



Belfast Health and  
Social Care Trust

# 2009/10

ANNUAL REPORT



## Chairman's Foreword

### In the best interests of the public

Every time there's a burst of publicity about a health issue it's only natural for people to wonder if they are really getting a good, safe service.

We all have someone in the family or someone close to us who has used health and social care services in the past year.

The vast majority of the thousands treated and supported by this Trust have enjoyed first class treatment and support in our acute hospitals and in the community. And it's worth noting that across Northern Ireland 82% of people surveyed for the Department of Health 2009/10 said they were satisfied with health and social care.

But, despite everyone's best efforts the story of someone's unsatisfactory experience is what tends to come into our heads when we get that appointment letter for the hospital or are looking for some kind of support for ourselves or a family member in the community or in our own homes.

The way in which the public can be assured that they are getting the safest and highest possible, quality services from Belfast Trust is through systems and processes established by the Board of Directors which I chair.

The Board has a responsibility to provide high quality care that is safe for patients, clients, old and young people, visitors and staff – and which is underpinned by the public service values of accountability, probity and openness.

We assess the assurances we receive, identify any potential gaps and action needed to address them. We also play a key role in managing the risks facing the Trust as it carries out its day to day duties.

Crucial to this is our support for a learning culture that encourages continual improvement through openness by staff when things go wrong. As long as we learn and change, the relatively small number of failings – and the pain they undoubtedly cause to individuals – will help us provide an even better service for people in the future.

I can therefore say with confidence that I am pleased to present this, the third annual report of Belfast Trust.

It showcases the achievements of a workforce that I am very proud to be associated with and who continuously make a discretionary contribution over and above their contracted obligations.

I want to specially single out health service managers – members of an honourable profession who deserve to be applauded for the job they do in the face of unfair criticism from some politicians who have continued to fail to tackle the real health funding needs of the Northern Ireland population – despite strong representation of the issue by our Health Minister, Michael McGimpsey.

The health service has worked hard to make efficiency savings but demand for the work it does is

increasing and it is important that this is recognised in financial terms as we move forward.

Our Trust has seen a significant increase in some demand-led services over the past three years, yet we have managed to effect major efficiency savings totalling approximately £70m, and delivered patient and client care to all.

We are fortunate to be part of a hardworking and committed health service family – and to be in productive partnerships with a range of organisations to tackle health and social inequalities which is our overarching purpose, set out in the Trust’s vision document The Belfast Way.

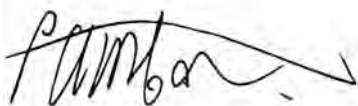
All of us also have a responsibility for our impact on the environment. We have a Trust Environmental and Sustainability group aiming for example to reduce carbon emissions from our vehicle fleet – and I have been particularly impressed to see the work being done on heat recapture, energy efficiency and carbon reduction across our estate.

The pages that follow in this report describe an outstanding year’s work.

I congratulate the Chief Executive, William McKee and his senior team for their leadership and for what has been achieved during a very challenging 12 months.

May I also take this opportunity to record my sincere thanks to my non-executive colleagues on the Board of Directors.

People who get an appointment letter from hospitals in this Trust or who experience any of the wide ranging support we provide across the community can be assured they are in safe hands.

A handwritten signature in black ink, appearing to read 'Pat McCartan', with a long horizontal flourish extending to the right.

Pat McCartan

Chairman

Belfast Health and Social Care Trust



# Chief Executive's Report

## Investing in the future

By any standards this has been a very challenging year. The coldest, longest winter in 40 years, sustained pressure on our Emergency Departments, increased demand for our services, swine flu, the Assembly's directive for 9% efficiency savings over three years, rising costs such as pharmacy bills and a whole range of new and unexpected financial pressures.

All of this on top of our number one focus - the delivery of safe services, along with a statutory requirement to balance the books and the need to meet regional targets for seeing, treating and supporting all the people referred to this Trust.

**We made it through the winter.** Staff braved snowdrifts and icy roads to reach clients homes and to keep our hospitals and other vital buildings functioning.

**We coped in our Emergency Departments.** A 24/7 service was maintained on all our sites. We would have liked to have treated our patients in a more timely fashion, but we managed to ensure that their care and treatment started as soon as possible.

**We never stopped taking referrals.** In the community and in our hospitals we dealt with the urgent first, and, where possible, negotiated new maximum waiting times to see, treat and support everyone else. This was a significant achievement, as for example, half of all planned (elective) hospital procedures carried out in Northern Ireland are carried out by this Trust.

**We were ready for swine flu.** We took part in detailed regional planning, trained staff, vaccinated groups of people who were most at risk and also helped the independent sector prepare.

**We made our services safer.** Infection control, safety and quality remained top of our list as we worked to reassure the public that Belfast Trust was working to the highest possible standards. It was particularly gratifying to note our continuing good outcomes. On independent assessment there were 226 fewer deaths in Belfast hospitals than might have been expected if we were performing to the same level as other Trusts in the UK. We also had 35% less emergency re-admissions than similar hospitals and 35% less complications of treatment.

**We listened to staff and service users.** Organisations today are increasingly judged by their level of engagement with those they serve and those who work for them. If we are to change, modernise, and renew ourselves fast enough to meet the changing environment we must continue to invest in the development, health and wellbeing of staff as well as the wider community.

Because of its size and the calibre of its staff, Belfast Trust has spearheaded enormous change since it was formed three years ago. Our efforts to develop and support staff as we worked to improve services in our first three years have been recognised through the awarding of the Investors in People standard. The award was given following an independent assessment of our Trust and we are now one of the largest organisations ever to have received it.

**We are continuing to develop leaders** at all levels of our organisation – people whose personal behaviours, values and approach to their jobs ensures that they will always do the right thing for the public. We are doing this through a detailed leadership and management strategy

I am also pleased to report that during the year we developed a Health and Wellbeing at Work Strategy in advance of a regional requirement to do so. Most of our staff live within the Belfast area are part of the population we serve so we are not only contributing to their health but that of their families and this is very much part of our wider commitment to corporate social responsibility.

**We asked the public to help us shape services.** During the past year we continued to seek the views of the public on service development. When we launched “The Belfast Way”, our vision document, three years ago and followed it up with our more detailed “New Directions” document, we set out a broad view of how Belfast Trust, because of its size, could reduce duplication and make access to services easier for the public.

A series of more detailed documents then followed and recent public consultations have been focused on improvements to services of older people, people with learning disabilities and the location of a single mental health inpatient unit for the city.

We are now in the process of looking at re-organising a range of acute services across Belfast to allow us to continue to reform and modernise and deal with pressures such as a shortage of junior doctors.

I have been heartened by the level of consensus and support for our proposals. Surgeons in particular are keen for example to bring emergency surgery onto one single site and to protect planned specialist surgery which can often get delayed by emergency work.

We continued to develop alternatives to hospital admission for people with acute mental illness. This year for example in mental health services we strengthened home treatment services, supporting up to 55 people in their own homes rather than admitting them to hospital. We also opened a Home Treatment House. We helped an additional 35 people to move from a long stay hospital care to supported accommodation in the community and developed new opportunities for people to participate in education, training, social and recreational activities in their local communities.

**We developed partnerships for health.** We continued to work with a range of organisations to achieve our overall purpose of tackling wider health and social inequalities. Health is in no small part a result of where people live, their income, educational attainment and the support available to them.

I am proud of the work we are doing as a major employer to improve employability among groups of people who would otherwise have difficulty getting jobs in health and social care. This Trust is also part of the Belfast Health Development Unit in partnership with the Public Health Agency and Belfast City Council.

**We balanced the books.** We made our efficiency savings and the modernisation approach that we took in order to do this is now an established core process for the Trust. As in previous years we had to rely on non-recurrent funding - £10.6m in 2009/10 from the Department of Health to achieve break-even – a recognition that many of the costs we incurred during the year were outside our control.

We are providing people in Belfast and Castlereagh – and across Northern Ireland – with the best possible, high quality safe services.

But our investment in our people and our commitment to public service has to be matched by a wider commitment to investment in health and social care services.

There must be a wider societal debate on what Northern Ireland is prepared to invest in health and social care to ensure that it is properly resourced to meet demand.

The health budget here has not been protected to the same extent as other parts of the UK where they have received significant growth money.

As things get tougher will Northern Ireland stay in line with England, Scotland and Wales where there is a strong commitment to protecting the budget? - or will it miss the opportunity to support and grow some of the best health and social care in these islands.



William McKee

Chief Executive

Belfast Health and Social Care Trust

# Directors' Report



## Director's 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 almost £1.3bn and a workforce totalling 20,000 (full time and part time) we are one of the largest Trusts in the United Kingdom.

In our hospitals in 2009/10 we treated approximately 117,000 in-patients, 75,000 people as day cases and we saw 700,000 outpatients.

In the community we are corporate parents to 600 children in care, the majority in foster care. We are also responsible for between 500 and 550 children on the child protection register and every year receive around 800 referrals for children in need of support – mostly in their own homes.

