

A legacy of
excellence

Annual Reports

2006/07 for

Belfast City Hospital Trust
Green Park Healthcare Trust
Mater Infirmorum Hospital Trust
North and West Belfast Trust
Royal Hospitals Trust
South and East Belfast Trust

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Foreword

A legacy of excellence in treatment and care

This report details the impressive legacy of quality treatment and care handed to the new Belfast Health and Social Care Trust in April this year.

In the pages that follow, each of the six Health and Social Services Trusts – now merged to form the Belfast Trust – outline their achievements on behalf of patients and clients in their last year of business.

As chairman of the new Trust and a former chairman of one of the legacy Trusts, I have been deeply impressed by the unfailing determination of health service employees to maintain high standards in all their different areas of responsibility – despite the changes going on around them following the Review of Public Administration.

So it is with great pleasure and pride that I record my thanks to all the staff of the legacy Trusts in Belfast for the work they have done on behalf of everyone who uses our services.



Baby Kade Willis with Pat McCartan and the ward sister, at the Royal Maternity Hospital

The aim of the new Belfast Trust and the 22,000 staff it employs will be to make sure it is something more than the sum of its six parts.

We have set ourselves this major challenge because while our business is the delivery of health and social care, our purpose – the real prize – is to improve health and well-being and to tackle health inequalities.

We can do this by working in a more integrated way. For babies like Kade, born 49 days after the new Trust came into being, it means that any services he may need as he grows up will be provided by one director from the new Trust and a team dedicated to children's services.

At the other end of the age range older adults will benefit from having their hospital and community-based care managed by one director and team focused on their special requirements.

We will also use new and existing buildings differently to make it easier for everyone to see the right people at the different stages of their treatment or care. And we will forge new partnerships with other organisations whose decisions affect health – city planners, housing and education bodies.

The Board of Directors of Belfast Health and Social Care Trust is indebted to the directors of the legacy Trusts and all those who have helped ensure that health and social care services are in a strong position to move forward and meet the needs of all citizens in this 21st century.

Our new Board is committed to conducting its business in an open and transparent way. With a budget of approximately £1bn – a spend of £3m of public money a day – we are very aware of the great responsibility that has been placed on us – not only to ensure funds are spent wisely but also to make sure the public feels real benefits.

I look forward to seeing the staff of our new Trust meeting the challenge – and setting even higher standards for those who come after us.

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

Mr Pat McCartan
Chairman
Belfast Health and Social Care Trust

Introduction

Delivering safe, effective, and improving services

In a few years time Belfast Health and Social Care Trust will have a completely different relationship with its citizens than the one it has today.

The most comprehensive reorganisation of health and social care in a generation across Northern Ireland has provided an opportunity to transform the way the community and those who provide services to it interact with each other.

Belfast has changed significantly in recent years from being a broadly impoverished city to a much wealthier one but a number of neighbourhoods are still suffering the effects of deprivation and are not fully able to access good health.



William McKee speaking with citizens of Belfast

A community-wide approach to health improvement through partnerships between education, planners, housing and health – and a determination to listen to what neighbourhoods really need – will bring about real change.

Those conversations with neighbourhoods are already underway and with the help of local communities a community development, health improvement and user engagement plan will be finalised this autumn.

Talking and listening to each other will not only help shape new local services but also improve existing ones.

Take accident and emergency for example: the number of people attending A&E departments in Northern Ireland is higher than anywhere in the UK. People tend to turn up, often bypassing their GP, as they see A&E as a one stop shop for getting their health problems sorted.

By the end of March 2008 the Department of Health is requiring all Trusts to make sure that 95% of patients who arrive at A&E will be seen, admitted, transferred or discharged within 4 hours – effectively ending trolley waits.

This will only be achieved by a community-wide approach supported by the new service management structures and effective partnerships with the public.

Many of those arriving in A&E departments are older adults suffering acute episodes of chronic disease. If we can work with older people in their own homes or in community-based locations to prevent their health deteriorating we will see fewer numbers in A&E. This will help ensure that people needing treatment for accident and emergency can be seen faster.

Hospitals are working hard to change their processes so that people can be promptly admitted and discharged. But they need community-based services to take over the care of an individual whose hospital treatment is finished. They also need relatives to collect the person who is leaving hospital early in the day to free up a bed and they need new venues nearer home for the patient to attend a review appointment.

This can all now be managed by one Trust in Belfast with the support of its citizens – and this is very good news for patients.

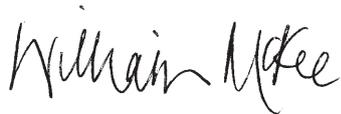
But the new Trust is about much more than hospital-based care. In discussion with the Department of Health targets are being developed on other major issues such as mental health and learning disability – and we look forward to meeting these targets by working innovatively, building on best practice and the excellent work done by community and voluntary organisations.

Targets help us all focus on the people these changes are all about but alongside these a huge amount of work is being done to improve the patient and user experience and to increase safety in health and social care. And I look forward to the day in the not too distant future when we will not only be showing the number of people treated but the difference we have made to their quality of life.

In 2007/2008 Belfast Trust will meet the Minister's targets on access to treatment and care, and work to deliver safe, modernised services to all its citizens.

We will also balance the books because an organisation that loses control of the money loses control of the opportunity to bring about real change.

We face the highest demand ever on hospital and social care services and the highest public scrutiny but we can be more responsive, we can deliver services and we can improve health and well-being. That's what is going to make Belfast Health and Social Care Trust different.



Mr William McKee
Chief Executive
Belfast Health and Social Care Trust

Belfast Health and Social Care Trust

Public interest disclosures

Belfast Trust came into existence on 1 April 2007. It was formed under The Belfast Health and Social Services Trust (Establishment) Order (Northern Ireland) 2006. The Trust is the combination of six former Trusts which were merged on 31 March 2007. The former Trusts are The Royal Group of Hospitals and Dental Hospital HSS Trust, The Mater Hospital HSS Trust, The North and West Belfast HSS Trust, The South and East Belfast Trust, The Green Park HSS Trust and The Belfast City Hospital HSS Trust.

All of the staff, assets and liabilities of the previous Trusts have been transferred to the Belfast Trust under the Belfast Health and Social Services Trust (Transfer of staff, assets and liabilities) Order (Northern Ireland) 2007. The DHSSPS has not yet issued the Public Dividend Capital for the new Trust so no adjustments to the accounts of the Trust have yet been made. Any adjustment will be made in conjunction with the Department.

The Board of the Belfast Trust is responsible for the strategic direction and management of the Trust's activities. Its membership is a chairman, seven non-executive directors and five executive directors.

Chairman	Mr Pat McCartan
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Non-Executive Directors	Ms Joy Allen Mr Les Drew Professor Eileen Evason Dr Val Fiddis Councillor Tom Hartley Mr Charles Jenkins Mr James O'Kane
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Chief Executive	Mr William McKee
Director of Social Services, Family & Child Care	Bernie McNally
Medical Director	Dr Tony Stevens
Director of Finance	Wendy Galbraith
Director of Nursing	Valerie Jackson

Belfast City Hospital Health and Social Services Trust

Belfast City Hospital is a modern 744 bed university teaching hospital which includes the Northern Ireland Cancer Centre and provides regional services and local acute services. Located on a 32 acre campus in the university area of south Belfast, the hospital's strategic clinical focus is in the area of molecular medicine.

A range of complementary specialties is provided and a full range of modern clinical support and diagnostic facilities including MRI is available.

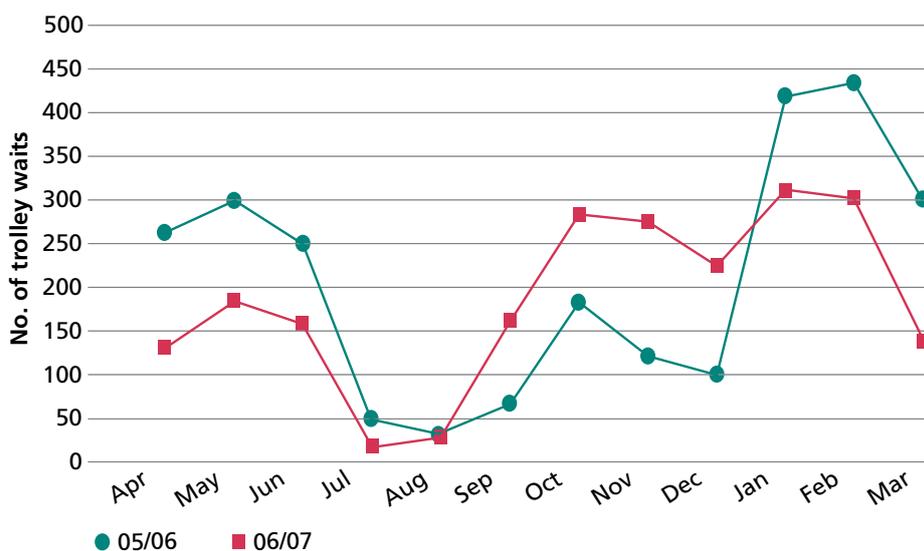
Controls assurance standards

The Trust has met the required levels of compliance with the three core standards of risk, governance and finance. In addition, environmental cleanliness, health and safety and decontamination of re-usable medical devices met the required standard.

Delays between decision to admit and transfer to inpatient ward

The number of patients having to wait for admission to a hospital bed was 15% less than during the previous year, as shown below.

Monthly trolley waits



Source: EACC

Complaints

Increasingly, the focus of the Patient Liaison and Complaints Officer has been on dealing with concerns prior to formal complaints being lodged. The importance of local and responsive complaints handling is crucial to the success of this work.

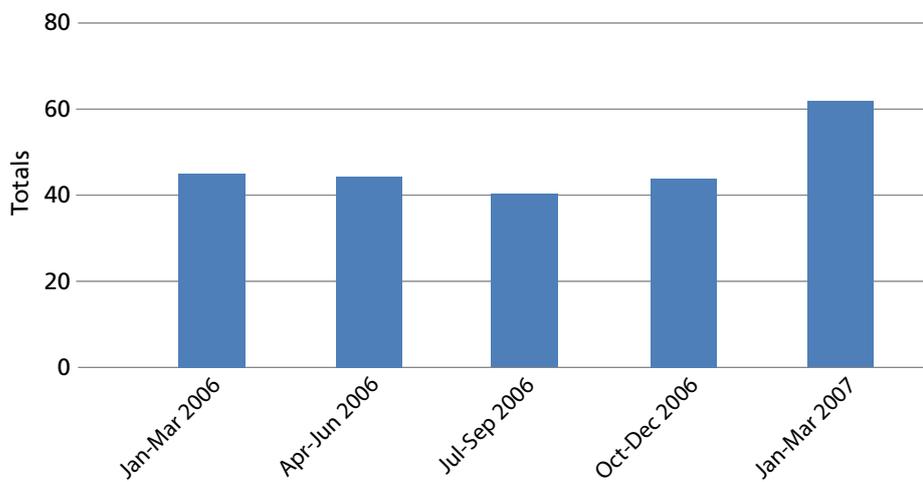
Complainants have the right to seek independent review if not satisfied with the Trust's response. During 2006/07 there were two such requests of which one was refused and one is still under review.

During the year action has been taken in a number of areas as a result of the ongoing analysis of complaints including:

- The establishment of a Trust-wide Essence of Care group to make improvements to food and nutrition for patients

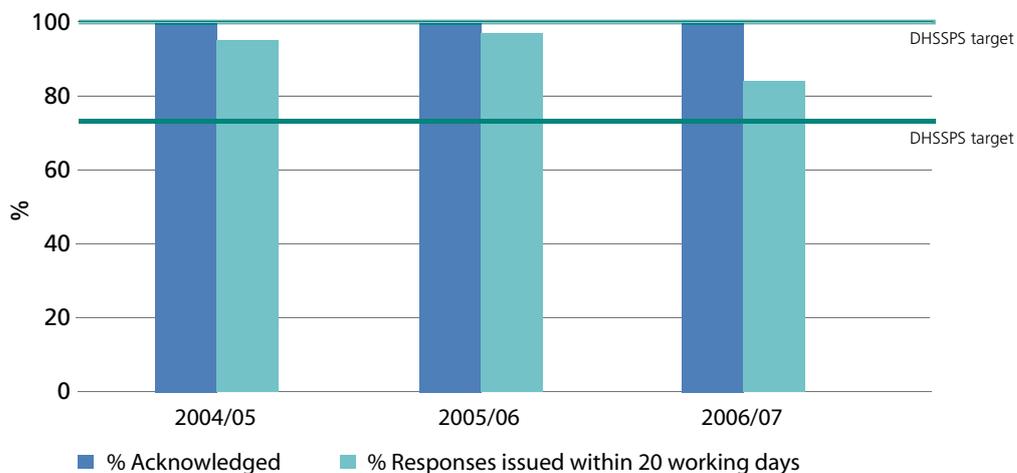
- The development of a policy on Attitude, Behaviour and Communication for all staff
- New signage and patient information leaflets were designed and provided for patients attending the Emergency Relief of Dental Pain Clinic
- A new policy was implemented for the Admission of Young People (aged 18 and under) to Adult Wards
- Parking spaces for disabled people in the tower block car park have been substantially increased
- A new Infection Control Action Plan has been set in place.

