are established – chairs of each would sit on the steering group
- inviting a wider range of representative organisations from the disability sector.

The steering group comprises Trust representatives, Trade Union colleagues and representatives from disability organisations and individuals with disabilities.

With the implementation of 'Transforming Your Care', where the onus is on person-centred care – putting the person before the disability is fundamental.

Domestic Abuse Service

In December 2012, we organised an awareness campaign on the prevalence of domestic abuse and the Trust support service which is free, confidential and available to all staff. To increase the levels of awareness we established information stands in the four acute hospitals with campaign posters and contact details for people who may be experiencing or witnessing domestic abuse.

The domestic abuse support service has been designed and delivered in partnership with Trade Unions. Twenty thousand calendars have been printed for 2013 containing the domestic abuse support service logo and contact details; a calendar for every member of staff.

In January 2013, we recruited a number of new support officers to join the support service within the Trust. We also held a training day for both new and existing officers, to further their understanding of the issue, and provide them with knowledge of the service and the help available for staff experiencing domestic violence. A number of outside organisations including the PSNI, Women's Aid, Rainbow and Staffcare were all invited to make presentations at the training day.

Employer for Disability NI Member of Excellence

Belfast Trust has been recognised as an Employer for Disability NI Member of Excellence, one of only four organisations locally who achieved this level. Employers for Disability confirmed that this award recognises the commitment demonstrated by Belfast Trust in implementing an array of practical measures to attract and retain employees and service users with disabilities. In particular it recognised the Trust's Disabled Employee Network which promotes the role of disabled staff in the Trust and recognised the provision of work placements in a variety of areas across the Trust for people with disabilities.

Employment Equality and Diversity Plan

During the period the Trust continued to address the objectives set out in this plan. Specific actions included:

- **Mandatory Equality Training** - during the period 1452 staff and 185 managers (this is to the end of February) attended mandatory equality training and a further 207 staff attended eLearning equality training.
- **Affirmative Action Plan** - the Trust continued to progress its Affirmative Action Plan with the Equality Commission for NI to ensure fair participation in the workforce and encourage applications from both communities. The Trust is progressing this regionally across HSC and is working with the local communities to identify if there are perceived barriers to accessing employment with the Trust.

Good Relations Strategy

The Good Relations strategy emanates from our statutory Section 75 responsibilities. It shows how we will ensure the promotion of good relations between people of different religious group, racial group, and political opinion. This is applicable to both staff and service users. As the largest Health and Social Care provider in Northern Ireland, the

Trust is committed to promoting good relations and wants to ensure service users and staff enjoy equality of opportunity and equality of access to health and social care in a welcoming and neutral environment.

The strategy has been developed in partnership with the Community Relations Council, representatives from across the Trust, chaplains, Trade Unions and representatives from the community and voluntary sector. It is a demonstration of Belfast Trust's commitment to mainstream good relations and embrace diversity. We hope that this strategy goes beyond compliance by proactively creating an organisation where service users and staff feel valued, respected and comfortable irrespective of race, religion or political opinion. It has now undergone a formal consultation process.

Improving Working Lives and Employment Equality

Health and Well Being

The Trust's Health and Well Being Group ensures a collaborative, partnership approach and commitment at a corporate and strategic level to the business case for promoting health and well being initiatives for staff. It provides leadership and direction to the implementation of the Health and Well Being Strategy and Action Plan. Human Resources has contributed to the success of this action plan in 2012/13 through a number of initiatives including:

- The further development and provision of work life balance flexible working policies designed to provide staff with a range of flexible working arrangements to enable them to balance both home and work commitments and improve their working lives. During this period there were 838 applications with a 98% approval rate.
- As an employer for childcare best practice employer the Trust facilitated 696 parents in the employers for childcare voucher scheme during the period. The Trust also launched the employers for childcare staff discount card and approved home childcare during the year.
- Maternity information sessions were held during the period providing staff with information on maternity leave entitlements, work life balance policies, health at work during pregnancy and health promotion for expectant mothers.
- The 'Get into Reading' programme is a shared reading experience led by a trained facilitator from the Reader Organisation. 'Get into Reading' provides a safe environment for staff to meet and feel connected, and where they feel confident to talk openly about issues the text may have prompted. A six week pilot programme was rolled out in Shankill Health and Well Being Centre which evaluated very positively from those who participated. 100% of participants said that they were more able to relax; 100% felt more positive about life and 60% said that they were more able to cope with stress. On the strength of this pilot programme, funding was successfully procured from the Health Promotion Consortium for development. This funding has been utilised to provide two further 'Get into Reading' programmes across the Trust, one based in the Shankill Health and Well Being Centre and a second in the post-graduate centre of the Belfast City Hospital.
- Almost 30% of absence in the Trust is attributable to mental ill-health and in order to support staff and managers two guidance leaflets have been launched for staff and managers. These provide a range of key contacts and sources of help and signpost staff to where they can seek further support and advice.

Migrant Worker Charter

Belfast Trust is committed to ensuring an all-inclusive workforce and has signed up to the 'Employers Charter for Employing Migrant Workers in Northern Ireland' in partnership with Business in the Community. Some of the achievements from the Action Plan include the development of an etiquette leaflet, a Welcome Pack.

Multicultural and beliefs handbooks and translated welcome pack

To mark International Human Rights Day in December 2012, Belfast Trust launched a Multicultural and Beliefs Handbook, and re-launched an updated Welcome Pack, with a greater range of languages than was first available in the original edition. These two initiatives help facilitate the delivery of person-centred services by the Trust.

The multicultural and beliefs handbook provides staff with information on an increasing range of faiths and cultural belief systems, due to the growing cultural diversity within Northern Ireland. It includes practical guidance for providing culturally sensitive services in regard to care of the dying, dietary needs and modesty issues etc. The Welcome Pack will be used by staff to effectively provide information on Trust services to inpatients who do not have English as a first or proficient second language. It has information on catering, visiting times, chaplaincy services and the Northern Ireland Health and Social Care Interpreting Service.

The pack has been translated into 18 minority ethnic languages, and is currently being delivered to each ward in each hospital.

New education centre opened

In July 2012 the new Education and Clinical Skills Centre opened on the Royal site within the Elliott Dynes Building.

The centre provides an excellent venue to deliver multi-professional teaching, clinical skills training and assessment, new training programmes including simulation, and clinical examinations. There are also facilities for conferences, IT training and telemedicine.

Northern Ireland Health and Social Care Interpreting Service

The Northern Ireland Health and Social Care Interpreting Service (NIHSCIS) has around 400 trained, professional, quality controlled interpreters, in 35 registered languages. There have been over 334,000 requests to date, and the most requested languages are Polish, Lithuanian, Portuguese, Chinese Mandarin and Slovak.

The NIHSCIS offers regular professional development sessions to interpreters in specialised areas of health as well as facilitating a quarterly Interpreting Forum meeting which provides an opportunity for all registered interpreters to engage, suggest topics for discussion and have a chance to network. Due to the increasing demand for language assistance, the NIHSCIS is constantly monitoring trends and recruiting/training new interpreters in order to meet the demand for requests received.

The NIHSCIS has managed to successfully meet over 95% of all requests received during 2012 and aims to improve coverage with the current efforts on training and preparing new professional interpreters within the languages and geographical areas where there may be a slight gap in service provision.

The HSCB has commissioned an on-going Review of HSC Interpreting and Translation Services in 2011, which aims to look into strategic direction and sustainability of service provision in order to build a service that is fit for purpose with the best use of resources.

The service won the National Leadership and Innovation Agency for Healthcare Award for Equality and Diversity at the 2012 Healthcare People Management Association (HPMA) Excellence in Human Resource Management (HRM) Awards Ceremony.

We will work to optimise the **resources** available to us to achieve shared goals

Size & Scale

Belfast Trust had an operating expenditure budget of £1.2 billion in 2012/13 and is the largest healthcare Trust of its kind in the UK in budgetary terms. The Trust employs around 17,000 (whole time equivalent) staff, and manages an estate worth almost £1 billion.

Financial Environment

2012/13 has been another extremely challenging year financially. As in the previous few years, the Trust has had to meet very significant savings targets by increasing productivity and reforming service delivery. These savings were achieved in 2012/13 despite the Trust having to meet growing costs associated with, for example, the introduction and expansion of new drug and therapy treatments, increased fuel costs and costs relating to advances in clinical and technological techniques.

Financial Targets

Whilst operating within this very challenging financial environment, the Trust has continued to improve the safety and responsiveness of services for its patients and clients whilst still achieving all of its statutory financial targets which are outlined below:

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

The above achievements have been delivered through a combination of sound financial management, the concerted efforts of our staff and the continued implementation of the Trust's efficiency scheme, the MORE Programme.

Financial Governance

Despite the challenging financial environment, the Trust has maintained sound and robust systems of internal control which are designed to safeguard public funds and assets. The same high degree of security is maintained over patients' and residents' monies, and charitable trust funds, administered by the Trust. Our 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.

Off-Payroll Engagements

The Trust had no off–payroll engagements at a cost of over £58,200 per annum in place as at 31st January 2012.

MORE – Maximising Outcomes, Resources and Efficiencies

The Trust's MORE programme was established to ensure continued delivery of safe and responsive services, against a backdrop of increasing demand, rising cost pressures and efficiency savings targets.

The programme's focus is on securing efficiencies through enhancing productivity, changing the way we deliver services, modernising and driving improvements in health and social care, eliminating waste and maximising value for money. The MORE programme links with the regional Quality Improvement & Cash Releasing (QICR) programme which is an integral part of the Transforming Your Care (TYC) programme.

The focus of the MORE programme is essentially about ensuring the right care is delivered by the right person, doing the right thing, in the right place.

The programme has been successful in delivering around £160 million of efficiency savings over the last six years and has met all of its savings targets.

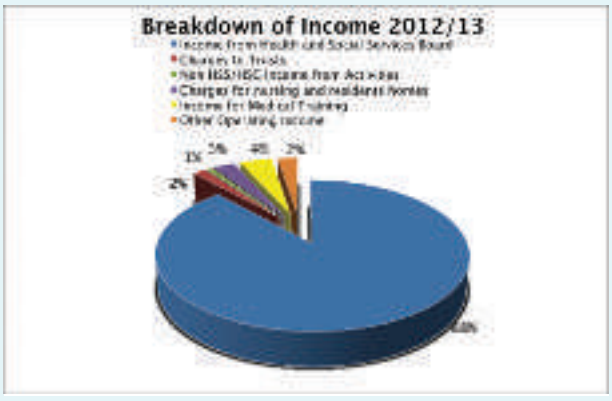
One area in which the Trust has made significant savings in recent years is management costs. Improvements have been made yet again in 2012/13, with management costs representing 3.1% of total income. This compares with 3.2% and 3.6% in the previous two years.

The nature and scale of changes which the health and social care sector will face over next few years is very challenging. The Trust is confident, however, that the required changes will be effectively managed through the continued successful operation of the MORE programme, together with the regional system-wide QICR approach.

Income and Expenditure

The information below provides an analysis of Trust's income and a breakdown of expenditure in 2012/13.

The majority of funding, almost 90%, comes from the DHSSPS, through the HSCB and the Public Health Authority. The Trust also receives funding for medical education and commercial research, from private patients and from clients in residential and nursing homes. The chart below shows the breakdown of the different sources of income.



The money which the Trust receives is used to deliver health and social care services for the population of Belfast and a range of regional services such as cardiac surgery and neurosurgery for the population of Northern Ireland.

The second chart shows how the Trust spent this money in 2012/13. The largest cost incurred by the Trust is staff salaries, representing approximately 60% of total expenditure. Within this pay total the Trust spent £163 million on doctors and dentists, £233 million on nurses and midwives and £52 million on social work and other social care staff. Significant costs include 16.7% for clinical and general supplies, such as drugs and medical equipment and 12.5% for residential, nursing and domiciliary care delivered by other organisations on the Trust's behalf. The chart below shows the breakdown of expenditure into its key components.

Investing in Staff

The Trust spends around £711 million on staff salaries, employing around 17,000 (whole time equivalent) staff across a diverse range of professional groups. The Trust endeavours to ensure that staff are effectively deployed to improve the safety and responsiveness of our services. In addition to a number of Human Resource employee related schemes, the Trust also provides taxable benefits to staff through a number of salary sacrifice schemes, as follows:

- Childcare Vouchers
- Cycle to Work Scheme

- Translink Tax Smart Scheme
- Medic Care Staff Benefit Scheme
- Banking Employee Benefits Scheme

In addition to providing direct financial benefits for staff through reduced taxation, these schemes aim to promote general overarching benefits in terms of enhancing the general health and well-being of staff.

Investing in Facilities

Belfast Trust has a fixed asset base of £1,002m. The Trust continues to maintain and develop this infrastructure to provide the facilities required to support patient and client care.

In 2012/13 the capital funding allocation for the Trust was £55.5m, of which £33.5m related to major specific capital projects and £22.0m was for various minor capital projects.

Expenditure on larger schemes included:

Capital Scheme	Expenditure 2012/13 £'m	Total Value of Project £'m
RGH Phase 2B	12.0	151.7
RGH Maternity New Build	1.8	46.2
Old See House (Community Mental Health Facility)	2.2	8.6
Acute Mental Health In-Patient Unit	0.4	32.2
Community Information System	1.3	4.9

Both the Acute Mental Health In-Patient Unit and the new Maternity Hospital for Belfast are in the design stage and enabling works are due to commence in 2013/14. Old See House is under construction and is programmed for handover early in 2014. The three year implementation of the Community Information System is continuing with a number of services now live. The Trust is awaiting confirmation of a revised handover date for RGH Phase 2B from the main contractor.

In addition to the above major projects the Trust spent £3.1m on works to maintain existing services, £1.4m on decontamination schemes, £0.5m on Carbon Reduction and Efficiency schemes and £3.6m on ICT to improve access to patient data.

The £22.0m delegated capital funding was spent on a range of minor works, equipment, ICT and transport projects.

Research and Development

Research to improve the care and management of patients is a key component of the Trust's overall activity and extends right across the full health and social care spectrum. Researchers within the Trust work closely with colleagues in partner organisations, including local universities, other Trusts, major charities and local and international companies to design and complete research studies. The relationship with Queen's University Belfast is particularly important, and responsibility for oversight of many studies is shared by both organizations. Patients and clients of the Trust play an important role in suggesting research ideas and work closely with researchers in many cases to ensure that studies are completed effectively.

Belfast Trust hosts a number of important elements of the regional Northern Ireland research structure, including the Northern Ireland Clinical Research Network, the Northern Ireland Clinical Research Facility, a Clinical Trials Unit and the Northern Ireland Cancer Trials Network. These provide expertise and research leadership for all of Northern Ireland. Funding for research within the Trust comes from a variety of sources, including Government, the EU, Research Councils, Charities and commercial companies.

The Trust research office has oversight of research taking place within the Trust and ensures that it is conducted in line with proper ethical standards and all relevant regulations. Almost one thousand research projects take place in the Trust at any time, with up to two hundred new research projects commencing each year. These range from small studies designed to better understand aspects of patient experience through to large national and international clinical trials of new drugs or cutting edge technology.

