Annual Report

‘Our business is to deliver safe, improving, modern, cost effective health and social care.’
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Chairman’s Foreword

I am pleased to present this the fifth annual report for the Belfast Health and Social Care Trust. In a continually testing financial social and clinical environment the Trust has broken even while delivering a top quality service. The vast majority of patients, clients and their families have had a good experience, and that is why it is all the more difficult to find ourselves in the spotlight when things go wrong. However as a public body we are accountable to the public and I welcome the enhanced oversight arrangements announced by the Health Minister in the spring. These measures are an opportunity to reassure the public that Belfast Trust continues to deliver safe, good quality services, to show everyone what we are doing and to demonstrate the ways we are making things better. In these tasks we expect to contribute significantly to the implementation of the Transforming Your Care Review and to continue the delivery of the Trust’s New Directions and Belfast Way programmes.

We always say that staff are our most valuable asset, and if demonstration of the Belfast Trust’s staff’s commitment and ingenuity were required, then look no further than this year’s entries to the Chairman’s Awards. I can’t help but be impressed by the commitment of staff to find ways of making the experience better for their patients and clients. For example, the Outpatient and Home Parenteral Antibiotic Therapy Service, not only enables people to stay at home while being treated for deep seated infection, but also has saved over 3,500 bed days in 2010 – the equivalent of ten patients at home instead of in hospital every day in 2010. Another example is the changes that have been made in the diagnosis of babies with noisy breathing. Previously ENT assessment was followed by an examination under anaesthetic, but now using advanced technology including a flexible camera, these tiny patients can now be examined in a matter of seconds in an outpatient clinic.

My congratulations to all the award participants as well as the prize-winners. The real prizes are, of course, in better services delivered to those for whom we care.

Reflecting on the financial environment, we have to be inventive in showing staff their value to the organisation, so I’m delighted to report on an innovative scheme developed by the Here4U group which won the 2010 Chairman’s Award. The prize money has been ploughed back into the Trust to provide a selection of fitness classes and services for Trust staff. These programmes, which include stress training and health checks, are now being run at sites across the Trust, and are proving very popular as well as providing real benefits in services for patients and the Trust.

The ethos of public service clearly permeates this organisation, and I believe that the people who work in Belfast Trust do so because they genuinely want to make things better.

Belfast Trust continues to improve services and treatments for almost 2 million scheduled and unscheduled patient and client events each year. We continue to address financial and productivity improvements as this report of our activities illustrates and we continually receive compliments from our patients and community based services for mental health, learning disability and elderly care, that our staff richly deserve.

We will continue to develop our care pathways and working relationships with community based primary care and pharmacies, district nursing and well being and treatment centres, arising from the “Transforming Your Care” (Compton) Review. These should bring many of the vital services even closer to the homes of everyone and we are working hard with colleagues in the Health & Social Care Board, Public Health Agency, Regulation & Quality Improvement Agency and Department of Health, Social Services and Public Safety to deliver ways of improving lives.

I would like to record my sincere thanks 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 in this report give a flavour of the wide ranging support we provide for the entire population of Northern Ireland. Our work ranges from live donor transplants, to providing specialist support for wheelchair users all over Northern Ireland, from pioneering drug treatment for pregnancy women with epilepsy to providing outreach support for people with dementia to help them live in a community setting.

When you need us, rest assured Belfast Trust will be there, and will continue to deliver the best care possible.

Signed
Pat McCartan
Chairman
Belfast Health and Social Care Trust
Chief Executive’s Report

Against a backdrop of continuing economic and financial pressure the staff in Belfast Trust have continued to do what they do best – delivering high quality care for our population. As I acknowledge some of the challenges, I would also commend everyone who works in the Belfast Trust for their commitment to the continued process of change as we modernise our services to deliver the best possible care.

In April this year the Health Minister announced enhanced oversight arrangements in the management of the Belfast Trust, and I welcomed these measures as an opportunity to reassure patients, clients and their families, that the Belfast Trust continues to deliver safe, good quality services.

The outbreak of pseudomonas in a number of Trusts including the Regional Neonatal Unit in the Royal Jubilee Maternity Service (RJMS) in January has been the subject of a major investigation. While the fabric of the RJMS building is a continuing challenge; there has been no criticism of clinical care. This means that staff are focusing on the right things, and it is important that we keep doing just that.

Our Emergency Departments (EDs) have remained a focus of attention. In November the ED in Belfast City Hospital temporarily closed because we were unable to maintain a safe level of medical cover across our three EDs. All of the resources deployed on the three sites are now focussed in the Royal Victoria Hospital and the Mater Hospital, however there was no seasonal downturn in attendance, with spring time attendances being similar to those of the peak winter months. Staff in hospitals continue to work closely with each other and the EDs to ensure that the patient’s experience and care is as good as it can be.

In the recent past, people in Northern Ireland waiting for a kidney transplant have experienced longer waiting times than elsewhere in the UK, not least because of the small number (around nine per year) of living donor transplants carried out here. Following changes in the donor assessment process and the provision of live donor surgery, I can report that 2 out of 3 of all kidney transplants in Belfast are from live donors. Last year we achieved over 50 living donor transplants, transforming the lives of the recipients and reducing the number of people needing regular dialysis.

We have made significant changes in how we deliver care to older people in Belfast Trust in the last year, including the introduction of Integrated Care teams which have now been fully implemented throughout the Trust. The individual is the central point for care management and each team brings together a number of disciplines including social work, district nursing and occupational therapy with one point of access. This has greatly improved our ability to support older people and help them to stay in their own home for as long as possible.

The Beechcroft Centre is home to the multidisciplinary team which treats children and adolescents with eating disorders. Around 50 new referrals are received each year, and all will be seen by professional staff in a timely way and within the Department of Health’s nine week target. Previously children and young people needing inpatient support had to travel to England, but since this team was formed just over two years ago no child has had to travel and we effected a real improvement in the services we are able to provide.

As ever staff are the Trust’s most valuable resource and this year I am delighted to report that the Belfast Trust has been awarded Public Sector Company of the Year in the inaugural Childcare Works Awards, which recognise organisations that have demonstrated excellence in family friendly policies and practices. We have revised our Equality Scheme in accordance with the guidance for public authorities, and mandatory equality awareness training is now available to staff online.

While I am pleased to report that the Trust met all the financial requirements this year. We are all aware that the global economic situation is not getting any easier and this puts pressure on governments to further reduce public expenditure. I believe that while financial constraints can be challenging they can also promote increased creativity and innovation by encouraging our staff and local communities to identify new way of working to improve care and meet increased demand for our services.
Chief Executive’s Report

I look forward to working with a wide range of interested parties next year to ensure the Trust grasps the available opportunities to improve and enhance care for the people of Belfast, Castlereagh and where appropriate Northern Ireland.

Our focus remains on modernising and transforming how our services are delivered. Effective involvement of those with an interest in our services is central to ensuring that the delivery and quality of our services continues to improve.

In the coming months the Trust wishes to engage more closely with our local communities and I would be delighted to hear if you have any views on how we can do that better in future.

Signed

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 almost £1.2bn and a workforce around 17,000 (full time and part time) we are one of the largest Trusts in the United Kingdom.

In our hospitals in 2011/12 we treated over 191,688 in-patients, and over 170,399 new outpatients. We delivered 6,933 babies and treated over 1,000 chest infections.

In the community we are corporate parents to 653 children in care, the majority in foster care. We are also responsible for 474 children on the child protection register.

There were 6884 care packages in place as of 31st March 2012. 912 through residential care; 2026 through nursing home care; and 3946 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 2012 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 | Mr Colm Donaghy |
| Chief Executive | Ms Bernie McNally |
| Director of Social and Primary Care | Dr Tony Stevens |
| Medical Director | Mr Martin Dillon |
| Director of Finance | Ms Brenda Creaney |
| Director of Nursing and User Experience | |
Directors’ Report

Directors
Deputy Chief Executive and Director of Human Resources
Director of Acute Services
Director of Cancer and Specialist Services
Director of Performance and Delivery Acting Director of Specialist Hospitals and Child Health Director of Planning and Redevelopment
Mrs Marie Mallon Dr Patricia Donnelly Mrs Jennifer Welsh Mrs Catherine McNicholl Mr Brian Barry Ms Denise Stockman (Left Trust 16th January 2012)

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 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 on Internal Control is available from the Chief Executive’s office.