Number of complaints (quarterly)



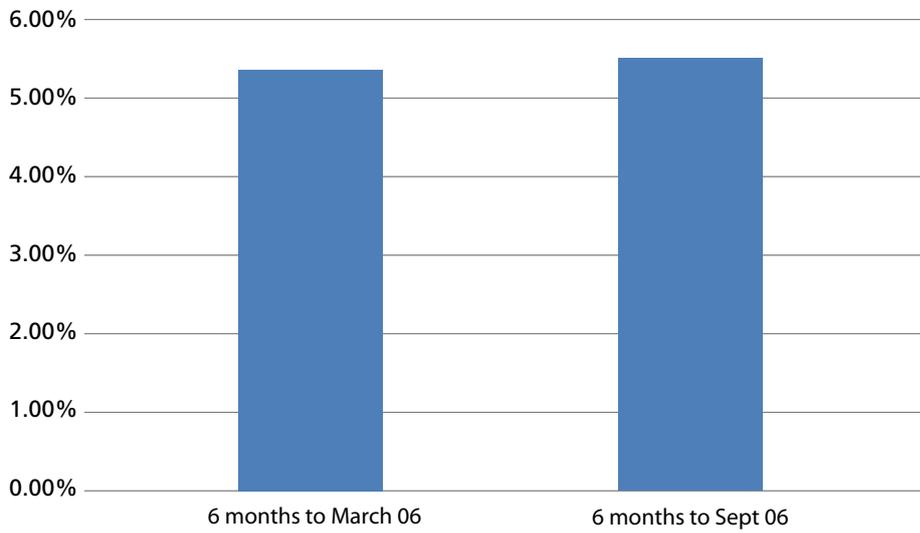
In terms of measuring performance in handling complaints, the Department of Health stipulates that all complaints should be acknowledged within two working days and that substantive responses should be issued within 20 working days.

Performance against DHSSPS target

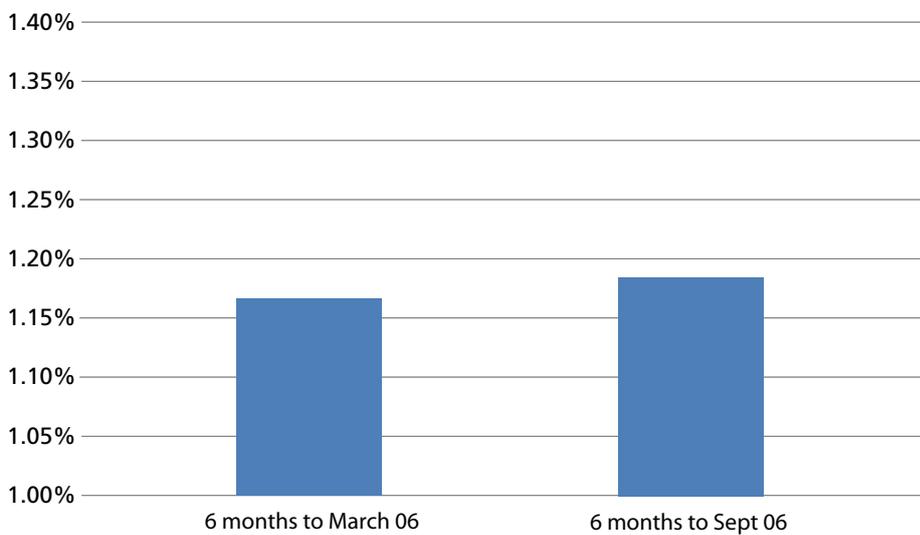


Workforce issues

Sickness absence performance



Use of non-permanent staff



Agency staff

The use of agency staff to cover essential posts was subject to strict control. During the period 1 October 2006 to 31 March 2007 the Trust's costs were £989,943 which represented 6.19% of the total expenditure on agency staff across the HPSS.

Achievements

- The £60m Northern Ireland Cancer Centre, which provides the Province with world-class cancer diagnosis, treatment and research, was officially opened by the Duke and Duchess of Abercorn.
- Progress on the implementation of Agenda for Change has continued steadily.
- A new Appointments Centre opened in the Wakehurst Building enabling patients to choose by telephone appointment dates and times that are most convenient for them. This has significantly reduced the number of missed appointments. The Centre also manages outpatient waiting lists to ensure that all clinics are booked to maximum capacity.
- Belfast City is now one of only two hospitals in the UK to provide a telecardiology service for patients with implanted cardiac defibrillators. Routine checks can now be performed in a matter of minutes via the Internet, directly from the patient's own home. The new system can also be used in an emergency if a patient becomes unwell at home.
- The Breast Screening Centre in Linenhall Street has been refurbished to improve facilities for users and staff. Two of its radiographers have undertaken training in Leeds to provide breast ultrasonography.
- New bed and breakfast accommodation for people who have long distances to travel while receiving treatment at the Cancer Centre has been provided in the Glenview Building.
- A new generator installation which has three 1,600 kW sets generating at 11,000 volts was opened during the year. The new equipment will automatically start in the event of a mains failure, thus providing a seamless supply of power to the hospital to sustain essential services.
- Following a major fundraising appeal by Macmillan Cancer Relief, a new Cancer Support and Information Centre was opened in Wilmot Terrace. It is the first purpose-built centre of its kind in Northern Ireland, bringing together a wide range of services for people affected by cancer, many of whom will be attending the Cancer Centre for treatment.
- The New Consultant Contract was implemented throughout the Trust during the year.
- The Trust implemented a Smoke Free Policy throughout the site in advance of the new Government restrictions on smoking in public places.



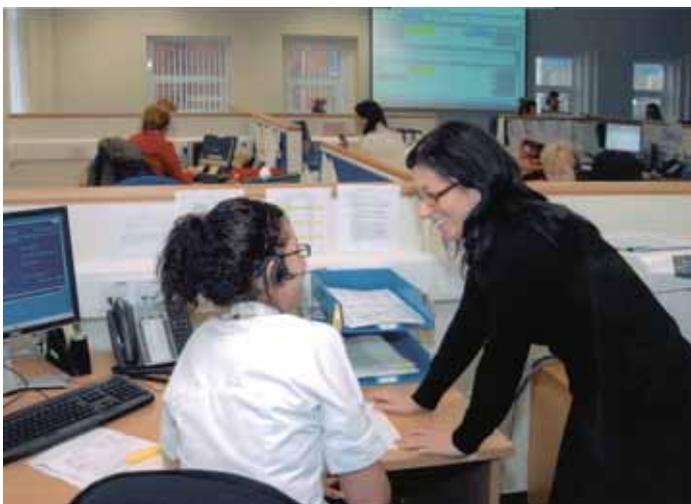
The Cancer Centre at Belfast City Hospital



Opening of Macmillan Support and Information Centre



Breast Screening Centre refurbished



New Appointments Centre at Belfast City Hospital

Summary of clinical activity

	2006/07	2005/06	Change on 2005/06
Consultant Episodes *	79,176	79,187	-11
Day Cases	25,324	24,713	611
A&E Attendances	48,662	47,786	876
Outpatient Attendances	200,401	195,935	4,466

* Notes: A consultant episode represents each period spent by a patient using a hospital bed under the continuous care of one consultant.

Total numbers waiting more than 6 months for admission

	31 March 2006	31 March 2007
Inpatients	532	0
Daycases	230	0
Total	762	0

Total numbers waiting more than 6 months for first outpatient appointment

	31 March 2006	31 March 2007
Outpatients	4,455	0

Financial review and outlook

In 2006/07 the Trust again achieved its four financial targets:

	Achieved
• To breakeven	✓
• To achieve a 3.5% return on assets	✓
• To live within External Finance Limit (EFL)	✓
• To live within Capital Resource Limit (CRL)	✓

A summary of the overall financial performance of the Trust is included in the table below. This indicates an Operational Surplus before Provisions of £47k.

	2006/07 £(000)s
Income	217,403
Expenditure	208,935
Surplus before Interest	8,468
Net Interest	1,435
PDC	6,986
Operational Surplus/(before provisions)	47
Provision for future obligations	26
Retained surplus for the financial year	73

During 2006/07 the Trust implemented a cash releasing programme of £1.834m. These savings were achieved by a range of initiatives including reconfiguration of services, increased efficiency and improved procurement practice. The Trust also increased its throughput and procured additional capacity to ensure that it achieved the access target performance, which was an integral part of the 2006/07 Priorities for Action.

In addition, the Trust's funding from the largest Area Board Commissioner was reduced by £0.828m, resulting from the implementation of a revised Capitation Funding Formula.

The Trust was also required to implement a Contingency Plan to achieve financial balance. This plan contained a number of measures to address a projected deficit in excess of £5m. The measures undertaken included recruitment controls, restriction on avoidable expenditure, implementation of initiatives to increase income and additional funding from DHSSPS and Area Boards.

The Trust's efficiency, as measured by the Regional Reference Cost Index, continues to reflect an improved position. This is the result of a range of initiatives implemented across the Trust.

	2005/06	2004/05	2003/04
Combined Index	100	101	105
Inpatients – elective	104	106	105
– non elective	100	101	110
Day Cases	84	83	83

Cash flow and balance sheet

The Trust ended the year with £3.3m cash in the bank. This balance represents the timing difference between the receipt of cash and the payment of operating expenses.

The Capital Resource Limit for 2006/07 was £11.8m. These resources were used to complete several major building programmes and also to replace routine medical and other essential equipment.

During 2006/07 a multistorey car park was constructed and the new emergency generator plant was completed. Expenditure was incurred in relocating services to provide a site for a Queen's University Medical School facility. A number of projects associated with disabled access and health and safety were undertaken.

Equipment amounting to £2.1m was also replaced during the year.

Senior managers' pay

Pay for the Trust's most senior managers is determined, in line with DHSSPS guidance, by the Remuneration Committee which consists of the Chairman and Non-Executive Directors.

Management costs

The Trust has traditionally had one of the lowest levels of management costs and in 2006/07 these represented 3.1% of the Trust's total income.

External audit services

The Northern Ireland Audit Office is the Trust's external auditor. RSM Robson Rhodes is appointed to carry out the audit for 2006/07. The Trust incurred £32k in audit services fees.

Related party transactions

During the year, none of the Board members, members of the key management staff or other related parties has undertaken any material transactions with the Belfast City Hospital HSS Trust.

Potential financial risks

The Trust continued to rely on non-recurrent funding during 2006/07. In addition, the second year of Comprehensive Spending Review savings and the implication of changes to the Capitation Funding Formula presented further financial challenges.

These are likely to continue as potential risks in 2007/08 in addition to the following:

- Full funding for the implementation of Agenda for Change including the additional expenditure associated with changes to the Terms and Conditions, for example, additional leave and paid enhancements during sick absence
- Incrementalism associated with the New Consultant Contract
- Full funding for changes associated with Junior Doctors training
- Increased cost of utilities
- Residual costs associated with the delay in the disposal of the Belvoir Park campus

Responding to potential financial risks

As part of the Review of Public Administration the Belfast City Hospital is being consolidated within the Belfast HSC Trust. The Belfast Trust will negotiate with DHSSPS and Area Board Commissioners to address the cost pressures and funding shortfalls in 2007/08. The Contingency Plan measures implemented during 2006/07 will require to be continued.

The Belfast HSC Trust is undertaking a review of the cost profile of each of the legacy Trusts to determine if the funding from Area Board Commissioners equates to the costs associated with delivering the services to the respective populations. This will identify if there are significant funding shortfalls, which have to be addressed by the Area Boards, and it is important that the result of this exercise is considered in parallel with the implications of the revised Capitation Funding Formula.

Remuneration policy

1. The membership of the remuneration committee of The Belfast City Hospital Trust consists of the Chairman, two non-executive members of the Board and the Chief Executive, were appropriate.
2. The policy on remuneration of senior executives in The Belfast City Hospital Trust 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 for the areas they have responsibility for as well as individual appraisal and review and assessment. 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 organisational and personal objectives.
4. The levels of performance pay and annual salary uplift are set by the DHSS&PS under the performance management arrangements for senior executives, as directed in DHSS&PS Circulars.
5. In relation to the policy on duration of contracts, all contracts of senior executives in the Trust are permanent. During the year 2006/07 all contracts were permanent. All but one senior executive had a new contract as determined by the DHSS&PS with the one being a Trust contract. All of these contracts have a notice period of 3 months.

Service contracts

6. All but one senior executive in the year 2006/07 was on the new DHSS&PS Senior Executive Contract, and the terms and conditions are developed and determined by the Department of Health. One senior executive retained a Trust contract which was a permanent one with a 3-month notice period and the provision for compensation for early termination was in line with the contracts as determined by the DHSS&PS including superannuation regulations.



Mr William McKee
Chief Executive

Senior employees' remuneration

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

Name	2006-07		2005-06		2006-07				Real increase in CETV in £000	
	Salary, including Performance Pay £000	Other Remuneration £000	Benefits in Kind (rounded to nearest £100) £	Salary, including Performance Pay £000 (Restated)	Benefits in Kind (rounded to nearest £100) £	Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000	CETV at 31/03/06 £000		CETV at 31/03/07 £000
Non-Executive Members										
J Ruddock	25-25	0	500	20-25	500	0	0	0	0	0
R Huq	5-10	0	0	5-10	100	0	0	0	0	0
P Morgan	5-10	0	0	5-10	0	0	0	0	0	0
V Fiddis	5-10	0	0	5-10	0	0	0	0	0	0
M Moutray	5-10	0	0	5-10	0	0	0	0	0	0
W F McKay	5-10	0	0	5-10	0	0	0	0	0	0
Executive Members										
J Q Coey	135-140	228	100	125-130	100	1 plus 3 lump sum	54 plus 161 lump sum	852	908	14
K Fullerton	185-190	0	0	*	*	1 plus 3 lump sum	50 plus 149 lump sum	*	810	32
S Taggart	80-85	0	0	*	*	1 plus 3 lump sum	24 plus 72 lump sum	*	329	8
A Brown	80-85	0	0	*	*	1 plus 3 lump sum	26 plus 78 lump sum	*	446	10
M Barkley	80-85	0	0	*	*	1 plus 3 lump sum	27 plus 81 lump sum	*	429	8
E Hayes	80-85	0	0	70-75	0	1 plus 2 lump sum	26 plus 79 lump sum	389	424	9
P Haines	65-70	0	0	60-65	0	1 plus 2 lump sum	24 plus 71 lump sum	357	382	8

Prior year figures restated as gross costs * Consent to disclosure withheld

The 'Other Remuneration' reported for J Q Coey above relates to payments under an early retirement/voluntary redundancy scheme. Included in the salary for J Q Coey above is an amount of £12,000 in respect of an Industrial Tribunal decision for cost of living increases due to certain executives as referred to in 2005/06 Annual Accounts.