Examples of important research findings from the Trust within the last year include a major clinical trial demonstrating the effectiveness of a new drug in some patients with cystic fibrosis, which has led to approval of the new treatment for use throughout the UK and Ireland. In another research programme, ongoing work into the safety of drugs for epilepsy and their use during pregnancy informs guidelines and influences treatment throughout the world. However, our research continues to influence patient management and care in almost every part of the Trust.

Donations and Fundraising

Charitable donations help us to improve the quality of care we provide to our patients and clients across the Trust.

During 2012/13 donations and legacies totalling just over £1.6 million, were received by the Trust mainly from former patients, clients and their relatives in recognition of the Trust's work. Individual donors are too numerous to mention, but examples of improvements we have made as a result of donations and legacies received during 2012/13 include:

- The purchase of electronic signage for one of the community based adult training centres, this signage displays information for use by the clients, for example a list of daily activities, directional signs, and menu boards. This method of communication allows clients to be more aware of what is happening within the unit, in an easy to use manner.
- Following the success of the Paralympics, and to encourage patients to get involved in sport, training was provided to amputee patients on the use of blades as an alternative to prosthetic limbs.
- A Hydro flex seating system has been purchased to provide postural support for more dependant patients.
- A roof garden has been provided for patients on one of the Trust sites, the roof garden provides a peaceful quiet place for patients to sit.
- Funding was also provided to allow the Artist in Residence to deliver workshops to patients, the artwork produced in the workshops has been displayed within the Trust. Musical instruments have also been provided for the relaxation and benefit of long stay patients.
- A "Sim Baby" mannequin simulator was purchased to provide training to the multidisciplinary team within Paediatrics. This piece of equipment simulates emergency medical situations and the management of resuscitation.
- A gastrointestinal workstation was purchased allowing for the incorporation of modern coagulation and diathermy facilities, ultimately leading to a reduced length of stay by patients.
- Reference books were purchased for the medical library for use by medical and nursing staff.

If you would like to make a donation to the Trust to help us continue to enhance the experiences of patients and clients in our care, please contact:

The Charitable Funds Section, 4th Floor, Glendinning House, 6 Murray Street, Belfast BT1 6DP. Tel 028 9082 1362.

BSTP: Business Services Transformation Programme

In November 2012 the Trust went live with our new Finance, Procurement and Logistics (FPL) System. Along with Western HSC Trust, we were the first of the Northern Ireland HSC organisations to take this step and it marks the beginning of a move away from paper based, manual processes and towards automated, online processes. The scale and scope of the project have been immense and despite some initial technical and operational difficulties it is now being used successfully to order goods and services, deliver budgetary reports, raise invoices and receipt cash.

Core Users in Finance are continuing to learn about the new system's functionalities and adapt business processes to reflect and compliment these. Some issues around the "procure to pay" process and development of the budgeting module are currently being addressed by the system supplier in conjunction with the regional HSC project management team.

The main touch point with the new system for End Users and staff within Directorates is through E-Procurement and we are successfully raising on average nearly 500 catalogue and 400 non catalogue orders per day.

The Trust continues to take forward project activity in relation to the Human Resource Payroll Travel and Subsistence (HRPTS) system which at this time is focused on testing, outstanding solution design issues and the development of a training model. It is anticipated that the Belfast Trust will go live on the new system during the 2013/14 financial year and a significant programme of change management work has commenced to ensure the organisation is prepared for implementation and to realise the expected benefits of the new system.

The Trust also continues to engage with staff who are impacted by the implementation of Shared Services within the Health and Social Care network and continues to work with other HSC employers on plans to transfer the responsibility for the identified services which are to transfer to the HSC Business Services Organisation during the forthcoming financial year.

First fleet in NI with electric vehicles

Belfast Trust operates a fleet of over 200 vehicles which meet the logistics challenges of getting large numbers of clients and patients to where they will receive treatment, and moving the huge volume of freight that is needed to maintain the operation of the Trust's service. The Trust is very conscious of the environmental impact of these transport activities, and during recent years its Transport Services Department has achieved reductions in the overall emissions from vehicles, by minimising the number and distance of journeys made.

The Trust has now begun the next stage in reducing emissions by introducing zero emission vehicles to replace its traditional diesel vehicles.

Last summer the transport department took delivery of two zero emissions electric vans which are now operating across and between the Trust's acute hospital sites, transporting pharmacy and post. Not only are these vehicles kinder to the environment, but with a continued rise in the cost of petrol and diesel, they will save the Trust thousands of pounds in fuel costs each year. The electric engines also require less maintenance over the life of the vehicle, adding to the reduced running costs.

The Trust now has eight electric vehicles and is used as an ambassador when making the case for electric vehicles with other public sector organisations. At the launch of the Department of Regional Development's e-car Scheme, Belfast Trust received an award in recognition that it was the first fleet in Northern Ireland to purchase electric vehicles.

Trust Wins Sustainable Transport Award

Belfast Trust won first prize for the Best Promotion of Sustainable Transport at the prestigious Action Renewables Association Award Ceremony which was at the Titanic Building in Belfast. The judging panel recognised the Trust's switch from diesel to electric vehicles for some of its freight services but more importantly it commended the Trust's approach to the promotion of sustainable forms of travel by its staff.

The Trust's Travel Plan which was launched in September 2011 encourages staff to choose sustainable modes of transport to and from work, as well as for business journeys. It is driven forward by a Travel Plan Group and a co-ordinator working one day a week with the objective to reduce the number of single car occupancy trips by staff and increase the use of car sharing, cycling, public transport and walking. Already there is significant support from staff across the Trust for the four main schemes which have been set up under the plan:

Cycle to Work Scheme 1400 members
Car Share Scheme 178 members
Bus Saver Scheme 168 members
Train Saver Scheme 215 members.

Knockbracken Woodland – reducing our carbon footprint

Belfast Trust has completed a massive environmental project with almost 20,000 trees planted on its Knockbracken site. Staff and patients joined together to plant a large number of the trees.

The Knockbracken woodland is a partnership between our Trust and the Woodland Trust. It has been made possible by grant funding from the Forest Service Woodland Grant Scheme, and covers 23 acres of land. After taking advice from the Woodland Trust, the species in the new woodland are all indigenous. These include oak, cherry, rowan, maple, birch and alder species.

The trees will not only start to provide a habitat for wildlife but also act as an amenity for staff, patients and public in the future. With many properties and buildings all over Belfast ranging from large hospitals, to Wellbeing Centres and community units, the Trust is undoubtedly a contributor to the city's carbon footprint. As a provider of healthcare it is our responsibility to reduce this.

The 20,000 trees represent more or less a tree for every member of staff in the Trust. Although the trees are still small they are clearly visible to commuters on Belfast's busy Saintfield Road.

Remuneration Report

Remuneration report for the year ended 31 March 2013

Scope of the report

The Remuneration Report summarises the remuneration policy of Belfast 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 the DHSSPS.

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 DHSSPS policy. The membership of this committee changed on 20th January 2012. Previously all non-Executives Directors were members of the group, however this was amended to the following:

Professor Eileen Evason – Acting Chair Person
Mr Les Drew – Non-Executive Director
Dr Val McGarrell – Non-Executive Director

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 the DHSSPS.

Performance of Senior Executives is assessed using a performance management system which comprises of individual appraisal and review. Their performance is then considered by the remuneration committee and judgements are made as to their banding in line with the departmental contract against the achievement of regional organisation and personal objectives. The relevant importance of the appropriate proportions of remuneration is set by the DHSSPS under the performance management arrangements for senior executives.

Service contracts

All Senior Executives, except the Trust Medical Director, in the year 2012/13 were employed on the DHSSPS Senior Executive Contract. The contractual provisions applied are those detailed and contained within Circulars HSS (SM) 2/2001, for those Senior Executives appointed prior December 2008, and HSS(SM) 3/2008 for those Senior Executives appointed in the Trust since December 2008.

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

Notice period

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

Retirement age

Currently all Senior Executives are required to retire at age 65 years; occupational pensions are normally effective from age 60 years. With effect from 1 October 2006 with the introduction of the Equality (Age) Regulations (Northern Ireland) 2006, employees can ask to work beyond age 65 years.

Retirement benefit costs

The Trust participates in the HSC Superannuation 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 DHSSPS. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the DHSSPS.

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 31 March 2008 valuation will be used in the 2012/13 accounts.

Remuneration 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.

Under the terms of Section 16 of the Agenda for Change Terms and Conditions Handbook individuals who were members of the HPSS Superannuation Scheme prior to 1 October 2006, are over 50 years of age and have at least 5 years membership of the HPSS Superannuation Scheme qualify for transitional protection. Staff who qualify for transitional protection are entitled to receive what they would have received by way of pension and redundancy payment had they taken redundancy retirement on 30 September 2006. This includes enhancement of up to 10 years additional service (reduced by the number of years between September 2006 and the actual date of retirement) and a lump sum redundancy payment of up to 30 weeks' pay (reduced by 30% for each year of additional service over 6 2/3 years).

Alternatively, staff made redundant who are members of the HPSS 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.

Colm Donaghy
Chief Executive
Belfast Health and Social Care Trust

Remuneration 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:

	2012-13			
Name	Salary £000s	Bonus/ Performance pay £000s	Benefits in Kind (Rounded to nearest £100)	Salary £000s
Non-Executive Members				
P McCartan (retired 31 December 2012)	25-30	N/A	0	30-35
E Evason (acting Chair 1 January 2013)	10-15	N/A	0	5-10
L Drew	5-10	N/A	0	5-10
C Jenkins	5-10	N/A	0	5-10
V McGarrell	5-10	N/A	0	5-10
T Hartley	5-10	N/A	0	5-10
J O'Kane	5-10	N/A	0	5-10
MJ Allen	5-10	N/A	0	5-10
Executive Members				
C Donaghy	145-150	N/A	0-2.5	145-150
A Stevens	175-180	N/A	N/A	170-175
M Dillon	110-115	N/A	N/A	110-115
M Mallon	100-105	N/A	N/A	95-100
P Donnelly	95-100	N/A	N/A	95-100
D Stockman (until 16 January 2012) **(1)**	0-5	N/A	N/A	70-75
J Welsh	80-85	N/A	0-2.5	75-80
B McNally (seconded from 3 September 2012) **(6)**	90-95	N/A	N/A	90-95
B Creaney	70-75	N/A	N/A	70-75
C McNicholl	90-95	N/A	N/A	75-80
B Barry (appointed from 01 September 2012) **(5)**	85-90	N/A	N/A	85-90
J Devlin (appointed 4 March 2013) **(2)**	5-10	N/A	N/A	0
J Thompson (acted up 27 August - 28 February 2013) **(3)**	40-45	N/A	N/A	0
C Worthington (appointed 1 September 2012) **(4)**	45-50	N/A	N/A	0

(1) Mrs D Stockman left Belfast HSC Trust 16 January 2012 - estimated full year equivalent salary £85-£90k
(2) Mr J Devlin appointed to the Belfast HSC Trust 4 March 2013 - estimated full year equivalent salary £85-£90k
(3) Mrs J Thompson acting from 27 August 2012 - 28 February 2013 - estimated full year equivalent salary £80-£85k
(4) Mr C Worthington appointed to the Belfast HSC Trust 1 September 2012 - estimated full year equivalent salary £80-£85k
(5) Mr B Barry appointed Executive Member to the Belfast HSC Trust 1 September 2012
(6) Miss B Mc Nally seconded from the Belfast HSC Trust 3 September 2012 and the salary recharged to NICO NI

The Benefits in Kind listed above relate to Leased Cars.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The midpoint of the remuneration band of the highest paid director in the Belfast HSCT in financial year 2012-13 was £177,500 (2011-12, £172,500). This was 6.38 times (2011-12, 6.21) the median remuneration of the workforce, which was £27,810 (2011-12, £27,792).

Total remuneration includes salary, non-consolidated performance-related pay,benefits in kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The change in the ratio from 6.21 in 2011-12 to 6.38 in 2012-13 arises due to the fact that the highest paid director in 2012-13 has a slightly higher increase in costs in comparison with most staff receiving either no pay increase or only a very small increase.

The number of employees receiving remuneration above the highest paid director remained the same in 2012-13 as it was in 2011-12

The employees that receive remuneration above the highest paid director would fall into the catagory of medical staff whose earnings would have additional allowances for their specialised roles and whose gross earnings can vary from year to year, however the number has remained the same this year.

The median calculation is based on 19,627 employees in 2012-13 and on 19,451 employees in 2011-12.

Remuneration Report

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

2011-12		2012-13				
Bonus/ Performance pay £000s	Benefits in Kind (Rounded to nearest £100)	Real increase in pension and lump sum at 60 £000s	Total accrued pension at age 60 and related lump sum £000s	CETV at 31/03/12 £000s *	CETV at 31/03/13 £000s *	Real increase in CETV £000s
N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	0-2.5	-2.5-0	240-245	1,182	1,248	(7)
N/A	N/A	0-2.5	250-255	1,264	1,344	8
N/A	N/A	-2.5-0	145-150	710	746	(7)
N/A	0-2.5	5-7.5	185-190	903	993	38
N/A	N/A	7.5-5	175-180	951	989	(18)
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	0-2.5	2.5-5	65-70	228	255	14
N/A	N/A	2.5-5	120-125	558	608	19
N/A	N/A	0-2.5	85-90	344	369	5
N/A	N/A	7.5-10	145-150	609	683	40
N/A	N/A	0-2.5	145-150	749	800	9
N/A	N/A	0-2.5	15-20	73	87	18
N/A	N/A	10-12.5	105-110	380	449	48
N/A	N/A	12.5-10	130-135	761	737	(66)

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.

* CETV are at year end or date of retirement/resignation depending on which is earlier.

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

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

BELFAST HEALTH & SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

FOREWORD

These accounts for the year ended 31 March 2013 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 the Department of Health, Social Services and Public Safety.

STATEMENT OF BELFAST HEALTH & SOCIAL CARE TRUST'S RESPONSIBILITIES AND CHIEF EXECUTIVE'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, Social Services and Public Safety has directed the Belfast Health and Social Care Trust to prepare for each financial year a 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 provide a true and fair view of the state of affairs of the Belfast Health and Social Care Trust, of its income and expenditure, changes in taxpayers equity and cash flows 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 Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in FREM have been followed, and disclose and explain any material departures in the financial statements;
- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Belfast Health and Social Care Trust will continue in operation;
- keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Belfast Health and Social Care Trust;
- pursue and demonstrate value for money in the services the Belfast Care and Social Care Trust provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for health and personal social services resources in Northern Ireland has designated Mr Colm Donaghy of the Belfast Health & Social Care Trust as the Accounting Officer for the Belfast Health and Social Care Trust. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Belfast Health and Social Care Trust assets as set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

BELFAST HEALTH & SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

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 63 to 107) which I am required to prepare on behalf of the Belfast Health & Social Care Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Trust and with the accounting standards and policies for HSC bodies approved by the DHSSPS.

Director of Finance _____

Date 21/6/13

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 63 to 107) as prepared in accordance with the above requirements have been submitted to and duly approved by the Trust Board.