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

The notional cost of the audit for the year ended 31 March 2012 which pertained solely to the audit of the accounts was £89k.

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

Governance
The Board of Belfast 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 Complaints Review Committee.

The Trust Board has approved an Assurance Framework and a Risk Management Strategy which were revised in June 2010 to take account of new Department of Health Social Services and Public Safety (DHSSPS) guidance. 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
The Belfast HSC Trust provides a wide variety of services, ranging from the delivery of acute services at 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.
Directors’ Report

During its fifth year of operation – 2011/12 - 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 Directorates supported by Corporate Services.

These are:
- Acute Services incorporating medicine and surgery; trauma and orthopaedics; cardiovascular and specialist surgery; neurosciences and ENT; imaging;
- Cancer and Specialist Services incorporating cancer services, nephrology and transplant services, rheumatology, dermatology and neurorehabilitation services, therapy & therapeutic services, pharmacy, medical physics and laboratory services
- 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 our 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.

Absenteism

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.

While we did not achieve the target of reducing absence levels to 5% by March 2012, the Trust had a reported absence level of 5.48% for the period 1 April 2011 to 31 March 2012. This represented a significant improvement on performance from the previous year, 1 April 2010 to 31 March 2011, when the recorded the absence level stood at 5.79%.

The overall annual trend on absence levels within the Trust continues to be downward. Since established the Trust has reduced absence levels from 6.36% in March 2007 to the current position of 5.48% for the last financial year. This is down to the significant efforts of both staff and managers to manage absenteeism more effectively and as a result of the additional investment the Trust has made to Occupational Health resources to address issues related to musculo-skeletal conditions, and improved provision of management information relating to absence levels across the Trust.

Reporting Loss of Personal Data

The Trust is in many ways an information led organisation, collecting and processing vast quantities of information from our patients, clients and other users as well as from our staff. We use this information for clinical, social care, administrative, research and planning purposes and good quality information is at the heart of high quality care.

We are keenly aware of the trust placed in us by all our users when they pass personal and often sensitive details of themselves into our care. We endeavour at all times to treat this information with the utmost care and respect. We are constantly reviewing our technical and administrative policies in relation to the care and protection of our paper and computer records. We have reviewed our Information Governance Structures and during the year have completed the training and deployment of thirty five Information Asset Owners, senior managers who now have a clear responsibility for information governance.

Despite our best efforts we do occasionally have incidents of data loss or mismanagement. Although these are usually relatively minor in nature and result in little or no harm to users, each incident is investigated with the utmost rigor. We are determined to use the lessons of such incidents to improve our information governance.

Not all information incidents are minor. Last year we mentioned the incident at Belvoir Park Hospital which was widely reported at the time. The Trust has been busy throughout the year implementing the lessons from that incident, particularly in relation to improved management of old manual records. The incident has also lead to us overhauling our policy on the decommissioning of sites, buildings and departments. At this time the Trust awaits a report from the Information Commissioner’s Office into the incident.
Directors’ Report

Controls Assurance

Controls assurance is a process designed to provide assurance that Health and Personal Social Services (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 a total of 22 Controls Assurance Standards which have been developed by the Department of Health Social Services and Public Safety for Northern Ireland to support the embedding of governance and risk management throughout the organisation. 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 on Internal Control.

The 2011-12 controls assurance process indicates that last year’s achievement of substantive compliance against all 22 standards will be maintained with certain standards increasing the overall level of compliance further. This sustained progress reflects the extensive ongoing work throughout the organisation to embed processes covered by these standards.
Management Commentary

Infection prevention and control

The reduction of healthcare associated infections (HCAIs) remains at the top of the agenda at Belfast Trust. Infection control is everyone’s responsibility. It is reported on at every Trust Board meeting, the Executive Director of Nursing 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 Directorates core arrangements.

At a ward level, balanced score cards are produced for all hospital wards giving feedback on infection control on a weekly basis, and these score cards are then reviewed at the monthly meeting of the Safety and Quality Steering Group which is chaired by the Trust’s medical director.

Directors and co-directors regularly conduct ‘walk arounds’ specifically to raise infection prevention issues, and mandatory infection prevention and control training is delivered by the Infection Prevention and Control Nursing Team.

Hand hygiene continues to be a key component of infection prevention and control, along with strict adherence to the aseptic non-touch technique, good antibiotic stewardship and rigorous cleaning. Staff are reminded about transmission based precautions and equipment cleaning, including the proper care and management of invasive devices like catheters.

Where appropriate a deep clean is carried out, for instance during the recent outbreak of pseudomonas in the regional neonatal unit. A key part of this process is the use of vapourised hydrogen peroxide which is sprayed into the environment in the ward after patients and staff have been decanted and the area has been sealed.

The Trust has also established an effective Route Cause Analysis (RCA) process. The RCA review group analyse all RCAs conducted and provide a quarterly report highlighting recurrent themes so that action can be taken and the lessons learned disseminated Trust wide and at times regionally if appropriate.

Living kidney donation

Kidney failure is fatal if untreated. A kidney transplant provides better quality and quantity of life than dialysis therapy for anyone who is assessed as suitable to have this procedure. However the longer a person waits for a kidney transplant, the poorer the outcomes after transplantation. Patients in Northern Ireland have traditionally waited longer than those in almost all other UK regions.

Part of the reason for this was that only a small number of living donor transplants (maximum nine per year) were performed in Belfast City Hospital. As well as lasting on average twice as long as a kidney from a deceased donor, a live donor kidney transplant is a planned procedure that can ideally take place before the recipient requires dialysis.

In the past two years there have been significant changes in the donor assessment process and the provision of live donor surgery with the result that now two-thirds of all kidney transplants in Belfast are from live donors.

This year 50 living donor transplants have been performed, transforming the lives of the recipients and reducing the numbers of people that require regular dialysis therapy.
Assisted automated peritoneal dialysis (aAPD)

Assisted Automated Peritoneal Dialysis (aAPD) is a new treatment option for patients with kidney disease, which is being piloted in Belfast Trust. Dialysis is provided in the patient’s home with the assistance of a trained Health Care Assistant. Individuals who might benefit from this service include; elderly or infirm patients who may not be able to manage all aspects of self care; carers who provide assistance to their loved one but who need respite care; patients who are referred late and who need dialysis. We would like to expand the service to provide dialysis to those existing patients who are admitted to a hospital with no renal speciality and who need short term assistance.

Initial results from the pilot are promising with improved treatment choice, reduced risk of hospital acquired infections reduced travelling time, improved quality of life and more flexible treatment schedule. It is a more cost effective dialysis option than in centre haemodialysis and is in line with recent Government initiatives.

Following completion and analysis of the pilot study we anticipate that this service will develop and expand to all areas in Northern Ireland, offering more patients a home based therapy with its known benefits.

Fistula first in Belfast

With assistance from the Foundation of Nursing Studies. A number of successes have been achieved for both staff and patients which include:

- Elimination of the use of fistula clamps post haemodialysis
- Increase in the number of patients who dialyse via an arteriovenous fistula from 42%- 50%
- All nursing staff within the haemodialysis unit have undertaken an updated learning and development programme
- New systems and processes have been developed and introduced to improve the patients vascular access journey

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. This year we received 4,898 compliments mostly in the form of letters and cards, and 1,515 complaints.

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.

Special seating!

The Regional Special Seating Clinic, based in Musgrave Park Hospital, has received very positive feedback from patients and therapists for the rolling programme of weekly satellite clinics which provide specialist support in other Trust’s throughout Northern Ireland. The Seating Team travels to see wheelchair patients at centres in each Trust or, where necessary, carries out domiciliary visits. They use a van which has been fully equipped to carry assessment and seating equipment and has some workshop facilities onboard. The clinics mean that wheelchair users who find travel difficult or distressing can be seen locally.