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSS 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 and framework 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 City Hospital HSS Trust Summary Financial Statements

The following pages represent a summary of the Trust's accounts for the year ended 31 March 2007; the accounts have received an unqualified audit opinion.

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 Auditor's Report for the year ended 31 March 2007.

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

Income and expenditure account for the year ended 31 March 2007

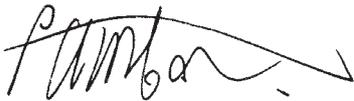
	2007 £(000)s	2006 £(000)s *Restated
Income from Activities	185,899	176,654
Other operating income	31,504	30,021
	217,403	206,675
Less operating expenses	(208,935)	(198,622)
Surplus before interest	8,468	8,053
Interest receivable	537	690
Less interest payable	(1,972)	(2,133)
Surplus for the financial year	7,033	6,610
Less Dividends Payable on Public Dividend Capital	(6,986)	(6,582)
Operational surplus before provisions	47	28
Provisions for Future Obligations	26	13
Retained surplus for the financial year	73	41
Break even position	47	28

* Prior year figures restated to net off income from salaries recharges

**Belfast City Hospital HSS Trust
Balance sheet as at 31 March 2007**

	2007	2006
	£(000)s	£(000)s
Fixed assets	251,498	238,792
Current assets	21,745	26,607
Creditors: Amounts falling due within one year	(30,876)	(30,167)
Net current assets (liabilities)	(9,131)	(3,560)
Creditors: Amounts falling due after more than one year	(20,247)	(22,176)
Provisions for liabilities and charges	(6,359)	(7,225)
Total assets employed	215,761	205,831
Financed by:		
Total capital and reserves	215,761	205,831

Approved by the Board and signed on its behalf on 28 June 2007 by:



Mr P McCartan
Chairman



Mr W McKee
Chief Executive

Belfast City Hospital Health and Social Services Trust

Statement of the Comptroller and Auditor General to the Northern Ireland Assembly

I have examined the summary financial statement of the Belfast City Hospital Health and Social Services Trust.

Respective responsibilities of the Trust, Accountable Officer and Auditor

The summary financial statement is the responsibility of the Trust and Accountable Officer.

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

I read the information contained in the Annual Report, and consider whether it is consistent with the summary financial statement. I consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement. My responsibilities do not extend to any other information.

Basis of opinion

I have conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board for use in the United Kingdom. My report on the Trust's 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.

Audit opinion

In my opinion the summary financial statement is consistent with the full financial statements of the Trust for the year ended 31 March 2007 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.



JM Dowdall CB
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST BT7 1EU

17 July 2007

Transitional arrangements

The Audit Committee of the Trust discharged its responsibilities up to and including the 31 March 2007 at which point it ceased to exist. The Audit Committee received reports from the Internal Auditors in relation to all matters considered by them during the year 2006/07. It also received assurances in relation to the internal control systems and the levels of compliance with appropriate Controls Assurance Standards as required by DHSSPS, and identified any matters which were of sufficient importance to be advised to the Audit Committee of the Belfast Trust.

Based on this information the Audit Committee provided a written, signed Statement of Assurance to the Audit Committee of the Belfast Trust at its first Meeting in May 2007.

The full Statement on Internal Control is contained in the Annual Accounts of the Trust which are published.

The responsibility for audit of the Trust rests with the Northern Ireland Audit Office.

The senior management of the legacy Trust have continued, along with the Director of Finance of the Belfast HSC Trust, to have responsibility for the preparation of the accounts and annual report. The senior managers and Director of Finance have provided the auditors with all of the relevant information and documents required for the completion of the audit.

**Belfast City Hospital HSS Trust
Accounts for the year ended 31 March 2007**

Notes to the accounts

Management costs

	2007 £(000)s	2006 £(000)s *Restated
Trust Management Costs	6,681	6,232
Total Income	217,403	206,675
% of Total Income	3.1%	3.0%

*Prior year figures restated to net off income from salaries recharges.

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

Public sector payment policy – measure of compliance

The Department of Health, Social Services and Public Safety requires that Trusts pay their non-HSS trade creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. The Trust's payment policy is consistent with both codes and rules and its measure of compliance is:

	2007		2006	
	Number	Value £(000)s	Number	Value £(000)s
Total bills paid	59,045	81,846	56,973	74,540
Total bills paid within 30 day target	47,904	68,163	46,079	60,898
% of bills paid within 30 day target	81.1%	83.3%	80.9%	81.7%

Green Park Healthcare Health and Social Services Trust

Green Park Healthcare HSS Trust was established in April 1993 under the HSS Trust Establishment Order (NI), providing specialist Elective Orthopaedic and Rehabilitation services to Northern Ireland.

The Trust mission is 'To deliver high quality, cost-effective healthcare through the provision of regional and local specialist services'.

The Trust Board has committed the organisation to:

- 1) The reform, modernisation and efficiency of the specialist services. Looking at new ways of working with a review of waiting times, a review of prosthetics services and expanded rehabilitation services, in particular a new Acquired Brain Injury service.
- 2) The building of a 21st century hospital with significant building developments for Musgrave Park Hospital.

Since the establishment of the Trust there has been considerable improvement to patient services and to the buildings in which these services are provided. The outpatient services at Joss Cardwell Centre have been relocated to new premises at Musgrave Park Hospital; Forster Green Hospital services are in the process of transferring to Musgrave Park Hospital or to a community setting; the Children's Respite service at Forest Lodge, Belvoir Park Hospital, has transferred to new premises adjacent to Musgrave Park Hospital. Musgrave Park Hospital itself is unrecognisable. The old Nissen hut hospital has gone, the last Nissen hut was demolished in 2005.

Capital investment

The last five years have seen significant capital developments, including the building of a MRI unit, two new theatres and recovery suite; the provision of increased radiology space; the MITRE Rehabilitation Centre – built with charitable funds – including a sports medicine centre and a specialist hydrotherapy pool; and, as already mentioned, the construction of a purpose-built Regional Acquired Brain Injury Unit and the Forest Lodge Children's Respite Unit. Many other smaller projects, such as new road layouts, car parking and Disability Discrimination Act (DDA) works have all helped to transform Musgrave Park into a 21st century hospital.

The development of a Strategic Development Plan for the Trust, submitted to the Department of Health and approved for development, will become a key issue in 2007/2008, as the availability of capital money is restricted. However, the need to close Forster Green Hospital and transfer services, relocate laundry facilities from Belvoir Park Hospital, develop a decant facility on the Musgrave Park Hospital site to accommodate future development needs, increase surgical capacity for additional elective orthopaedic work, will all be key issues for the Belfast Trust in 2007/2008.

Service improvements

Patient services have also improved over the life of the Green Park Healthcare Trust as technology has improved. It has meant that in some specialities there has been a year on year increase in the number of patients treated and in other areas, such as rheumatology, the number of inpatient stays have reduced, as drug therapies have been developed to allow patients to be treated more appropriately as day patients. Prosthetic services have been expanded and improved with additional investments.

Care of Older People services have also changed over the life of the Trust. Professionals in the Trust have worked with other organisations resulting in redefined hospital-based services that have released investment in modern and more appropriate community and home-based services for older people.

The Trust has developed other new ways of working. Length of stay in some services in the Trust has reduced considerably. In elective orthopaedics, especially hip and knee

replacements, Musgrave Park Hospital is considered one of the leading orthopaedic hospitals in Europe with an average stay in hospital of less than 5 days for joint replacement. In Rehabilitation Services the nursing and therapy regimes have been refined over the years to provide leading respite and ongoing rehabilitation care. The Acquired Brain Injury Unit is now one of Europe's most modern facilities for patients with this condition.

Organisational developments and issues

As an organisation, the Green Park Healthcare Trust has achieved a number of awards for the quality of care and quality of service delivery. In 1995 the Trust was the first public sector organisation in the UK to win the prestigious Kings Fund Quality Award. Since then the Green Park Healthcare Trust has been given over thirty awards, accreditations, standards and charter marks. These awards are a credit to the staff who have achieved many innovative and challenging new ways of working that will continue into the Belfast Trust. In 2006/2007 the Trust was again awarded Gold standard for the European Quality Awards.

In 2006/2007 Agenda for Change and the new Consultant Contract have been initiated, but the process and implications of these centrally driven processes will remain in 2007/2008.

Resources and efficiency savings

During 2006/2007 the Green Park Healthcare Trust achieved cash releasing and efficiency savings. This included the Eastern Health and Social Services Board requirement to carry a share of the capitation funding shift away from the Belfast Acute Trusts to Community Trusts and for investment in the Other Area Boards to cater for recent shifts in population.

As a regional specialist provider this was a particularly challenging task during 2006/2007. Increasing pressures on specialist treatments, and advances in technologies placed greater demands on resources.

Service and budget agreements

Activity during the 2006/2007 financial year continued the upward trend achieved in 2005/2006, across most service areas. The number of patient contacts as inpatients, day cases and outpatients exceeded that expected by Commissioners.

In orthopaedics, a further increase was achieved for the third successive year, with 17.4% more inpatients and day cases treated when compared with 2005/2006. The drive for reductions in waiting lists and waiting times continued and the Green Park Healthcare Trust achieved all of the waiting time targets set by the Minister. No one is waiting for inpatient or day case admission longer than 6 months, and no one is waiting longer than 26 weeks for their first outpatient appointment.

Additional investment for anti TNF drugs resulted in a further increase in rheumatology patients receiving day treatment in 2006/2007. The Trust is on target to ensure that 455 patients on the waiting list at 31 March 2006 will be treated with the new biologic drug therapies by March 2008. This ongoing initiative will be a continuing important issue for 2007/2008.

A small reduction in Care of Older People inpatients is accounted for by agreed reconfiguration during the 2006/2007 year. This is part of the reform and modernisation initiatives in the Eastern Health and Social Services Board Local Health Economy.

Priorities for Action (PfA)

In 2006/2007 Green Park Healthcare Trust welcomed the reduction in the number of centrally determined targets. The remaining key targets were particularly challenging against the delivery of contingency plans to achieve a financial balance at year-end. However, the Green Park Healthcare Trust achieved all of the PfA targets.

Waiting lists for inpatient orthopaedics dominated the key targets for the Trust. Joint working with the DHSSPS, Commissioners and in particular the staff in orthopaedics, achieved all PfA waiting time targets. These targets were achieved by additional recurring and non-recurring investment. Additional capacity was achieved in evening and weekend working and the Trust worked collaboratively during 2006/2007 with the independent sector.

In 2007/2008 more stringent waiting time targets have been set and the continuation of the Trust achievements from 2006/2007 will be a key issue for the new Belfast Trust.

Governance and user involvement

Green Park Healthcare Trust continued to develop its governance requirements during 2006/2007. Self assessments were further developed and all governance standards were met in 2006/2007. During the year issues of environmental cleanliness and hygiene were closely monitored and reported to the Trust Board and the DHSSPS. The Risk Register was further developed and each of the Trust's directorates now maintains and reports on their own risk management responsibilities. These developments in Governance will continue to be a key issue into 2007/2008 for the Belfast Trust, through the legacy of the reporting processes that are now well-established.

User involvement continued to be a key target for the Green Park Healthcare Trust in 2006/2007 to ensure the involvement of patients and carers. The Trust had developed processes and policies during the year to ensure this remained a key target in 2006/2007. Work in this area will continue and remain unchanged in the RPA process. The following clinical key forums will continue their user involvement work:

- Prosthetic User Forum
- Neurology Patients Forum
- Care of Older Persons Forum
- Ilizarov Focus Group
- Ankylosis Spondylitis Group
- Paediatric Ilizarov Focus Group

Green Park Healthcare Trust has achieved a good clinical and financial record. The delivery of key targets has been achieved each year and the specialised regional patient services have progressed. The physical shape of the hospitals has changed into a new 21st century hospital base, with further improvements planned. While good management has helped to achieve these changes, it is the enthusiasm and dedication of the Green Park Healthcare Trust staff that has allowed the hospitals and the services to develop. The major legacy of Green Park Healthcare Trust to the new Belfast Trust will be this dedicated and enthusiastic workforce that will ensure a continued improvement to patient services.

Inpatient and day cases

Hospital/Speciality	EHSSB		NHSSB		SHSSB		WHSSB		TOTAL	
	2006/07	2005/06	2006/07	2005/06	2006/07	2005/06	2006/07	2005/06	2006/07	2005/06
Musgrave Park Hospital										
Orthopaedic Surgery	4458	3824	2568	2022	1928	1802	575	467	9529	8115
Rheumatology	2895	2841	1085	1093	852	710	182	160	5014	4804
Spinal Cord Injury	26	22	14	13	10	10	12	11	62	56
Amputee Rehabilitation	29	24	11	48	14	13	14	34	68	119
Care of Older People (includes Forster Green Hospital)	685	701	7	5	0	1	0	0	692	707
Acquired Brain Injury	43	19	18	8	19	11	16	15	96	53
Forest Lodge Respite Care (formerly at Belvoir Park Hospital)	1119	1127	10	0	0	0	0	0	1129	1127
Forster Green Hospital										
Neurology	253	236	48	38	16	17	0	0	317	291
Child and Family Centre	45	57	11	6	2	3	4	1	62	67

Note: New Acquired Brain Injury Unit opened in Musgrave Park Hospital, April 2006 (service formerly provided at Forster Green Hospital)



Forest Lodge Children's Respite Unit at Musgrave Park Hospital was officially opened in April 2006. The £2 million building provides modern purpose-built facilities for medically frail children with learning disabilities, their parents and carers. Jim Stewart (left), Chairman, Green Park Healthcare Trust officially opened the new unit and joining in the celebrations are Meghan Tritton (centre) and Dr Nan Hill (right), Consultant Paediatrician.