We are delivering 6,802 care management packages – 1,122 through residential care; 1,816 through nursing home care; and 3,864 through domiciliary care packages.

The Trust came into existence in April 2007. It was formed under the Belfast Health and Social Services Trust Establishment Order Northern Ireland 2006 and is responsible for the services formerly delivered by six Trusts which were merged on 31 March 2007. These Trusts were: Belfast City Hospital Health and Social Services Trust; Green Park Health and Social Services Trust; the Mater Health and Social Services Trust; North and West Belfast Health and Social Services Trust; South and East Belfast Health and Social Services Trust, and The Royal Group of Hospitals and Dental Hospital Health and Social Services Trust. From April 2009 it also took responsibility for the management of the Regional Medical Physics Agency.

## 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 five 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 2010 was constituted as follows:

### Chairman

Mr Pat McCartan

### Non-Executive Directors

Ms Joy Allen  
Mr Les Drew  
Professor Eileen Evason  
Dr Val McGarrell  
Councillor Tom Hartley  
Mr Charles Jenkins  
Mr James O'Kane

### Executive Directors

Chief Executive  
Director of Social Services,  
Family & Child Care  
Medical Director  
Director of Finance  
Director of Nursing, Older  
People, Medicine & Surgery

Mr William McKee  
  
Ms Bernie McNally\*  
Dr Tony Stevens  
Mrs Wendy Galbraith\*\*  
  
Ms Valerie Jackson\*\*\*

### Directors

Chief Operating Officer &  
Deputy Chief Executive  
Director of Mental Health &  
Learning Disability Services  
Director of Clinical Services  
Director of Specialist Services  
Director of Head & Skeletal Services  
Director of Human Resources  
Director of Planning &  
Redevelopment  
Director of Performance & Delivery  
Director of Nursing & User Experience

Mr Hugh McCaughey‡  
  
Mr Brendan Mullen‡‡  
Dr Patricia Donnelly  
Mrs Jennifer Welsh  
Miss Patricia O'Callaghan‡‡‡  
Mrs Marie Mallon  
  
Ms Denise Stockman  
Mrs Catherine McNicholl‡  
Ms Brenda Creaney\*\*\*\*

\*In September 2009 Ms McNally also assumed responsibility for Mental Health and Learning Disability.

\*\*September 2009 Mrs Galbraith was also appointed Deputy Chief Executive.

\*\*\*October 2009 Ms Jackson was seconded to Northern Trust. Ms Nikki Patterson became Acting Director of Nursing and Mr Brian Barry became Acting Director of Older People, Medicine and Surgery

‡Mr McCaughey left the Trust in May 2009

‡‡ Mr Mullen retired in September 2009

‡‡‡ Miss O'Callaghan retired in July 2009

±From September 2009  
\*\*\*\*Appointed January 2010

The current make up of the Board is as follows:

**Chairman**

Mr Pat McCartan

**Non-Executive Directors**

Ms Joy Allen  
Mr Les Drew  
Professor Eileen Evason  
Dr Val McGarrell  
Councillor Tom Hartley  
Mr Charles Jenkins  
Mr James O’Kane

**Executive Directors**

Chief Executive  
Director of Social and Primary Care  
Services  
Medical Director  
Deputy Chief Executive and  
Director of Finance  
Director of Nursing and User  
Experience

Mr William McKee  
  
Ms Bernie McNally  
Dr Tony Stevens  
  
Mrs Wendy Galbraith  
  
Ms Brenda Creaney

**Directors**

Director of Acute Services  
Director of Cancer and Specialist  
Services  
Acting Director of Specialist Hospitals  
and Child Health  
Director of Human Resources  
Director of Planning & Redevelopment  
Director of Performance & Delivery

Dr Patricia Donnelly  
  
Mrs Jennifer Welsh  
  
Mr Brian Barry  
Mrs Marie Mallon  
Ms Denise Stockman  
Mrs Catherine McNicholl

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, Roe Centre, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8BH.

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. The executive and senior managers and Director of Finance have provided the auditors with all relevant information and documents required for the completion of the audit. The responsibility for 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 Statement of Internal Control is available from the Chief Executive’s office.

## Governance

The Board of Directors of the Trust has a fundamental role to play in defining the objectives, the strategy, the priorities, the culture and the systems of control for the organisation.

It 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 have also been established.

The Assurance Framework of the Trust sets out the committee structures for clinical and social care governance and risk management. This framework describes the mechanisms to address weaknesses and ensure continuous improvement, including the delivery of the delegated statutory functions and corporate parenting responsibilities.

## Integrated Delivery

During its third year of operation – 2009/10 - 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 four key Service Groups supported by Corporate Services.

These are:

- Acute Services incorporating medicine and surgery; trauma and orthopaedics; cardiovascular and specialist surgery; neurosciences and ENT; imaging; neuro-rehabilitation services
- Cancer and Specialist Services incorporating laboratories; Medical Physics Agency; therapy and therapeutic services; cancer services; nephrology; long term conditions such as rheumatology, dermatology, and genetics
- Social and Primary Care Services incorporating mental health; learning disability; family and childcare; older peoples services, and physical disability
- Specialist Hospitals and Child Health incorporating child health, maternity and women's services and dental services.

The Trust has set out the five key pillars or objectives of the organisation as Safety and Quality, Modernisation, Partnerships, our People and Resources – and we group all our work under these.

We have adopted the policies, standards and guidelines of the six legacy organisation including those relating to equal opportunities and disabled employees and have been harmonising all of these through a policy committee.

We have completed an integrated emergency plan and pandemic flu plan.

## **Absenteeism**

Belfast Health and Social Care 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 care and with this in mind the Trust continues to view the management of attendance as a corporate priority. The Trust remains committed to meeting the ministerial target of reducing absence levels to 5.2% by March 2011 and in March 2010 the absence level for the Trust stood at 5.97%. A number of initiatives have been introduced in the Trust to help deliver the 2011 target including the development of a new Attendance Management Protocol, the introduction of training for Managers and the establishment of a range of forums with other services including Occupational Health, Health & safety and Service Group representatives.

## **Reporting Loss of Personal Data**

The Trust recognises the increased public awareness of data protection issues and continues to monitor the loss of personal, sensitive or confidential information through the serious adverse incident process and by regular reporting to the Trust's Information Governance Board (IGB).

While in 2009/10, 38 incidents were reported, only 3 incidents resulted in data loss. The Trust continues to implement measures to reduce the risk of governance issues in general by the use of encryption of mobile devices, improving physical security, encouraging prompt reporting of incidents as they occur and by communicating any learning from previous incidents throughout the Trust.

The provision of information to improve staff awareness has increased significantly through the year with the development of new training and guidance.

## **Controls Assurance**

Controls Assurance is a process designed to provide assurance that HPSS organisations are doing their reasonable best to manage themselves, so that objectives to protect patients, staff, the public, equipment and assets, against risks of all kinds are met.

There are 22 Controls Assurance Standards in total which have been developed by the DHSSPSNI to support the embedding of organisation-wide governance & risk management. Each standard requires a narrative, a compliance score and an action plan along with evidence to substantiate this information.

An integral part of the controls assurance process is an annual report of compliance covering each of the 22 standards, which is made in support of the annual Statement of Internal Control.

The 2009-10 Controls Assurance process has demonstrated sufficient evidence to enable Belfast Trust to make a return of substantive compliance against all 22 standards. This achievement is reflective of the extensive ongoing work throughout the organisation to embed processes covered by these standards.



# Safety and Quality

WE WILL ENSURE THE SAFETY OF EVERYONE WHO COMES IN CONTACT WITH OUR HEALTH AND SOCIAL CARE SERVICES BY ENSURING SAFER, BETTER QUALITY SERVICES FOR ALL

## Management commentary

### Improving the patient and client experience

In April 2009 the Department of Health published its 'Improving the Patient & Client Experience' document, which details new standards aimed at ensuring a positive care experience for patients/clients. Central to this work are the following five core standards, which are considered key to promoting a positive patient/client experience:

- Respect
- Attitude
- Behaviour
- Communication
- Privacy & dignity

These standards are applicable to all staff working within health and social care and fit with Belfast Trust's own values, which include treating all patients and clients with respect and dignity.

As part of our targets for 2009/10 Belfast Trust was required to demonstrate how it will monitor and report performance against these standards. Within the Trust, the Patient and Client Experience Standards were launched in November 2009 and were widely publicised. The standards have also been adopted by Trust Board and a Trust Patient and Client Experience Standards Steering Group has been established to support the implementation and monitoring of the standards within the Trust, with representation from a wide range of staff. The Director of Nursing is the lead Director with responsibility for patient experience.

### Complaints management

We recognise there are times when our patients, clients, and their families will feel unhappy with the service we have provided. To that end, we welcome any complaint and the opportunity it gives to raise the quality of our services. Complaints help us identify where we have service shortfalls and in what areas we can improve.

During the year, just under 1500 complaints were received from patients/clients their carers, families or representatives about aspects of the services we provide. This represents an increase of 117 complaints from the year before. Issues around delays in treatment and care, cancelled appointments, communication and staff attitude account for the greatest number of these complaints.