The award winning foam carving system, developed by Dr Peter Watson at the Regional Rehabilitation Engineering Centre at Musgrave Park Hospital, to create custom seat cushions for wheelchair users has been further developed by a UK company and has been adopted by a number of NHS centres in England, Scotland and Wales. Interest from outside the UK is also currently being expressed.
Services for Older People

Integrated Care Teams have now been fully implemented in Older Peoples Service. Each team includes a number of disciplines from Social Work; District Nursing; Occupational Therapy; Care Management and administrative support.

Person centred care is the driver for Integrated Care Teams in establishing a model of care to include, one point access, key worker, co-ordinated multi professional input, improved communication and sharing of information.

In May 2011, Belfast Trust Stroke Unit opened in Ward 7c, RVH. A multidisciplinary team is in place including Social work/AHP, Medical and Nursing staff, to provide care for acute stroke patients and inpatient rehabilitation. The thromblysis infusion service has been developed, and the acute team work to support safe early discharge through liaison with the community stroke team.

ECAT Tool (electronic caseload analysis tool).

Following five years of development with key partners including the University of Ulster, the ECAT tool has been rolled out for district nursing in the Belfast Trust. The purpose of the tool is to assist caseload management practice for the caseload holder and provide effective and equitable resource allocation at team, local and regional level. We are currently working on establishing a further steering group to examine the potential of this tool for use with other professionals within Integrated Team Structure.

Dementia Inpatient and Outreach Service.

The service is now focusing on the management of severe behavioural disturbance in people with dementia. It is provided by a multidisciplinary team consisting of old age psychiatry, psychology, specialist Occupational Therapy and speech and language, nursing and social work.

The service also provides a supported discharge programme for every patient to ensure their community placement is fully engaged with the care plan and that it is reviewed as needed.

Pioneering hospital team at Westminster

In February 2012 the Belfast Trust neurology team addressed an All Party Parliamentary Group on epilepsy in Westminster on its pioneering work to improve drug treatment for pregnant women who have epilepsy.

The team has significantly influenced practice. For example many women who have epilepsy and who are pregnant are now given lower risk drugs tailored to their condition.

The team is notified of around 25% of all eligible pregnancies in the UK, and would like to be monitoring the pregnancies of all women with epilepsy. These women want to know whether their anti-epileptic treatment will cause harm to their unborn child so there has been tremendous support from them on a voluntary basis, and the more opportunities there are to monitor the effect of the many different treatments we are lucky enough to have on offer today, the faster the findings can be reported and influence prescribing practice.
2011/12 Annual Report

Transfer of Emergency Department (ED) Services

In September 2011, the Board of Directors of the Belfast Health and Social Care Trust took the decision to temporarily close the Belfast City Hospital ED from 1 November 2011 due to medical staff shortages and associated supervision and training issues. This was not about spending or service cuts. The Trust simply did not have enough medical staff to run three adult EDs in Belfast.

Several months of intensive planning ensured a reasonably smooth transfer of service from the BCH site at the beginning of November 2011. We worked closely with partner organisations, including the Northern Ireland Ambulance Service, as well as carrying out a major public awareness campaign so that the local population knew and understood the new ways of accessing emergency care. Belfast City Hospital, as one of our major acute hospitals, is still dealing with a significant number of patients needing urgent care.

Arrangements are in place for GPs to directly access admission to a hospital bed on the BCH site.

The Belfast Trust is continuing to provide 24/7 ED services on the Royal Victoria Hospital 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.

Staff from the ED in the BCH transferred to either the RVH or Mater sites to provide additional resource in these departments to meet the higher demand. The reallocation of consultant medical staff now enables them to be present for more hours in the two remaining EDs, eg up to 12 midnight, Monday to Friday, in the RVH.

Recruitment of additional medical staff is an ongoing process but continues to be a challenge, with insufficient numbers recruited to date.

During the last year there have been 167,325 recorded ED attendances, and 31,831 admissions to the hospitals via the ED. Peaks in demand for ED services and hospital admissions have been challenging, particularly in February and March 2012. The Trust has redesigned the arrangements for urgent admissions through the creation of a 61 bedded Acute Medical Admissions Unit on the RVH site.

We are currently in a consultation process with the public to help us shape the delivery of emergency services in Belfast for the future.
we will reorganise and modernise both the delivery of high quality health and social care and the equipment and buildings we use.

2011/12 Annual Report

Safety & Quality | Modernisation | Partnerships | People | Resources

Reporting Loss of Personal Data

Info

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Despite our best efforts we do occasionally have incidents of data loss or mismanagement. Although these are usually relatively minor in nature and result in little or no harm to users, each incident is investigated with the utmost rigor. We are determined to use the lessons of such incidents to improve our information governance.

Not all information incidents are minor. Last year we mentioned the incident at Belvoir Park Hospital which was widely reported at the time. The Trust has been busy throughout the year implementing the lessons from that incident, particularly in relation to improved management of old manual records. The incident has also lead to us overhauling our policy on the decommissioning of sites, buildings and departments. At this time the Trust awaits a report from the Information Commissioner’s Office into the incident.

Performance against Standards and Targets

The Trust had a wide range of challenging standards and targets to meet in 2011/12, which were set out in the Department of Health’s Commissioning Plan Direction document. We met 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.

We continue to work hard to improve performance in areas that did not reach the standards and targets in 2011/12. A summary of performance against key standards and targets is set out below:

1. Healthcare Acquired Infection

**Target:** From April 2011, ensure a further reduction of 14% in MRSA (all patients) and C Difficile infections compared to the position in 2010/11

**Performance:**

The Trust has exceeded the target of 48 cases of MRSA unfortunately representing an increase of 18 from the previous year. There were an average 4 cases a month ranging from 0 to 8 cases in any month. While the Trust has not met the MRSA reduction target, there is evidence of improvement. The percentage of infections identified more than 2 days after admission has fallen. This is likely to be due to improved infection prevention and control practices following admission. There remains a need for further improvement work in this important area.

C.Difficile cases at 194 last year were slightly down on 2010. The Trust has made substantial progress in implementing recommendations including the Department of Health guidance January 2011, ‘CDI How to deal with the problem’.
2. Elective Access

**Target:** Elective care (Consultant-led) - the majority (at least 50%) of patients should wait no longer than 9 weeks for a first outpatient appointment and no-one waits longer than 21 weeks, the majority (at least 50%) of inpatients and day cases are treated within 13 weeks and no patient waits longer than 36 weeks, all outpatient reviews are completed within the clinically indicated time.

**Performance:**

**Inpatient and Daycases**

Between April 2011 and March 2012, 30,220 patients (60%) who underwent surgery during that period waited 13 weeks or less and 93% of patients were seen within 36 weeks. There were a number of specialties where a 36 week waiting time target was not delivered such as neurology, orthopaedics, thoracic surgery, urology and vascular. At the end of March 49% (10,467) of patients on Trust waiting lists waiting over 13 weeks with 4% (721) of patients had been waiting over 36 weeks. The Trust therefore delivered the 50% element of the target above.

**Outpatients**

Between April 2011 and March 2012, 83,942 patients (65%) who attended consultant led new outpatient appointments waited 9 weeks or less, 90% of patients were seen within 21 weeks. There were a number of specialties where a 21 week waiting time target could not be delivered. The majority of patients waiting over 21 weeks were in the following specialties; neurology, cardiology genetics, ENT, urology, dermatology, rheumatology, immunology and periodontics. At the end of March 31% (11,928) of patients on Trust waiting lists had been waiting over 9 weeks and 7% (2,854) of patients had been waiting over 21 weeks. The Trust therefore delivered the 50% element of the target above.

The Trust has secured some additional in-house and Independent Sector (IS) capacity to support reductions in elective waiting times in a number of specialties facilitated through additional funding from the HSCB. The Trust is awaiting a response from HSCB to recurrent investment proposals submitted for a number of specialties with elective capacity issues.

3. Fractures

**Target:**

- From April 2011
  - 95% of patients, where clinically appropriate, should wait no longer than 48 hours for inpatient treatment for hip fractures.
  - 100% of patients, where clinically appropriate, waiting no longer than 7 days for all other inpatient fracture treatment.
  - 95% of patients, where clinically appropriate, should wait no longer than 48 hours for inpatient treatment for all fractures.