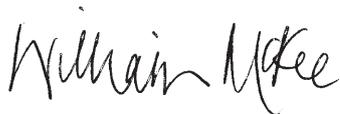
The £9 million building was opened by Their Royal Highnesses the Prince of Wales and the Duchess of Cornwall in May 2006. The unit provides an integrated inpatient and outpatient acute rehabilitation service for patients with an acquired brain injury and has an inpatient capacity of 25 beds.

Remuneration policy

1. The membership of the remuneration committee of Green Park Healthcare Trust consists of the Chairman and five non-executives.
2. The policy on remuneration of senior executives in Green Park Healthcare Trust for current and future financial years is in accordance with the procedures determined and issued in the DHSS&PS departmental circulars.
3. Performance of senior executives is assessed against objectives set by the Board reflective of DHSS&PS priorities. Performance is reviewed throughout the year and recommendations are made by the Chief Executive and Chairman to the Remuneration Committee for performance banding in accordance with the terms and conditions set in the departmental circular.
4. The relevant importance of the relevant proportion of remuneration are 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.

Service contracts

6. In the year 2006/07, five senior executives were on the new DHSS&PS Senior Executive Contract, terms and conditions of which were developed and determined by the Department of Health. One senior executive retained a Trust contract. No special arrangements are contained within this contract.



Mr William McKee
Chief Executive

Senior employees' remuneration

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

Name	2006-07		2005-06		2006-07		Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000	CETV at 31/03/06 £000	CETV at 31/03/07 £000	Real increase in CETV in CETV £000
	Salary, including Performance Pay £000	Other Remuneration	Benefits in Kind (rounded to nearest £100) £	Salary, including Performance Pay £000	Kind (rounded to nearest £100) £						
Non-Executive Members											
Mr J Stewart*	5 - 10	0	0	20 - 25	0	0	0	0	0	0	0
Mr M Lewis*	15 - 20	0	0	5 - 10	0	0	0	0	0	0	0
Mr J Cooper	5 - 10	0	0	5 - 10	0	0	0	0	0	0	0
Mr A Hanna	5 - 10	0	0	5 - 10	0	0	0	0	0	0	0
Mrs J Power	5 - 10	0	0	5 - 10	0	0	0	0	0	0	0
Mrs M Shevlin	5 - 10	0	0	5 - 10	0	0	0	0	0	0	0
* Mr J Stewart Chairmanship ended 31/07/06. Mr M Lewis was appointed Chairman from 01/09/2006											
Executive Members											
Miss H Boyd	90-95	170-175	11,400	Consent to disclosure withheld		0 - 2.5 (1) 2.5 - 5.0 (2)	40-45 (1) 130-135 (2)	740-745	775-780	20-25	
Mr C Bradley	60-65	0	0	Consent to disclosure withheld		0 - 2.5 (1) 2.5 - 5.0 (2)	10-15 (1) 40-45 (2)	180-185	205-210	10-15	
Mr C Cairns	50-55	0	0	Consent to disclosure withheld		0 - 2.5 (1) 0 - 2.5 (2)	15-20 (1) 45-50 (2)	185-190	210-215	5-10	
Dr D Connolly	180-185	0	0	Consent to disclosure withheld		0 - 2.5 (1) 0 - 2.5 (2)	75-80 (1) 235-240 (2)	1,345-1,350	1,365-1,370	0-5	
Miss P O'Callaghan	45-50	0	0	Consent to disclosure withheld		0 - 2.5 (1) 0 - 2.5 (2)	10-15 (1) 30-35 (2)	135-140	155-160	10-15	
Miss T McKernan	60-65	0	0	55-60	0	0 - 2.5 (1) 2.5 - 5.0 (2)	20-25 (1) 60-65 (2)	275-280	310-315	10-15	
Mr B Sore	70-75	0	0	Consent to disclosure withheld		0 - 2.5 (1) 2.5 - 5.0 (2)	25-30 (1) 75-80 (2)	400-405	440-445	15-20	
Note: (1) relevant totals in respect of pension; (2) relevant totals in respect of related lump sum											

** Miss P O'Callaghan's reported salary covers the period of directorship for Green Park Healthcare Trust only. On 12th February 2007, Miss O'Callaghan was appointed Director of Head & Skeletal Services for the Belfast HSC Trust.

Figures reported under the heading Other Remuneration relate to payments made under an early retirement/voluntary redundancy scheme.

The above figures include amounts paid in relation to an Industrial Tribunal case which was settled in 2006/07 and includes payments relating to a number of previous years.

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 a member leaves a scheme or chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

The CETV figures, and from 2004-05 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 benefits 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 and framework 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 employees (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.

Green Park Healthcare HSS Trust Summary Financial Statements

The following pages represent a summary of the Trust's Accounts for the year ended 31 March 2007; the Accounts have received an unqualified audit opinion.

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 Auditor's Report for the year ended 31 March 2007.

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

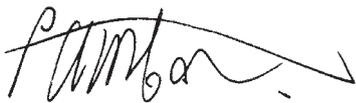
Income and expenditure account for the year ended 31 March 2007

	2007 £(000)s	2006 £(000)s
Income	89,039	71,039
Expenditure	(85,658)	(67,957)
Surplus before Interest	3,381	3,082
Net interest receivable	330	156
Net interest payable	(341)	(369)
Surplus for the year	3,370	2,869
Public Dividend Capital payable	(3,347)	(2,831)
Operational surplus before provisions	23	38
Provisions for future obligations	180	(209)
Retained surplus/(deficit) for the year	203	(171)

**Green Park Healthcare HSS Trust
Balance sheet as at 31 March 2007**

	2007 £(000)s	2006 £(000)s
Fixed Assets	116,101	112,205
Current Assets	14,760	7,213
Creditors amounts falling due within one year	(17,020)	(11,974)
Net Current Assets/(Liabilities)	(2,260)	(4,761)
Creditors amounts falling due after one year	(3,500)	(3,835)
Provisions for liabilities and charges	(1,600)	(1,634)
Totals Assets Employed	108,741	101,975
Financed By:		
Total Capital and Reserves	108,741	101,975

Approved by the Board and signed on its behalf on 28 June 2007 by:



**Mr P McCartan
Chairman**



**Mr W McKee
Chief Executive**

Green Park Healthcare Health and Social Services Trust

Statement of the Comptroller and Auditor General to the Northern Ireland Assembly

I have examined the summary financial statement of the Green Park Healthcare Health and Social Services Trust.

Respective responsibilities of the Trust, Accountable Officer and Auditor

The summary financial statement is the responsibility of the Trust and Accountable Officer.

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

I read the information contained in the Annual Report, and consider whether it is consistent with the summary financial statement. I consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement. My responsibilities do not extend to any other information.

Basis of opinion

I have conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board for use in the United Kingdom. My report on the Trust's 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.

Audit opinion

In my opinion, the summary financial statement is consistent with the full financial statements of the Trust for the year ended 31 March 2007 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.



JM Dowdall CB
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST BT7 1EU

16 July 2007

Transitional arrangements

The Audit Committee of the Trust discharged its responsibilities up to and including the 31 March 2007 at which point it ceased to exist. The Audit Committee received reports from the Internal Auditors in relation to all matters considered by them during the year 2006/07. It also received assurances in relation to the internal control systems and the levels of compliance with appropriate Controls Assurance Standards as required by DHSSPS, and identified any matters which were of sufficient importance to be advised to the Audit Committee of the Belfast Trust.

Based on this information the Audit Committee provided a written, signed Statement of Assurance to the Audit Committee of the Belfast Trust at its first Meeting in May 2007.

The full Statement on Internal Control is contained in the Annual Accounts of the Trust which are published.

The responsibility for audit of the Trust rests with the Northern Ireland Audit Office.

The senior management of the legacy Trust have continued, along with the Director of Finance of the Belfast HSC Trust, to have responsibility for the preparation of the accounts and annual report. The senior managers and Director of Finance have provided the auditors with all of the relevant information and documents required for the completion of the audit.

**Green Park Healthcare HSS Trust
Accounts for the year ended 31 March 2007**

Notes to the accounts

Management costs

	2007 £(000)s	2006 £(000)s
Trust Management Costs	3,560	3,472
Trust Income	89,039	71,039
% of Total Income	4.0%	4.9%

The Trust's management costs, as shown below, are based on the Audit Commission's definition 'M2' management costs, as detailed in HSS (THR) 2/99.

Public sector payment policy

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

Bills	Number	2007	Number	2006
		£(000)s		£(000)s
Total paid	35,042	43,824	31,330	35,384
Total paid within 30 days	34,265	42,906	30,503	34,684
% paid within 30 days	97.8%	97.9%	97.4%	98.0%

Mater Infirmorum Hospital Health and Social Services Trust

The Mater Hospital was established in 1883 in North Belfast by the Sisters of Mercy and funded by the Young Philanthropists (YP) from donations received from the local and wider community. By 1909 the hospital had developed its size and status so that it was recognised as a University teaching hospital. Further services such as a maternity hospital were added over time and the hospital eventually became part of the National Health Service in 1972. This transfer was underpinned by a Deed of Arrangement, which was a guarantee from the Government to the Trustees that the character and ethos of the hospital would continue.

The hospital now provides a full range of acute specialties: Accident and Emergency, General Surgery, Urology, General Medicine, Care of the Elderly, Respiratory Medicine, Ophthalmology, ENT, Obstetrics & Gynaecology as well as being the Regional Hepatobiliary Centre. There is an Elective Surgical Unit of 14 beds and a state-of-the-art Day Procedure Unit which was opened in 2002 as part of a £17m development by YP Trustees and is utilised at weekends by private sector companies for cosmetic surgery and ophthalmology. The Trust also provides the full range of allied health and diagnostic support. A new MRI unit was opened in 2007 which was funded entirely by the YP Trustees and the CT scanner replaced during 2005/06.

Performance against objectives

The three key objectives for 2006/07 were:

- Waiting list targets
- Management of elective and emergency patients through the Trust
- Financial stability

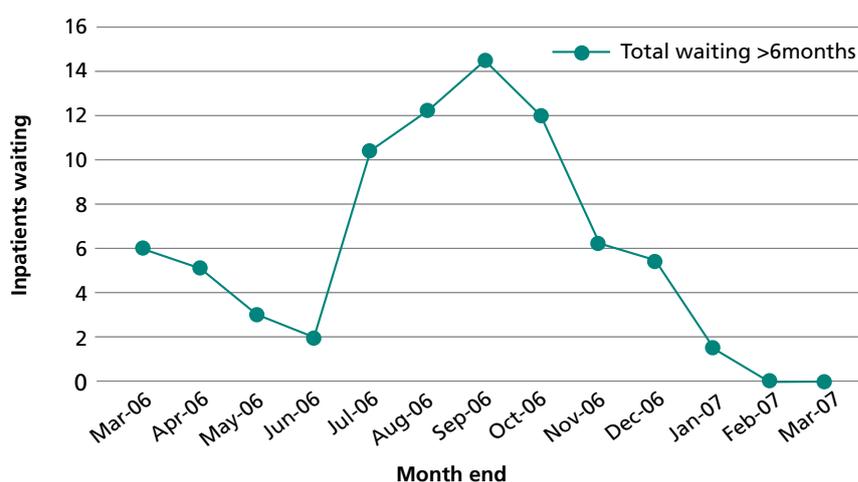
A further overarching objective was the continued development of good governance, with particular emphasis on clinical and social care governance. Good progress was made in governance processes during the year as evidenced by the level of compliance achieved with DHSS&PS controls assurance standards.

Inpatients and daycases

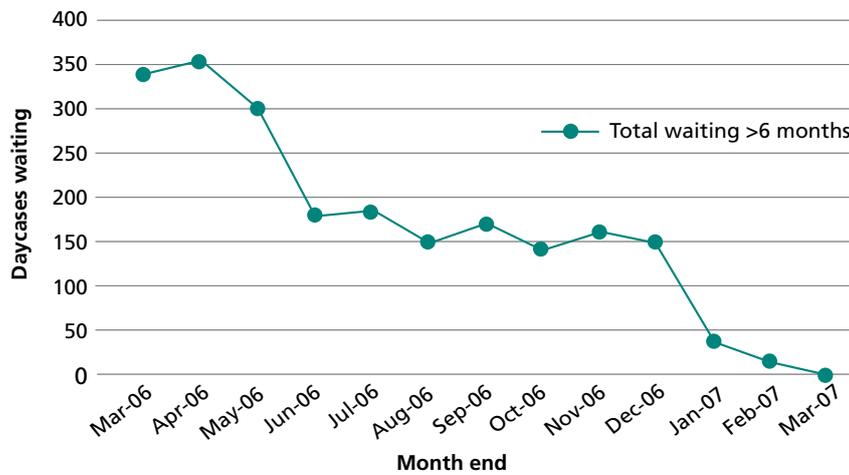
The graphs below show that at the beginning of April 2006, the Trust had 6 inpatients and 342 daycases waiting over 6 months for treatment. Specific actions were taken to ensure that patient waiting times were reduced, including the full operation of Primary targeting lists, centralised waiting list management and the reorganisation of theatre lists to enable additional lists to be used for longer wait specialities.

The Trust achieved the 6 month waiting list target for inpatients and daycases.