In addition, 17 complaints were received, investigated and successfully resolved under the Problem Solving stage of the Children (NI) Order 1997 Representation and Complaints procedure.

The Complaints Review Committee continues to meet on a quarterly basis to review complaints received and to monitor lessons learned and any actions taken.

The New Complaints Procedure was launched in April 09 and throughout the year staff within the complaints department and service groups have worked hard on its implementation. Awareness training on the new procedure has been provided and remains ongoing across the Trust.

### **Safer patient initiative – highlighting the work of the ward improvement team** ***Reducing Healthcare-Acquired Infections***

In 2009/10 Belfast Trust has been able to reduce Healthcare-Acquired Infections (HCAs) in our hospitals.

The total number of Clostridium Difficile infections (C Diff.) in hospitalised patients over 65 years of age was 165. The target set by the Department of Health was 242. This is a significant reduction and is an indication of how important this is to us.

MRSA bacteraemias are a similar story. Belfast Trust had 63 episodes this year (target 62) which is a reduction of 46 cases compared with the 2007/08 recorded cases.

These results were achieved by a rigorous action plan that incorporated stringent hand hygiene measures, compliance with high impact interventions around venous cannulas and catheters, an antimicrobial policy, environmental strategies, and regular audits of every clinical area's practice. This has allowed a Trust-wide view of individual wards performances and constant feedback loops to drive improvement.

### ***Introducing medicines Kardex***

We have introduced a single Kardex for all hospitals in Belfast. This will bring safety benefits and improve efficiency. The Kardex is also designed to help doctors and nurses in ensuring patients get the optimal treatment for preventing blood clots.

### **Key initiatives for the ward improvement team in conjunction with Patient, Client, and Support Services were:**

- Development of Trust environmental cleanliness strategy
- Adoption of a risk-based approach to developing appropriate cleaning methods and frequencies for specific functional areas within health and social care facilities and equipment
- Monitoring and auditing (both internal and external) is undertaken to ensure the standards of environmental cleanliness needs are met
- As a result of external audits by KPMG and RQIA, action plans have been developed to address issues raised by these audits
- Training and development in place for multidisciplinary staff in relation to environmental cleanliness.
- Space Utilisation Programme – carried out by a multidisciplinary team to ensure space used to full capacity and allow for enhanced cleaning
- Belfast Trust De-clutter, Mattress Check and Chlorine Clean Programme carried out on all sites on a three monthly basis.

## Swine flu

In March 2009 the first cases of Swine Flu (H1N1 virus) were reported in Mexico. The World Health Organisation (WHO) released a statement reporting that the level of alert had been raised to pandemic level. By the end of May there were 15,510 cases worldwide including 99 deaths.

On 11 of June, WHO announced that the level of alert had been raised to Pandemic alert level 6, citing significant transmission of the virus. The first death in the UK was confirmed on 15 June 2009.

The total number of H1N1 admissions to Belfast Trust hospitals from May until December 09 was 160.

The pandemic response from Belfast Trust was a success. We led a successful vaccination programme for staff and patients. While the number of cases was less than expected, the pandemic presented a valuable learning opportunity and produced many long-term benefits for the organisation. The Trust has benefited from the building of extensive relationships and networks that will have rewards far beyond dealing with a pandemic. The investment in training and equipment has been very valuable and the testing of our ability to deal with a pandemic will stand us in good stead for the future. The overall the success of the pandemic response can be directly attributed to the professionalism and dedication of all staff.

## Emergency planning

Belfast Trust has made further significant progress in the development of plans to cope with emergencies. Underpinning this is the production and regular updating of plans to deal with major incidents or contingencies. In 2009/10 the Trust has activated its hospital and Community Emergency Response Team (CERT) plans in response to a number of incidents. Learning from these events has led to a review of our major incident procedures.

### *Rapid response to community emergencies*

The CERT comprises of 30 volunteers, the majority of whom are Social Workers. The CERT Co-ordinator and Senior Manager for Emergency Planning represents Belfast Trust on Belfast Resilience, a local forum looking at integrated emergency planning for the Belfast City Council area. The role of the CERT is to provide back-up to emergency services; and practical and continued support to those affected by an incident and their relatives and friends. The Team's intervention is short-term, with long-term intervention referred on to Trust colleagues and outside agencies as appropriate.

In June 2009 a number of Romanian families were displaced from their homes. CERT had a pivotal role to play as part of a multi agency response to this event. The response to this incident extended to staff from other core services such as child health professionals.

In August 2009 the team responded to severe flooding in Belfast which resulted in a number of families being moved from their homes.

The success of the CERT response to these incidents can be directly attributed to the professionalism and dedication of all those involved. Learning from these events is now being used as part of the ongoing review of Trust emergency planning arrangements.

### *Quick fire emergency response*

On 24 March 2009 an acetylene gas tank fire was reported by builders working in the grounds of The

Royal Hospitals. The Trust's Incident Control Team successfully evacuated 150 patients. By 12pm the following day, the alert was lifted and all patients were safely returned to their original wards. This was evidence of the effective co-ordination and co-operation between the Trust Control Team, Northern Ireland Fire & Rescue Service, Northern Ireland Ambulance Service and the PSNI, supported by the efforts of staff from a wide range of disciplines and functions within the Trust.

### **Safer recruitment and employment framework**

The safer recruitment and employment framework standards and legislative requirements have been audited to ensure compliance with pre and post employment checks, in particular in relation to registration, work permits and alert notice issues.

### **Vetting and barring scheme**

The Safeguarding Vulnerable Groups Vetting and Barring Scheme referral arrangements have been introduced and implementation plans developed for the ISA registration of new and existing staff.

### **Human resource user engagement and involvement framework**

The human resource user engagement and involvement framework and 14 point action plan is being implemented which is central to the delivery of safe, high-quality services and an integral part of good governance arrangements in human resources. Initiatives in 2009/10 include the establishment of the service group human resources user forum which is provided with balanced score card workforce information indicators and information on compliance with quality standards across key activity areas in human resources, development of a customer satisfaction survey and a review of communication arrangements.

### **Working time regulations**

Following the audit of working time regulations compliance across the Trust, an action plan was developed and implemented in 2009/10.

### **Smoking cessation**

A total of 352 patients attending our Trust have had a consultation with a smoking cessation specialist and 252 of these have made an attempt to quit smoking since April 2009. Smoking related deaths are 50% higher in the most deprived areas compared with the Northern Ireland average.

### **Tackling heart disease**

A cardiovascular disease awareness programme has been delivered in 10 deprived areas of Belfast. The programme covered an explanation of cardiovascular disease, myths, symptoms and effects on the family, exploring risk factors, prevention and lifestyle changes.



# Modernisation

**WE WILL REORGANISE AND MODERNISE BOTH THE DELIVERY OF HIGH QUALITY HEALTH AND SOCIAL CARE AND THE EQUIPMENT AND BUILDINGS WE USE**

## Performance against Standards and Targets

The Trust had a wide range of challenging standards and targets to meet in 2009/10, which were set out in the Department of Health's Priorities for Action document. We did achieve the standards and targets in a number of important areas, however there were factors that impacted on our performance in other service areas. The most significant of these was the uncertainty around the financial position of the Health and Social Care Sector in Northern Ireland. Other factors that had an impact were the increasing demand for services and the prolonged cold weather spell this winter.

We are continuing to work hard to improve performance in areas that did not reach the standards and targets in 2009/10.

A summary of performance against key standards and targets is set out below.

## Targets / Standards - Quality and Safety

*"By March 2010 ensure a 35% reduction in the number of hospital patients with MRSA and C Difficile"*

**Performance** - Due to a huge effort by staff across the Trust, we achieved both these targets for healthcare acquired infections. In 2009/10, we had 186 fewer cases of C Diff. and MRSA in our hospitals compared to the previous year. This was a significant achievement and reflects the strong focus within our hospitals on infection control measures.

## Targets / Standards – Modernisation and Reform

***Elective access – “no patient will wait longer than 9 weeks for an outpatient appointment or diagnostic test and 13 weeks for inpatient and daycase treatment. By March 2010, no patient should wait longer than 9 weeks to be seen by an Allied Health Professional.”***

**Performance** - During 2009/10, 210 759 patients attended for new outpatient appointments. We also treated 113 627 elective inpatient and day cases. While many of these patients were seen within the target times above, the Trust was not able to offer all patients appointments and treatment within the 9/13 week standards. The difficult financial position had a particular impact on resources available to support the elective waiting times standards. As a result, we agreed with the Health and Social Care Board (HSCB) in December 2009, longer maximum waiting times for a number of specialties, to be achieved by March 2010. With the exception of a small number of patients (4 outpatients and 67 inpatients), we delivered these revised waiting times. Many of the patients waiting longer than the standards of 9/13 weeks are within specialties where it is accepted that the Trust has ongoing recurring capacity problems. The Trust has received some additional funding for some of these services which will help increase capacity in 2010/11. We will continue to

work with the HSCB and the Department of Health to close the remaining gaps between capacity and demand in the future.