**Performance:**

92% of hip fractures were seen within 48 hours from April 2011 to March 2012. Only in 2 months did the standard fall below 95%. In relation to all fractures only 82% were treated within 48 hours though 100% of children in Royal Belfast Hospital for Sick Children were treated within that time period. Through the year 75 patients had to wait longer than 7 days for treatment.

Two additional consultants have now taken up post and it is hoped that this will contribute to an improvement in performance in the coming year.

4. Emergency Department

**Target:**

From April 2011, 95% of patients who attend A&E should be either treated and discharged home, or admitted within four hours of their arrival in the department. No patient should wait longer than 12 hours.
Performance: The number of 12 hour breaches throughout 2011/12 has decreased (2,744 against 3,279 during 2010/11). At a site level however there was an increase in breaches in RVH from 1,217 (2010/11) to 1,754. In MIH on the hand there was a decrease from 1,434 (2010/11) to 872 during 2011/12.

Overall performance against the 4 hour targets during 2011/12 against the previous year remains the same at 71-72%. Performance against four hours on the RVH site has decreased in comparison to the previous year from 71% to 65% while performance in MIH has increased from 68% to 71%.

These annual figures do not reflect a very significant period of pressure we experienced in the last quarter of 2011/12, and in particular the February/March period when 12 hour breaches were at a very high level especially on the RVH site. We are determined to learn the lessons from that experience. No patients waiting longer than 12 hours in ED are acceptable to us nor indeed are significant numbers having to wait longer than four hours.

The most significant event affecting our Emergency Departments in 2011/12 was the temporary closure of the ED at BCH. This situation is being kept under review.

5. Renal Services

Target: During 2011 the Trust will undertake 50 live donor transplants.

Performance: In 2011/12 the Trust achieved the exact target of 50 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 2011, 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, 95% of patients urgently referred with a suspect cancer should begin their first definitive treatment within 62 days.

Performance: Performance against the 14 day breast cancer referral target improved through the year, peaking in February and March 2012 when performance was at 98% and 99%.

In total there were 3,481 patients on a 31 day cancer pathway from 1st April 2011 to 31st March 2012, of which 96% (3,329) successfully met their target date and received their first definitive treatment within 31 days of the decision to treat. 4% (152) of patients did not meet their 31 day pathway within the months of April 2011 and March 2012.

In total there were 1,275 patients on a 62 day cancer pathway from 1st April 2011 to 31st March 2012 of which 72% (914 patients) successfully met their target for a first definitive treatment on a 62 day pathway. 28% (361) patients did not meet their 62 day pathway between the months of April 2011 and March 2012.

7. Children in Care: Assessment of children at risk and in need

Target: The Trust is subject to many targets in relation to ensuring that children in our care receive the highest possible standard of care. These include standards for child protection and family support.

Performance: The Trust meets these standards fully in most cases. We will however be seeking to improve our performance in relation to prompt assessment of family support referrals. We have stepped up staff training in this area. We have been collaborating with the Board to better
understand regionally the capacity and demand in this important area and this has resulted in funding being secured for a new family support team.

8. Mental Health Services

**Target:** From April 2011, no patient should wait longer than 9 weeks from referral to assessment and commencement of treatment for mental health issues with the exception of psychological therapies for which no patient should wait longer than 13 weeks.

**Performance:** The Trust has improved delivery against the 9 weeks mental health waiting time target throughout the year. Breaches of this target were significantly down by the end of March 2012 and we are hopeful that we will be complying fully with this standard by the end of June 2012. The situation with psychological therapies remains challenging but recruitment of additional therapists is under way and improvement is expected in 2012/13.

9. Disability Services

**Learning Disability**

**Target:** By March 2012, an additional 16 long stay patients (Belfast Trust share of regional target of 45) should be resettled from learning disability hospitals to appropriate places in the community, compared to the end March 2011 figure and should also reduce the number of delayed discharge patients by 3.

**Performance:** The Trust resettled 4 long stay patients between April 2011 and March 2012, however it is anticipated that a further 12 may be resettled by the end of September 2012.

**Physical Disability**

**Target:** From April 2011, ensure a 13-week maximum waiting time for 95% of all wheelchairs including basic wheelchairs

**Performance:** Over the year as a whole this target was not achieved. Performance, month on month, varied from 74% to 97% in March 2012. The people waiting longest are those requiring complex level 4 chairs but the Trust is involved in a regional working group to ensure that this situation is improved.

10. Supporting People at Home

**Target:** From April 2011, ensure that Trusts achieve a performance level of 48% of care management assessments completed in relation to nursing home, residential or domiciliary care, recommend domiciliary care provision.

**Performance:** Performance against this standard has been consistently above 70% reflecting our commitment to ensuring care managed patients can continue to live at home whenever possible.
Improving our service for children

To improve the Belfast Trust’s service for children the community paediatric team now has one central referral point for all new referrals to medical community paediatric clinics. It has implemented a centralised booking system, and has clearly identified criteria for referral for each paediatric clinic.

This has led to a streamlining of the waiting lists for community paediatric clinics ensuring optimum use of clinician capacity, and increased patient access to paediatric services.

Changes in the Children’s Hospital

Over the last year the Royal Belfast Hospital for Sick Children has undergone a major refurbishment project in the wards and clinical areas. This has been an opportunity to increase the number of side wards in some areas and to modernise paediatric services. Renovations in Allen Ward have now provided a pulmonary function lab and a sleep investigation room.

In January 2012, the Day Surgery and Pre-assessment Unit opened. This is a 10 bed area which services all of the specialities within Royal Belfast Hospital Sick Children and will help to reduce length of stay and increase the number of patients admitted as day cases.

Following considerable investment, an enhanced scoliosis service has been established with increased access to theatre. This has brought the waiting times down to 36 weeks with a further reduction expected in 2012/13.

A patient flow team has also been established which operates 24/7 and will transform patient flow into a structured and fluid process which will help maximise the use of beds within the Royal Belfast Hospital for Sick Children.

Nurse practitioners were appointed in 2011/12 and, although still in training, have already proved to be a valuable asset to the general paediatric medical and surgical teams.

Dental excellence

In the last year our dental services have been recognised throughout the UK with several awards. Edexcel the awarding body issued a Quality Review and Development report, following inspection of the School of Dental Technology and it is now recognised as a benchmark for educational institutions, offering Qualifications and Curriculum Framework (QCF) Level 3 Applied Science Qualifications in NI. Our staff have also been to the forefront in poster prizes for submission to the British Society of Paediatric Dentistry and the British Dental Association. The Belfast School of Dental Hygiene continues to have a 100% pass rate with one of this year’s students passing with distinction.

The refurbishment of the School of Dentistry continues and in the community some of our services have been moved into the new Wellbeing Centres. Community Dental Services in Dundonald are now located in the Arches and Knockbreda; and Community Dental Services in Cupar Street and Ballyowen have moved to new state of the art facilities at Beech Hall.

Better service for new mums

Changing an existing labour ward environment has enhanced safety and outcomes. A traffic light system is used to designate purpose of rooms for clinical levels of risk.

Eight staff have successfully completed the Regional Maternity Support Workers Programme. They have been further trained to undertake the perioperative scrub role for elective caesarean sections improving skill mix in three service areas.

Through the implementation of PROMPT (PRactical Obstetric MultiProfessional Training) within Maternity Service we are providing local, adaptable, multiprofessional and cost effective...
training to improve team work in the management of obstetric emergencies.

We have introduced an Early Pregnancy Problem Clinic, and now have early midwife facilitated postnatal discharge from the delivery suite.

**Smoking cessation midwives**

The recently launched 10 year Tobacco Control Strategy for Northern Ireland highlights pregnant woman as one of the priority groups to be targeted specifically, and in response we have employed three part time midwives to work in the Mater Maternity Unit and the Royal Jubilee Maternity Unit as smoking cessation midwives.

Stopping smoking reduces the risk of many of the adverse effects of smoking on pregnancy. Former smokers appear to have the same risk of ectopic pregnancy as women who have never smoked. Other risks associated with pregnant woman who continue to smoke are miscarriage, reduced foetal growth, low birth weight, perinatal death, placental complications, premature birth, pre eclampsia and foetal malformation.