Inpatients waiting >6months



Daycases waiting >6months

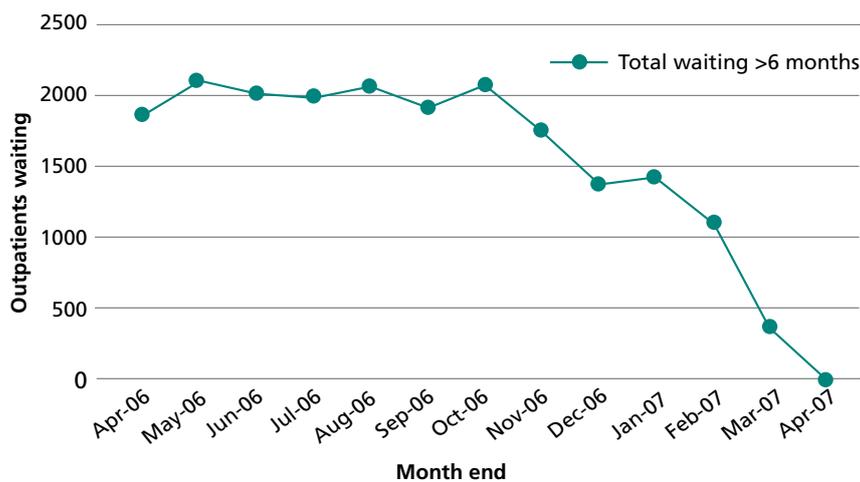


Outpatients

The graph below shows that at the beginning of April 2006, the Trust had 1862 outpatients waiting over 6 months for treatment. Specific actions were taken to ensure that patient waiting times were reduced, including the full operation of Primary targeting lists, centralised waiting list management, introduction of partial booking, redesign of new patient templates and the use of the private sector where demand significantly exceeded capacity to deliver.

The Trust achieved the 6 month waiting list target for outpatients.

Outpatients waiting >6months

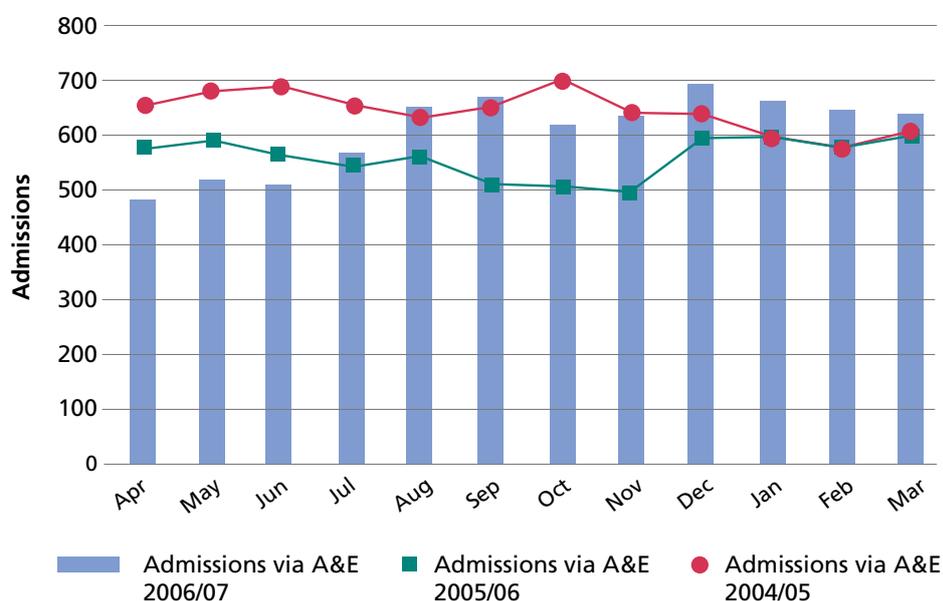


Management of elective and emergency patients to achieve targets

In managing the achievement of 6 month elective waiting list targets, the Trust also had to manage the flow of emergency patients throughout the hospital. Elective capacity plans for inpatient and daycase work were agreed by all multidisciplinary teams and progress against these monitored. Elective inpatient activity increased by 20% on 2005/06 activity and daycase activity increasing by 17%.

Overall medical and surgical non elective admissions to the Trust increased by 8% from 2005/06 activity, the majority of the increase in admissions taking place from December 2006 to March 2007 and the Trust still continues to experience higher than usual admissions on a daily basis.

Admissions via A&E



Compared to 2004/05, in 2006/07 the Trust significantly decreased the number of times the hospital is on divert and the number of patients which had to be transferred to other hospitals.

Year	Redirected patients
2004	405
2005	43
2006	37
2007	52

Emergency care reform

The DHSSPS target for emergency care reform is that by 1st April 2007, no patient should be waiting greater than 12 hours in A&E from time of arrival to time of departure. This target will then reduce to 4 hours for 95% of patients. The table below shows the Trust's performance against these two targets during 2006/07.

Month	Total No. of new attendances	No that waited >4hrs and <=12hrs from arrival to departure	No that waited >12hrs from arrival to departure	% of patients admitted transferred or discharged within 4hrs of arrival	% of patients admitted transferred or discharged within 12hrs of arrival
April	3263	1029	173	63.2%	94.7%
May	3382	866	156	69.8%	95.4%
June	3386	713	76	76.7%	97.8%
July	3327	683	106	76.3%	96.8%
August	3565	910	100	71.7%	97.2%
September	3331	840	96	71.9%	97.1%
October	3269	944	145	66.7%	95.6%
November	3185	741	80	74.2%	97.5%
December	3162	1115	95	61.7%	97.0%
January	3420	1174	107	62.5%	96.9%
February	2920	934	134	63.4%	95.4%
March	3269	753	60	75.1%	98.2%

Financial stability

The detailed financial performance of the Trust is set out in the financial statements contained within the annual report. The Trust has achieved its primary target of breakeven (excluding provisions) which reflects on the financial management approach adopted by the Trust Board, management and staff. This outcome continues the trend of previous financial years.

Capital investment

During 2006/07 the Mater had capital spend of £1.429 million with the largest spend on the development of the Fairview Phase 2 complex (£750K). A total of £400K was spent on replacement and new equipment. The hospital also acquired and opened an MRI scanner funded by the YP Trustees, a charitable organisation with links to the Mater Hospital.

Reform and modernisation agenda

The Reform and Modernisation agenda led by the DHSSPS will expand from targets on inpatients, daycases and outpatients to include diagnostics, emergency care, delayed discharges, cancer access, AHP services and Mental Health. Staff are prepared to work and develop plans to ensure that these targets will be achieved.

Redevelopment

The challenges of further improving clinical processes to meet higher standards of access and care require continued improvement in the physical infrastructure. The realisation of Trust plans for the development of an ambulatory care centre is critical to sustained progress in the medium to long term. In the interim, the Trust will continue to improve existing accommodation to meet the challenges associated with improved elective and emergency access. This will require continued expansion of the full range of diagnostic services including MRI.

Design of alternative assessment services

The Trust will continue to contribute to the development of ICATs services. Such services need to be integrated with and driven by the primary care sector. There is a need to draw on and build existing expertise in the acute setting especially within the specialities of Ophthalmology and Urology.

Mental health services

The Mater and North and West trusts have led the development of a Belfast-wide Home Treatment and Crisis response service. This development is critical to improved access experience for patients across the full range of mental health services. The Mater and North and West trusts have also received funding for the establishment of a self-harm service which is currently in the process of being established.

To ensure the continued improvement of the quality of care, purpose-designed inpatient and day hospital facilities are urgently required, as set out in the business cases submitted to the DHSSPS.

Financial challenges ahead

Going forward, the Trust, like all others in the NI HPSS faces significant financial challenges to continue to breakeven. Most of these challenges are related to factors outside the control of management. These include shortfalls in funding for:

- The new Consultant Contract
- Agenda for Change
- Junior doctors New Deal
- Pay and inflationary pressures

Structure of our business

During 2006/07, the Trust was structured into six Directorates led by Clinical Directors and Directors:

- Medical Directorate (including Laboratory, Radiology and Mental Health Services)
- Surgical Directorate (including Anaesthetics and Theatres)
- Nursing and Allied Health Professionals
- Corporate Development (including Support Services and Human Resources)
- Planning and Performance Management (including Estates, Health Records and Information)
- Finance and Information Technology

Major incident preparedness

The Trust has in place a comprehensive major incident plan to respond to both internal and external emergency situations. Stakeholders include the HPSS, emergency services, primary care, voluntary organisations, eight district councils and organisations providing agency staff for Trust deployment. In addition the Trust has developed business continuity plans, designed to enable staff to deal with any significant untoward incident impacting on the Trust's ability to provide its full range of services. This has included the extension of the out-of-hours service with estates and IT now on call, alongside an enhanced general and clinical management arrangement.



Pictured at the opening of the new MRI Centre is, (from left), Dr Michael McAleese, Bishop Walsh, Baroness May Blood, President Mary McAleese and Charlie Jenkins



Pictured at the Chairman's Awards is, (from left), Tony McDonagh, Support Services Manager, Mater, Charlie Jenkins, Chairman, Mater, and Jean Deeds, Domestic Services Manager, Mater



Alcohol liaison nurse, Gary Doherty, won Royal College of Nursing Nurse of the Year in 2006



Attending an Infection Control and Public Health Day is, (from left), Dr Tim Wyatt, Consultant Microbiologist, Sheelagh McQuade, Infection, Prevention and Control Specialist Nurse, Dr Lorraine Doherty, DHSSPSNI, Sean Donaghy, Chief Executive, Mater, Tony McDonagh, Support Services Manager, and Mary McElroy, Infection, Prevention and Control Manager

Remuneration policy

1. The membership of the remuneration committee of the Mater Hospital consists of the Chairman and two non-executives.
2. The policy on remuneration of senior executives in the Mater Hospital 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 includes accountability reviews for the areas they have responsibility for as well as individual appraisal and review and assessment. 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 organisational and personal objectives.
4. The relevant importance of the relevant proportions of remuneration are 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 2006/07 all contracts were permanent. During the year 2006/07 one of the senior executives appointed on a secondment to cover a vacancy. All of these contracts have a notice period of 3 months.

Service contracts

6. All Directors in the Mater Hospital are on the new contractual provisions issued by the Department and effective from 1 April 2002. The contractual provisions applied are those detailed and contained within Circular HSS (SM) 3/2001.



Mr William McKee
Chief Executive

Senior employees' remuneration

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

Name	2006-07		2005-06		2006-07				Real increase in CETV in CETV £000	
	Salary, including Performance Pay £000	Other Remuneration	Benefits in Kind (rounded to nearest £100) £	Salary, including Performance Pay £000	Benefits in Kind (rounded to nearest £100) £	Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000	CETV at 31/03/06 £000		CETV at 31/03/07 £000
Non-Executive Members										
Mr C.Jenkins	20-25	N/A	N/A	10-15	N/A	N/A	N/A	N/A	N/A	N/A
Mr A Canavan	5-10	N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A	N/A
Mrs R Dunlop	5-10	N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A	N/A
Mr B.McCaughey	5-10	N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A	N/A
Mr W.Odling-Smee	5-10	N/A	N/A	5-10	N/A	N/A	N/A	N/A	N/A	N/A
Executive Members										
Mr S.Donaghy	80-85	N/A	N/A	75-80	N/A	5-10	85-90	250-255	300-305	30-35
Mr C.Harvey	15-20	N/A	N/A	15-20	N/A		Allowance Non-Superannuable			
Mrs B.McQuillan	50-55	N/A	N/A	45-50	N/A	0-5	45-50	110-115	130-135	10-15
Mr L.O'Neill	65-70	N/A	N/A	60-65	N/A	5-10	110-115	380-385	440-445	35-40
Mrs N.Patterson (Comm.6 Feb.2006)	50-55	N/A	N/A	5-10	N/A	0-5	30-35	90-95	90-95	0
Mrs J.Peden	55-60	N/A	N/A	45-50	N/A	5-10	60-65	160-165	190-195	20-25

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

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

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

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

The salary disclosure for Mr C Harvey (Medical Director) relates only to that part of his role as an Executive Director and does not include any remuneration as a Medical Consultant.

The performance related pay has been accrued for 2006/07. The Remuneration Committee met on 29 March 2007 and recommended awards which have not yet been paid.

The above figures include amounts paid in relation to an Industrial Tribunal case which was settled in 2006/07 and includes payments relating to a number of previous years . They also include amounts paid to three executive directors in respect of acting up allowance.

Mater Infirmorum Hospital HSS Trust Summary Financial Statements

The following pages represent a summary of the Trust's Accounts for the year ended 31 March 2007; the Accounts have received an unqualified audit opinion.

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 Auditor's Report for the year ended 31 March 2007.

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

Income and expenditure account for the year ended 31 March 2007

	2007	2006
	£(000)s	£(000)s
Income from Activities	48,861	46,848
Other Operating Income	5,458	4,343
Less Operating Expenses	(53,730)	(50,220)
Surplus before Interest	589	971
Interest Receivable	213	190
Less Interest Payable	(260)	(280)
Surplus for the Financial Year	542	881
Less Dividends Payable on Public Dividend Capital	499	834
Operational surplus (Deficit) before provisions	43	47
Provisions for Future Obligations	243	(169)
Retained (Deficit) for the financial year	286	(122)
Break Even Position	43	47

**Mater Infirmorum Hospital HSS Trust
Balance sheet as at 31 March 2007**

	2007 £(000)s	2006 £(000)s
Fixed assets	44,601	42,609
Current assets	12,679	9,957
Creditors: Amounts falling due within one year	(8,353)	(7,102)
Net current assets	4,326	2,855
Creditors: Amounts falling due after more than one year	(2,784)	(3,026)
Provisions for liabilities and charges	(6,602)	(5,653)
Total assets employed	39,541	36,785
Financed by:		
Total capital and reserves	39,541	36,785

Approved by the Board and signed on its behalf on 28 June 2007 by:



**Mr P McCartan
Chairman**



**Mr W McKee
Chief Executive**

Mater Infirmorum Hospital Health and Social Services Trust

Statement of the Comptroller and Auditor General to the Northern Ireland Assembly

I have examined the summary financial statement of the Mater Infirmorum Hospital Health and Social Services Trust.