Within diagnostics, the Trust delivered the 9 week waiting time by March 2010 for all but two of the monitored tests. Longer maximum waiting times were agreed with the HSCB for Cardiac MRI tests and Myocardial Perfusion Studies (MPI). This was due to increased demand and financial constraints (in the case of the former) and worldwide shortage of the supply of a radioactive material essential for MPI scanning. The Trust achieved these maximum waiting times.

With the exception of Occupational Therapy (OT), the Trust achieved the 9 week target for AHP services. Sixty-five OT patients were waiting longer than 9 weeks in March 2010. The Trust has now received some additional funding for AHP services and this should enable us to achieve the 9 week standard for OT, and maintain the standard for all other AHP services in 2010/11.

***Fracture services – “95% of patients will wait no longer than 48 hours for inpatient fracture treatment”***

**Performance** - Seasonal variation in demand for fracture services makes it difficult for the Trust to achieve this standard. Performance this year was impacted on, in particular, by the extremely cold weather spell, with an increased number of fracture patients during this period. The Trust also does not have enough capacity to treat all patients who require specialist fracture surgery within 48 hours due to lack of capacity. This is an issue we are discussing this with the HSCB and we are continuing to review other ways to improve performance in this area.

During March 65% of patients were treated within the 48 hour standard.

***Cancer services – “All urgent breast cancer referrals should be seen within 14 days, 98% of cancer patients should commence treatment within 31 days of the decision to treat and 95% of patients urgently referred within with a suspect cancer should receive their first definitive treatment within 62 days”***

**Performance** - The Trust performed very well against the first two areas during the year. 100% performance was consistently achieved in relation to the 14 day standard and 95% or higher was delivered in every month against the 31 day standard.

In relation to the 62 day standard, Trust performance at the end of March was 83%. It has been recognised that to improve overall performance investment is needed to increase capacity in Urology services. Funding for this has now been identified and this should assist the Trust in improving our performance in 2010/11.

Many patients treated in Belfast are also referred from other Trusts and sometimes the patient transfer to us is later in the patient pathway than we would like. We are working with the other Trusts to identify ways to speed up the transfer of patients which would mean that more patients are treated within the 62 day standard.

***Accident and Emergency services – “95% of patients who attend A& E should either be treated and discharged, or admitted within 4 hours of their arrival in the Department”***

**Performance** - The Trust is disappointed that we have not been able to make significant progress in relation to the A & E standard. In the main, overall performance during the year has been between 75-80%. The prolonged cold winter and pandemic flu did have impact and patients who needed to be admitted to hospital tended to wait longer than those who could be discharged home. We are continuing to work hard to improve performance in this area in the coming year.

***Hospital discharges – “90% of patients with continuing complex care needs should be discharged from an acute setting within 48 hours of being declared medically fit and no complex discharge will take longer than 7 days”***

**Performance** - The Trust performed well against the standard, achieving over 80% of patients discharged within 48 hours in most months during the year. A small number of patients each month, assessed as fit for discharge, (16 at the end of March 2010), waited longer than the 7 day standard. Some patients cannot be discharged quickly if the right care placement is not available, and capacity in the community services is not always immediately in place at the time of discharge. Some very complex patients have long-term care needs that require careful planning before discharge. We are continuing, however, to work hard on improving pathways for patients to intermediate and long-term care in the community to improve performance.

***Childrens services – “By March 2010, provide family support interventions to 426 vulnerable families, increase the number of care leavers living with former foster carers to 46 and ensure all child protection referrals are allocated within 24 hours of receipt”***

**Performance** - All of the above targets were achieved by March 2010. Child protection is one of the key priorities for the Trust and all referrals were allocated within 24 hours during the year.

***Mental Health services – “Reduce admissions by 5% to adult mental health hospitals, resettle 13 long-stay hospital mental health patients from hospital to the community and reduce from 13 weeks to 9 weeks (by March 2010) the waiting time from referral to commencement of treatment for mental health issues (other than for psychological therapies where the wait will be 13 weeks)”***

**Performance** - We largely achieved the above targets, with the exception of a very small number of patients (25) who were waiting at the end of March longer than 9 weeks for commencement of their mental health treatment and 12 patients waiting longer than 13 weeks for psychological therapy treatment. The Trust exceeded its performance target by a significant level in relation to reducing admissions (27% achieved) and patients resettled during the year (27 patients).

***Disability Services – “Resettle 19 patients from learning disability hospitals by March 2010. Ensure a maximum 18 week waiting time for 90% of all wheelchairs required by clients”***

**Performance** - The Trust made significant progress towards the resettlement target with 14 patients resettled during the year. Unfortunately funding was not available to progress all the resettlements, but we will continue to work with commissioners on this issue during 2010/11.

We achieved the target in relation to wheelchairs, with 96% of clients waiting no longer than 18 weeks in March 2010.

***Care in the community – “45% of people in care management should have their needs met in a domiciliary setting by March 2010 and older people with continuing care needs should wait no longer than 8 weeks for their assessment and 12 weeks for the main components of their care.***

***The Trust should also increase the number of clients in receipt of a direct payment to 266”***

**Performance** - The Trust achieved all of the above targets during the year. At the end of March, 74% of clients had their care needs met in a domiciliary setting and 311 clients were in receipt of a direct payment. Both figures exceeded the targets set.

# Partnerships



**WE WILL WORK COLLABORATIVELY WITH ALL STAKEHOLDERS AND PARTNERS TO IMPROVE HEALTH AND WELLBEING AND TACKLE INEQUALITIES AND SOCIAL EXCLUSION**

## **Shopmobility scheme at The Royal Hospitals**

The Shopmobility service at The Royal Hospitals has made getting around the hospital and accessing services much easier for patients. The service, which grew from a partnership with Shopmobility Belfast, is aimed at assisting users with limited mobility now also provides a Sighted Guide scheme for patients and visitors with a visual impairment. The Sighted Guide scheme evolved through a partnership between Shopmobility and Belfast Trust's Sensory Support Team who trained the Shopmobility volunteers as sighted guides.

Shopmobility is a free service which offers self-propelling wheelchairs and mechanised scooters to users who need assistance accessing the hospital site. Statistics for this year reveal that since the service started, almost 2000 patients and visitors have used the service, highlighting the need for the scheme.

The 80 acre site at the Royal Hospitals can be daunting for users with limited mobility, however, the recent statistics reveal that more and more users who need assistance accessing the hospital are finding the service provided by the scheme most beneficial.

Shopmobility at the Royal is located near the disabled car parking bays in the public car park beside the School of Dentistry.

## **Working collaboratively to reduce health inequalities in Belfast**

Belfast has the highest levels of deprivation in Northern Ireland, with some 40% of the most deprived local areas being within Belfast Local Government District. These higher levels of deprivation translate not only into lower life expectancy but a greater burden of disease and consequently a greater dependence on health and social care services. While health has improved in the last decade, inequalities in life expectancy between Belfast and more affluent areas, such as Castlereagh, are widening.

Professor Sir Michael Marmot, in his review on health inequalities in England published in February 2010, stated that 'the key drivers of health and health inequalities lie outside the healthcare system. What is important is where people are born, where they grow up, their work and how they live an age'. So what is our contribution to reducing health inequalities working within the healthcare system? The Belfast Trust has developed a Health Inequalities strategy and plan of action to be taken by the Trust to address its overarching purpose of reducing inequalities in the health. The recommended actions are as follows:

- Give priority to making early childhood experience as good as possible
- Demonstrate leadership through interagency partnerships and advocacy to address the social determinants of health
- Encourage all health and social care professionals to use available opportunities to promote health and wellbeing
- Provide a healthy work environment and maximise the health and wellbeing of our staff and their families, especially the least well paid, including supporting routes to employment within the health and social services for the long term unemployed
- Work with service users, carers and community groups, building on Involving You, the Trust's framework for user involvement and community development, in a way that leads to shared decision-making.
- Measure inequalities in access to our own services, understand the differential morbidity of the population we serve and participate in high quality evaluations of interventions introduced to tackle inequalities in health
- Reduce our carbon footprint and prepare to deal with the effects of climate change on health.

### **Combatting social deprivation and unemployment**

Initiated in March 2007 the West Belfast and Greater Shankill Health Employment Partnership is an innovative and unique partnership between the community sector of west Belfast and Greater Shankill; Belfast Trust; and the trade union UNISON, which aims to make a substantial impact on unemployment and poverty.

Funded by the Department of Health, this partnership has been developed to lead to more people gaining employment in the health and social services sector; and in developing lifelong learning and job progression opportunities for staff working within the health and social services sector, particularly Belfast Trust.

The Partnership achieved 1<sup>st</sup> place in the National Excellence in Human Resources Management Awards in June 2009. The judges praised this, "truly ambitious project that linked the community with business at a fundamental level. ... The project has changed lives for the better, often ending a family culture of unemployment." The Partnership was also successful in the recent Belfast Trust Chairman's Awards achieving 2<sup>nd</sup> place in the partnership category.