The role of the smoking cessation midwives is to establish the service within the midwifery setting and to coordinate a range of smoking prevention activities including National No Smoking Day. Training among colleagues on Brief Intervention Training has been key to ensure that all midwives know the most effective way to talk to someone about stopping smoking. Carbon monoxide monitoring among pregnant woman has proven to be very beneficial in helping a woman see the amount of carbon monoxide which is being transported around her body and to the foetus instead of oxygen. The harm caused by tobacco smoke also extends to partners of pregnant woman and the smoking cessation midwives are targeting motivated partners also.

The 2003-2008 Tobacco Action Plan included a target to reduce the percentage of pregnant woman who smoke from 22% to 18% which was achieved however the current level of smoking prevalence amongst pregnant woman remains too high. There were almost 25,389 live births in Northern Ireland in 2011, with approximately 18% of woman continuing to smoking this equates to 4,500 women. The Department of Health aspires by 2020 to reduce the proportion of pregnant woman who smoke to 9%.

**Reconfiguration of acute dialysis services**

In November 2011, the acute dialysis unit was reconfigured.

This has had several major benefits for patients. Those who are not well enough to attend their own dialysis slot can least afford to miss dialysis time. Patients now get their full dialysis time regularly through the provision of bedside dialysis. All chronic dialysis patients now get four hours dialysis sessions during their admission.

Patients are dialysed in their own bed space which has reduced the amount of movement of patients across the floor. This gives a major reduction in the risk of transferring infection across the floor.

Patients with MRSA or C Diff will be dialysed in their own room which again has major benefits in terms of infection control measures.

There is an improved access to surgical/transplant beds. This will improve live donor transplant rates and numbers of dialysis patients receiving dialysis with an Arterio Venous Fistula.

Nurses are gaining new skills and experience in order to provide holistic nursing care for all nephrology inpatients, and staff nurses now have a clear development pathway for their dialysis skills. There is a reduced number of outlying patients on the ward.
Issues facing a number of paediatric specialities have been addressed this year in collaboration with the Health & Social Care Board, ensuring that services which have been delivered by a single consultant are strengthened and networks are established across both the UK and the Republic of Ireland. Additional investment for consultant posts has been given for services including renal, diabetes and endocrine, gastroenterology, metabolic and inborn errors and paediatric rheumatology.

We have also invested in a cleft palate nursing specialist and support for paediatric clinical psychology and paediatric dietetics. A number of speciality doctors have also joined the teams in gastroenterology, neurology, infectious diseases, metabolic, paediatric surgery and endocrine.

We have seen significant investment in paediatric emergency services which has enabled the appointment of a third and fourth consultant. The appointment of additional emergency nurse practitioners has allowed the Emergency Department (ED) to establish a minor injury stream which has improved the flow of patients within the ED.

**Traveller liaison workers**

In October 2011 Belfast Trust recruited two Traveller Liaison Workers. The employment of these workers, who are both from the Traveller Community, represents an enormous step forward in the implementation of our Traveller Health Strategy.

The Liaison Workers work under the guidance of a dedicated Traveller Social Worker and Health Visitor across the areas of family and childcare, mental health, maternity and acute services raising awareness of Traveller culture and health needs. They will have a central role in the implementation of our Travellers Health Strategy.
users of our services. One of the outcomes of this initiative was the design and production of a leaflet targeted at Patients/Clients and translated into the main languages in demand for interpreting services explaining and clarifying the role of interpreters and expectations on provision. A substantial effort was also directed to strategically build capacity in order to avoid non-provisions of service and tackle shortages of delivery.

**NIHSCIS Capacity**

The NIHSCIS is closing the 2011/2012 financial year with the capacity to provide interpreters in 36 languages and with a central register of 334 interpreters – all of whom are accredited to a minimum of Level 3 - Open College Network Northern Ireland (Equivalent to NVQ level 3 qualification) and Access NI checked. The most requested languages at present are Polish, Lithuanian and Portuguese.
We will unite the efforts of a committed and skilled workforce to secure excellence in the services we deliver into the future.

Here4Health

In September 2011 as part of Here4Health, a rolling programme of health and wellbeing activities for staff was launched.

The programme has been organised through the Here4U group, and is funded by prize money from the Chairman’s Awards 2010/11. Activities and events include:

- 5-a-side football
- Zumba
- Organised lunchtime walks
- Pilates
- Mental health/stress training & awareness day and health checks.

These programmes are now being run in different sites across Belfast Trust and are free to Belfast Trust staff.

Public Sector Company of the Year!

The Belfast Trust have won the public sector category at the inaugural Childcare Works Awards 2011 in association with Employers for Childcare. The Childcare Works Awards recognise those organisations that have exhibited excellence in family friendly policies and practices. One of 12 finalists, the judging panel was impressed with the high standard of excellent family friendly working options available.

The judging panel commented that the Belfast Trust highlighted the provision of family friendly policies exceptionally well, with an abundance of policies in practice, the most innovative and noteworthy initiative being the provision of the annual summer scheme.

Our workforce is 80% female, many with caring responsibilities, and the provision of family friendly policies and the Summer Scheme have proven to benefit and improve employees’ work life balance, boost morale and enable quality service provision to patients and clients.

As a winner, the Improving Working Lives team was awarded £500 prize money which they donated to the ‘Helping Hand’ charity for the Royal Belfast Hospital for Sick Children.

Revised Equality Scheme

Belfast Trust drafted a revised Equality Scheme in accordance with the Equality Commission Guidance on Implementation on Section 75 for public authorities. The Scheme followed the model Scheme recommended by the Commission and went beyond the requirements.

The Trust worked closely with regional counterparts but issued its Scheme for consultation prior to Christmas in December 2010. The consultation period lasted for 13 weeks to take account of the holiday season and finished in March 2011. In addition to the Scheme which is essentially a framework on how the Trust will implement its statutory duties under Section 75 of the Northern Ireland Act 1998, the Trust devised and consulted on an action based plan to address Section 75 inequalities. This work was based on the Trust’s functions of service provision, employment and procurement and was informed by an audit of inequalities which was conducted to identify residual inequalities which exist despite a decade of Equality Legislation. The Scheme and action based plan were consulted on and the appropriate amendments were made before they...
were submitted to the Equality Commission for Northern Ireland in May 2011 for approval. The Trust received formal endorsement from the Commission to implement their revised Scheme in September 2011. The Chief Commissioner, of the Equality Commission NI acknowledged the considerable efforts made by the Trust to ensure the scheme not only fully complied with the Commission’s Guidelines, but also met the high standards of good practice.

A programme of training and communication began to ensure awareness among staff and key stakeholders. The Scheme is available online, in easy read, in summary format and in two versions: what this means for staff, and what this means for service users. It is also available in alternative formats on request. A regional masterclass on screening and equality impact assessments is also being convened every two months to ensure policy makers are equipped with the knowledge and expertise to ensure that their policies or proposals are robustly screened and subject to equality and human rights considerations.

To download or view these documents, please go to www.belfasttrust.hscni.net

Good Relations Strategy

In August 2011 we started work on a good relations strategy – promotion of good relations is the second duty within the dual responsibilities under Section 75 of the Northern Ireland Act 1998 and applies to three categories – those from a different religion, racial group and political opinion. This programme of work commenced in August 2011. A multi disciplinary steering group was established to take forward this work and consisted of managers, Trust Chaplains, a representative from the Community Relations Council, community representatives from across Belfast and Trade Unions. The Executive Team endorsed the draft action plan to progress a Good Relations Strategy. As part of the action plan, an audit was undertaken which included a staff and service user survey, an audit of complaints and incident reporting and employee relations records purporting to race, religion and political opinion. A mapping exercise was undertaken to scope the initiatives and policies already underway which promote good relations e.g. Traveller Strategy, Inequalities Strategy, Not Just Health and policies such as Working Well Together and Equality Scheme. All of this informed a baseline on which the Trust will formulate its strategy to further promote good relations. The Trust invited Community representatives from across Belfast and from across Section 75 categories to an engagement workshop in March 2012 to determine what key priorities the Trust should progress. It is envisaged the strategy and action plan will be issued in coming months for formal consultation.
Size & Scale

The Belfast Trust had an operating expenditure budget of £1.2 billion in 2011/12, making it the largest healthcare Trust in the UK in budgetary terms.