Respective responsibilities of the Trust, Accountable Officer and Auditor

The summary financial statement is the responsibility of the Trust and Accountable Officer.

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

I read the information contained in the Annual Report, and consider whether it is consistent with the summary financial statement. I consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement. My responsibilities do not extend to any other information.

Basis of opinion

I have conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board for use in the United Kingdom. My report on the Trust's 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.

Audit opinion

In my opinion, the summary financial statement is consistent with the full financial statements of the Trust for the year ended 31 March 2007 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.



JM Dowdall CB
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST BT7 1EU

11 July 2007

Transitional arrangements

The Audit Committee of the Trust discharged its responsibilities up to and including the 31 March 2007 at which point it ceased to exist. The Audit Committee received reports from the Internal Auditors in relation to all matters considered by them during the year 2006/07. It also received assurances in relation to the internal control systems and the levels of compliance with appropriate Controls Assurance Standards as required by DHSSPS, and identified any matters which were of sufficient importance to be advised to the Audit Committee of the Belfast Trust.

Based on this information the Audit Committee provided a written, signed Statement of Assurance to the Audit Committee of the Belfast Trust at its first Meeting in May 2007.

The full Statement on Internal Control is contained in the Annual Accounts of the Trust which are published.

The responsibility for audit of the Trust rests with the Northern Ireland Audit Office.

The senior management of the legacy Trust have continued, along with the Director of Finance of the Belfast HSC Trust, to have responsibility for the preparation of the accounts and annual report. The senior managers and Director of Finance have provided the auditors with all of the relevant information and documents required for the completion of the audit.

**Mater Infirmorum Hospital HSS Trust
Accounts for the year ended 31 March 2007**

Notes to the accounts

Management costs

	2007 £(000)s £	2006 £(000)s £
Trust Management Costs	2,358	2,238
Total Income	54,319	51,192
% of total income	4.3%	4.4%

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

Public sector payment policy – measure of compliance

The Department of Health, Social Services and Public Safety requires that Trusts pay their non HPSS 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:

	2007	2006	2007	2006
	Number	£(000)s	Number	£(000)s
Total bills paid	24,479	13,549	23,653	14,305
Total bills paid within 30 day target	22,672	12,310	22,031	13,331
% of bills paid within 30 day target	92.6%	90.9%	93.1%	93.2%

North and West Belfast Health and Social Services Trust

North and West Belfast Health and Social Services Trust was established as a Trust in April 1994, working in an area which has some of the highest levels of economic and social deprivation, unemployment, and ill health and which has experienced severe trauma as a result of more than 40 years civil unrest.

The Trust provided a range of community-based health and social services, to a population of more than 143,000 people from 50 locations in the community.

How we do business

The Trust was governed by a Board of Non Executive and Executive Directors who constituted the Trust Board.

The Trust Board was responsible for determining the overall policies and strategy of the Trust, monitoring the execution of agreed policies and maintaining the financial viability of the Trust.

In 2006/07, the Trust Board members were:

Mr Pat McCartan	Chairman (until 9/06)
Ms Geraldine McAteer	Non Executive Director/Chairman (wef 9/06)
Mr Richard G Black	Chief Executive
Miss Brenda Connolly	Director of Nursing
Mr Peter S Harvey	Director of Finance
*Dr Robin McKee	Director of Medical Services (Community)
*Dr Caroline Marriott	Director of Medical Services (Hospital)
Miss Bernadette McNally	Director of Children and Mental Health Services/ Director of Social Work (until 31/1/07)
Baroness May Blood	Non Executive Director
Mrs Sarah Brennan	Non Executive Director
Mr Denis Power	Non Executive Director
Mr Adrian Watson	Non Executive Director

Other Directors were:

Mr Eamonn Molloy	Director of Human Resources and Corporate Affairs (until 23/1/07)
Mrs Maura Campbell	Acting Director of Human Resources (wef 1/2/07)
Mr Paul M Ryan	Director of Planning, Contracts and Information/ Deputy Chief Executive
Mrs Miriam Somerville	Director of Hospital and Community Learning Disability Services
Mr Brian Barry	Director of Social Care and Physical Disability (Responsible for Children and Mental Health Services/ Director of Social Work wef 1/2/07)

* *Joint Appointment*

Statutory Committees of the Trust Board were:

Audit committee which ensures that the Trust carries out its business with honesty and openness. Membership: Mr D Power (Chairman), Baroness M Blood, Mrs S Brennan, Ms G McAteer and Mr A Watson.

Remuneration committee which makes recommendations on pay for senior officers. Membership: Mr P McCartan (Chairman until 9/06), Mr D Power, Baroness M Blood, Mrs S Brennan, Ms G McAteer (Chairman wef 9/06) and Mr A Watson.

Other committees of the Trust Board are:

Complaints review committee which ensures that complaints are handled properly. Membership: Baroness M Blood (Chairperson), Mr A Watson, Mr P M Ryan, Miss B Connolly, Mrs M Somerville, Miss B McNally, Mr B Barry and Mr S Brown, Eastern Health and Social Services Council.

Governance committee which provides assurance to the Trust Board that there are robust systems in place for risk management, clinical and social care governance and wider areas of internal control. Membership: Mr D Power (Chairman), Baroness M Blood, the Chief Executive, executive and all other directors of the Trust.

Endowment and gifts committee which ensures that money which is donated is used in the most effective way and reviews the management of patients money. Membership is as for Trust Board and a representative from the Society of Parents and Friends of Muckamore Abbey Hospital who attends in an advisory capacity.

Financial Performance

North and West Belfast Health and Social Services Trust has a strong record of achieving the financial targets required by the Department of Health, Social Services and Public Safety.

The summarised results below, taken from our audited Financial Statements indicate that in the last three years we have balanced income received against expenditure incurred and managed expenditure on capital items and projects within the target set.

Table 1

	2006/07	2005/06	2004/05
	£(000)s	£(000)s	£(000)s
Income Received	168,086	157,320	147,326
Expenditure	(166,244)	(155,733)	(145,608)
Operating Surplus	1,842	1,587	1,718
Interest Receivable	309	316	234
Interest Payable	(516)	(556)	(595)
PDC	(1,570)	(1,357)	(1,312)
Breakeven Surplus/(deficit)	65	(10)	45
Capital Target (CRL)	12,632	11,800	10,672
Expenditure	12,612	11,789	5,732
Surplus	20	11	4,940

Financial performance

The Trust achieved the required financial performance through concentrating on improving efficiency in the provision of services.

Trends in income and expenditure

The income and expenditure levels reported in Table 1 indicate that the Trust continued to grow in financial terms. The actual increases in percentage terms for 2005/06 and 2006/07 were 6.78% and 6.84% respectively.

Although a large portion of this increase can be linked to modernisation of remuneration processes through Agenda for Change and the new Consultants Contracts, increased payments to independent sector providers above the rate of inflation etcetera, the Trust continued to develop and expand services to clients and patients.

Balance sheet

There have been a number of significant changes in the Trust's balance sheet and working capital during the year.

The value of the Trust's fixed assets has increased from £76.1m to £88.6m. This reflects the development of the two Health and Wellbeing Centres at Carlisle and Grove plus the Phase 1 reconstruction of Muckamore Abbey Hospital. These developments were funded through increasing the Public Dividend Capital by £10 million.

The level of creditors increased from £18m to £20.6m. This was caused by an increase in outstanding payments to staff in respect of Pay Modernisation (Agenda for Change).

Organisational review

The Trust outlines in detail the future direction of the organisation in the Corporate Plan, the details of service delivery are outlined in the Trust Delivery Plan. Underpinning both documents is a commitment to work in partnership with our local community to deliver services that are cost effective, responsive to local need, and of the highest quality.

Services for ethnic groups in particular have come under the microscope with the growing demand for health care workers and the rapid increase of migrant workers from Eastern and Central Europe EU Accession countries. The North & West Belfast Black and Minority Ethnic Health and Wellbeing Project sought to identify key issues around health and wellbeing within six defined BME communities across Northern Ireland, and ultimately improve services.

Services for young people have also been in the spotlight with the launch of a 24/7 helpline for young people, especially young men aged 15 – 25 years, who may be contemplating taking their own lives.

Young people were also targeted directly at school. The first of its type in Northern Ireland, the One Stop Shop is a model of joined-up working bringing together a range of health and social care workers onto the school site, jointly managed by education and health, to address the health and social needs of young people in schools and to raise educational standards. The team focus is early intervention and prevention and to date, the team has worked with 72% of young people across the six schools. This equates to 1442 pupils.

Underpinning all service development has been a concerted effort to reduce waiting times, improve services and develop new services to prevent hospital admission, assist people to leave hospital sooner and to improve the flow of people through hospital.

Capital development progressed at a great pace with the opening of two new units at the Antrim based Muckamore Abbey Hospital. Six Mile and Cranfield provide a 35-bed admission and assessment unit and a 23-bed replacement specialist forensic unit. The units are a first for Northern Ireland and indeed further afield.

The Carlisle Centre will provide a range of services which formerly operated out of a collection of disparate buildings throughout north Belfast.

The Trust is eagerly awaiting the opening of the Grove Wellbeing Centre in lower north Belfast in early 2008. The landmark development is a first for Northern Ireland with three statutory bodies joining in one building.

Two further developments in Shankill and Beech Hall are in the pipeline.

Risk management and controls assurance

Risk management

The key systems and processes developed over the last few years continued to be fully implemented throughout the operational directorates and service areas of the Trust during 2006/07.

Local governance groups covering all areas of Trust business have been fully operational and integral to the implementation of risk management systems and processes in order to ensure learning both from good practice and when things go wrong.

The Governance Committee and Trust Board regularly review the Corporate Risk Register.

Our rolling education and training programme for risk management continued throughout 2006/07 with around 350 staff attending training events in such areas as:

- Risk management awareness
- Adverse event/incident reporting
- Complaints
- Risk assessment
- Datix risk management software
- Root cause analysis

Controls assurance

At the end of 2006/07 the number of Controls Assurance Standards issued by the Department of Health Social Services and Public Safety totalled 21.

All the standards were subject to self-assessment and, in addition, 6 of the standards were verified by internal audit. Self-assessment and audit reports received to date confirmed the achievement of the required levels of compliance in all 21 standards.

Remuneration report 2006/2007

The Remuneration Committee considered a report on the performance of all senior executives and made a determination. All employment contracts for senior executives are classified as permanent. There have been no early settlements or terminations of contracts within the last financial year.



Launching the helpline for young people who may be contemplating taking their own lives are (from left) former Health Minister Paul Goggins, Geraldine McAteer, Bernie McNally, and trained peer mentors Janeen McCorkhill and Neville Lawther



The new Cranfield Admission and Assessment Unit at Muckamore Abbey Hospital opened in October 2006

Remuneration policy

1. The membership of the remuneration committee of the North and West Belfast HSS Trust consists of the Chairman and the five Non-Executive Directors.
2. The policy on remuneration of Senior Executives in the North and West Belfast HSS Trust for current and future financial years is the application of terms and conditions of employment as provided and determined by the DHSS&PS. (Two Senior Executives left during the year 2006/07, one had a Trust contract, whilst the other had a new contract determined by the DHSS&PS.)
3. Performance of Senior Executives is assessed using a performance management system which includes accountability reviews for the areas they have responsibility for as well as individual appraisal and review and assessment. 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 organisational and personal objectives.
4. The relevant importance of the relevant proportions of remuneration are 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 2006/07 all contracts were permanent. Three Senior Executives had a new contract as determined by the DHSS&PS – these contracts have a notice period of 3 months, whilst the other four Senior Executives retained Trust contracts with a notice period of 6 months.

Service contracts

6. Three Senior Executives in the year 2006/07 were on the new DHSS&PS Senior Executive Contract, and the terms and conditions are developed and determined by the Department of Health. Four Senior Executives retained Trust contracts that were permanent with a 6 month notice period.