### **Providing an regional interpreting service for health and social care**

The Northern Ireland Health and Social Services Interpreting Services (NIHSSIS) is the main provider of face-to face interpreting for all Health and Social Care organisations and practitioners in Northern Ireland.

The demand for face-to-face interpreters continues to steadily increase per year. For example, in 2004 there were 823 requests, and in 2009 there were 40 000.

Polish remains the most requested language (36.29% of all requests). Other popular languages include Lithuanian, Portuguese, Chinese-Cantonese, Chinese-Mandarin, Slovak, Tetum, Russian, Latvian and Hungarian.

During 2009/2010 the interpreting service successfully met 96.34% of all requests received – a notable increase compared with 89.24% met during the 2008/2009 period.

In 2009/10 28 newly trained interpreters were added to the interpreting service's register.

## **Employment equality and diversity plan**

The employment equality and diversity action plan, agreed in consultation with Trade Unions and the Equality Commission for NI, is in its third year of implementation. Achievements include: monitoring the workforce in relation to the 9 equality categories has been concluded; silver status was achieved in the Opportunity Now benchmarking initiative; equality training is in place and an e-learning module is available; placements for people with disabilities have been facilitated.

## **Working to ensure jobs for people with mental health needs**

We have begun an exciting partnership with Action Mental Health and the Sainsbury Centre for Mental Health to support people with mental health needs to gain care jobs in mental health services.

We have also enhanced the peer advocacy service provided by the Irish Advocacy Network.

## **Caring for families**

During 2009/2010, the Trust has allocated Family Support funding to 30 organisations working in areas of deprivation across Belfast, to deliver 91 programmes to 800 of some of our most vulnerable children and families

## **Exercising to health**

Through collaboration between the Trust's Community Respiratory Team, the Health Improvement Team and South Belfast Highway to Health (Healthy Living Centre), a chair aerobics class started in January 2010 in Shaftesbury Recreation Centre in Lower Ormeau for patients with Chronic Obstructive Airways Disease. On average 12-14 participants have attended each session, contributing to their rehabilitation and helping to build confidence and independence. Some are now enquiring about progressing to use of the gym facility within the Centre.

## **Travellers' health**

We ran a joint workshop with An Munia Tober to gather Travellers' experiences of accessing health and social services. As a result a Traveller Health Strategy is now being developed.



# People

**WE WILL UNITE THE EFFORTS OF A COMMITTED AND SKILLED WORKFORCE TO SECURE EXCELLENCE IN THE SERVICES WE DELIVER INTO THE FUTURE**

## **Belfast Trust is an Investor in People!**

Belfast Trust was pronounced an Investor in People in April 2010. The assessment was undertaken against the internationally recognised Investors in People Standards in 2009/10 though we began our journey towards recognition in 2007, and had worked steadily towards these challenging Standards in the three-year period following the Trust's formation. The award is hugely important to Belfast Trust - our staff are our biggest asset and we cannot deliver first-class services without investing in the staff we have.

The Assessors commented that they found a "very positive culture and sense of ownership from staff, genuine team working, staff feeling engaged and constancy around team meetings".

## **Regional staff survey**

Following on from the Trust's own staff survey in 2008, we participated in a regional health and social care survey in 2009. This was a sample of health service staff from across Northern Ireland and 39% across the health and social care sector responded. The information is being analysed and action plans will be developed.

## **Improving working lives**

Following the launch of the suite of 8 work/life balance policies in early 2009 610 applications from staff have been received with 94% facilitated. These policies have enabled staff to better manage and balance their work/life commitments. Other initiatives include 444 staff availing of the childcare voucher scheme and 300 children of 200 families were accommodated in the summer scheme.

## **Helping our staff gain qualifications**

We have made significant progress in tackling health inequality through employment and staff learning and development initiatives. Since 1 April 2008, the following initiatives, primarily targeted at our support workers (pay bands 1-4) have been achieved:

211 staff have achieved NVQ Level 2 or 3 in Health and Social Care or Business Administration and 75 staff have achieved an Essential Skills qualification in either Literacy or Numeracy.

82 staff have achieved a recognised Institute of Leadership and Management (ILM) First Line Management or Team Leader Award or Certificate.

61 staff have completed the K100/101 module with the Open University, a course offering a broad-foundation in health and social care, with a view to undertaking registrant training in either Nursing, Allied Health Professions (AHP) or Social Work.

10 staff have participated in a successful pilot of the Level 2 Knowledge and Skills Framework(KSF) Progression Qualification – staff received training on the 6 core dimensions while undertaking an embedded essential skills qualification in Literacy.

33 staff have undertaken the Educational Guidance Service for Adults (EGSA) Realising or Developing your Potential Programmes.

We have provided 1,262 work experience placements and have had a presence at all major school career fairs in Belfast.

We have established a Widening Participation Forum – a partnership forum between management representatives, Trade Union Side, Belfast Metropolitan College, EGSA, Open University, West Belfast Greater Shankill Health Employment Partnership, and DHSSPSNI overseeing the work in the Trust.

We have developed a partnership agreement between the Trust, Belfast Metropolitan College, EGSA, Open University and Trade Union Side in relation to support worker training. 137 people have gained employment in the Trust, 65 of which were long-term unemployed. This was with the West Belfast and Greater Shankill Health Employment Partnership. They took up training packages which included interview preparation, First Aid, food hygiene, and infection control. Over 40 staff progressed in their career within the Trust through learning and developing opportunities.

### **Equality of Opportunity**

Belfast Trust is an equal opportunities employer. Our Equal Opportunities policy aims to promote equality of opportunity and prevention of unlawful discrimination.

The policy specifies the Trust’s approach to recruitment and promotion, training, staff appraisal, domestic responsibilities and how complaints of discrimination will be managed. The policy has been agreed with the Trade Unions and the Equality Commission and will be reviewed annually.

### **Employment of People with Disabilities**

Continuing our commitment to the provision of equality of opportunity for all staff we recognise that attention needs to be given to people who have or who have had a disability and it is for this reason that a Policy on the Employment of People with Disabilities has been developed.

We aim to develop a working environment and provide conditions of employment which will offer people with disabilities the opportunity to seek, obtain and maintain employment with the Trust. The Trust has consulted with the Employers’ Forum on Disability (NI), the Northern Ireland Equality Commission and Representatives of other Disability Groups in developing this Policy.



# Resources

**WE WILL WORK TO OPTIMISE THE RESOURCES AT OUR DISPOSAL TO ACHIEVE SHARED GOALS**

## Resources

Belfast Trust has an annual budget of almost £1.3bn, more than twice the budget of any other Trust in Northern Ireland, and is over 25% greater than the largest Trust in England. We employ almost 18,000 whole time equivalent staff, and have an estate worth around £933m.

## Income and Expenditure

Due to its size and complexity it is an enormous challenge for the Trust to balance its expenditure and income within the very small margin of 0.025%, but that is what we achieved in 2009/10.

Most of the money which we received in 2009/10 came from the Department of Health, Social Services and Public Safety and the Health and Social Care Board. This income was used to deliver health and social care services for the population of Belfast, and a range of regional services to the population across Northern Ireland.

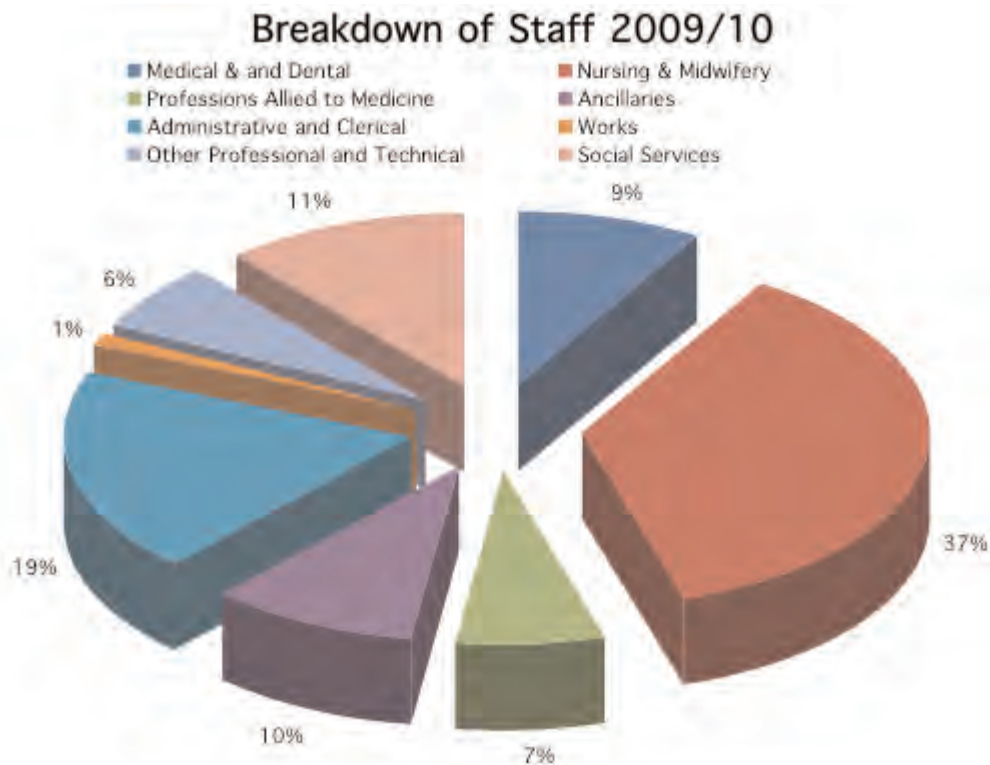
**Table 1** shows the sources of our income during 2009/10 (excluding non-cash items)

**Table 1: Breakdown of Income 2009/10**



The Trust spends over £3m per day, 62% of which relates to staff salaries. Throughout the 2009/10 financial year, we employed almost 18,000 whole time equivalent staff.