The Trust employs over 19,488 staff, and manages an estate worth around £1 billion.

Financial Environment

The 2011/12 financial year has been an extremely challenging one.

The Trust has had to meet very significant savings targets by increasing productivity and reforming service delivery.

In addition to meeting these savings targets the health and social care sector has absorbed significant new costs during the past year due to, for example, the introduction and expansion of new drug and therapy treatments, increased fuel costs and costs relating to a general increase in demand related to demographic factors and 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 Statement on Internal Control of the annual accounts for 2011/12.

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 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 £130 million of efficiency savings over the last four years and has met all of its savings targets.

One area where the Trust has made significant savings is the area of management costs. The
Trust has fully implemented the Review of Public Administration (RPA), and achieved £12 million of savings. This presents the full value of the RPA target for the organisation. In addition management costs remain low at around 3.2% of total income. This compares to 3.6% and 3.3% in the previous two years.

The MORE programme will continue to progress its work to address the efficiency requirements of Budget 2010, which covers the period to 2014/15. Over this period the MORE programme will take on a renewed focus as part of the regional Quality Improvement & Cash Releasing (QICR) process, in partnership with other Trusts, the Health and Social Care Board and the Department of Health, Social Services and Public Safety. The nature and scale of changes which the health and social care sector will face over this period will be very challenging. The Trust is confident however that, with the regional system-wide approach, the required changes will be effectively managed, building on the strong foundations of the MORE programme, and its successful delivery over this past four years.

**Income and Expenditure**

The information below provides an analysis of where the Trust gets its funding from and how it is spent.

The majority of funding comes from the Department of Health, Social Services and Public Safety, through the Health and Social Care Board. The Trust also receives funding for medical education and commercial research, from private patients and from clients in residential and nursing homes.

The chart shows the breakdown of the different sources of income.
2011/12 Annual Report

**Investing in Staff**

The Trust spends £694 million on staff salaries, employing over 17,000 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**

The Trust continues to develop its estate for the benefit of its patients, clients and staff.

One of the main estates challenges for the Trust is that a number of our buildings are extremely old, having been constructed in the nineteenth century. As a consequence significant sums of money are spent maintaining these buildings to satisfactory standards until resources are available from the Department of Health, Social Services and Public Safety (DHSSPS) to enable them to be replaced with a modern, fit for purpose infrastructure.

The Trust's capital budget was £79 million for the 2011/12 financial year. £70 million of this amount related to projects specifically funded by the DHSSPS and £9 million was for various general capital schemes within the Trust’s delegated limit.

<table>
<thead>
<tr>
<th>Capital Scheme</th>
<th>Expenditure 2011/12 £’m</th>
<th>Total Value of Project £’m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shankill Wellbeing and Treatment Centre</td>
<td>£1.379m</td>
<td>£14.3m</td>
</tr>
<tr>
<td>Beech Hall Wellbeing and Treatment Centre</td>
<td>£1.528m</td>
<td>£17.1m</td>
</tr>
<tr>
<td>Neurology Ward, Musgrave Park Hospital</td>
<td>£1.456m</td>
<td>£4.9m</td>
</tr>
<tr>
<td>Phase 2B RVH (Critical Care Building)</td>
<td>£43.982m</td>
<td>£151.7m</td>
</tr>
<tr>
<td>Community Information System</td>
<td>£1.239m</td>
<td>£4.953m</td>
</tr>
</tbody>
</table>

Shankill and Beech Hall Wellbeing and Treatment Centres and Musgrave Park Hospital Neurology Ward have been completed. Phase 2B RVH (Critical Care Building) project, which is part of a larger scheme for the redevelopment of the Royal Victoria Hospital site, is continuing and is due for handover in October 2012 when the commissioning required to bring the building into operational use will commence. The Community Information System implementation has commenced and has a three year implementation plan.

In addition to these major projects, the Trust spent £8 million on works to maintain existing services, £3 million on decontamination schemes, £3 million on Carbon Reduction and Efficiency schemes and £2 million on ICT to improve access to patient data.

The £9 million delegated capital funding was spent on a range of minor works, equipment and ICT systems infrastructure to support the Trust's activities.
Investing in research and development

Maintaining and developing research to improve patient/client care is an important objective of the Trust. As the largest Trust in the health and social care sector, the Belfast Trust acts as the principal organisation for hosting research in Northern Ireland. Research and development is now a highly regulated activity and as such the regional Public Health Agency Research and Development Division have invested in several infrastructural units to ensure work is conducted in line with the highest national and international standards. As the bulk of research activity is undertaken within the Trust most of the R&D structures are hosted within the Trust and act regionally across all of HSC.

Examples of Research and Development infrastructural units hosted by the Trust include:

- The NI Clinical Trials Unit (NICTU)
- The NI Clinical Research Network (NICRN)
- The NI Cancer Clinical Trials Unit (NICCTU) and Cancer Trials Network (NICaN) and
- HSC Innovations
- The Northern Ireland Clinical Research Facility (NICRF)

The Trust will initiate approximately 200 research studies each year and at any one time will host approximately 1,000 research studies. Belfast is also the only HSC Trust which has the capability and experience to sponsor Clinical trials involving Investigational medicinal products and has been inspected twice by the Medicines and Healthcare Product Regulatory Agency (MHRA), which has confirmed that processes are fit for purpose.

Researchers based in the Trust play a leading role in important national clinical trials, both individually and via the 2 NI networks NICRN and NICaN. The networks are comprised of 11 disease specific interest groups, Cancer via NICaN and Cardiovascular, Children’s, Critical care, Dementia, Diabetes, Primary Care, Renal, Respiratory Health, Stroke and Vision via NICRN. The networks allow NI researchers to participate in studies previously centralised to our Devolved Nation partners and more importantly facilitate the NI population access to cutting edge therapeutics and novel treatments.

The results of such involvement help to drive continuous improvements in patient and client care as they are incorporated into clinical practice on an ongoing basis.

Donations and Fundraising

Charitable donations help the Trust to improve the quality of care provided to our patients and clients.

During 2011/12 the Trust received donations and legacies totalling just over £1.2 million, many 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 made as a result of donations and legacies received during 2011/12 include:

- A Video Conferencing System was purchased during the year for use in the Renal Unit, Belfast City Hospital. This system allows the Trust to communicate with other centres of excellence for the benefit of patients who attend the Unit. A Digital Imaging Camera system has also been purchased to assist with laparoscopies.
- Donations to the Belfast Royal Jubilee Maternity Hospital enabled the Trust to purchase equipment which allows for a non-invasive test for jaundice in new born babies.
- A treadmill system was purchased for use in the children’s cardiac unit at the Royal Belfast Hospital for Sick Children, this equipment will aid diagnosis.
- During the year leisure activities such as beauty training sessions, golf lessons and fitness classes were provided for patients in Muckamore Abbey Hospital to help develop social skills and build new relationships.
- Additional televisions were purchased for the Mater Hospital to help enhance patients stay in hospital.
2011/12 Annual Report

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.
E-mail charitabletrustfunds@belfasttrust.hscni.net
Summary Financial Statements

The Annual Accounts for the year ended 31 March 2012 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 2012. 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 2012.