Mr William McKee
Chief Executive

Senior employees' remuneration

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

Name	2006-07		2005-06		2006-07			CETV at 31/03/07 £000	Real increase in CETV in CETV £000	
	Salary, including Performance Pay £000	Other Remuneration	Benefits in Kind (rounded to nearest £100) £	Salary, including Performance Pay £000	Benefits in Kind (rounded to nearest £100) £	Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000			CETV at 31/03/06 £000
Non-Executive Members										
P McCartan 1 Apr 06 - 31 Jul 06	5-10	0	0	20-25	0	0	0	0	0	
G McAteer	10-15	0	0	5-10	0	0	0	0	0	
A Watson	5-10	0	0	5-10	0	0	0	0	0	
S Brennan	5-10	0	0	Consent to disclosure withheld	0	0	0	0	0	
M Blood	5-10	0	0	5-10	0	0	0	0	0	
D Power	5-10	0	0	5-10	0	0	0	0	0	
Executive Members										
R G Black	135-140	250-255	6,000	115-120	6,000	0-2.5 and 2.5-5	50-55 and 160-165	940	968	17
P S Harvey	95-100	0	5,400	Consent to disclosure withheld	Consent to disclosure withheld	0-2.5 and 0-2.5	30-55 and 95-100	505	551	12
C Marriot	100-105	0	0	Consent to disclosure withheld	Consent to disclosure withheld	7.5-10 and 25-27.5	45-50 and 145-150	656	845	156
B McNally 1 Apr 06 - 31 Jan 07	50-55	0	0	Consent to disclosure withheld	Consent to disclosure withheld	0-2.5 and 2.5-5	15-20 and 45-50	191	215	12
R McKee	50-55	0	0	Consent to disclosure withheld	Consent to disclosure withheld	0-2.5 and 0-2.5	25-30 and 85-90	502	522	0
B Connolly	80-85	0	5,400	Consent to disclosure withheld	Consent to disclosure withheld	0-2.5 and 2.5-5	25-30 and 85-90	468	523	28
M Somerville	65-70	0	0	Consent to disclosure withheld	Consent to disclosure withheld	0-2.5 and 0-2.5	20-25 and 65-70	353	381	10
E Molloy 1 Apr 06 - 31 Jan 07	80-85	0	4,500	Consent to disclosure withheld	Consent to disclosure withheld	0-2.5 and 2.5-5	30-35 and 90-95	396	445	25
B Barry	60-65	0	0	Consent to disclosure withheld	Consent to disclosure withheld	0-2.5 and 2.5-5	20-25 and 60-65	261	292	13
P Ryan	95-100	0	5,400	Consent to disclosure withheld	Consent to disclosure withheld	0-2.5 and 5-7.5	35-40 and 105-110	541	599	32
M Campbell 1 Feb 07 - 31 Mar 07	5-10	0	0	0	0	Information not available				

Figures reported under the heading Other Remuneration relate to payments under an early retirement / voluntary redundancy scheme.

The above figures include amounts paid in relation to an Industrial Tribunal case which was settled in 2006/07 and includes payments relating to a number of previous years.

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSS 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 and framework 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.

A number of senior employees were appointed to new Trusts during the year and ceased to hold office as senior managers of North and West Belfast HSS Trust.

The CETV Values for these employees are based on the full capital value of the pension scheme benefits accrued at 31st March 2007 regardless of the fact that they did not hold office at that time. These CETV Values will not be included in DHSSPS financial statements for the year ended 31st March 2007.

North and West Belfast HSS Trust Summary Financial Statements

The following pages represent a summary of the Trust's Accounts for the year ended 31 March 2007; the Accounts have received an unqualified audit opinion.

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 Auditor's Report for the year ended 31 March 2007.

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

Income and expenditure account for the year ended 31 March 2007

	2007 £(000)s	2006 £(000)s
Income	168,086	157,320
Expenditure	(166,244)	(155,733)
Surplus Before Interest	1,842	1,587
Interest Receivable	309	316
Less Interest Payable	(516)	(556)
Surplus for the Financial Year	1,635	1,347
Less Dividends Payable on Public Dividend Capital	(1,570)	(1,357)
Operational Surplus (Deficit) before provisions	65	(10)
Provisions for Future Obligations	(359)	(166)
Retained (Deficit) for the financial year	(294)	(176)
Break Even Position	65	(10)

**North and West Belfast HSS Trust
Balance sheet as at 31 March 2007**

	2007 £(000)s	2006 £(000)s
Fixed Assets	88,632	76,134
Current Assets	8,332	6,011
Creditors: Amounts falling due within one year	(20,678)	(17,982)
Net Current Liabilities	(12,346)	(11,971)
Creditors: Amounts falling due after more than one year	(5,536)	(6,036)
Provisions for Liabilities and Charges	(2,773)	(2,387)
Total Assets Employed	67,977	55,740
Financed by		
Total Capital and Reserves	67,977	55,740

Approved by the Board and signed on its behalf on 28 June 2007 by:



**Mr P McCartan
Chairman**



**Mr W McKee
Chief Executive**

North and West Belfast Health and Social Services Trust

Statement of the Comptroller and Auditor General to the Northern Ireland Assembly

I have examined the summary financial statement of the North and West Belfast Health and Social Services Trust.

Respective responsibilities of the Trust, Accountable Officer and Auditor

The summary financial statement is the responsibility of the Trust and Accountable Officer.

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

I read the information contained in the Annual Report, and consider whether it is consistent with the summary financial statement. I consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement. My responsibilities do not extend to any other information.

Basis of opinion

I have conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board for use in the United Kingdom. My report on the Trust's 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.

Audit opinion

In my opinion, the summary financial statement is consistent with the full financial statements of the Trust for the year ended 31 March 2007 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.



JM Dowdall CB
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST BT7 1EU

17 July 2007

Transitional arrangements

The Audit Committee of the Trust discharged its responsibilities up to and including the 31 March 2007 at which point it ceased to exist. The Audit Committee received reports from the Internal Auditors in relation to all matters considered by them during the year 2006/07. It also received assurances in relation to the internal control systems and the levels of compliance with appropriate Controls Assurance Standards as required by DHSSPS, and identified any matters which were of sufficient importance to be advised to the Audit Committee of the Belfast Trust.

Based on this information the Audit Committee provided a written, signed Statement of Assurance to the Audit Committee of the Belfast Trust at its first Meeting in May 2007.

The full Statement on Internal Control is contained in the Annual Accounts of the Trust which are published.

The responsibility for audit of the Trust rests with the Northern Ireland Audit Office.

The senior management of the legacy Trust have continued, along with the Director of Finance of the Belfast HSC Trust, to have responsibility for the preparation of the accounts and annual report. The senior managers and Director of Finance have provided the auditors with all of the relevant information and documents required for the completion of the audit.

**North and West Belfast HSS Trust
Accounts for the Year Ended 31st March 2007**

Notes to the accounts

Management costs

	2007 £(000)s	2006 £(000)s
Trust Management Costs	7,120	7,023
Total Income	168,086	157,320
% of Total Income	4.2%	4.5%

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

Public sector payment policy

The Department of Health, Social Services and Public Safety requires that Trusts pay their own Non HPSS 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 Code and Government Accounting Rules and its measure of compliance is :

	2007		2006	
	Number	Value £(000)s	Number	Value £(000)s
Total bills paid 2006/07	96,742	82,817	95,427	79,623
Total bills paid within 30 day target	83,375	76,508	80,936	73,456
% of bills paid within 30 day target	86.2%	92.4%	84.8%	92.3%

Royal Group of Hospitals and Dental Hospital Health and Social Services Trust

Situated on an 80-acre site, The Royal Hospitals provides services to patients on both a local and regional basis. It is made up of four internationally known hospitals – the Royal Belfast Hospital for Sick Children – the only hospital in Northern Ireland dedicated solely to the care of children; the Royal Maternity Hospital, housing the regional Royal-Jubilee Maternity Service; the Royal Victoria Hospital, incorporating the regional trauma centre and the biggest intensive care unit in Ireland, and the Dental Hospital.

One in three families in Northern Ireland will have someone treated at one of its hospitals in any one year. Annually, there are over 100,000 new attendances at accident and emergency, almost 90,000 new attendances at outpatient clinics and over 70,000 admissions to ward and day surgery units.

Reducing our waiting times

In 2006/2007 the Royal Hospitals faced a very demanding series of targets to improve the access of patients to both elective and emergency care services. Specifically these targets were:

- To have no patients waiting for inpatient or day care treatment for longer than six months by 31 March 2007
- To have no patients waiting for a first outpatient appointment for longer than six months by 31 March 2007
- To have no patients waiting for a diagnostic investigation in any of the imaging services for longer than six months by 31 March 2007
- To have no patients waiting longer than twelve hours from arrival in our A&E departments to either admission or discharge by 31 March 2007
- To effect all simple discharges within twelve hours of the patient being pronounced medically fit and 50% of complex discharges within seventy-two hours by 31 March 2007

Pursuit of these targets was overseen by the access targets steering group which met weekly throughout the year. A number of sub-groups were also formed to address the detailed planning required to deliver each of these standards.

Inpatients and day cases

At the start of the year there were 1,076 patients waiting for longer than six months for inpatient or day case treatment. By the end of March this number was reduced to zero. This was achieved largely through careful management of in-house resources. In a small number of specialties however, where insurmountable capacity issues were faced, a number of patients were transferred to the independent sector for treatment.

Continuing our efforts to reduce the maximum waiting time even further, our task during the first half of 2007/08 was to maintain the six-month standard and make progress towards reducing the maximum wait to twenty-one weeks by the end of March 2008.

Outpatients

The scale of the task to achieve a six-month maximum wait for a first outpatient appointment was even more challenging for a number of reasons. Reducing inpatients and day case waiting times had been the focus of the Trust for a number of years but this year saw the first major effort to reform outpatients. Additionally there were a total of 28,000 patients waiting for longer than six months at the start of the year. Many patients in this group had been waiting for a number of years.

A monumental effort by Trust staff, in collaboration with other Trusts and a range of independent sector providers resulted in a reduction of 99.94% in the number of patients waiting more than six-months at year end.

In 2007/2008 we will be seeking to redesign the patient's journey from referral to outpatients and further reduce the maximum waiting time to thirteen weeks.

Diagnostics

The target of a six-month maximum waiting time for all imaging services was achieved.

In 2007/2008 imaging and all other diagnostic investigations will be delivered within a new standard of thirteen weeks by the end of the year.

Taking the elective journey as a whole, from GP referral to resolution of problem, including outpatient assessment, diagnostic investigation, and where necessary, inpatient or day case treatment, patients are now experiencing dramatically reduced waiting times and these waits are set to fall again during 2007/2008.

Emergency care

To improve the experience of patients requiring emergency treatment, the Trust worked to reduce the length of time patients spend in our A&E departments and the delays they experience in getting out of hospital after they have been pronounced medically fit.

We are at a much earlier stage in the reform of emergency services compared with non-emergency areas and much work needs to be done. On a positive note, we have been able to meet the 2006/2007 target for simple and complex delays. We have also managed to eliminate the vast majority of the very lengthy stays faced by patients in A&E - trolley waits as they were formerly known. We are clear, however, that we have a long way to go especially to achieve the March 2008 target of getting 95% of all A&E patients seen, treated and moved on within four hours.

New patient referral system established

In October 2006 The Royal Hospitals changed the way that it receives referrals. The new referral system applies to all four hospitals on the site - Royal Victoria Hospital, Royal Belfast Hospital for Sick Children, School of Dentistry and Royal Maternity Hospital. Three single points of referral have been established for all patients coming to the Royal – children, adults and dental patients.

Prior to its establishment, former Royal chief executive William McKee, invited practice managers from across Northern Ireland to a special briefing to explain what the new system will mean for GPs and others who refer patients to the Royal. Having three points of referral for the entire Royal means we can ensure that patients' waiting times start as soon as we know they need a consultation. Patients will then be seen in turn, according to the urgency as indicated by the consultant.

The new system will improve the quality of information we hold and patients will receive correspondence from the Royal within one day of the consultant grading their referral, either inviting them to arrange an appointment or informing them their referral has been received and giving them an indication of the waiting time.

Modernising and transforming our facilities

A ten-year redevelopment plan to transform The Royal Hospitals site continues to gather pace. Earlier this year phase 2a of the modernisation programme saw the most up-to-date imaging centre in these islands open – costing £22 million, the building houses the departments of nuclear medicine, radiology and cardiac imaging.



Former Health Minister Paul Goggins looks on as Adeline McCann, sterile services technician, prepares a tray for sterilisation



Dr Claire Armstrong, health and social inequalities manager, (back right) and Veronica McEneaney, health and social inequalities support manager (back left) with patient Kevin McShane and staff nurse Irene Magno at the launch of the Translated Welcome Pack



Consultant radiologist Dr Peter Kennedy using the new PACS facility

Royal leads the way in decontamination processes

A state-of-the-art central decontamination unit officially opened in June 2007 by former Minister for Health, Paul Goggins, has put the Royal at the forefront of hospital instrument decontamination processes.

The £11 million purpose-built unit houses one of the largest hospital instrument cleaning operations in the UK, and processes over 210,790 trays of surgical equipment every year. Instruments can be traced to a time, place, procedure, and patient, and sterilised for re-use in less than 24 hours.

Decontamination by numbers

- Temperatures reach 136°C in sterilisation process
- 12 sterilisers are used in the central decontamination unit
- 10 million germs are killed through the sterilisation process
- 0 human hands touch surgical instruments from when they are packed until opened in theatre
- There are 63 members of staff working in the central decontamination unit

Critical care facilities

McLaughlin & Harvey, one of Northern Ireland's leading contractors, has been appointed as the main contractor for the construction of the eleven-storey critical care building. Costing £95 million the facility will house an accident and emergency department, critical care unit, a new burns unit, theatres and an education centre.

Initial infrastructure work is underway. For example, to ensure safe patient access during construction of the building, the accident and emergency department has moved to a £3 million purpose-built temporary facility adjacent to the Royal Victoria Hospital.

Women and Children's Hospitals

The exemplar design for the new Women's and Children's Hospitals has been completed. The design was endorsed by the Trust Board of The Royal Hospitals and used as the basis of the submission of the Stage Two Outline Business Case to the Department of Health, Social Services and Public Safety.

Reflecting the wishes of the Women's and Children's user groups, the design of the proposed building successfully integrates both hospitals into a single phase development, covering three times the area of the existing hospitals, with an individual identity for each of the Women's and Children's elements. The project team presented the finished design to major stakeholder groups including patients, staff and the community at a series of information road shows across Northern Ireland.

Light boxes a thing of the past!

A new system which replaces the use of x-ray film and the need for light boxes has been rolled out across the Royal Victoria Hospital. The Picture Archive and Communication System – PACS – is part of a multi-million pound contract to provide, maintain and replace state-of-the-art medical equipment for monitoring, diagnosing and treating patients over the next fifteen years.

All radiology images are now accessible by computer rather than by film, allowing physicians to diagnose and treat patients more efficiently. Any PC connected to the hospital network is able to display any image acquired within the new imaging centre, including cardiology imaging such as echocardiograms and coronary angiograms.