Chairman _____

Date 21/6/13

Chief Executive _____

Date 21/6/13

Governance Statement

Introduction/Scope of Responsibility

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

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

- with HSC Board commissioners, through service level agreements, to deliver health and social services to agreed specifications. The Trust has established engagement processes with the HSC Board (which includes the Public Health Authority (PHA) for appropriate areas). For example regular meetings are held with Local Commissioning Group (LCG) representatives to discuss local services and a Specialist Services Liaison Group (with representatives from the Trust, HSC Board and PHA) meets to review issues associated with regional services. A range of other engagement processes are in place i.e. Transforming Your Care (TYC) Collaboration Board, to address specific areas of service with HSC Board and other appropriate agencies;
- with colleague agencies in the HSC, through close and positive working arrangements;
- with local communities, through holding public board meetings, and publishing an annual report and accounts;
- with patients, through the management of standards of patient care; and
- with the DHSSPS, 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.

Compliance with Corporate Governance Best Practice

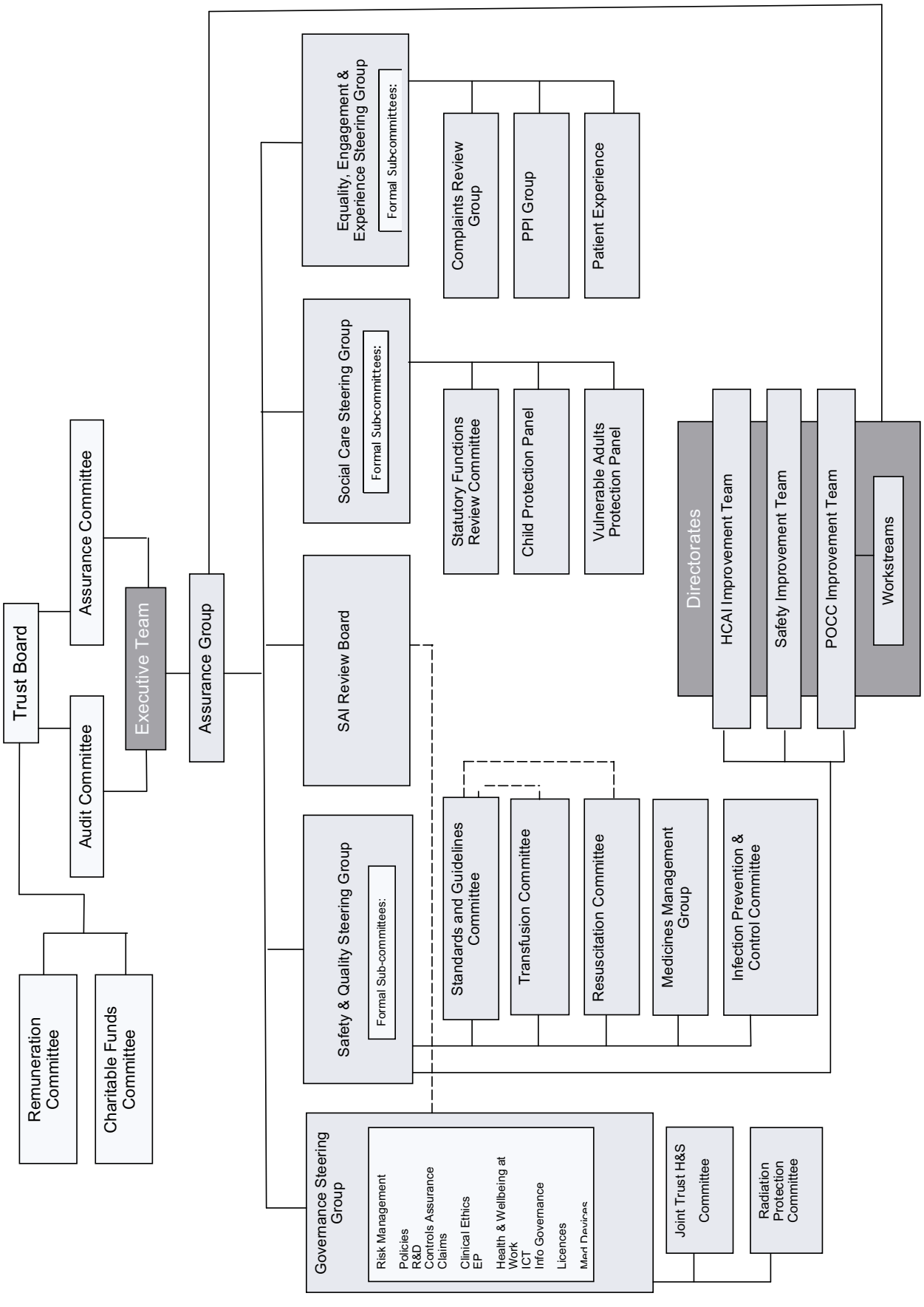
The Trust applies the principles of good practice in Corporate Governance and continues to strengthen its governance arrangements. The Trust does this by undertaking continuous assessment of its compliance with Corporate Governance best practice e.g. CIPFA carried out a Strengthening Governance in Belfast Trust Review during 2012/13. The Trust has developed an Action Plan to address the recommendations contained in the report. In addition the Trust receives assurance from external and internal auditors through the Report to those Charged with Governance and Internal Audit Reports. The Trust has also recently completed and submitted to the DHSSPS its first Board Governance Self-Assessment.

Governance Framework

The Board of the Trust exercises strategic control over the operation of the organisation through a system of corporate governance which includes:-

- a schedule of matters reserved for Board decisions;
- a scheme of delegation, which delegates decision making authority within set parameters to the Chief Executive and other officers;
- Standing Orders and Standing Financial Instructions;
- An Audit Committee;
- An Assurance Committee;
- A Remuneration Committee;
- A Governance Steering Group;
- A Safety & Quality Steering Group;
- A Serious Adverse Incident Review Board;
- A Social Care Steering Group;
- An Equality, Engagement & Experience Steering Group incorporating a Complaints Review Group;
- A Charitable Trust Fund Advisory Committee.

The following diagram demonstrates the Trust's assurance framework structure:


Trust Board
Assurance Committee
Audit Committee
Executive Team
Assurance Group
Remuneration Committee
Charitable Funds Committee
Equality, Engagement & Experience Steering Group
Formal Subcommittees:
Complaints Review Group
PPI Group
Patient Experience
Social Care Steering Group
Formal Subcommittees:
Statutory Functions Review Committee
Child Protection Panel
Vulnerable Adults Protection Panel
SAI Review Board
Directorates
HCAI Improvement Team
Safety Improvement Team
POCC Improvement Team
Workstreams
Safety & Quality Steering Group
Formal Sub-committees:
Standards and Guidelines Committee
Transfusion Committee
Resuscitation Committee
Medicines Management Group
Infection Prevention & Control Committee
Governance Steering Group
Risk Management
Policies
R&D
Controls Assurance
Claims
Clinical Ethics
EP
Health & Wellbeing at Work
ICT
Info Governance
Licences
Joint Trust H&S Committee
Radiation Protection Committee

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. Throughout the year the Trust Board has been briefed on control issues by the Chairs of the Audit Committee and Assurance Committee. The Trust held eight public Trust Board meetings and three Trust Board workshops during 2012/13. Standing agenda items included report from the Chief Executive, performance and quality and financial performance. No performance related issues were identified during the year.

The Audit Committee provides the Trust Board with an independent and objective review on its financial systems of internal control. This committee met four times during the year. The Audit Committee completes the National Audit Office Audit Committee self-assessment checklist on an annual basis to assess its effectiveness. The results are submitted to the DHSSPS and an action plan is drawn up for any areas that require improvement. No performance related issues were identified as part of this review. The work of the Internal Audit and External Audit functions is fundamental to providing assurances on the on-going effectiveness of the system of internal financial control. In addition, the controls assurance standards and the annual self-assessment against the standards provide an important assurance to the Assurance Committee.

The Assurance Committee met on three occasions during the year and is comprised of Non-Executive Directors only. The Head of Internal Audit is now also in attendance and reports directly on any risk or governance related Internal Audit reports. The Assurance Committee's role is to assist the Board of Directors in ensuring an effective Assurance Framework is in operation for all aspects of the Trust's undertakings, other than finance. The Assurance Committee is also responsible for ensuring there is a robust system in place for identifying principal risks and significant gaps in controls/assurance for consideration by the Board of Directors. No performance issues where identified during the year. Attendance records of key committees and the Trust Board have been reviewed and the Trust routinely meets its requirements for a full quorum.

Business Planning

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.

The Trust's Corporate Plan sets out the vision and purpose, core values and long term objectives that will shape the strategic direction and priorities for the Trust over the next 3 – 5 years. The Trust has five long term corporate objectives. These are:

- To provide safe, high quality and effective care;
- To modernise and reform our services;
- To improve health and wellbeing through engagement with our users, communities and partners;
- To show leadership and excellence through organisational and workforce development;
- To make the best use of resources to improve performance and productivity.

The Corporate Plan and the Trust Delivery Plan set out annual targets to progressively deliver these corporate objectives.

The Trust Delivery Plan is developed annually as a response to the Department's performance indicators and the commissioning plans of Health and Social Care Board in their annual Health and Wellbeing Improvement Plans. While the Corporate Plan incorporates these Departmental/commissioner targets, it takes a wider view of the organisational responsibilities of the Trust, setting a range of local targets under each corporate objective. The Corporate Objectives and associated annual targets (regional and local) are cascaded throughout the Trust by;

- Directorate Annual Performance Plans;
- Service/Team annual plans;
- Individual objectives.

This process forms an integral part of the Trust's Performance Management and Assurance Framework. Review and monitoring of progress against priorities and objectives (linked to DHSSPS/HSC Board priorities, the Trust Business/Management Plan (including the Trust Delivery Plan)) is carried out through;

- Trust Board Performance reports (monthly related to key performance indicators), to provide assurance at Board level;
- Regular accountability/review meetings with Directorates to monitor progress against organisational and Directorate key priorities;
- Individual Personal Contribution Plans and Learning and Development Plans objectives to ensure learning and development supports the delivery of Directorate and organisational objectives.

Risk Management

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to:-

- identify and prioritise the risks to the achievement of organisational policies, aims and objectives;
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Trust is committed to providing high quality patient and client services in an environment that is both safe and secure. The Trust Board has approved an Assurance Framework and a Risk Management Strategy and has established an Assurance Committee whose membership includes all Non-Executive Directors. This Committee reports directly to the Trust Board. The Assurance Framework outlines the Chief Executive's overall responsibility and accountability for risk management. The Framework also sets out a system of delegation of responsibility at Trust Board, Executive Team and Directorate levels. While ensuring local ownership in managing and controlling all elements of risk to which the Trust may have been exposed, there is a clear line of accountability through to Trust Board.

Risk management is at the core of the Trust's performance and assurance arrangements and the Assurance Committee, chaired by the Trust's Chairman, provides Board level oversight in this key area. This Committee, along with the Audit Committee, has scrutinised the effectiveness of the Risk Management Strategy.

The Trust acknowledges that it is impossible to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources. Inevitably the Trust may have to set priorities for the management of risk. There is a need to balance potentially high financial costs of risk elimination against the severity and likelihood of potential harm. The Trust will balance the acceptability of any risk against the potential advantages of new and innovative methods of service. The Trust recognises that risks to its objectives may be shared with or principally owned by other individuals or organisations. The Trust involves its service users, public representatives, contractors and other external stakeholders in the implementation of the Risk Management Strategy.

Risk management is integral to the training for all staff as relevant to their grade and situation, both at induction and in service. To support staff through the risk management process, expert guidance and facilitation has been available along with access to policies and procedures, outlining responsibilities and the means by which risks are identified and controlled. Actions taken to reduce risk have been regularly monitored and reported with trends being analysed at Directorate, Corporate and Board levels.

Dissemination of good practice has been facilitated by a range of mechanisms including systems for the implementation and monitoring of authorative guidance, clinical supervision and reflective practice, performance management, continuing professional development, management of adverse events and complaints, multiprofessional audit and the application of evidence based practice. The Trust seeks to ensure that its medical workforce is equipped to provide the best health care that can be achieved through investment in education, appraisal, appropriate job planning and where issues arise that are appropriate to maintaining high professional standards these are dealt with using the appropriate procedures, involvement of National Clinical Assessment Service where necessary and regulatory bodies such as the General Medical Council and General Dental Council.

Information Risk

The management of information within the Trust remains a high priority. The agenda is managed by the Information Governance Board (IGB) which is chaired by the Director of Planning, Performance and Informatics.and is attended by the Medical Director (Trust's Data Guardian), Director of Social and Primary Care Services (Deputy Data Guardian) and a range of senior staff from other Directorates.
The Trust Director of Planning, Performance and Informatics.is also the Trust Senior Information Risk Owner (SIRO). Approximately thirty-five Trust officers, mainly at Co-Director level have also been identified as Information Asset Owners (IAOs) who are accountable to the SIRO and the IGB for the management of information within their service areas. Both the SIRO and all IAOs have received training, internal and regional, to help them understand and discharge their roles.

The Trust has policies to cover Data Protection, Decommissioning policy in respect of vacated buildings and departments, ICT Security, storage,

retention and management of records, access to data from external organisations, transportation of records and access to records.

The monitoring of information related adverse incidents by the IGB is now well established. In each case remedial action is prescribed and learning is communicated throughout the Trust. During the year seventeen incidents were referred to the Information Commissioner's Office (ICO) for consideration as follows;

- Information sent to the wrong individual
- Security of records
- Loss of data
- Inappropriate access to information
- Transportation of records

In all cases learning from the incidents has been widely disseminated throughout the organisation via newssheets or as new guidance for staff.

The Trust has recently invited the Information Commissioners Office to undertake an audit within a number of areas. The Trust has received a draft report which provides us with a reasonable assurance level that processes and procedures are in place for delivering data protection compliance. The final report and detailed findings will assist in identifying further actions that need to be taken.

The Trust continues to promote awareness of information governance issues through induction training for new staff, "My Data Your Business" and "Be Data Wise & Data Secure" training sessions for other staff, undertaking Information Governance Initial Visits (IGIV'S) and via leaflets, articles, Chief Executive Briefings and intranet information.

Public Stakeholder Involvement

The Trust is committed to ensuring that Personal and Public Involvement (PPI) is embedded into all aspects of its business. The Trust's approach to user involvement is detailed in "Involving You", the Trust framework for community development and user engagement. There is a PPI group which meets regularly to guide and challenge the Trust in relation to this work and is also now included within the Assurance Framework committee structure. There are a wide range of user engagement opportunities throughout the Trust, both corporately and within clinical Directorates, which allow people to become involved in the development, improvement and evaluation of Trust services.

Assurance

The Assurance Framework describes the relationship between organisational objectives, identified potential risks to their achievement and the key controls through which these risks will be managed, as well as the sources of assurance surrounding the effectiveness of these controls. The Assurance Framework incorporates the Risk Management Policy and establishes the context in which the Trust Management Plan was developed, as well as determining the mechanism through which assurances were provided to the Trust Board. The Assurance Framework lays out the sources of evidence which the Board will use to be assured of the soundness and effectiveness of the systems and processes in place to meet objectives and deliver appropriate outcomes. The Assurance Committee regularly challenges or seeks verification of the quality of evidence coming to it.

The Assurance Framework was revised in 2012/13 to take account of organisational restructuring and a change in roles and responsibilities of Executive and Non-Executive directors. The Assurance Committee Sub Committee structure was also revised and new Terms of Reference were developed for the Assurance Committee and Sub Committees. The revised Assurance Framework was approved by the Assurance Committee of the Trust Board on the 12th February 2013. The Assurance Framework allows an integrated approach to performance, targets and standards which include controls assurance standards and quality standards for health and social care.