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

Statement of Comprehensive Net Expenditure Account For Year Ended 31 March 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure</td>
<td>(1,217,701)</td>
<td>(1,178,154)</td>
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<tr>
<td>Income</td>
<td>91,757</td>
<td>80,593</td>
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<td>Net Expenditure</td>
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<td>(1,097,561)</td>
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<td>Revenue Resource Limit (RRL)</td>
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<td>1,097,625</td>
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<td>Surplus/(deficit) against RRL</td>
<td>173</td>
<td>64</td>
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### Summary Financial Statements

#### Statement of Financial Position as at 31 March 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>Restated 2011</th>
<th>Restated 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td>Non Current Assets</td>
<td>1,030,688</td>
<td>983,157</td>
<td>935,887</td>
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<tr>
<td>Current Assets</td>
<td>72,265</td>
<td>70,342</td>
<td>83,092</td>
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<tr>
<td>Current Liabilities</td>
<td>(207,226)</td>
<td>(197,103)</td>
<td>(185,290)</td>
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<td>Net Current Assets/Liabilities</td>
<td>(134,961)</td>
<td>(126,761)</td>
<td>(102,198)</td>
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<tr>
<td><strong>Total Assets less Current Liabilities</strong></td>
<td>895,727</td>
<td>856,396</td>
<td>833,689</td>
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<tr>
<td>Non Current Liabilities</td>
<td>(26,499)</td>
<td>(24,778)</td>
<td>(29,834)</td>
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<tr>
<td><strong>Assets Less Liabilities</strong></td>
<td>869,228</td>
<td>831,618</td>
<td>803,855</td>
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<tr>
<td>Taxpayers’ Equity</td>
<td>869,228</td>
<td>831,618</td>
<td>803,855</td>
</tr>
</tbody>
</table>

Signed (Chairman) Date 13th June 2012

Signed (Chief Executive) Date 13th June 2012
### Analysis of Net Expenditure by Segment

<table>
<thead>
<tr>
<th>Service Group/Corporate Group</th>
<th>2012</th>
<th></th>
<th>% of Total</th>
<th>2011</th>
<th></th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff Costs £'000</td>
<td>Other Expenditure £'000</td>
<td>Total Expenditure £'000</td>
<td>% of Total</td>
<td>Staff Costs £'000</td>
<td>Other Expenditure £'000</td>
</tr>
<tr>
<td>Cancer and Specialist Services</td>
<td>118,140</td>
<td>80,692</td>
<td>198,832</td>
<td>17.2%</td>
<td>115,239</td>
<td>75,800</td>
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<tr>
<td>Social and Primary Care</td>
<td>174,307</td>
<td>150,987</td>
<td>325,294</td>
<td>28.1%</td>
<td>171,541</td>
<td>146,584</td>
</tr>
<tr>
<td>Acute Services</td>
<td>227,343</td>
<td>126,427</td>
<td>353,770</td>
<td>30.5%</td>
<td>223,067</td>
<td>108,750</td>
</tr>
<tr>
<td>Specialist Hospitals and Childcare</td>
<td>70,718</td>
<td>9,433</td>
<td>80,151</td>
<td>6.9%</td>
<td>69,449</td>
<td>11,141</td>
</tr>
<tr>
<td>Patient and Client Support Services</td>
<td>44,930</td>
<td>15,844</td>
<td>60,774</td>
<td>5.2%</td>
<td>44,726</td>
<td>16,448</td>
</tr>
<tr>
<td>Other Trust Service/Corporate Group</td>
<td>58,619</td>
<td>82,054</td>
<td>140,673</td>
<td>12.1%</td>
<td>69,134</td>
<td>71,342</td>
</tr>
</tbody>
</table>

**Expenditure for Reportable Segments net of Non Cash RRL per Note 25**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th></th>
<th>2011</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td></td>
<td>£'000</td>
<td></td>
</tr>
<tr>
<td>Net Expenditure</td>
<td>1,159,494</td>
<td>100.0%</td>
<td>1,123,221</td>
<td>100.0%</td>
</tr>
<tr>
<td>Non Cash RRL</td>
<td>58,207</td>
<td>54,933</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Expenditure per</td>
<td></td>
<td>Statement of Comprehensive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Expenditure</td>
<td>1,217,701</td>
<td>1,178,154</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income Note 5</td>
<td>91,757</td>
<td>80,593</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Expenditure</td>
<td>1,125,944</td>
<td>1,097,561</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue Resource Limit</td>
<td>1,126,117</td>
<td>1,097,625</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus / (Deficit) against RRL</td>
<td>173</td>
<td>64</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.*
Summary Financial Statements

Notes to the Accounts for the year ended 31 March 2012

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:

<table>
<thead>
<tr>
<th></th>
<th>2012 Number</th>
<th>2012 Value £000s</th>
<th>2011 Number</th>
<th>2011 Value £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total bills paid</td>
<td>372,709</td>
<td>537,597</td>
<td>356,767</td>
<td>498,093</td>
</tr>
<tr>
<td>Total bills paid within 30 day target or under agreed payment terms</td>
<td>341,134</td>
<td>481,199</td>
<td>319,905</td>
<td>449,007</td>
</tr>
<tr>
<td>% of bills paid within terms</td>
<td>92%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>

As required by HSC(F) 04/2011 “Prompt Payment Policy”, the Trust has updated its measurement whereby prompt payment is defined as invoices paid under standard HSC conditions of contracts or under other specific terms agreed with suppliers for the purchase of goods and services.
Sustainability Report

Sustainable travel
Each day a staggering one third of the car journeys which take place in the greater Belfast area are related to the Belfast Trust and we have long had the objective to develop a Sustainable Staff, Patient and Visitor transport plan. In September 2011 the Health Minister launched the Trust’s Travel Plan which identified initiatives and targets to help achieve this goal. The Trust established a Travel Plan Group supported by a Travel Plan Co-ordinator who works one day per week on the implementation of the Plan. The Trust has set itself over 60 actions to be achieved by 2015 which are already seeing positive results.

The Trust has introduced numerous initiatives to help reduce the number of car journeys made by its staff. These schemes also offer financial and healthy lifestyle benefits to staff

• The Trust’s Cycle to Work Scheme allows any member of staff to sacrifice part of their salary in return for a bicycle and safety equipment. By joining the scheme, staff are likely to save between 30-40% on the retail price of the bike and equipment through Tax and National Insurance exemptions. The Cycle to Work Scheme has been so successful that additional cycle provision has been introduced within the Trust.

• The Belfast Trust Car-share Scheme is free to join and is open to car owners and non car owners. Staff agree how often it would suit to share. The typical commuter who car shares every day saves around £800 per year.

• The Tax-Smart Scheme is Translink’s annual bus travel card which staff can purchase through an employer salary sacrifice scheme. Staff save money on Income Tax and National Insurance contributions by paying for their bus travel directly from their salary with the potential to save up to 31% on annual bus travel.

• The Train Ticket Saving Scheme encourages staff to travel by train. The Trust purchases their annual train ticket from Translink through the NIR Annual Commuter Card scheme and the amount is deducted from the employees’ salary. Savings are 20% greater for staff using this arrangement.

• Our Hospital Link is a staff and patient shuttle service which links our two main sites – the Royal Victoria Hospital and the Belfast City Hospital. The service operates free of charge every 20 minutes between 8am-5.30pm Monday to Friday.

Increase in membership since launch of Travel Plan and number of staff in each of the 3 largest schemes

- CTW 16% (1975 members)
- Liftshare 22% (1155 members)
- Taxsmart 43% (105 members)
Remuneration Report

Remuneration report for the year ended 31 March 2012

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 describe how the Trust applies the principles of good corporate governance in relation to senior managers’ remuneration in accordance with HSS (SM) 3/2001 issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Remuneration committee

The Board of the Trust, as set out in its Standing Orders and Standing Financial Instructions, has delegated certain functions to the Remuneration Committee including the provision of advice 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 were members of the group, however this was amended to the following:

- Mr Pat McCartan (Chairman)
- Mr Les Drew (Non-Executive Board Member)
- Professor Eileen Evason (Non-Executive Board Member)

Remuneration Policy

1. The membership of the remuneration committee for the Belfast Health and Social Care Trust consists of the Chairman and the seven Non-Executives Directors.

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

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

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

5. In relation to the policy on duration of contracts, all contracts of senior executives in the Trust are permanent. During the year 2011/12 all contracts were permanent and each contained a notice period of three months.

Service contracts

6. 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 2011/12 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 4 Senior Executives appointed in the Trust since December 2008.