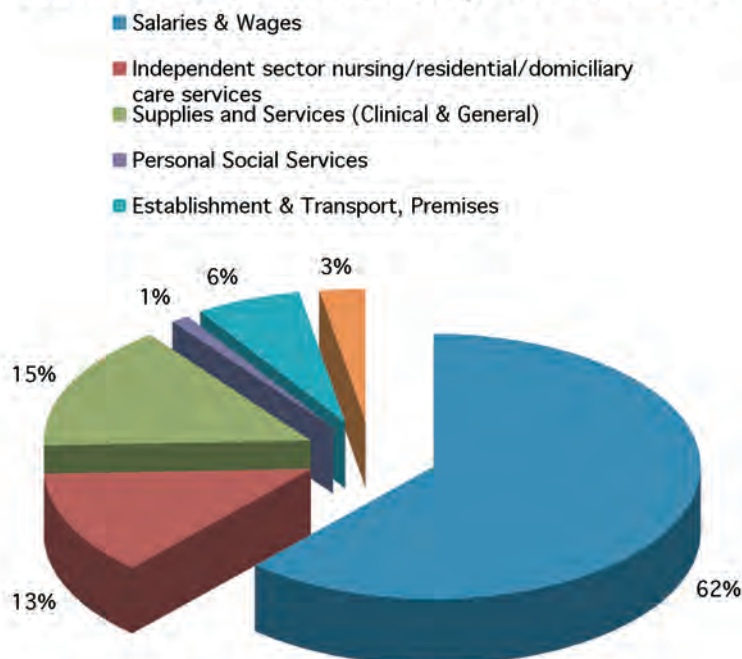
**Table 2** shows the breakdown of staff employed, by professional group, during 2009/10.



A further 15% was spent on clinical and general supplies such as drugs and medical and surgical equipment, and 13% was spent on care delivered by other organisations, for example residential and nursing homes, and organisations delivering care to people in their own homes.

**Table 3** shows the breakdown of our expenditure, by type, during 2009/10.

### How we spent the money 2009/2010





# Summary Financial Statements

## Summary Financial Statements

The Annual Accounts for the year ended 31 March 2010 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

The following pages represent a summary of the Trust's Accounts for the year ended 31 March 2010.

This summary financial statement does not contain sufficient information for a full understanding of the activities and performance of the Trust.

For further information refer to the full accounts and Annual Report and Auditors Report for the year ended 31 March 2010

Copies of the full accounts are available from TSO Ireland, 16 Arthur Street, Belfast, BT1 4GD


## Net expenditure Account for Year Ended 31 March 2010

	2010 £000	Restated 2009 £000
Expenditure	(1,318,545)	(1,175,489)
Income	96,457	84,669
Net Expenditure	(1,222,088)	(1,090,820)
Revenue Resource Limit (RRL)	1,222,162	1,090,375
<b>Surplus / (deficit) against RRL</b>	<b>74</b>	<b>(445)</b>

## Statement Of Financial Position as at 31 March 2010

	2010 £000	Restated 2009 £000	Restated 2008 £000
Non Current Assets	935,887	1,025,257	998,236
Current Assets	102,861	103,204	129,281
Current Liabilities	(154,750)	(161,472)	(172,673)
Net Current Assets/Liabilities	(51,889)	(58,268)	(43,392)
<b>Total Assets less Current Liabilities</b>	<b>883,998</b>	<b>966,989</b>	<b>954,844</b>
Non Current one year	(60,374)	(58,920)	(61,416)
<b>Assets Less Liabilities</b>	<b>823,624</b>	<b>908,069</b>	<b>893,428</b>
<b>Reserves</b>	<b>823,624</b>	<b>908,069</b>	<b>893,428</b>

Signed



(Chairman) Date 28 June 2010

Signed



(Chief Executive) Date 28 June 2010

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2010

### FIRST TIME ADOPTION OF IFRS

#### Reconciliation of UK GAAP reported Reserves to IFRS at the date of transition 1 April 2008

	General Fund £000	Revaluation Reserve £000	Donated Asset Reserve £000
<b>Reserves at 31 March 2008 under UK GAAP</b>	<b>823,525</b>	<b>37,709</b>	<b>41,802</b>
IAS 16 Property, plant & equipment	(1,098)	0	0
IAS 17 Leases additions	0	0	0
IAS 17 Leases liabilities	0	0	0
IAS 19 Employee benefits	(13,341)	0	0
IAS 38 Intangible assets	0	0	0
IFRS 5 Non Current assets held for sale	1,098	0	0
IFRIC 12 Service Concession Arrangements	2,705	1,748	0
<b>Reserves at 1 April 2008 under IFRS</b>	<b>812,889</b>	<b>39,457</b>	<b>41,082</b>

**Reconciliation of UK GAAP reported Reserves to IFRS at the end of the final UK GAAP reporting period 31 March 2009**

	<b>General Fund £000</b>	<b>Revaluation Reserve £000</b>	<b>Donated Asset Reserve £000</b>
<b>Reserves at 31 March 2009 under UK GAAP</b>	<b>848,018</b>	<b>56,444</b>	<b>40,430</b>
Change in accounting policy – GIA	(31,456)	0	0
<b>Restated balance at 31 March 2009</b>	<b>816,562</b>	<b>56,444</b>	<b>40,430</b>
IAS 16 Property, plant & equipment	(1,793)	0	0
IAS 17 Leases	0	0	0
IAS 17 Leases liabilities	0	0	0
IAS 19 Employee benefits	(11,564)	0	0
IAS 38 Intangible assets	0	0	0
IFRS 5 Non Current assets held for sale	1,793	0	0
IFRIC 12 Service Concession Arrangements	4,033	2,164	0
<b>Reserves at 1 April 2009 under IFRS</b>	<b>809,031</b>	<b>58,608</b>	<b>40,430</b>

These adjustments include the cumulative effect of any prior year adjustments.

**Reconciliation of UK GAAP reported Net expenditure to IFRS for the year ended 31 March 2009**

	<b>£000</b>
<b>Net Expenditure for 2008-09 under UK GAAP</b>	<b>(1,078,666)</b>
Change in accounting policy – GIA	(15,000)
<b>Restated Net Expenditure for 2008-09</b>	<b>(1,094,166)</b>
IAS 16 Property, plant & equipment	0
IAS 17 Leases	0
IAS 19 Employee benefits	2,018
IAS 38 Intangible assets	0
IFRS 5 Non Current assets held for sale	0
IFRIC 12 Service Concession Arrangements	1,328
<b>Net Expenditure for 2008-09 under IFRS</b>	<b>(1,090,820)</b>

In addition to the cash balances of £1,652k reported under GAAP at 31 March 2009, the Trust held cash equivalents of £9,170k. These were reported under UK GAAP as short term investments.

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2010**  
**ANALYSIS OF NET EXPENDITURE BY SEGMENT**

	<b>Staff Costs £000</b>	<b>Other Expenditure £000</b>	<b>Total Expenditure £000</b>	
<b>Service Group/Corporate Group</b>				
Social Services/Family & Child Care Older People, Medicine and Surgery and T&O	98,510	32,595	131,105	10.7%
Specialist Services	161,098	129,195	290,293	23.8%
Clinical Services	120,207	82,560	202,767	16.6%
Patient and Client Support Services	142,281	69,120	211,401	17.3%
Mental Health & Learning Disability	42,639	20,954	63,593	5.2%
	64,434	30,033	94,467	7.7%
<b>Expenditure for Reportable Segments</b>	<b>629,169</b>	<b>364,457</b>	<b>993,626</b>	<b>81.3%</b>
<b>Unallocated Expenditure</b>				
Other Expenditure			132,560	
Non- cash Costs (per Note 5):				
Depreciation			47,241	
Amortisation			620	
Impairments			115,394	
Cost of Capital charges			29,029	
Auditors remuneration			99	
Total Non-Cash Costs			192,383	
<b>Sub-Total of Unallocated Expenditure</b>			<b>324,943</b>	
<b>Total Expenditure</b>			<b>1,318,569</b>	
<b>Unallocated Income</b>			<b>(96,481)</b>	
<b>Net Expenditure as per Net Expenditure Account</b>			<b>1,222,088</b>	
<b>Revenue Resource Limit (RRL)</b>			<b>1,222,162</b>	
<b>Surplus/(Deficit) against RRL</b>			<b>74</b>	

## Public Sector Payment Policy - Measure of Compliance

The Department requires that Trusts pay their non HSC trade creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. The Trust's payment policy is consistent with the CBI prompt payment codes and Government Accounting rules and its measure of compliance is:

	<b>2010 Number</b>	<b>2009 Number</b>
Total bills paid	386,943	368,639
Total bills paid within terms	310,919	306,205
% of bills paid within terms	80%	83%

### Financial Environment

One of the most difficult tasks we face within the health and social care sector is to manage our expenditure within reducing resources, while dealing with increasing demands for our services and clinical and technological advances.