The Assurance Committee established a revised agenda and schedule of annual reports to take account of the development of the new Sub Committees structure. These committees report through the Assurance Group to Executive Team. They are generally expert groups that are responsible for developing assurance arrangements within specific areas of Trust activity and provide the necessary scrutiny of practice. The Risk Register Review Group continues to meet on a quarterly basis, to scrutinise the evaluation of all significant risks arising from Directorate and Controls Assurance Risk Registers. Each Directorate has maintained and further developed systems to identify risk, assess impact and likelihood of harm occurring, and to maintain control in line with the Assurance Framework and the Risk Management Strategy. These risks are used to populate Directorate risk registers, which are updated on an on-going basis and which feed into the Belfast Trust's Assurance Framework Principal Risks and Controls document.

Controls Assurance Standards

The Trust assessed its compliance with the 22 Controls Assurance Standards which were defined by the Department and against which a degree of progress is expected in 2012/13.

The Trust achieved the following levels of compliance for 2012/13.

Standard	DHSSPS Expected Level of Compliance	2011/12 Trust Level of Compliance	2012/13 Trust Level of Compliance	Verified by
Building, Land, Plant and Non-Medical Equipment	75% - 99% (Substantive)	77% Substantive	81% Substantive	Self Assessment
Decontamination of Medical Devices	75% - 99% (Substantive)	76% Substantive	78% Substantive	Internal Audit
Emergency Planning	75% - 99% (Substantive)	87% Substantive	87% Substantive	Self Assessment
Environmental Cleanliness	75% - 99% (Substantive)	85% Substantive	84% Substantive	Self Assessment
Environmental Management	75% - 99% (Substantive)	82% Substantive	82% Substantive	Self Assessment
Financial Management (core standard)	75% - 99% (Substantive)	94% Substantive	84% Substantive	Internal Audit
Fire Safety	75% - 99% (Substantive)	80% Substantive	88% Substantive	Self Assessment
Fleet and Transport Management	75% - 99% (Substantive)	84% Substantive	84% Substantive	Self Assessment
Food Hygiene	75% - 99% (Substantive)	87% Substantive	89% Substantive	Self Assessment
Governance (core standard)	75% - 99% (Substantive)	95% Substantive	95% Substantive	Internal Audit
Health & Safety	75% - 99% (Substantive)	83% Substantive	84% Substantive	Internal Audit
Human Resources	75% - 99% (Substantive)	98% Substantive	98% Substantive	Self Assessment
Infection Control	75% - 99% (Substantive)	94% Substantive	95% Substantive	Self Assessment
Information Communication & Technology	75% - 99% (Substantive)	82% Substantive	84% Substantive	Self Assessment
Management of Purchasing and Supply	75% - 99% (Substantive)	83% Substantive	84% Substantive	Internal Audit
Medical Devices and Equipment Management	75% - 99% (Substantive)	80% Substantive	80% Substantive	Self Assessment
Medicines Management	75% - 99% (Substantive)	75% Substantive	76% Substantive	Self Assessment
Records Management	75% - 99% (Substantive)	83% Substantive	93% Substantive	Self Assessment
Research Governance	75% - 99% (Substantive)	87% Substantive	89% Substantive	Self Assessment
Risk Management (core standard)	75% - 99% (Substantive)	85% Substantive	85% Substantive	Internal Audit
Security Management	75% - 99% (Substantive)	82% Substantive	85% Substantive	Self Assessment
Waste Management	75% - 99% (Substantive)	86% Substantive	83% Substantive	Internal Audit

Extensive work has been carried out by Controls Assurance leads to achieve these results.

In relation to the Financial Management Controls Assurance it should be noted that, while substantive compliance has been achieved, there has been a reduction in the overall compliance compared to 2011/12. The reduction in compliance is reflective of issues experienced on implementation of the Finance, Procurement and Logistics (FPL) system.
The Trust recognise the significant internal control issues identified in Internal Audit reports and have reflected these in the self-assessment scores for any individual criteria affected. Overall the Trust has achieved substantive compliance for all standards.

Sources of Independent Assurance

The Trust obtains Independent Assurance from the following main sources:

- Internal Audit – through a programme of annual audits based on an analysis of risk;
- Northern Ireland Audit Office; through audit of the annual accounts and subsequent report to those charged with governance alongside any value for money (VFM) studies and subsequent reports;
- Regulation and Quality Improvement Authority (RQIA); through regular inspections and subsequent reports;
- Social Services Inspectorate for older people and children's services;
- Medicines and Healthcare products Regulatory Agency (MHRA) through regular inspections and reports;
- General Medical Council (GMC), General Dental Council (GDC), NI Medical and Dental Training Agency (NIMDTA) and various Royal Colleges.

Clinical Pathology Accreditation (CPA) is part of the routine cycle of external quality assurance for Clinical Pathology Laboratories across the UK – the status of conditional is awarded until all remedial actions are put in place. Trust laboratories have a Quality Operational Group who co-ordinate the implementation of the remedial actions to gain full accreditation once the evidence of compliance with the standards is submitted to the CPA Specialist Advisory Group.

In December 2012 the Radiopharmacy Manufacturing facility based on the Royal Campus was inspected by the Medicines and Healthcare Regulatory Agency (MHRA). The MHRA identified serious deficiencies that resulted in two critical and one major failures.

The Trust immediately established a working group to address the deficiencies including senior Medical Physics Staff, the Co-Director for Therapy and Therapeutics and Estates Services. A remedial action plan was submitted which included revised operating procedures, additional personnel and an Estates refurbishment programme. The MHRA re-inspected the Radiopharmacy facility in March 2013 at which time the report identified no critical or major non-compliances. A corrective action plan remains in place, agreed actions and timeframes are closely monitored and updated as required in order that these are adhered to.

The Trust Blood Bank service has been subject to regular MHRA inspections. A number of conformance issues were identified in the most recent inspection in March 2013 and the Trust submitted an action plan to address the issues raised. MHRA have subsequently advised the Trust they have closed the March inspection with a recommendation that the next inspection will be in 12 months' time (i.e. March 2014) with a progress report submitted at the 6 month time frame.

The Trust engages proactively with all such reviews and the Board is assured that appropriate actions are taken, by the Assurance Committee.

The Trust can confirm that it has effective arrangements in place to ensure the timely and effective implementation of agreed National Institute for Health and Clinical Excellence (NICE) guidance where reasonably practical. Any risks associated with non or partial compliance are highlighted in the Corporate Risk Register/Principal Risk Document and are reported to the HSC Board as required.

Internal Audit

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

In 2012/13 Internal Audit reviewed the following systems:-

- Acute Services – Financial Controls (Satisfactory Assurance)
- Acute Services – Risk Based (Satisfactory Assurance)
- Social & Primary Care – Financial Controls (Satisfactory Assurance)

- Social & Primary Care – Risk Based (Satisfactory Assurance)
- Key Financial Controls (Satisfactory Assurance)
- Payroll (Satisfactory Assurance)
- Non Pay Expenditure (Limited Assurance)
- Bank & Cash (Satisfactory Assurance)
- Budgetary Control (Satisfactory Assurance)
- General Ledger (Satisfactory Assurance)
- Domiciliary Care Payments (Limited Assurance)
- Contracts with Voluntary Sector (Satisfactory Assurance)
- Accommodation Income (Limited Assurance)
- Management of Contracts (Limited Assurance)
- Patients Private Property (Satisfactory Assurance)
- Cash Management in Social Services facilities (Satisfactory Assurance)
- Client Monies in Independent Sector (Satisfactory Assurance)
- Stocktaking (Satisfactory Assurance)
- Performance Management Absence (Limited Assurance)
- Management of Medical Workforce (Satisfactory Assurance)
- ICT Business Continuity & Disaster Recovery Audit (Satisfactory Assurance)
- NICE Technology Appraisals (Satisfactory Assurance)
- Risk Management (Satisfactory Assurance)
- Management of Assurances (Satisfactory Assurance)
- Incident Management (Satisfactory Assurance)
- Legal and Litigation Payments (Satisfactory Assurance)
- Decontamination of Medical Devices (Satisfactory Assurance)

The Head of Internal Audit reported that there is a satisfactory system of internal control designed to meet the Trust's objectives for the year ended 31 March 2013. However, limited assurance has been provided in respect of five audits:-

- **Non-Pay Expenditure:** Limited assurance was provided on the basis that controls over non-pay expenditure are not operating effectively due to difficulties encountered with the FPL system during the roll out phase. A corrective plan is in place to address any outstanding weaknesses.

- **Domiciliary Care Payments:** Internal Audit identified significant delays in Payments to Domiciliary Care providers. The Trust is currently implementing a new Community Information System which will help standardise and improve the internal invoice approval systems.

- **Accommodation Income:** There was not a fully comprehensive, up to date register of all income due to the Trust including Commercial Lease/Rental Accommodation, On Site Shop income, Patient/Relative/Staff Accommodation Income and Vending Machine Income. The Trust has now rectified this.

- **Management of Contracts:** Internal Audit identified 2 Single Tender Actions that were not in place, non-contracted expenditure within catering and reported that contract traceability was cumbersome. The Trust is addressing the weaknesses identified.

- **Performance Management Absence:** Absences reported to the Trust Board and the DHSSPS may not be fully accurate as some absences recorded within departments do not match those recorded on the Human Resources Management System. Return to Work Interview Forms were not completed after each period of absence within various departments. Internal Audit verified that an appropriate Absence Management policy and an adequate reporting structure exists within the Trust. Extant guidance on recording absence will be issued to Trust managers and an annual audit programme to sample check absence recording will commence in 2013/14.

The following three reports received overall satisfactory level of assurance, however limited assurance was provided in specific areas as follows;

- **Acute Services Risk:** Internal Audit reported satisfactory assurance in respect of monitoring of risk registers and limited assurance in respect of plain film x-rays at Musgrave Park Hospital. A priority one finding was identified as 126/500 plain film x-rays contained no written evaluation in patient notes. Internal Audit reported that the absence of identifiable written evaluations of x-rays reviewed means legal requirements under IR(ME)R are not being consistently complied with. Internal Audit acknowledged that Trust Clinicians were satisfied that there was no evidence of over exposure to radiation in any of these cases and that although not consistently documented, reviewing these plain film x-rays is an integral part of the care pathway and discharge process. The Trust was able to demonstrate from a further review of the records that 482 of the 500 x-rays had been clinically evaluated. A further priority one was reported as there is no written agreement

where consultants assume responsibility for evaluation of unreported x-rays. A re-audit of this area is scheduled for early 2013/14.

- **Contracts with the Voluntary Sector:** Internal Audit reported satisfactory assurance in relation to the controls over management of contracts with voluntary sector but limited assurance over the procurement of contracts. A competitive procurement exercise is not undertaken for the awarding of contracts with Voluntary Organisations. There is also no formally documented policy for the procurement, selection of Voluntary Organisations, nor the contract management of these. The Trust is awaiting guidance from DHSSPS regarding the procurement process with voluntary organisations.

- **Stocktakes:** Internal Audit reported satisfactory assurance in relation to the stock-taking process but limited assurance in respect of the pharmacy stock-take as the count took place on the 9th April and there were inappropriate procedures put in place to account for the movement of stock between 31st March and the 9th April.

A total of 23 Priority One findings (weaknesses that could have a significant impact on the system under review) were identified during 2012/13. 14 of which are included in the limited assurance reports detailed above. All Priority One findings have been considered when identifying possible internal control divergences. Recommendations to address these control weaknesses have been or are being implemented. The Audit Committee have reviewed management responses to Internal Audit recommendations and monitor progress with the implementation of recommendations.

Internal Audit conduct formal follow-up reviews in respect of the implementation of the priority one and two internal audit recommendations agreed in the Internal Audit reports. Internal Audit presented a full report which showed that 96% of agreed actions have been fully or partially implemented.

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 within the Belfast HSC Trust. 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, Audit Committee, Assurance Committee and sub committees, and a plan to address weaknesses and ensure continuous improvement to the system is in place.

Follow up audits are carried out and the Trust will continue to implement the compliance regime during 2013/14.

Internal Control Divergences

Progress on Prior Year Control Issues - resolved

Oral Medicine Review
The Serious Adverse Incidents reported have now been closed by the Health and Social Care Board. The Trust has implemented the Inquiry recommendations for which it is primarily responsible.

Pseudomonas Outbreak
The Trust has implemented the recommendations of the RQIA report into the Pseudomonas outbreak and will continue to monitor this area.

Trust Estate
The Trust has been successful in obtaining £2.3 million to address issues highlighted through the Maintaining Existing Services for 2012/13 financial year. Bidding for capital investment funding for the Trust estate is an annual process.

Immunology Review at Royal Victoria Hospital
The Trust is now managing the service as normal Directorate business. The further development of this service is subject to a business case which is logged with HSC Board. The Medical Director's Office continues to provide information for the regulator as it seeks to progress outstanding regulatory issues.

Progress on Prior Year Control Issues - ongoing

Trust Procurement Processes
The Trust welcomes the DHSSPS Review of Procurement report. An action plan has been developed and the recommendations relevant to the Trust are currently being implemented.

Management of Maintenance Contracts
Procedures are now imbedded for the approval of Single Tender Actions. Contract monitoring arrangements have been reviewed and we are

currently putting in place a formal review of contractor performance.

The Trust has developed a procedure for the procurement of service and maintenance contracts, this has been discussed with colleagues from Health Estates Investment group. Procurement Guidance requires all procurement opportunities to be advertised via the eSourcing NI website. The Trust has received approval to use eSourcing to advertise the opportunities for service and maintenance contracts and templates are currently being prepared for this process. It should be noted that this is not a COPE approved procurement as this has not been formally adopted for all Trusts.

Financial Position
The Trust anticipated a balanced financial position in its Trust Delivery Plan for 2012/13 and included a number of key financial risks and assumptions in relation to that plan. Despite the challenges presented by new in-year cost pressures and substantial savings targets in 2012/13, the Trust achieved financial balance by the end of the year. Going forward into 2013/14 financial year the Trust faces significant challenges within a tight funding environment to address clinical targets and capacity issues whilst achieving a balanced financial position.

Business Service Transformation Project
The Business Services Transformation Project (BSTP) is changing the way that some of the critical business functions in HSC Trusts and organisations are being delivered across Northern Ireland. Through modern technology, standardised processes and organisational improvements, BSTP aims to increase operational effectiveness in a range of business functions such as HR, Payroll, Finance, Procurement and Logistics in a shared services environment. The Finance, Procurement and Logistics (FPL) system was implemented in Belfast Trust in November 2012 and the implementation of Human Resources, Payroll, Travel and Subsistence (HRPTS) is scheduled from Autumn 2013.

The implementation of the FPL system in Belfast HSC Trust followed extensive system testing, user acceptance testing and Trust readiness preparations however problems with stability of the system, functional difficulties and data issues were experienced initially. This was particularly apparent to our end users of the e-Procurement module. The BSO Procurement and Logistics Service's experience of the new system has been particularly problematic and this led to some issues with stock outs and longer lead times for deliveries. A backlog of requisition lines developed for a number of weeks and consequently an escalation process for urgent orders was implemented, remedial measures put in place and the situation was closely monitored. This has now been resolved and the volume of outstanding orders is at a normal level.