Directors

- Mr William McKee appointed Chief Executive on 1 October 2006 and retired on 30 September 2010;
- Ms Bernie McNally appointed Director of Social Services, Family & Child Care on 1 January 2007; currently Director of Social Work and Primary Care
- Dr Tony Stevens appointed Medical Director on 1 January 2007;
- Mrs Wendy Galbraith appointed Director of Finance on 1 December 2006 and resigned 18 October 2010;
- Dr Patricia Donnelly appointed Director of Clinical Services on 1 January 2007; currently Director of Acute Services
- Mrs Jennifer Welsh appointed Director of Specialist Services on 1 April 2007; currently Director of Cancer and Specialist Services
Remuneration Report

- Mrs Marie Mallon appointed Director of Human Resources on 1 December 2006; currently Deputy Chief Executive and Director of Human Resources
- Ms Denise Stockman appointed Director of Planning and Redevelopment on 1 December 2006 and resigned 16 January 2012;
- Ms Brenda Creaney appointed Director of Nursing and User Experience on 1 January 2010;
- Ms Catherine McNicholl appointed Director of Performance and Service Delivery on 1 March 2010;
- Mr Colm Donaghy appointed Chief Executive on 1 October 2010;
- Mr Martin Dillon appointed Director of Finance on 11 October 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;
- Ms Joy Allen appointed on 1 April 2007;
- Mr Les Drew appointed on 1 April 2007;
- Professor Eileen Evason appointed on 1 April 2007;
- Dr Val McGarrell appointed on 1 April 2007;
- Councillor Tom Hartley appointed on 1 April 2007;
- Mr Charles Jenkins appointed on 1 April 2007;
- Mr James O’Kane appointed on 1 April 2007.

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 statement of financial position date and updates it to reflect current conditions. The 31 March 2008 valuation will be used in the 2011/12 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 lump sum redundancy payment of up to 30 weeks’ pay (reduced by 30% for each year of additional service over 6 2/3 years).
Remuneration Report

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.

Signed

Colm Donaghy
Chief Executive
Belfast Health and Social Care Trust
## 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Non-Executive Members</th>
<th>Executive Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary £000s</td>
<td>Benefits in Kind (Rounded to nearest £100)</td>
</tr>
<tr>
<td></td>
<td>Bonus/ Performance</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>£000s pay £000s</td>
<td></td>
</tr>
<tr>
<td>P McCartan</td>
<td>30-35</td>
<td>N/A</td>
</tr>
<tr>
<td>E Evason</td>
<td>5-10</td>
<td>N/A</td>
</tr>
<tr>
<td>L Drew</td>
<td>5-10</td>
<td>N/A</td>
</tr>
<tr>
<td>C Jenkins</td>
<td>5-10</td>
<td>N/A</td>
</tr>
<tr>
<td>V McGarrell</td>
<td>5-10</td>
<td>N/A</td>
</tr>
<tr>
<td>T Hartley</td>
<td>5-10</td>
<td>N/A</td>
</tr>
<tr>
<td>J O’Kane</td>
<td>5-10</td>
<td>N/A</td>
</tr>
<tr>
<td>MJ Allen</td>
<td>5-10</td>
<td>N/A</td>
</tr>
<tr>
<td>W McKee (until 30 September 2010)</td>
<td>0-5</td>
<td>N/A</td>
</tr>
<tr>
<td>C Donaghy (appointed 1 October 2010)</td>
<td>145-150</td>
<td>0-2.5</td>
</tr>
<tr>
<td>A Stevens</td>
<td>170-175</td>
<td>N/A</td>
</tr>
<tr>
<td>W Galbraith (until 18 October 2010)</td>
<td>0-5</td>
<td>N/A</td>
</tr>
<tr>
<td>M Dillon (appointed 11 October 2010)</td>
<td>110-115</td>
<td>N/A</td>
</tr>
<tr>
<td>M Mallon</td>
<td>95-100</td>
<td>N/A</td>
</tr>
<tr>
<td>P Donnelly</td>
<td>95-100</td>
<td>N/A</td>
</tr>
<tr>
<td>D Stockman (until 16 January 2012)</td>
<td>70-75</td>
<td>N/A</td>
</tr>
<tr>
<td>J Welsh</td>
<td>75-80</td>
<td>N/A</td>
</tr>
<tr>
<td>B McNally</td>
<td>90-95</td>
<td>N/A</td>
</tr>
<tr>
<td>B Creaney</td>
<td>70-75</td>
<td>N/A</td>
</tr>
<tr>
<td>C McNicholl (appointed 01 March 2010)</td>
<td>75-80</td>
<td>N/A</td>
</tr>
<tr>
<td>B Barry (acting from 01 November 2009)</td>
<td>85-90</td>
<td>N/A</td>
</tr>
</tbody>
</table>

(1) Mr W McKee retired as Chief Executive from Belfast HSC Trust 30 September 2010 - estimated full year equivalent salary £140-£145k
(2) Mrs W Galbraith Director of Finance left Belfast HSC Trust 18 October 2010 - estimated full year equivalent salary £105-£110k
(3) Mrs D Stockman left Belfast HSC Trust 16 January 2012 - estimated full year equivalent salary £85-£90k

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 banded remuneration of the highest paid director in the Belfast HSCT in financial year 2011-12 was £172,500 (2010-11, £182,500). This was 6.2 times (2010-11, 6.6) the median remuneration of the workforce, which was £27,792 (2010-11, £27,534)

In 2011-12, 67 (2010-11, 67) employees received remuneration in excess of the highest paid directors band. Remuneration ranged from £178,422 to £311,029 (2010-11, £183,484 to £311,029).

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 6.63 in 2010-11 to 6.21 in 2011-12 arises due to the fact that the highest paid director in 2010 had a pay freeze in 2011-12 whereas some lower paid staff received a small increase.

The number of employees receiving remuneration above the highest paid director remained the same in 2011-12 as it was in 2010-11.

The employees who receive remuneration above the highest paid director fall into the category of medical staff whose earnings have additional allowances for their specialised roles.

The median calculation is based on 19,451 employees in 2011-12 and on 19,453 employees in 2010-11.
### 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:

<table>
<thead>
<tr>
<th>2010-11</th>
<th>Benefits in Kind</th>
<th>2011-12</th>
<th>Real increase in pension and lump sum at 60 £000s</th>
<th>Total accrued pension at age 60 and related lump sum £000s</th>
<th>CETV at 31/03/11 £000s</th>
<th>CETV at 31/03/12 £000s</th>
<th>Real increase in CETV £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonus/ Performance</td>
<td>(Rounded to nearest £100)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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</tr>
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<tr>
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<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2010-11</th>
<th>Real increase in pension and lump sum at 60 £000s</th>
<th>2011-12</th>
<th>Total accrued pension at age 60 and related lump sum £000s</th>
<th>CETV at 31/03/11 £000s</th>
<th>CETV at 31/03/12 £000s</th>
<th>Real increase in CETV £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>0-2.5</td>
<td>117.5-120</td>
<td>235-240</td>
<td>1,076</td>
<td>1,182</td>
<td>106</td>
</tr>
<tr>
<td>N/A</td>
<td>0-2.5</td>
<td>-2.5-0</td>
<td>240-245</td>
<td>1,170</td>
<td>1,264</td>
<td>94</td>
</tr>
<tr>
<td>N/A</td>
<td>0-2.5</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>0-2.5</td>
<td>85-87.5</td>
<td>145-150</td>
<td>616</td>
<td>710</td>
<td>94</td>
</tr>
<tr>
<td>N/A</td>
<td>-7.5-5</td>
<td>175-180</td>
<td>869</td>
<td>903</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>0-2.5</td>
<td>-2.5-0</td>
<td>170-175</td>
<td>907</td>
<td>951</td>
<td>44</td>
</tr>
<tr>
<td>N/A</td>
<td>0-2.5</td>
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<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>0-2.5</td>
<td>2.5-5</td>
<td>55-60</td>
<td>173</td>
<td>228</td>
<td>55</td>
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<td>N/A</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>110-115</td>
<td>502</td>
<td>558</td>
<td>56</td>
</tr>
<tr>
<td>N/A</td>
<td>0-2.5</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>0-2.5</td>
<td>-2.5-0</td>
<td>130-135</td>
<td>548</td>
<td>609</td>
<td>61</td>
</tr>
<tr>
<td>N/A</td>
<td>0-2.5</td>
<td>-2.5-0</td>
<td>140-145</td>
<td>683</td>
<td>749</td>
<td>66</td>
</tr>
</tbody>
</table>

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 CETV 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.

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 statements for the year ended 31 March 2012 set out on pages 30 to 33.

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 statements.

My responsibility is to report to you my opinion on the consistency of the summary financial statements 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.

In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited summary financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

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 statements are consistent with the full annual financial statements of the Belfast Health and Social Care Trust for the year ended 31 March 2012 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
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU

27 June 2012