2009/10 was a particularly challenging year for us. Our funding was reduced by £31m; we had to make cumulative efficiency savings of 5.5%; and at the same time healthcare and overhead costs such as fuel and water, increased.

Through a concerted effort by staff across the Trust, sound budget management, the receipt of additional in-year funding and the implementation of our comprehensive efficiency programme (MORE), we achieved a balanced financial position in 2009/10.

### MORE - Maximising Outcomes, Resources and Efficiencies

The Trust, like all other government bodies, has to deliver cash efficiency savings of 9% over the years 2008/09 to 2010/11, as part of the 2007 Comprehensive Spending Review. Essentially over this period we have to deliver the same levels of service within a substantially reduced budget.

Our MORE efficiency programme has enabled us to achieve the required levels of efficiency savings in 2008/09 and 2009/10. We did this by changing the way we deliver services, modernising and driving improvements in services, enhancing productivity, reducing waste and maximising value for money.

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

We are proud to outline the following achievements of our MORE programme during 2009/10:

- We had 150 reform and modernisation schemes up and running.
- The projects were about changing practices and modernising the way we do things, they have clear benefits for the patient and client, as well as efficiency and productivity benefits for the organisation.
- We engaged widely with the public, interested groups and staff on the changes which we made, and have managed to maintain constructive relationships with staff representative groups.

In summary we achieved our second year's Comprehensive Spending Review (CSR) efficiency target and have reduced our cost base by £56m over the past two years, while maintaining service levels and quality standards.

The MORE programme will continue to progress its work to address next year's efficiency target, as we face a further £36m reduction in our income levels. This target which represents a further 3.5%, on top of the 5.5% already achieved in 2008/09 and 2009/10, will be challenging for the Trust. In addition to our existing efficiency requirements we anticipate a radical review of public services in 2010/11 and beyond which will doubtless impact on the finances of the Trust.

Patient and client care, and the delivery of high quality services remain paramount. Through the application of its MORE programme, the Trust is confident of continuing to deliver its financial targets without compromising these overriding obligations.

### **Reducing costs**

We continue to develop our processes for controlling non-pay expenditure, ensuring that we order only what we need to deliver our services and so reduce waste, avoid duplication and over-stocking.

In addition during 2009/10 we reduced the cost of support staff such as administrative, catering and domestic staff while maintaining standards of service and quality in those areas. Furthermore, the cost of management staff has reduced again this year, with management costs now accounting for just over 3% of our total income base. The measurement of the cost of management is determined by the Department of Health, Social Services and Public Safety, and includes professional and medical leads as well as the Trust's directors and service managers.

As a consequence of these actions we have been able to maximise resources for patient and client care.

### **Investing in facilities**

In addition to enhancing the way we deliver existing services, introducing new services, and reducing waste within our systems, we have developed our estate for the benefit of our patients, clients and staff during 2009/10.

The Trust has the largest estate of any organisation in Northern Ireland, including a number of buildings which date back to the nineteenth century. This poses a considerable challenge in terms of keeping up with general maintenance, as well as ensuring buildings of this age are fit for the needs of modern health and social services.

A good deal of progress has been made by the Trust in recent times to improve the quality of the estate. During 2009/10 we spent a total of £63.5m on capital expenditure for a range of facilities across the Trust.

Significant capital expenditure was incurred on the following new facilities:

- Shankill Wellbeing and Treatment Centre £5.3m
- Beech Hall Wellbeing and Treatment Centre £5.3m
- Iveagh Assessment and Treatment Centre for children with learning disabilities £2.5m
- Beechcroft Children's and Adolescent Mental Health Unit £9.6m
- Regional Assessment and Treatment facilities for people with learning disability £2.0m
- Development of Phase 2B RVH (Critical Care Building) £16.9m
- Victoria Pharmaceuticals £3.9m

In addition we spent over £2m within the general capital programme to maintain safe facilities and services for patients, clients and staff.

### **Investing in Research and Development**

Research and development are extremely important to the Trust, and we work collaboratively with many partner organisations to carry out high quality, ethical clinical research, which aims to improve patient and user outcomes.

Research is crucial if clinical outcomes for patients and users, with a wide range of conditions, are to be improved.

Since its inception, the research activity from the Trust's legacy organisations has been consolidated, and has gone from strength to strength. During 2009/10 we secured £9.4m in research funding.

Several hundred externally funded research projects are ongoing throughout a broad spectrum of specialties across the Trust. One significant project is the IVAN trial, a multicentre trial, the financial aspects of which are coordinated by Belfast Trust. This trial involves the evaluation of two alternative treatments for Macular degeneration, a disease characterised by the gradual breakdown of the macula (the central portion of the eye). Age-related macular degeneration is the most common cause of blindness in the UK and is thought to affect one in ten people over 50 years of age.

The Trust is pleased to have a significant role in this type of project.

## Donations and Fundraising

Charitable donations help us to improve the quality of care we provide to our patients and clients across the Trust. During 2009/10 we received donations and legacies totalling £1.3m, many from former patients, clients and their relatives in recognition of the Trust's work. These generous donations and legacies make a real difference.

Individual donors are too numerous to mention but examples of improvements we have made as a result of donations and legacies received during 2009/10 include:

- A state-of-the-art laser was purchased during the year using charitable funds for use in the Eye and Ear Clinic. This laser will significantly improve the quality of care that the Trust provides to children who have developed cataracts by substantially reducing operative risks due to its non-invasive nature. As a result fewer children need to be sent for specialist treatment outside of Northern Ireland;
- A donation of £24,000 funded the provision of a drop-in information centre and alternative therapies for patients being treated and recovering from cancer;
- Donations to one of our funds has enabled Marie Curie to provide treatment to cancer patients in their own home;
- Generous legacies and donations received during the year enabled the Trust to pay for outings for patients with special needs, for example, a weekend trip to Kilbroney Park in Rostrevor, Co Down was organised for children with severe disabilities in Paediatric Rheumatology; and
- Donations received enabled the Trust to provide patients in Muckamore Abbey Hospital with a trip to the cinema during the year.

If you would like to make a donation to the Trust, please contact:

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

# Sustainability and Innovation

## Doing our bit for the environment

Belfast Trust is committed to reducing our carbon footprint. Our annual utilities bill is £15 million and although most of this is utilised in providing essential services, it is estimated that 15% of this cost could be saved if we encouraged staff to think differently about energy consumption. This is complimented by changes in technology that allow us to deliver more efficient engineering practices.

The benefits of encouraging each of us who work for the Trust to 'think before turning on' will not only have immediate benefits within the Trust, but it will help instigate the same thought processes in each of the 20,000 staff homes across Belfast and will deliver benefits to the environment on top of what Belfast Trust is achieving.

Innovative improvements have included bringing environmental awareness training to all 20,000 members of staff in conjunction with statutory fire lectures. Engineering advances have enabled waste heat recovery plants to deliver £250,000 of savings on the Trust's gas bill equating to a net reduction of approximately 800 tonnes of carbon being emitted annually into the atmosphere.

## Building for success

This year the Trust has relocated services to three new buildings, all of which were completed in 2010. Each of them has enhanced the environment in which we provide services to patients and clients.

Inpatient mental health services for young people is now provided at Beechcroft which is located on the Forster Green site.

The Iveagh Centre has opened at Broadway which is an inpatient assessment and treatment unit for children with learning disabilities.

A new older person's day centre opened in March in the Enler Centre as part of a regeneration project in the Ballybeen estate, east Belfast.

## Remuneration Report

### REMUNERATION REPORT FOR THE YEAR ENDED 31 MARCH 2010

#### Scope of the report

Article 242B and Schedule 7A of the Companies (Northern Ireland) Order 1986, as interpreted for the public sector requires HSC bodies to prepare a Remuneration Report containing information about director's remuneration. The Remuneration Report summarises the remuneration policy of Belfast Health & Social Care Trust (the 'Trust') and particularly its application in connection with senior managers. The reports must 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 Department of Health, Social Services and Public Safety (DHSSPS).

#### Remuneration committee

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

Mr Pat McCartan (Chairman)

Ms Joy Allen (Non-Executive Board Member)

Mr Les Drew (Non-Executive Board Member)

Professor Eileen Evason (Non-Executive Board Member)

Dr Val McGarrell (Non-Executive Board Member)

Mr James O'Kane (Non-Executive Board Member)

Councillor Tom Hartley (Non-Executive Board Member)

Mr Charles Jenkins (Non-Executive Board Member).