The technical issues have been largely addressed and a corrective plan is in place to deal with outstanding issues around auto-matching of invoices and development of the collaborative planning module. Pending the contractor delivering a comprehensive solution for auto-matching of invoices we are reliant on significant manual interventions in order to process supplier invoices. The Trust continues to work with the central BSTP Team and the contractor on these issues and delivery of the corrective plan will be monitored at both a regional and local level.

The HRPTS project timeline has been reset due to additional work required on system interfaces, particularly interfaces with the FPL system. The revised timing of implementation of the systems across HSC in Northern Ireland has meant that the timeline for phased implementation of Shared Services is under reconsideration. The ongoing pressure on HR and Finance functions to support both regional project work and local readiness activities in an environment of uncertainty is extremely challenging.

Paediatric Congenital Cardiac Surgery
Following the "Safer and Sustainable" Review the HSCB has lead a public consultation on the future provision of services. During this period the Trust had continued to maintain paediatric surgical and cardiologic services as part of a network with centres in Dublin and Great Britain. Lower risk surgery is undertaken in Belfast, with surgical cover for invasive cardio logical procedures. The Trust continues to contribute data to the national database (CCAD) and remains within acceptable control limits.

Emergency Department
The consultation process in respect of the future provision of Emergency Services in Greater Belfast will complete on 10 May 2013.

The Trust continues to manage Emergency Services through 2 adult Emergency Departments (at RVH and MIH) and on Paediatric Emergency Department. An acute medicine/specialty model has been

implemented to more effectively manage the medical take in. This has produced a substantial improvement in meeting the standard. A review of progress and a reorganisation of unscheduled care services has been undertaken to focus on further improvement in standards for emergency care, including the 4 hour standard.

Radiology Information System
The Trust continues to manage the Radiology Information System at RVH to ensure that all plain film x-rays are allocated to a reporting work list. RQIA has completed a review and initial feedback was positive regarding the action plan in place. The final report is awaited. The Trust is in discussion with HSCB regarding a longer term solution to the radiology information system.

Special Measures
On 21 November 2012 the Minister announced that the Special Measures arrangements introduced in April 2012 were being relaxed in view of the progress which has been made by the Trust in addressing a number of specific areas of concern.

In relaxing the Special Measures it was emphasised that the Trust had to ensure there was no reduction in focus on improving its quality of services. The need for effective and timely communication was also stressed in relation to advising the HSCB and the Department in relation to any significant issue which could arise.

The Department and the Board will continue to monitor the Trust's performance closely. Several other specific actions will be followed up.

New Control Issues

Hyponatraemia Inquiry
The Public Inquiry into deaths caused by hyponatraemia continues its public hearings. The Trust has continued to support the Inquiry and Trust witnesses through a team made up of Trust litigation staff, solicitors from Directorate of Legal Services and Council. The Trust has an internal task force that is ensuring that best practice is in place in all appropriate areas. The task force is responsive to new information that is arising from published guidance and the Inquiry.

Asbestos
The Trust, on this occasion, failed to completely adhere to its own policy and procedure for ensuring that an external contractor was either informed of or was asked to check the Trust's e-asbestos register for the presence of asbestos in a particular location before the commencement of work. This happened because the external contractor chose a method of access for the repair which was not anticipated by the Trust, and for which the asbestos register was not checked in advance.

The external contractor's staff, following the removal of ceiling panels to gain access to fix a loose floorboard in the room above, became suspicious that the ceiling panel may contain asbestos. The room was immediately sealed and tests for the presence of asbestos were carried out by a specialist asbestos removal contractor who, on confirmation of asbestos, cleared and cleaned the room. In line with statutory requirements, the Health and Safety Executive were promptly notified of the incident by the Trust and all appropriate measures were followed. The case was brought to court by the PPS and the Trust was fined £10,500 for breaches of legislation.

The Trust has already completed asbestos awareness refresher training for all estates professional staff and also included training for external contractors where appropriate. The Trust has now merged all of the legacy asbestos data onto an electronic asbestos management database with strict protocols for the maintenance of date integrity. The Trust now has long term contracts with licensed specialist laboratories and licensed removal contractors for the management of asbestos in all of its areas.

The Trust has updated its asbestos management plan to reflect the recent improvements to procedures.

Conclusion

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

Further to considering the accountability framework within the Trust and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the Trust has operated a sound system of internal governance during the period 2012/13.

Mr Colm Donaghy
Accounting Officer
Date 21/6/13

BELFAST HEALTH AND SOCIAL CARE TRUST

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

I certify that I have audited the financial statements of the Belfast Health and Social Care Trust for the year ended 31 March 2013 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Chief Executive and auditor

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

Scope of the audit of the financial statements

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

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.

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the Belfast Health and Social Care Trust's affairs as at 31 March 2013 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health, Social Services and Public Safety directions issued thereunder.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with Department of Health, Social Services and Public Safety directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

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

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with Department of Finance and Personnel's guidance.

Report

I have no observations to make on these financial statements.

KJ Donnelly

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

28 June 2013

BELFAST HEALTH & SOCIAL CARE TRUST

STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2013

	NOTE	2013 £000s	2012 £000s
Expenditure			
Staff costs	3.1	(711,611)	(694,057)
Depreciation	4	(46,811)	(41,989)
Other Expenditures	4	(543,120)	(481,655)
		(1,301,542)	(1,217,701)
Income			
Income from activities	5.1	41,017	40,557
Other Income	5.2	49,666	51,200
Deferred Income	5.3	0	0
		90,683	91,757
Net Expenditure		**(1,210,859)**	**(1,125,944)**
Revenue Resource Limit (RRL)	25.1	1,210,944	1,126,117
Surplus/(deficit) against RRL		**85**	**173**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2013 £000s	2012 £000s
Net gain/(loss) on revaluation of Property, Plant and Equipment	6.1/10/6.2/10	(10,165)	13,321
Net gain/(loss) on revaluation of Intangibles	7.1/10/7.2/10	0	0
Net gain/(loss) on revaluation of available for sales financial assets		0	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2013		**(1,221,024)**	**(1,112,623)**

The notes on pages 67 to 107 form part of these accounts.

BELFAST HEALTH & SOCIAL CARE TRUST

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2013

	NOTE	2013 £000s	2013 £000s	2012 £000s	2012 £000s	Restated 2011 £000s	Restated 2011 £000s
Non Current Assets							
Property, Plant and Equipment	6	988,243		1,025,888		980,660	
Intangible assets	7	6,506		4,800		2,497	
Total Non Current Assets			994,749		1,030,688		983,157
Current Assets							
Assets classified as held for sale	9	6.905		585		665	
Inventories	11	12,257		11,616		10,581	
Trade and other Receivables	12	32,714		36,088		40,738	
Other current assets	12	2,273		2,919		2,951	
Intangible current assets	12	104		0		0	
Cash and cash equivalents	13	40,966		21,057		15,407	
Total Current Assets			95,219		72,265		70,342
Total Assets			**1,089,968**		**1,102,953**		**1,053,499**
Current Liabilities							
Trade and other Payables	14	(172,418)		(174,001)		(164,377)	
Other Liabilities	14	(409)		(570)		(442)	
Provisions	16	(29,407)		(30,343)		(32,151)	
Total Current Liabilities			(202,234)		(204,914)		(196,970)
Non Current Assets plus/less Net Current Assets / Liabilities			**887,734**		**898,039**		**856,529**
Non Current liabilities							
Provisions	16	(43,892)		(22,304)		(18,662)	
Other Payables > 1 yr	14	(3,555)		(6,507)		(6,249)	
Total Non Current Liabilities			(47,447)		(28,811)		(24,911)
ASSETS LESS LIABILITIES			**840,287**		**869,228**		**831,618**
TAXPAYERS' EQUITY							
Revaluation Reserve			76,899		88,422		75,365
SoCNE Reserve			763,388		780,806		756,253
			840,287		**869,228**		**831,618**

The notes on pages 67 to 107 form part of these accounts.

Signed……(Chairman) Date…21/6/13…

Signed……(Chief Executive) Date…21/6/13…

BELFAST HEALTH & SOCIAL CARE TRUST

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2013

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Total Reserve £000s
Balance at 31 March 2011		**756,253**	**75,365**	**831,618**
Changes in taxpayers equity 2011-12				
Grant from DHSSPS		1,150,000	0	1,150,000
Transfers between reserves		264	(264)	0
(Comprehensive expenditure for the year)		(1,125,944)	13,321	(1,112,623)
Transfer of asset ownership		(54)	0	(54)
Non cash charges - auditors remuneration	4	89	0	89
Movement - Other		198	0	198
Balance at 31 March 2012		**780,806**	**88,422**	**869,228**
Changes in taxpayers equity 2012-13				
Grant from DHSSPS		1,192,000	0	1,192,000
Transfers between reserves		1,358	(1,358)	0
(Comprehensive expenditure for the year)		(1,210,859)	(10,165)	(1,221,024)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	4	83	0	83
Balance at 31 March 2013		**763,388**	**76,899**	**840,287**

BELFAST HEALTH & SOCIAL CARE TRUST

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 MARCH 2013

	NOTE	2013 £000s	2012 £000s
Cashflows from operating activities			
Net expenditure after interest		(1,210,859)	(1,125,944)
Adjustments for non cash costs		108,584	63,685
(Increase)/decrease in trade & other receivables		3,916	4,682
Less movements in receivables relating to items not passing through the SoCNE			
Movements in receivables relating to the sale of property, plant and equipment		(67)	68
Movements in receivables relating to the sale of intangibles		0	0
Movements in receivables relating to finance leases		0	0
Movements in receivables relating to PFI and other service concession arrangement contracts		0	0
(Increase)/decrease in inventories		(641)	(1,035)
Increase/(decrease) in trade payables		(4,696)	10,010
Less movements in payables relating to items not passing through the SoCNE			
Movements in payables relating to the purchase of property, plant and equipment		3,844	(4,165)
Movements in payables relating to the purchase of intangibles		0	0
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other service concession arrangement contracts		(2,882)	155
Use of provisions	16	(10,107)	(10,061)
Net cash outflow from operating activities		(1,112,908)	(1,062,605)
Cashflows from investing activities			
(Purchase of property, plant & equipment)	6	(59,244)	(78,529)
(Purchase of intangible assets)	7	(2,995)	(3,155)
Proceeds of disposal of property, plant & equipment		174	94
Proceeds on disposal of intangibles		0	0
Proceeds on disposal of assets held for resale		0	0
Net Cash (Outflow) from investing activities		(62,065)	(81,590)
Cash flows from financing activities			
Grant in aid		1,192,000	1,150,000
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		2,882	(155)
Net financing		1,194,882	1,149,845
Net increase/(decrease) in cash & cash equivalents in the period		19,909	5,650
Cash & cash equivalents at the beginning of the period	13	21,057	15,407
Cash & cash equivalents at the end of the period	13	40,966	21,057

The notes on pages 67 to 107 form part of these accounts.

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1 Authority

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

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to HSC Trusts. 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.

The PFI liability comparative figures shown within note 14 and 19 have been reclassified within the categories for less than and greater than 1 year, a smoothing effect to show a contained average figure for each year has been used to give a true and fairer view.

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.

1.2 Currency and Rounding

These accounts are presented in UK Pounds sterling. The figures in the accounts are shown to the nearest £1,000.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings, and Assets under construction.

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

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

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

The last valuation was carried out on 31 January 2010 by Land and Property Services (LPS) which is an independent executive within the Department of Finance and Personnel. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard. The valuation at 31 January 2010 was considered by LPS to be not materially different to 31 March 2013 and there has therefore been no change to the values used.

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

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

Fair values are determined as follows:

- Land and non-specialised buildings - open market value for existing use
- Specialised buildings - depreciated replacement cost
- 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.

Modern Equivalent Asset
DFP 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 have included this requirement within the latest valuation.

Assets Under Construction (AUC)
Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use. The Trust has no borrowing costs and as such, no interest is capitalised in this respect.

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 the estimated life of fixtures and equipment exceeds 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.

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

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over 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 - 60 years
Leasehold property	Remaining period of lease
IT Assets	3 - 10 years
Intangible assets	3 - 10 years
Other Equipment	3 - 15 years

1.5 Impairment loss

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

1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

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

1.7 Intangible assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible Assets under Construction. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised; it is recognised as an operating expense in the period in which it is incurred. 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
- 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 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 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.

1.8 Donated assets
With effect from 1 April 2011, DFP guidance changed the policy on donated asset reserves. The donation reserve no longer exists. What used to be contained in the donated asset reserve has moved to the Statement of Comprehensive Net Expenditure Reserve (previously known as General Reserve) and to the Revaluation Reserve. Income for donated assets is now recognised when received.

1.9 Non-current assets held for sale
Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. In order to meet this definition IFRS 5 requires that the asset must be immediately available for sale in its current condition and that the sale is highly probable. A sale is regarded as highly probable where an active plan is in place to find a buyer for the asset 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.

1.10 Inventories
Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.11 Income

Operating Income relates directly to the operating activities of the Trust and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Grant in aid

Funding received from other entities, including the Department 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.

1.12 Investments

The Trust does not have any investments.

1.13 Other expenses

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

1.14 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.

1.15 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 of interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

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

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

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

The Trust as lessor

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

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

1.16 Private Finance Initiative (PFI) transactions

DFP has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure, and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of

IFRIC 12. The Trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

a) Payment for the fair value of services received;

b) Payment for the PFI asset, including replacement of components and

c) Payment for finance (interest costs).

Services received
The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

PFI Assets
The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability
A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Net Expenditure.

Lifecycle replacement
Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme
Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator
Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

Off Statement of Financial Position PFI
The Trust has one off Statement of Financial Position PFI agreement where the asset has been determined under IFRS to belong to the contractor. The Trust does not have the asset on its Statement of Financial Position, no payments to the contractor are made therefore no financial impact to the Trust is reflected in the Statement of Comprehensive Net Expenditure.

1.17 Financial instruments
Financial Assets
Financial assets are recognised in 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.

Financial liabilities
Financial liabilities are recognised in 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 within Trusts in creating risk than would apply to a non public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities. Trusts have 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 Trusts 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. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

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

Credit risk
Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

Liquidity risk
Since the Trust receives the majority of its funding through its principal Commissioner which is voted through the Assembly, it is therefore not exposed to significant liquidity risks.

1.18 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 DFP's discount rate of -1.8% (negative real rate) for 0 up to and including 5 years, -1.0% (negative real rate) after year 5 up to 10 years and +2.2% in real terms for 10 years or more (+2.35% for employee early departure obligations for all periods).

The Trust has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the affect of any change in the discount rate.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.19 Contingencies

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.

1.20 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 average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31 March 2009. It is not anticipated that the level of untaken leave will vary significantly from year to year.

Retirement benefit costs

The Trust participates in the HSC Superannuation 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 DHSSPS. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC

Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

The costs of early retirements are met by the Trust and charged to the Statement of Comprehensive Net Expenditure at the time the Trust commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 31 March 2008 valuation will be used in the 2012/13 accounts.

1.21 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.

1.22 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.

1.23 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 24 to the accounts.

1.24 Government Grants

Government assistance for capital projects whether from UK, or Europe, were treated as a Government grant even where there were no conditions specifically relating to the operating activities of the entity other than the requirement to operate in certain regions or industry sectors. Such grants (does not include grant-in-aid) were previously credited to a government grant reserve and were released to income over the useful life of the asset.

DFP issued new guidance effective from 1 April 2011. Government grant reserves are no longer permitted. Income is generally recognised when it is received. In exceptional cases where there are conditions attached to the use of the grant, which, if not met, would mean the grant is repayable, the income should be deferred and released when obligations are met.

1.25 Losses and Special Payments

Losses and special payments are items that the Northern Ireland 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 HSC Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.26 Accounting standards that have been issued but have not yet been adopted

Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted.

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards have an effective date of January 2013, and EU adoption is due from 1 January 2014. The application of these IFRS changes is subject to further review by Treasury and the other Relevant Authorities before due process consultation.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A review of the NI financial process is currently under discussion with the Executive. Should this go ahead, the impact on DHSSPS and its Arms length bodies is expected to focus around the disclosure requirements under IFRS 12.

Management has reviewed the new accounting policies that have been issued but are not yet effective, nor adopted early for these accounts. Management consider that these are unlikely to have a significant impact on the accounts in the period of the initial application.

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

ANALYSIS OF STATEMENT OF COMPREHENSIVE NET EXPENDITURE BY SEGMENT

Note 2	2013				Restated 2012			
Directorate	**Staff Costs £'000**	**Other Expenditure £'000**	**Total Expenditure £'000**	**% of Total**	**Staff Costs £'000**	**Other Expenditure £'000**	**Total Expenditure £'000**	**% of Total**
Cancer and Specialist Services	123,502	87,655	211,157	17.7%	118,140	80,692	198,832	17.2%
Adult Social and Primary Care Services	148,232	130,469	278,701	23.2%	149,615	130,644	280,259	24.2%
Social Work, Family and Childcare	24,259	24,259	48,518	4.0%	29,819	22,223	52,042	4.5%
Acute Services	198,080	98,535	296,615	24.7%	194,099	93,385	287,484	24.8%
Specialist Hospitals and Womens Health	102,598	51,862	154,460	12.9%	98,835	40,595	139,430	12.0%
Nursing and User Experience	45,772	16,043	61,815	5.2%	44,930	15,844	60,774	5.2%
Other Trust Service/Corporate Group	69,168	78,127	147,745	12.3%	58,619	82,054	140,673	12.1%
Expenditure for Reportable Segments net of Non Cash RRL per Note 25	**711,611**	**487,400**	**1,199,011**	**100.0%**	**694,057**	**465,437**	**1,159,494**	**100.0%**
Non Cash RRL			**102,531**				**58,207**	
Total Expenditure per Statement of Comprehensive Net Expenditure			**1,301,542**				**1,217,701**	
Income Note 5			**90,683**				**91,757**	
Net Expenditure			**1,210,859**				**1,125,944**	
Revenue Resource Limit			**1,210,944**				**1,126,117**	
Surplus / (Deficit) against RRL			**85**				**173**	

The Trust is managed by way of a Directorate structure, each led by a Director, providing an integrated healthcare service both for the resident population, and in the case of specialist services for the Northern Ireland 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.

The Chief Operating Decision Maker does not receive information on asset split by segment and as such has not reported in this respect.

The 2012 figures have been restated for comparative purposes due to the establishment of a new directorate during 2012-13.

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.1 Staff Costs

Staff costs comprise;

	2013			2012
	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages & Salaries	579,751	30,056	609,807	592,942
Social security costs	43,190	0	43,190	42,765
Other pension costs	59,064	0	59,064	58,647
Sub-Total	682,005	30,056	712,061	694,354
Capitalised staff costs	450	0	450	297
Total staff costs reported in Statement of Comprehensive Expenditure	681,555	30,056	711,611	694,057
Less recoveries in respect of outward secondments			(7,107)	(6,086)
Total net costs			**704,504**	**687,971**

Staff costs exclude £450,000 charged to capital projects during the year (2012: £297,000)

The Trust participates in the HSC Superannuation 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 DHSSPS. 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. A full valuation as at 31 March 2008 was completed in 2010-11.

Full details of Senior Employees' Remuneration are reported on pages 46 & 47 of the Report.

3.2 Average number of persons employed

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

	2013			2012
	Permanently employed staff No.	Others No.	Total No.	Total No.
Medical and Dental	1,532	169	1,701	1,652
Nursing and Midwifery	5,926	121	6,047	6,046
Professions Allied to medicine	2,495	62	2,557	2,429
Ancillaries	1,665	28	1,693	1,733
Administrative and clerical	3,015	250	3,265	3,167
Ambulance staff	0	0	0	0
Works	215	0	215	206
Social Services	1,888	48	1,936	1,922
Total average number of persons employed	16,736	678	17,414	17,155
Less average staff number relating to capitalised staff costs	17	0	17	9
Less average staff number in respect of outward secondments	147	0	147	135
Total net average number of persons employed	**16,572**	**678**	**17,250**	**17,011**

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.3 Reporting of early retirement and other compensation scheme - exit packages

Exit package cost band	*Number of compulsory redundancies		*Number of other departures agreed		Total number of exit packages by cost band	
	2013	2012	2013	2012	2013	2012
<£10,000	0	0	0	4	0	4
£10,000 - £25,000	0	0	2	13	2	13
£25,000 - £50,000	0	0	9	26	9	26
£50,000 - £100,000	0	0	8	15	8	15
£100,000- £150,000	0	0	3	5	3	5
£150,000- £200,000	0	0	2	2	2	2
>£200,000	0	0	2	0	2	0
Total number of exit packages by type	0	0	26	65	26	65
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	0	0	2,150	3,455	2,150	3,455

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 Act 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 4. 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.

3.4 Staff Benefits

The Belfast HSC Trust has no staff benefits.

3.5 Trust Management Costs

	2013	2012
	£000s	£000s
Trust Management Costs	39,113	38,952
Income:		
RRL	1,210,944	1,126,117
Income per Note 5	90,683	91,757
Non cash RRL for movement in clinical negligence provision	(26,032)	(6,317)
Less interest receivable	0	0
Total Income	1,275,595	1,211,557
% of total income	**3.1%**	**3.2%**

The above information is based on the Audit Commission's definition "M2" Trust management costs, as detailed in HSS (THR) 2/99.

3.6 Retirements due to ill-health

During 2012/13 there were 42 early retirements from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £156,000. These costs are borne by the HSC Pension Scheme.

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 4 OPERATING EXPENSES

Operating Expenses

4.0 Operating Expenses are as follows:-

	2013 £000s	Restated 2012 £000s
Purchase of care from non-HSC bodies	150,011	144,481
Revenue Grants to voluntary organisations	11,745	11,712
Capital Grants to voluntary organisations	0	0
Personal social services	12,182	9,677
Recharges from other HSC organisations	3,028	2,530
Supplies and services - clinical	185,524	177,539
Supplies and services - general	14,149	13,843
Establishment	13,204	11,498
Transport	3,180	2,946
Premises	55,175	54,986
Bad debts	521	(705)
Rentals under operating leases	796	760
Interest charges	1,065	1,282
PFI and other service concession arrangements service charges	9,516	8,801
BSO Services	5,362	4,983
Training	1,607	1,125
Patients travelling expenses	791	671
Costs of exit packages provided for	2,150	3,455
Miscellaneous expenditure	11,325	10,375
Non cash items		
Depreciation	46,811	41,987
Amortisation	1,360	825
Impairments	29,587	8,858
(Profit) on disposal of property, plant & equipment (excluding profit on land)	0	0
(Profit) on disposal of intangibles	0	0
Loss on disposal of property, plant & equipment (including land)	0	31
Loss on disposal of intangibles	0	0
Provisions provided for in year	31,511	10,823
Cost of borrowing of provisions (unwinding of discount on provisions)	(752)	1,072
Auditors remuneration	83	89
Total	**589,931**	**523,644**

During the year the Trust purchased no non audit services from its external auditor the Northern Ireland Audit Office.

The comparative figures for 2011-12 have been reclassified to reflect the new HSC regional coding structure.

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 5 INCOME

5.1 Income from Activities

	2013 £000s	Restated 2012 £000s
GB/Republic of Ireland Health Authorities	563	774
HSC Trusts	995	875
Non-HSS:- Private patients	3,944	3,802
Non-HSS:- Other	3,645	3,674
Clients' contributions	31,870	30,233
Total	**41,017**	**39,358**

5.2 Other Operating Income

	2013 £000s	2012 £000s
Other income from non-patient services	38,518	37,465
Seconded staff	7,107	7,252
Charitable and other contributions to expenditure	3,303	5,099
Donations / Government grant / Lottery funding for non-current assets	722	2,583
Profit on disposal of land	16	0
Interest receivable	0	0
Total	**49,666**	**52,399**

5.3 Deferred Income

	2013 £000s	2012 £000s
Income released from conditional grants	0	0
Total	**0**	**0**

TOTAL INCOME	**90,683**	**91,757**

The comparative figures for 2011-12 have been reclassified to reflect the new HSC regional coding structure.

BELFAST HEALTH & SOCIAL CARE TRUST
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013
NOTE 6.1 Property, Plant & Equipment - year ended 31 March 2013

	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 2012	120,105	701,098	26,976	145,436	159,134	7,557	26,525	7,442	1,194,273
Indexation	0	0	0	0	1,936	234	0	132	2,302
Additions	0	14,773	611	20,358	9,966	1,717	7,201	52	54,678
Donations	0	442	0	0	240	0	40	0	722
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	(5,737)	4,203	(49)	(5,020)	(319)	0	14	252	(6,656)
Revaluation	30	0	0	0	0	0	0	0	30
Impairments to SoCNE	(14,010)	(15,302)	(392)	(991)	0	0	0	0	(30,695)
Impairments to Rev. Reserve	(699)	(10,512)	(558)	0	0	0	0	0	(11,769)
Reversal of Impairments	26	36	0	0	0	0	0	0	62
(Disposals)	0	(1,393)	(446)	0	(7,160)	(624)	(3,905)	0	(13,528)
At 31 March 2013	**99,715**	**693,345**	**26,142**	**159,783**	**163,797**	**8,884**	**29,875**	**7,878**	**1,189,419**
Depreciation									
At 1 April 2012	0	43,541	1,954	0	103,211	4,815	11,131	3,733	168,385
Indexation	0	0	0	0	1,256	149	0	66	1,471
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	(33)	(4)	0	(153)	0	23	96	(71)
Revaluation	0	0	0	0	0	0	0	0	0
Impairments to SoCNE	0	(1,089)	(28)	0	0	0	0	0	(1,117)
Impairments to Rev. Reserve	0	(742)	(41)	0	0	0	0	0	(783)
Reversal of Impairments	0	3	0	0	0	0	0	0	3
(Disposals)	0	(1,393)	(446)	0	(7,159)	(620)	(3,905)	0	(13,523)
Provided during the year	0	25,516	1,372	0	13,988	773	4,594	568	46,811
At 31 March 2013	**0**	**65,803**	**2,807**	**0**	**111,143**	**5,117**	**11,843**	**4,463**	**201,176**
Carrying Amount									
At 31 March 2013	**99,715**	**627,542**	**23,335**	**159,783**	**52,654**	**3,767**	**18,032**	**3,415**	**988,243**
At 31 March 2012	**120,105**	**657,557**	**25,022**	**145,436**	**55,923**	**2,742**	**15,394**	**3,709**	**1,025,888**
Asset financing									
Owned	99,715	625,345	23,335	159,783	36,276	3,767	18,032	3,415	969,668
Finance Leased	0	0	0	0	0	0	0	0	0
On B/S PFI contracts	0	2,197	0	0	16,378	0	0	0	18,575
Carrying Amount									
At 31 March 2013	**99,715**	**627,542**	**23,335**	**159,783**	**52,654**	**3,767**	**18,032**	**3,415**	**988,243**

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 in respect of assets held under finance leases and hire purchase contracts is £0 (2012 £0).
The fair value of assets funded from the following sources during the year was:

	2013 £000s	2012 £000s
Donations	722	2,583
Government grant	0	0
Lottery funding	0	0

Professional revaluations of land and buildings are undertaken by Land and Property Services (LPS) at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS. See Accounting Policy Note 1, Section 1.3 for more details of valuation of Property, Plant and Equipment.
The Trust's Land, Buildings and Dwellings were all revalued at 31 January 2010 by Land and Property Services. The valuations were carried out by the following valuers;
Mr. I. Jamison BA MRICS
Mr G. Coen Dip Est Man MRICS
Ms. O. Maginness BSc(Hons)

BELFAST HEALTH & SOCIAL CARE TRUST
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013
NOTE 6.2 Property, Plant & Equipment - year ended 31 March 2012

	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 2011	141,363	639,116	25,548	124,852	141,499	7,087	26,600	5,881	1,111,946
Indexation	0	23,094	933	0	12,602	0	0	0	36,629
Additions	455	12,583	495	47,153	14,447	705	4,378	663	80,879
Donations	0	1,079	0	1,000	394	0	107	3	2,583
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	(231)	24,985	0	(24,763)	(1,428)	171	73	895	(298)
Revaluation	139	1,709	0	0	0	0	0	0	1,848
Impairments to SoCNE	(18,633)	(650)	0	(2,450)	0	0	0	0	(21,733)
Impairments to Rev. Reserve	(13,746)	(480)	0	(1,807)	0	0	0	0	(16,033)
Reversal of impairments	11,038	385	0	1,451	0	0	0	0	12,874
(Disposals)	(280)	(723)	0	0	(8,380)	(406)	(4,633)	0	(14,422)
At 31 March 2012	**120,105**	**701,098**	**26,976**	**145,436**	**159,134**	**7,557**	**26,525**	**7,442**	**1,194,273**
Depreciation									
At 1 April 2011	0	21,102	917	0	90,711	4,496	11,203	2,857	131,286
Indexation	0	766	33	0	8,091	0	0	0	8,890
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	52	0	0	(584)	28	86	402	(16)
Revaluation	0	0	0	0	0	0	0	0	0
Impairments to SoCNE	0	0	0	0	0	0	0	0	0
Impairments to Rev. Reserve	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
(Disposals)	0	(433)	0	0	(8,296)	(402)	(4,631)	0	(13,762)
Provided during the year	0	22,054	1,004	0	13,289	693	4,473	474	41,987
At 31 March 2012	**0**	**43,541**	**1,954**	**0**	**103,211**	**4,815**	**11,131**	**3,733**	**168,385**
Carrying Amount									
At 31 March 2012	**120,105**	**657,557**	**25,022**	**145,436**	**55,923**	**2,742**	**15,394**	**3,709**	**1,025,888**
At 1 April 2011	**141,363**	**618,014**	**24,631**	**124,852**	**50,788**	**2,591**	**15,397**	**3,024**	**980,660**
Asset financing									
Owned	116,451	640,284	22,910	145,436	35,866	2,742	15,394	3,709	982,792
Finance Leased	3,654	14,941	2,112	0	0	0	0	0	20,707
On B/S PFI contracts	0	2332	0	0	20,057	0	0	0	22,389
Carrying Amount									
At 31 March 2012	**120,105**	**657,557**	**25,022**	**145,436**	**55,923**	**2,742**	**15,394**	**3,709**	**1,025,888**
Asset financing									
Owned	137,159	602,951	22,565	124,852	31,591	2,591	15,397	3,024	940,130
Finance Leased	4,204	12,760	2,066	0	0	0	0	0	19,030
On B/S PFI contracts	0	2,303	0	0	19,197	0	0	0	21,500
Carrying Amount									
At 1 April 2011	**141,363**	**618,014**	**24,631**	**124,852**	**50,788**	**2,591**	**15,397**	**3,024**	**980,660**