#### Remuneration Policy

- The membership of the remuneration committee for the Belfast Health and Social Care Trust consists of the Chairman and the seven non-executives.
- 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 DHSS&PS.
- 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 DHSS&PS under the performance management arrangements for senior executives.
- In relation to the policy on duration of contracts, all contracts of senior executives in the Trust are permanent. During the year 2008/09 all contracts were permanent and each contained a notice period of three months.

## Service contracts

The Trust Medical Director is employed under a contract issued in accordance with HSC Medical Consultant Terms and Conditions of Service (Northern Ireland) 2004. All other Senior Executives in the year 2009/10 were on the new the DHSS&PS Senior Executive Contract. The contractual provisions applied are those detailed and contained within Circulars HSS (SM) 2/2001, for the majority of Senior Executives, and HSS (SM) 3/2008 for the 2 Senior Executives newly employed during the year 2009/10.

## Directors

Mr William McKee appointed Chief Executive on 1 October 2006;  
Ms Bernie McNally appointed Director of Social Services, Family & Child Care on 1 January 2007;  
Dr Tony Stevens appointed Medical Director on 1 January 2007;  
Mrs Wendy Galbraith appointed Director of Finance on 1 January 2007;  
Ms Valerie Jackson appointed Director of Nursing, Older People's Medicine & Surgery on 1 January 2007;  
Mr Hugh McCaughey appointed Chief Operating Office and deputy Chief Executive on 1 January 2007;  
Mr Brendan Mullen appointed Director of Mental Health and Learning Disability Services on 1 April 2007;  
Dr Patricia Donnelly appointed Director of Clinical Services on 1 January 2007;  
Mrs Jennifer Welsh appointed Director of Specialist Services on 1 April 2007;  
Miss Patricia O'Callaghan appointed Director of Head & Skeletal Services on 1 January 2007 until 31 March 2009;  
Mrs Marie Mallon appointed Director of Human Resources on 1 January 2007;  
Ms Denise Stockman appointed Director of Planning and Redevelopment on 1 December 2006;  
Ms Brenda Creaney appointed Director of Nursing and User Experience on 1 January 2010.

The above list is included to reflect the Audit Office's requirements for producing an annual report. For a list of current directors, please see the Director's Report.

## Non-executive directors

Mr Pat McCartan appointed (as Chairman) on 1 August 2006 (for a period of 4 years);  
Ms Joy Allen appointed on 1 April 2007 (for a period of 4 years);  
Mr Les Drew appointed on 1 April 2007 (for a period of 4 years);  
Professor Eileen Evason appointed on 1 April 2007 (for a period of 4 years);  
Dr Val McGarrell appointed on 1 April 2007 (for a period of 4 years);  
Councillor Tom Hartley appointed on 1 April 2007 (for a period of 4 years);  
Mr Charles Jenkins appointed on 1 April 2007 (for a period of 4 years);  
Mr James O'Kane appointed on 1 April 2007 (for a period of 4 years);

## 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, employees 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 Department of Health, Social Services and Public Safety.

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 balance sheet date and updates it to reflect current conditions. An interim valuation as at 31 March 2006 was completed in the summer of 2009 and was used for the 2008-09 accounts. The next valuation will be as at 31 March 2008 and will be used in the 2009/10 accounts.

## Premature retirement costs

Section 16 of the Agenda for Change Terms and Conditions Handbook (issued on 14 February 2007 under cover of the Department's Guidance Circular HSS (AfC) (4) 2007) sets out the arrangements for early retirement on the grounds of redundancy and in the interest of the service. 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 lumpsum 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 lumpsum redundancy payment of up to 24 months' pay. In this case the cost of the early payment of the pension is paid from the lumpsum 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.

## 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:

Name	2009-10		2008-09		2009-10		Real Increase in pension and related lump sum at age 60	Total accrued pension at age 60 and related lump sum	CETV at 31/03/09	CETV at 31/03/10	Real Increase in CETV	
	Salary, Including Performance Pay	£000	Benefits in kind (rounded) to nearest £000)	Salary, including Performance pay	£000	£000						£000
<b>Non-Executive Members</b>												
P McCartan	30-35		0	30-35		0	N/A	N/A	N/A	N/A	N/A	
E Evason	5-10		0	5-10		0	N/A	N/A	N/A	N/A	N/A	
L Drew	5-10		0	5-10		0	N/A	N/A	N/A	N/A	N/A	
C Jenkins	5-10		0	5-10		0	N/A	N/A	N/A	N/A	N/A	
V McGarrell	5-10		0	5-10		0	N/A	N/A	N/A	N/A	N/A	
T Hartley	5-10		0	5-10		0	N/A	N/A	N/A	N/A	N/A	
J O'Kane	5-10		0	5-10		0	N/A	N/A	N/A	N/A	N/A	
MJ Allen	5-10		0	5-10		0	N/A	N/A	N/A	N/A	N/A	
<b>Executive Members</b>												
W McKee	145-150		0-2.5	135-140		0-2.5	7.5-10	240-245	1,350	1,499	49	
H McCaughey (until 31 May 2009)	15-20		0-2.5	105-110		0-2.5	N/A	N/A	N/A	N/A	N/A	
A Stevens	190-195		0	150-155		0	25-27.5	225-230	998	1,217	131	
W Galbraith	105-110		0	95-100		0	10-12.5	70-75	213	271	39	
M Mallon	95-100		0-2.5	90-95		0-2.5	5-7.5	165-170	794	889	27	
P Donnelly	95-100		0	90-95		0	2.5-5	155-160	829	908	16	
D Stockman	80-85		0	75-80		0	10-12.5	60-65	183	240	40	
V Jackson (1 April to 31 October 2009)	(1) 50-55		0	85-90		0	12.5-15	105-110	333	417	55	
B Mullen (until 30 September 2009)	(2) 40-45		0	80-85		0	N/A	N/A	N/A	N/A	N/A	
J Welsh	75-80		0-2.5	65-70		0-2.5	7.5-10	45-50	143	185	29	
P O'Callaghan (until 31 July 2009)	(3) 20-25		0	65-70		0	N/A	N/A	N/A	N/A	N/A	
A Brown (until 31 August 2000)	0		30-35	0		0	N/A	N/A	N/A	N/A	N/A	
B McNally	75-80		0	70-75		0	7.5-10	95-100	404	477	38	
B Creaney (4)	55-60		0	N/A		0	20-22.5	75-80	214	319	85	
C McNicholl (appointed 1 March 2010)	5-10		0	N/A		0	15-20	120-125	454	562	68	
B Barry (acting from 1 November 2009)	30-35		0	N/A		0	N/A	N/A	N/A	N/A	N/A	
N Patterson (acting from 1 June to 31 December 2009)	40-45		0	N/A		0	N/A	N/A	N/A	N/A	N/A	
J Growcott (acting from 11 May to 31 October 2009)	25-30		0	N/A		0	N/A	N/A	N/A	N/A	N/A	

- (1) Mrs V Jackson was seconded to the Northern HSC Trust from 1 November 2009.
- (2) Mr B Mullen was given voluntary early retirement on the grounds of redundancy. The total cost to the Trust was £95k-£100k which included pension and lump sum payment in accordance with the contractual entitlement.
- (3) Miss P O'Callaghan was given voluntary early retirement on the grounds of redundancy. The total cost to the Trust was £255k-£260k which included pension and lump sum payment in accordance with the contractual entitlement.
- (4) Ms B Creaney was acting Director of Women's and Children's Services from 11 May 2009 to 31 December 2009, and was subsequently appointed to the post of Director of Nursing and User Experience on 1 January 2010.

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated 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 and Social Care Trust**

### **STATEMENT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY**

I have examined the summary financial statement for the year ended 31 March 2010 set out on page 36.

#### **Respective responsibilities of the Belfast Health and Social Care Trust, Chief Executive and Auditor**

The Belfast Health and Social Care Trust and Chief Executive are responsible for preparing the summary financial statement.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the full annual financial statements, and its compliance with the relevant requirements of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended, and Department of Health, Social Services and Public Safety directions made thereunder.

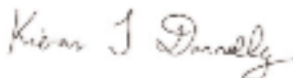
I also read the other information contained in the Annual Report, and consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement. The other information comprises only the notes to the accounts on pages 37 to 40..

#### **Basis of audit opinions**

I conducted my work in accordance with Bulletin 2008/03 'The auditors' statement on the summary financial statement in the United Kingdom' issued by the Auditing Practices Board. My report on the Belfast Health and Social Care Trust full annual financial statements describes the basis of my audit opinions on those financial statements and the part of the Remuneration Report to be audited.

#### **Opinion**

In my opinion, the summary financial statement is consistent with the full annual financial statements of the Belfast Health and Social Care Trust for the year ended 31 March 2010 and complies with the applicable requirements of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended, and Department of Health, Social Services and Public Safety directions made thereunder.



KJ Donnelly  
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30 June 2010