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 7.1 INTANGIBLE ASSETS - year ended 31 March 2013

	Software Licenses £000s	Information Technology £000s	Total £000s
Cost or Valuation			
At 1 April 2012	7,670	0	7,670
Indexation	0	0	0
Additions	2,995	0	2,995
Donations / Government grant / Lottery funding	0	0	0
Reclassifications	0	0	0
Transfers	127	0	127
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
(Disposals)	(914)	0	(914)
At 31 March 2013	**9,878**	**0**	**9,878**
Amortisation			
At 1 April 2012	2,870	0	2,870
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	56	0	56
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
(Disposals)	(914)	0	(914)
Provided during the year	1,360	0	1,360
At 31 March 2013	**3,372**	**0**	**3,372**
Carrying Amount			
At 31 March 2013	**6,506**	**0**	**6,506**
At 31 March 2012	**4,800**	**0**	**4,800**
Asset financing			
Owned	6,506	0	6,506
Finance Leased	0	0	0
On B/S PFI and other service concession arrangements contracts	0	0	0
Carrying Amount			
At 31 March 2013	**6,506**	**0**	**6,506**

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:

	2013 £000s	2012 £000s
Donations	0	0
Government grant	0	0
Lottery funding	0	0

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 7.2 INTANGIBLE ASSETS - year ended 31 March 2012

	Software Licenses £000s	Information Technology £000s	Total £000s
Cost or Valuation			
At 1 April 2011	6,598	0	6,598
Indexation	0	0	0
Additions	3,155	0	3,155
Donations / Government grant / Lottery funding	0	0	0
Reclassifications	0	0	0
Transfers	(13)	0	(13)
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
(Disposals)	(2,070)	0	(2,070)
At 31 March 2012	**7,670**	**0**	**7,670**
Amortisation			
At 1 April 2011	4,101	0	4,101
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	13	0	13
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
(Disposals)	(2,069)	0	(2,069)
Provided during the year	825	0	825
At 31 March 2012	**2,870**	**0**	**2,870**
Carrying Amount			
At 31 March 2012	**4,800**	**0**	**4,800**
At 1 April 2011	**2,497**	**0**	**2,497**
Asset financing			
Owned	4,800	0	4,800
Finance Leased	0	0	0
On B/S PFI and other service concession arrangements contracts	0	0	0
Carrying Amount			
At 31 March 2012	**4,800**	**0**	**4,800**
Asset financing			
Owned	2,497	0	2,497
Finance Leased	0	0	0
On B/S PFI and other service concession arrangements contracts	0	0	0
Carrying Amount			
At 1 April 2011	**2,497**	**0**	**2,497**

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 8 FINANCIAL INSTRUMENTS

8.1 Financial instruments

The only financial instruments held by the Trust as at 31st March 2013 are trade and other receivables, cash and trade and other liabilities. Details of these can be seen at Notes 12, 13 and 14 respectively.

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

	Land			Buildings			Total		
	2013 £000s	2012 £000s	2011 £000s	2013 £000s	2012 £000s	2011 £000s	2013 £000s	2012 £000s	2011 £000s
Cost									
At 1 April	335	430	705	254	235	0	589	665	705
Transfers in	5,737	177	0	807	79	235	6,544	256	235
Transfers out	0	0	0	0	0	0	0	0	0
Impairments	(13)	(172)	(144)	(99)	(60)	0	(112)	(232)	(144)
(Disposals)	0	(100)	(131)	(88)	0	0	(88)	(100)	(131)
At 31 March	**6,059**	**335**	**430**	**874**	**254**	**235**	**6,933**	**589**	**665**
Depreciation									
At 1 April	0	0	0	4	0	0	4	0	0
Transfers in	0	0	0	28	4	0	28	4	0
Transfers out	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	(4)	0	0	(4)	0	0
(Disposals)	0	0	0	0	0	0	0	0	0
At 31 March	**0**	**0**	**0**	**28**	**4**	**0**	**28**	**4**	**0**
Carrying Amount at 31 March	**6,059**	**335**	**430**	**846**	**250**	**235**	**6,905**	**585**	**665**

Non current assets held for sale comprise non current assets that are held for resale rather than continuing use with the business.

During the year ended 31 March 2013, property at 92 University Street, Belfast was sold. Fair value at disposal date was £87,500.

At 31 March 2013 non current assets held for resale comprise ;

- 89 Durham Street
- 449 Antrim Road
- 16 Cupar Street
- 52 Drumart Square, (Belvoir Clinic)
- 2 Gilnahirk Rise
- 53-57 Davaar Avenue
- 414 Ormeau Road
- 195 Templemore Avenue
- 1-4 Minnowburn Terrace
- Unit 5, 25 Tamar Street (Victoria DC)
- 116-120 Great Victoria Street, (Shaftesbury Square Hospital)
- 3 Hospital Road, (Belvoir Park Hospital)
- 29 Annadale Avenue

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 10 IMPAIRMENTS

	2013		
	Property, Plant & Equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	40,613	0	40,613
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	(11,026)	0	(11,026)
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	**29,587**	**0**	**29,587**

	2012		
	Property, Plant & Equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	25,124	0	25,124
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	(16,266)	0	(16,266)
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	**8,858**	**0**	**8,858**

	Restated 2011		
	Property, Plant & Equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	24,403	0	24,403
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	(16,992)	0	(16,992)
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	**7,411**	**0**	**7,411**

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 11 INVENTORIES

	2013 £000s	2012 £000s	2011 £000s
Classification			
X-ray	247	245	233
Pharmacy supplies	4,241	4,178	3,608
Theatre equipment	4,678	4,288	4,269
Community care appliances	1,245	1,301	649
Laboratory materials	538	568	487
Fuel	674	531	268
Building & engineering supplies	554	380	638
Other	80	125	429
Total	**12,257**	**11,616**	**10,581**

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

12.1 Trade receivables and other current assets

	2013 £000s	2012 £000s	2011 £000s
Amounts falling due within one year			
Trade Receivables	4,986	4,966	11,878
Deposits and advances	0	0	0
Vat receivable	9,736	10,712	10,970
Other receivables – not relating to fixed assets	17,887	20,344	17,759
Other receivables – relating to property plant and equipment	0	66	131
Other receivables – relating to intangibles	105	0	0
Trade and other Receivables	32,714	36,088	40,738
Prepayments and accrued income	2,273	2,919	2,951
Current part of PFI and other service concession arrangements prepayment	0	0	0
Other current assets	2,273	2,919	2,951
Carbon reduction commitment	104	0	0
Intangible current assets	104	0	0
Amounts falling due after more than one year			
Trade Receivables	0	0	0
Deposits and advances	0	0	0
Other receivables	0	0	0
Trade and other Receivables	0	0	0
Prepayments and accrued income	0	0	0
Other current assets falling due after more than one year	0	0	0
TOTAL TRADE AND OTHER RECEIVABLES	32,714	36,088	40,738
TOTAL OTHER CURRENT ASSETS	2,273	2,919	2,951
TOTAL INTANGIBLE CURRENT ASSETS	104	0	0
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**35,091**	**39,007**	**43,689**

The balances are net of a provision for bad debts of £5,122k (2012 £4,775k) (2011 £5,488k)

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

12.2 Trade Receivables and other current assets: Intra-Government balances

	Amounts falling due within 1 year 2012/13 £000s	Amounts falling due within 1 year 2011/12 £000s	Amounts falling due within 1 year 2010/11 £000s	Amounts falling due after more than 1 year 2012/13 £000s	Amounts falling due after more than 1 year 2011/12 £000s	Amounts falling due after more than 1 year 2010/11 £000s
Name						
Balances with other central government bodies	19,011	21,589	19,603	0	0	0
Balances with local authorities	11	15	36	0	0	0
Balances with NHS /HSC Trusts	4,986	4,966	11,878	0	0	0
Balances with public corporations and trading funds	0	0	0	0	0	0
Intra-Government Balances	24,008	26,570	31,517	0	0	0
Balances with bodies external to government	11,083	12,437	12,172	0	0	0
Total Receivables & other current assets at 31 March	**35,091**	**39,007**	**43,689**	**0**	**0**	**0**

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 13 CASH AND CASH EQUIVALENTS

	2013 £000s	2012 £000s	2011 £000s
Balance at 1st April	21,057	15,407	13,848
Net change in cash and cash equivalents	19,909	5,650	1,559
Balance at 31st March	**40,966**	**21,057**	**15,407**

The following balances at 31 March were held at	**2013 £000s**	**2012 £000s**	**2011 £000s**
Commercial Banks and cash in hand	40,966	21,057	15,407
Balance at 31st March	**40,966**	**21,057**	**15,407**

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.1 Trade payables and other current liabilities

	2013 £000s	2012 £000s	2011 £000s
Amounts falling due within one year			
Other taxation and social security	22,948	22,660	21,935
VAT payable	0	0	0
Bank overdraft	0	0	0
Trade capital payables – property, plant and equipment	24,410	28,254	24,089
Trade capital payables - intangibles	0	0	0
Trade revenue payables	72,977	76,155	66,509
Payroll payables	41,469	41,604	43,808
Clinical negligence payables	0	0	0
RPA payables	0	0	2,726
BSO payables	4,890	1,756	1,672
Other payables	3,474	1,346	1,457
Accruals and deferred income	2,250	2,226	2,181
Accruals and deferred income - relating to property, plant and equipment	0	0	0
Accruals and deferred income - relating to intangibles	0	0	0
Trade and other payables	172,418	174,001	164,377
Current part of finance leases	0	0	0
Current part of long term loans	0	0	0
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	409	570	442
Other current liabilities	409	570	442
Total payables falling due within one year	**172,827**	**174,571**	**164,819**
Amounts falling due after more than one year			
Other payables, accruals and deferred income	0	0	0
Trade and other payables	0	231	0
Clinical negligence payables	0	0	0
Finance leases	0	0	0
Imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	3,555	6,276	6,249
Long term loans	0	0	0
Total non current other payables	3,555	6,507	6,249
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**176,382**	**181,078**	**171,068**

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.2 Trade payables and other current liabilities - Intra-government balances

Name	Amounts falling due within 1 year 2012/13 £000s	Amounts falling due within 1 year 2011/12 £000s	Amounts falling due within 1 year 2010/11 £000s	Amounts falling due after more than 1 year 2012/13 £000s	Amounts falling due after more than 1 year 2011/12 £000s	falling due after more than 1 year 2010/11 £000s
Balances with other central government bodies	28,619	25,516	23,185	0	0	0
Balances with local authorities	53	91	47	0	0	0
Balances with NHS /HSC Trusts	4,491	6,280	7,553	0	0	0
Balances with public corporations and trading funds	0	0	0	0	0	0
Intra-Government Balances	33,163	31,887	30,785	0	0	0
Balances with bodies external to government	139,664	142,684	134,034	3,555	6,507	6,249
Total Payables and other liabilities at 31 March	**172,827**	**174,571**	**164,819**	**3,555**	**6,507**	**6,249**

NOTE 14.3 LOANS

Loans

The Belfast HSC Trust has no Government or other long term loans. (2012: £nil)

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 15 PROMPT PAYMENT POLICY

15.1 Public Sector Payment Policy - Measure of Compliance

The Department requires that Trusts pay their non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The Trust's payment policy is consistent with the Better Payments Practice code and Government Accounting rules and its measure of compliance is:

	2013 Number	2013 Value £000s	2012 Number	2012 Value £000s
Total bills paid	365,366	572,632	372,709	537,597
Total bills paid within 30 day target or under agreed payment terms	312,490	492,558	341,134	481,199
% of bills paid within 30 day target or under agreed payment terms	**86%**	**86%**	**92%**	**90%**
Total bills paid within 10 day target or under agreed payment terms	141,411	281,633	174,611	279,122
% of bills paid within 10 day target or under agreed payment terms	**39%**	**49%**	**47%**	**52%**

From 16 March 2013 EU Directive 2011/7/EU on Combating Late Payment in Commercial Transactions was implemented through the Late Payment of Commercial Debts Regulations 2013. These regulations apply to all contracts made from 16 March 2013. They require all public bodies to pay suppliers for goods/services received within 30 days of receiving an undisputed invoice. The impact of this directive will take effect 30 days from 16 March 2013 (which is payment to be received by 14 April 2013) and the performance against the EU directive will be shown in the 2013-14 financial year accounts.

15.2 The Late Payment of Commercial Debts Regulations 2002

	£
Amount of Compensation paid for payment(s) being late	720
Amount of Interest paid for payment(s) being late	236
Total	956

This is also reflected as a fruitless payment in note 26.

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 16 PROVISIONS FOR LIABILITIES AND CHARGES – 2013

	Pensions relating to other staff £000s	Clinical negligence £000s	CSR Restructuring £000s	Other £000s	2013 £000s
Balance at 1 April 2012	8,829	33,645	0	10,173	52,647
Provided in year	1,586	33,690	0	3,926	39,202
(Provisions not required written back)	0	(6,624)	0	(1,067)	(7,691)
(Provisions utilised in the year)	(487)	(8,218)	0	(1,402)	(10,107)
Cost of borrowing (unwinding of discount)	199	(1,034)	0	83	(752)
At 31 March 2013	**10,127**	**51,459**	**0**	**11,713**	**73,299**

CSR Utilised costs include the following;	CSR £000s
Pension Costs for early retirement reflecting the single lump sum to buy over the full liability	0
Redundancy costs	0
	0

Statement of Comprehensive Net Expenditure Account charges	2013 £000s	2012 £000s
Arising during the year	39,202	20,555
Reversed unused	(7,691)	(9,732)
Cost of borrowing (unwinding of discount)	(752)	1,072
Total charge within Operating costs	30,759	11,895

Analysis of expected timing of discounted flows

	Pensions relating to other staff £000s	Clinical negligence £000s	CSR Restructuring £000s	Other £000s	2013 £000s
Not later than one year	485	25,146	0	3,776	29,407
Later than one year and not later than five years	1,939	19,777	0	1,323	23,039
Later than five years	7,703	6,536	0	6,614	20,853
At 31 March 2013	10,127	51,459	0	11,713	73,299

Pensions relating to other staff is in relation to early retirement costs.

The provision for pensions is determined on the basis of information on current annual pension rates payable over average life expectancy derived from government actuarial tables and on payments made to HSC Superannuation Branch. The provisions for Clinical Negligence, Employers and Public Liability have been determined by assigning probabilities to expected settlement values.

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 16 PROVISIONS FOR LIABILITIES AND CHARGES - 2012

	Pensions relating to other staff £000s	Clinical negligence £000s	CSR Restructuring £000s	Other £000s	2012 £000s
Balance at 1 April 2011	6,449	35,615	0	8,749	50,813
Provided in year	2,712	14,494	0	3,349	20,555
(Provisions not required written back)	0	(8,914)	0	(818)	(9,732)
(Provisions utilised in the year)	(467)	(8,286)	0	(1,308)	(10,061)
Cost of borrowing (unwinding of discount)	135	736	0	201	1,072
At 31 March 2012	**8,829**	**33,645**	**0**	**10,173**	**52,647**

Provisions have been made for 4 types of potential liability: Pensions relating to other staff, Clinical negligence, Restructuring (CSR) and Other. The provision for Pensions relating to other staff is an estimate of the future liabilities for the Trust based on information provided by the HSC Superannuation 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

	Pensions relating to other staff £000s	Clinical negligence £000s	CSR Restructuring £000s	Other £000s	2012 £000s
Not later than one year	464	26,215	0	3,664	30,343
Later than one year and not later than five years	1,855	7,430	0	1,282	10,567
Later than five years	6,510	0	0	5,227	11,737
At 31 March 2012	8,829	33,645	0	10,173	52,647

Pensions relating to other staff is in relation to early retirement costs.

The provision for pensions is determined on the basis of information on current annual pension rates payable over average life expectancy derived from government actuarial tables and on payments made to HSC Superannuation Branch. The provisions for Clinical Negligence, Employers and Public Liability have been determined by assigning probabilities to expected settlement values.

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 17 CAPITAL COMMITMENTS

	2013 £000s	2012 £000s	2011 £000s
Contracted capital commitments at 31 March not otherwise included in these financial statements			
Property, Plant & Equipment	17,972	25,095	74,566
Intangible assets	0	0	0
	17,972	25,095	74,566

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 18 COMMITMENTS UNDER LEASES

18.1 Operating Leases

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

	2013 £000s	2012 £000s	2011 £000s
Obligations under operating leases comprise			
Land			
Not later than 1 year	0	0	0
Later than 1 year and not later than 5 years	0	0	0
Later than 5 years	0	0	0
	0	**0**	**0**
Buildings			
Not later than 1 year	464	481	335
Later than 1 year and not later than 5 years	1,085	1,300	837
Later than 5 years	981	1,173	442
	2,530	**2,954**	**1,614**
Other			
Not later than 1 year	332	336	255
Later than 1 year and not later than 5 years	542	594	364
Later than 5 years	58	0	0
	932	**930**	**619**

18.2 Finance Leases

The Trust have included within its Property, Plant & Equipment a number of land and buildings held under leasehold arrangements. Under accounting standard IAS 17 'Accounting for leases', the Trust have assessed these land and buildings to be finance leases in nature. However, the associated financial obligations of these finance leases are deemed insignificant and therefore no finance lease creditor has been recorded in the accounts in this respect.

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 18 COMMITMENTS UNDER LESSOR AGREEMENTS

18.3 Operating Leases

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

	2013 £000s	2012 £000s	2011 £000s
Obligations under operating leases issued by the Trust comprise			
Land & Buildings			
Not later than 1 year	548	669	675
Later than 1 year and not later than 5 years	1,421	1,384	1,352
Later than 5 years	1,766	2,057	2,277
	3,735	**4,110**	**4,304**
Other			
Not later than 1 year	0	0	0
Later than 1 year and not later than 5 years	0	0	0
Later than 5 years	0	0	0
	0	**0**	**0**

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 19 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

19.1 Off Balance Sheet (SoFP) PFI Schemes and Other Service Concession Arrangement Contracts

	2013 £000s	2012 £000s	2011 £000s
Estimated capital value of the PFI schemes			
Carparks	3,200	3,200	3,200
	3,200	**3,200**	**3,200**
Contract Start Date	01/04/1997		
Contract End Date	30/03/2017		

The Trust has a PFI arrangement for the provision of a carpark at the Royal Group of Hospitals site. The carpark is not an asset of Belfast HSC Trust.

The carpark is owned and operated by Carpark Services.

19.2 On Balance Sheet (SoFP) PFI Schemes
Total obligations under on balance sheet (SoFP) Service Concessions arrangements for the following periods comprise

	2013 £000s	2012 £000s	2011 £000s
Not later than one year	2,333	2,135	2,236
Later than one year and not later than five years	8,116	9,289	9,072
Later than five years	18,083	21,556	22,435
	28,532	32,980	33,743
Less interest element	19,807	20,861	21,273
Present value of obligations	**8,725**	**12,119**	**12,470**

Present Value of obligations under on Balance Sheet (SoFP) PFI Schemes for the following periods comprise:

	2013 £000s	2012 £000s	2011 £000s
Not later than one year	921	1,082	954
Later than one year and not later than five years	2,376	3,535	3,565
Later than five years	5,428	7,502	7,950
Total Present Value of obligations	**8,725**	**12,119**	**12,470**

19.3 Charge to the Statement of Comprehensive Net Expenditure account and future commitments

	2013 £000s	2012 £000s	2011 £000s
Amounts included within operating expenses in respect of off Balance Sheet (SoFP) PFI and other service concession arrangement transactions	0	0	0
Amounts included within operating expenses in respect of the service element of on Balance Sheet (SoFP) PFI and other service concession transactions	9,516	8,801	7,869
	9,516	**8,801**	**7,869**

The payments to which the Trust is committed is as follows:

	2013 £000s	2012 £000s	2011 £000s
Not later than one year	6,877	7,296	7,080
Later than one year and not later than five years	24,949	25,406	26,492
Later than five years	45,161	51,581	58,902
	76,987	**84,283**	**92,474**

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 20 OTHER FINANCIAL COMMITMENTS

The Belfast HSC Trust has not entered into any non cancellable contracts (which are not leases, PFI or other service concession arrangement contracts) in the current or previous financial year.

NOTE 21 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within Trusts in creating risk than would apply to a non public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities. Trusts have 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 Trusts in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

The Belfast HSC Trust did not have any financial instruments at either 31 March 2013 or 31 March 2012.

NOTE 22 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.

	2013 £000s	2012 £000s	2011 £000s
Clinical Negligence	3,688	3,142	2,298
Public Liability	0	0	0
Employers' Liability	0	0	0
Accrued Leave	0	0	0
Injury Benefit	0	0	0
Other	0	0	0
Total	**3,688**	**3,142**	**2,298**

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 23 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. This disclosure is recorded in the Trust's Register of Interests which is maintained by the Office of the Chief Executive and is available for inspection by members of the public.

During the year the Belfast Health and Social Care Trust entered into the following material transactions with the following related parties.

HSC Bodies

The Belfast Heath and Social Care Trust is an arms length body of the Department of Health, Social Services and Public Safety and as such the Department 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 Belfast Health and Social Care Trust has had a number of material transactions with other entities for which the Department is regarded as the ultimate controlling parent. These entities include the Health and Social Care Board, the five HSC Trusts and the Business Services Organisation.

Non Executive Directors

Some of the Trust's Non Executive Directors have disclosed interests with organisations from which the Trust purchased services from or supplied services to during 2012/13. Set out below are details of the amount paid to these organisations during 2012/13. In none of these cases listed did the Non Executive Directors have any involvement in the decisions to procure the services from the organisations concerned.

	Payments to Related Party	Income from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000s	£000s	£000s	£000s
Queen's University Belfast	4,495	3,762	550	513
Simon Community	104	0	0	0
Belfast Carers Centre	110	0	9	0
Belfast City Council	172	107	4	9
NHS Confederation	18	0	0	0
Age Concern	126	0	0	0
Action Mental Health	202	10	15	2
West Belfast Partnership	5	0	1	0

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

Mr JPJ O'Kane (Non Executive Director) holds the position of Registrar for Queen's University Belfast.

Ms J Allen (Non Executive Director) holds the position of Chair of Board for Simon Community and provides support to Belfast Carer's Centre, Age Concern and Action Mental Health.

Mr T Hartley (Non Executive Director) holds the position of Councillor for Belfast City Council and Board Member for West Belfast Partnership.

Mr P McCartan (Retired - Chairman) holds the position of a Board member for NHS Confederation.

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 any financial guarantees in respect of any related parties identified.

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 23 RELATED PARTY TRANSACTIONS (Cont'd)

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 purchased services in 2012/13. The details are set out below. Again, the officers listed had no involvement in the decisions to procure the services from the organisations concerned.

	Payments to Related Party	Income from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000s	£000s	£000s	£000s
Action Cancer	146	11	0	4
Marie Curie	250	180	3	18
Relate NI	5	0	0	0
NI Hospice	14	264	0	22

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

Ms B McNally (Executive Director) is a Trustee for NI Hospice.

Mr B Barry (Executive Director) holds the position of Board member for Action Cancer.

Mrs P Donnelly (Executive Director) held the position of Chairman for Relate NI.

Mr T Stevens (Executive Director) holds the position of Responsible officer for NI Hospice and Marie Curie.

NOTE 24 THIRD PARTY ASSETS

The Trust held £3,601,028 Cash at bank and in hand and £1,673,239 short term investments at 31 March 2013 which relates to monies held by the Trust on behalf of patients. This has been excluded from cash at bank and in hand figure reported in the accounts. A separate audited account of these monies is maintained by the Trust.

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 25 FINANCIAL PERFORMANCE TARGETS

25.1 Revenue Resource Limit

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

The Revenue Resource Limit (RRL) for Belfast HSC Trust is calculated as follows:

	2013 Total £000s	2012 Total £000s
HSCB	1,079,274	1,041,743
PHA	11,140	9,636
NIMDTA	18,141	18,547
Non cash RRL (from DHSSPS)	102,531	58,207
Adjustment for Income received re Donations / Government grant / Lottery funding for non current assets	(722)	(2,583)
	1,210,364	1,125,550
Adjust for On Balance Sheet PFI	580	567
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	1,210,944	1,126,117

25.2 Capital Resource Limit

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

	2013 Total £000s	2012 Total £000s
Gross Capital Expenditure (incl PFI)	57,673	84,034
Less IFRIC 12/PFI and other service concession arrangements spend	(2,079)	(4,562)
(Receipts from sales of fixed assets)	(109)	(736)
Net capital expenditure	55,485	78,736
Capital Resource Limit	55,507	78,967
Overspend/(Underspend) against CRL	(22)	(231)

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 25 FINANCIAL PERFORMANCE TARGETS (Cont'd)

NOTE 25.3 Break Even Performance

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

	2012/13 £000s	2011/12 £000s
Net Expenditure	(1,210,859)	(1,125,944)
RRL	1,210,944	1,126,117
Surplus Deficit against RRL	85	173
Break Even cumulative position(opening)	237	64
Break Even Cumulative position (closing)	322	237

Materiality Test:

	2012/13 %	2011/12 %
Break Even in year position as % of RRL	0.01%	0.02%
Break Even cumulative position as % of RRL	0.03%	0.02%

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 26 LOSSES & SPECIAL PAYMENTS

Type of loss and special payment	2012-13	2012-13	2011-12
	Number of Cases	£	£
Cash losses			
Cash Losses - Theft, fraud etc	1	68	175
Cash Losses - Overpayments of salaries, wages and allowances	0	0	0
Cash Losses - Other causes	0	0	0
	1	**68**	**175**
Claims abandoned			
Waived or abandoned claims	0	0	0
	0	**0**	**0**
Administrative write-offs			
Bad debts	32	174,007	6,999
Other	0	0	0
	32	**174,007**	**6,999**
Fruitless payments			
Late Payment of Commercial Debt	4	956	438
Other fruitless payments and constructive losses	0	0	0
	4	**956**	**438**
Stores losses			
Losses of accountable stores through any deliberate act	0	0	0
Other stores losses	1	53	92,760
	1	**53**	**92,760**
Special Payments			
Compensation payments			
- Clinical Negligence	181	8,218,748	8,285,898
- Public Liability	15	158,171	120,785
- Employers Liability	134	859,232	785,539
- Other	0	0	0
	330	**9,236,151**	**9,192,222**
Ex-gratia payments	**59**	**64,757**	**70,863**
Extra contractual	**0**	**0**	**0**
Special severance payments	**0**	**0**	**0**
TOTAL	**427**	**9,475,992**	**9,363,457**

BELFAST HEALTH & SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 26 LOSSES & SPECIAL PAYMENTS (Cont'd)

26.1 Special Payments

The Belfast Health & Social Care Trust did not make any special payments or gifts during the financial year.

26.2 Other Payments

The Belfast Health & Social Care Trust did not make any other payments or gifts during the financial year.

26.3 Losses and Special Payments over £250,000

Losses and Special Payments over £250,000	Number of Cases	2012-13 £	2011-12 £
Cash losses	0	0	0
Claims abandoned	0	0	0
Administrative write-offs	0	0	0
Fruitless payments	0	0	0
Stores losses	0	0	0
Special Payments Compensation payments Clinical negligence (these cases are included in the total value of clinical negligence payments on note 26)	8	4,151,940	4,593,776
TOTAL	8	4,151,940	4,593,776

NOTE 27 POST BALANCE SHEET EVENTS

There are no post balance sheet events having a material effect on the accounts.

NOTE 28 DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on

Account of monies held on behalf of Patients/Residents

for the year ended 31 March 2013

BELFAST HEALTH & SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

STATEMENT OF TRUSTS 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 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.

BELFAST HEALTH & SOCIAL CARE TRUST

YEAR ENDED 31 MARCH 2013

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

Previous Year	RECEIPTS			
£			£	£
	Balance at 1 April 2012			
3,674,568	1. Investments (at cost)		3,669,318	
932,220	2. Cash at Bank		1,123,191	
7,712	3. Cash in Hand		11,544	4,804,053
2,187,975	Amounts Received in the Year			2,328,255
52,517	Interest Received			66,276
6,854,992	**TOTAL**			**7,198,584**
	PAYMENTS			
2,050,939	Amounts Paid to or on behalf of Patients/Residents			1,924,317
	Balance at 31 March 2013			
3,669,318	1. Investments (at cost)		1,673,239	
1,123,191	2. Cash at Bank		3,586,498	
11,544	3. Cash in Hand		14,530	5,274,267
6,854,992	**TOTAL**			**7,198,584**

Schedule of investments held at 31 March 2013

Cost Price	**Investment**	Nominal Value	Cost Price
£	GPK Patients Property Account First Trust Deposit	£	£
61,483	Account		61,512
2,000,000	North & West Locality		0
1,607,835	South & East Locality		1,611,727

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 _____

Date 21/6/13

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

Chief Executive _____

Date 21/6/13

BELFAST HEALTH AND SOCIAL CARE TRUST

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

I certify that I have audited Belfast Health and Social Care Trust's account of Monies held on behalf of Patients/ Residents for the year ended 31 March 2013 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

Respective responsibilities of the Trust and auditor

As explained more fully in the Statement of Trust Responsibilities in relation to Patients' and Residents' Monies, the Trust is responsible for the preparation of the account in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health, Social Services and Public Safety's directions made thereunder. My responsibility is to examine, certify and report on the account in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Financial Reporting Council's Ethical Standards for Auditors.

Scope of the audit of the account

An audit involves obtaining evidence about the amounts and disclosures in the account sufficient to give reasonable assurance that the account is free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Belfast Health and Social Care Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Belfast Health and Social Care Trust; and the overall presentation of the account. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited Patient's and Resident's Monies account. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for 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.

Opinion on Regularity

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

Opinion on account

In my opinion:

- the account properly presents the receipts and payments of the monies held on behalf of the patients and residents of Belfast Health and Social Care Trust for the year ended 31 March 2013 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, Social Services and Public Safety directions issued thereunder

Matters on which I report by exception

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

- adequate accounting records have not been kept; or
- the 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; or
- the Governance Statement does not reflect compliance with Department of Finance and Personnel's guidance.

Report

I have no observations to make on this account.

K J Donnelly

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

28 *June 2013*