The major advantage of PACS is that more than one copy of any radiology image is always available. It also means that inpatient x-ray images will be immediately available

to the radiologist for reporting, and the same image will also be available for the clinician on the ward. Other associated benefits include the use of a voice recognition system which should enable a more efficient report turn around time.

Breaking down barriers in patient communication

Patients at The Royal Hospitals who do not speak English proficiently can now communicate with staff in seventeen languages through an innovative Translated Welcome Pack developed by the Royal's Health and Social Inequalities department.

The Royal is seeing an increasing number of non-English speaking patients. Aimed at ensuring they do not experience barriers to healthcare and hospital services because they do not speak English, the pack contains a wide range of useful information including; a language identification card; a menu card and a welcome card providing information on hospital services and how to access an interpreter or inform staff of allergies or medicines they are taking as well important information regarding consent to treatment. There is also information on meal services, religious and spiritual needs. The pack also contains reference guidelines for staff working with minority ethnic patients which offers staff information on many aspects of the religious or cultural needs of patients during their stay in hospital.

The languages covered include Arabic, Bengali, Chinese, Chinese traditional, Czech, French, Hindi, Italian, Lithuanian, Polish, Portuguese, Romanian, Russian, Slovak, Spanish, Tetum and Ukrainian.

Meeting our financial targets

Despite enormous financial pressure in our last year as a self-managed Trust, The Royal Hospitals broke even on our £325 million budget. This was a massive achievement, during a time of major impending organisational change and continuously increasing costs associated with technological and clinical advances.

Funding is limited and costs need to be carefully controlled. In partnership with clinical colleagues, finance staff work hard planning how services are delivered and raising financial awareness so that unnecessary cost can be avoided and savings reinvested effectively.

One of our key challenges during 2007/08 was to achieve Ministerial access targets (waiting time for access to clinical care) while maintaining financial balance. In order to achieve this, the Trust implemented a number of initiatives, aimed at improving each step of the patient's journey from admission through to discharge so that patients do not spend more time in hospital than they need to. This has enabled us to treat the same number of patients for less cost, while maintaining our high standards of patient care and safety.

During our last financial year, as we prepared to join with the five other hospital and community Trusts in the Belfast area to become the Belfast Health and Social Care Trust, we embarked on a programme of work designed to effectively finalise our affairs and assure the Board of the new Trust that the Royal was being handed over with a clean bill of health.

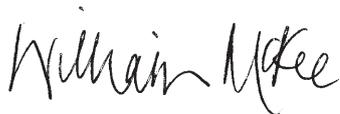
This current year and beyond will provide new financial challenges as well as the exciting opportunity to play our part in the development of an improved, cohesive and effective service so that members of the public can be assured that their money – and it is their money – is in safe hands!

Remuneration policy

1. The membership of the remuneration committee of The Royal Hospitals consists of the Chairman and the five non-executives.
2. The policy on remuneration of senior executives in The Royal Hospitals 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 includes accountability reviews for the areas they have responsibility for as well as individual appraisal and review and assessment. 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 organisational and personal objectives.
4. The relevant importance of the appropriate proportions of remuneration are 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 2006/07 all contracts were permanent.

Service contracts:

6. All senior executives in the year 2006/07 were on the new DHSS&PS Senior Executive Contract, and the terms and conditions are developed and determined by the Department of Health.



Mr William McKee
Chief Executive

Senior employees' remuneration

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

Name	2006-07		2005-06		2006-07			CETV at 31/03/07 £000	Real increase in CETV in CETV £000	
	Salary, including Performance Pay £000	Other Remuneration	Benefits in Kind (rounded to nearest £100) £	Salary, including Performance Pay £000	Benefits in Kind (rounded to nearest £100) £	Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000			CETV at 31/03/06 £000
Non-Executive Members										
A Balmer (Apr 06 - Jul 06)	5-10	0	0	20-25	0	0	0	0	0	
T Hartley	5-10	0	0	5-10	0	0	0	0	0	
F Caddy *	15-20	0	0	5-10	0	0	0	0	0	
J O'Kane	5-10	0	0	5-10	0	0	0	0	0	
M Culbert	5-10	0	0	5-10	0	0	0	0	0	
M Clarke-Glass	5-10	0	0	5-10	0	0	0	0	0	
*Non Executive director April 06 to September 06. Chairman Oct 06 to March 07										
Executive Members										
W McKee (Apr 06 - Oct 06)	70-75	0	0-2.5	105-110	0-2.5	17.5-20	180-185	675-680	790-795	75-80
H McCaughey (Apr 06 - May 06)	10-15	0	0-2.5	70-75	0-2.5	15-17.5	95-100	235-240	305-310	50-55
W Galbraith (Apr 06 - Dec 06)	60-65	0	0	65-70	0	7.5-10	40-45	90-95	125-130	25-30
M McBride (Apr 06 - Sep 06)	50-55	0	0	120-125	0	17.5-20	125-130	330-335	410-415	55-60
D O'Brien **	80-86	0	0	65-70	0	12.5-15	80-85	305-310	370-375	55-60
M Mallon (Apr 06 - Dec 06)	60-65	0	0-2.5	60-65	0-2.5	30-32.5	130-135	355-360	505-510	120-125
D Stockman	50-55	0	0	55-60	0	2.5-5.0	30-35	75-80	90-95	5-10
A Stevens (Sep 06 - Mar 07)	55-60	0	0	0	0	7.5-10	125-130	425-430	485-490	30-35
M Edwards (Dec 06 - Mar 07)	15-20	0	0	0	0	2.5-5.0	35-40	85-90	100-105	5-10
D McAllister (Dec 06 - Mar 07)	15-20	0	0	0	0	10-12.5	55-60	100-105	145-150	30-35
C McArdle (Oct 06 - Mar 07)	20-25	0	0	0	0	2.5-5.0	30-35	75-80	95-100	10-15
P Donnelly (Nov 06 - Mar 07)	20-25	0	0	0	0	2.5-5.0	130-135	495-500	545-550	10-15
** Director of Nursing April 06 to September 06. Chief Executive from October 06 to March 07										

The above figures include amounts paid in relation to an Industrial Tribunal case which was settled in 2006/07 and includes payments relating to a number of previous years.

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-2005 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSS 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 guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV - This reflects the increase in CETV funded by the employee and 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.

Royal Group of Hospitals and Dental Hospital HSS Trust Summary Financial Statements

The following pages represent a summary of the Trust's Accounts for the year ended 31 March 2007; the Accounts have received an unqualified audit opinion.

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 Auditor's Report for the year ended 31 March 2007.

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

Income and expenditure account for the year ended 31 March 2007

	2007 £(000)s	2006 £(000)s
Income	328,703	302,808
Expenditure	(320,710)	(295,513)
Surplus before interest	7,993	7,295
Interest Receivable	934	610
Less Interest Payable	(1,745)	(1,887)
Surplus for the financial year	7,182	6,018
Less Dividends Payable on Public Dividend Capital	(7,129)	(5,968)
Operational surplus before provisions	53	50
Provisions for Future Obligations	150	(681)
Retained (deficit)/surplus for the financial year	203	(631)
Break Even Position	53	50

Royal Group of Hospitals and Dental Hospital HSS Trust
Balance sheet as at 31 March 2007

	2007 £(000)s	2006 £(000)s
Fixed Assets	271,611	263,900
Current Assets	51,063	35,809
Creditors: Amounts falling due		
within one year	(54,083)	(48,029)
Net Current Liabilities	(3,020)	(12,220)
Creditors: Amounts Falling Due		
After more than one year	(17,915)	(19,621)
Provisions for Liabilities and Charges	(19,757)	(16,687)
Total Assets Employed	230,919	215,372
Financed by:		
Capital and Reserves		
Total Capital and Reserves	230,919	215,372

Approved by the Board and signed on its behalf on 28 June 2007 by:



Mr P McCartan
Chairman



Mr W McKee
Chief Executive

Royal Group of Hospitals and Dental Hospital Health and Social Services Trust

Statement of the Comptroller and Auditor General to the Northern Ireland Assembly

I have examined the summary financial statement of the Royal Group of Hospitals and Dental Hospital Health and Social Services Trust.

Respective responsibilities of the Trust, Accountable Officer and Auditor

The summary financial statement is the responsibility of the Trust and Accountable Officer.

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

I read the information contained in the Annual Report, and consider whether it is consistent with the summary financial statement. I consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement. My responsibilities do not extend to any other information.

Basis of opinion

I have conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board for use in the United Kingdom. My report on the Trust's 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.

Audit opinion

In my opinion, the summary financial statement is consistent with the full financial statements of the Trust for the year ended 31 March 2007 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.



JM Dowdall CB
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST BT7 1EU

16 July 2007

Transitional arrangements

The Audit Committee of the Trust discharged its responsibilities up to and including the 31 March 2007 at which point it ceased to exist. The Audit Committee received reports from the Internal Auditors in relation to all matters considered by them during the year 2006/07. It also received assurances in relation to the internal control systems and the levels of compliance with appropriate Controls Assurance Standards as required by DHSSPS, and identified any matters which were of sufficient importance to be advised to the Audit Committee of the Belfast Trust.

Based on this information the Audit Committee provided a written, signed Statement of Assurance to the Audit Committee of the Belfast Trust at its first Meeting in May 2007.

The full Statement on Internal Control is contained in the Annual Accounts of the Trust which are published.

The responsibility for audit of the Trust rests with the Northern Ireland Audit Office.

The senior management of the legacy Trust have continued, along with the Director of Finance of the Belfast HSC Trust, to have responsibility for the preparation of the accounts and annual report. The senior managers and Director of Finance have provided the auditors with all of the relevant information and documents required for the completion of the audit.

**Royal Group of Hospitals and Dental Hospital HSS Trust
Accounts for the Year Ended 31st March 2007**

Notes to the accounts

Management costs

	2007 £(000)s	2006 £(000)s
Trust Management Costs	11,839	10,991
Total Income	328,703	302,808
% of total income	3.60%	3.63%

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

Public sector payment policy – measure of compliance

The Department of Health, Social Services and Public Safety requires that Trusts pay their non HSS 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 :

	2007 Number	2007 £(000)s	2006 Number	2006 £(000)s
*Total bills paid	112,416	123,520	111,536	115,349
*Total bills paid within 30 day target	96,089	105,124	96,248	100,159
% of bills paid within 30 day target	85.5%	85.1%	86.3%	86.8%

*Bills paid within 30 days or under other agreed payment terms with the Trust

South and East Belfast Health and Social Services Trust

South and East Belfast Health and Social Services Trust was established in 1994. The following pages set out the final annual report for South and East Belfast Health and Social Services Trust for 2006/07.

Profile of South and East Belfast Trust

During 2006/07 the Trust provided health and social care services for around 205,000 people living in the south and east Belfast and Castlereagh areas.

Services were delivered by 3,800 staff from a range of locations as well as in clients' homes. Services included intensive home care services for highly independent adults, home care workers, meals services, day care for a range of client groups, district nursing services, physiotherapy, occupational therapy and podiatry. A full range of social work and residential services for elderly people, people with sensory impairment, learning and physical disability were also delivered.

Children's services staff helped provide child protection, adoption, fostering, residential care services, school health, health visiting, services for children with disability and community dental services.

Mental health services provided treatment and care services for both adults and children which included addiction services, brain injury rehabilitation, psychiatry, forensic services, acute inpatient services and psychotherapy services which includes eating disorder services.

Performance

During 2006/07 the Trust services supported a significant number of patients and clients. A summary of this activity is set out below.

	2006/07	2005/06	2004/05
Care management			
People supported at home through care management	935	898	891
People placed in residential homes			
Homes run by the Trust	167*	46	45
Homes run by the Voluntary Sector	99	89	52
Homes run by the Private Sector	92	78	77
People placed in nursing homes			
Homes run by the Voluntary Sector	22	18	29
Homes run by the Private Sector	286	381	321
Number of people receiving intensive homecare	63*	118	148
Number of district nursing contacts	127,389	164,104	153,562
Number of referrals made to community nursing	100,714 ¹	12,420	17,951
Number of home help hours	987,271	932,284	918,710
Children's services			
Number of children in foster care	163	165	168
Number of children placed with families	34	51	103
Number of children in residential care	26	36	21
Number of children placed for adoption during year	10	8	17
Complaints/compliments received			
Complaints received	401	294	252
Percentage resolved within 20 working days	75%	76%	58%
Compliments received	412 ²	324	400
Trust therapy services			
Physiotherapy referrals	7,998	8,420	7,556
Occupational therapy referrals	7,351	10,097	8,957
Speech and language therapy referrals	1,727	1,752	1,716
Podiatry referrals	2,995	2,854	2,657
Mental health services			
Hospital beds for patients with mental health problems at Knockbracken Healthcare Park	327	327	331
Number of outpatient attendances	16,607	15,396	9,368

* Figure as of 31 March 2007

¹ Figure shows number of contacts throughout the year

² Figure based on the first two quarters of 2006/07

Outpatient waiting times

The Trust met the Department of Health and Social Services outpatient target on 31 March 2007. No patient was waiting in excess of 6 months for a first consultant outpatient appointment by that date.

Direct payments

During 2006/07 the overall number of direct payment recipients in the south and east Belfast area rose from 61 to 82.

Elderly	11
Mental health	1
Learning disability	17
Physical and sensory disability	35

The total annual financial commitment was £560,000.

The Trust actively encouraged the uptake of direct payments across our services, through the continued roll out of direct payment staff training.

We also established a direct payments training team of four social workers to act as a resource to the programme on direct payments.

Complaints

All complaints received by the Trust were recorded, investigated and reported on in the manner required by the Department of Health Social Services and Public Safety complaints procedure. Complaints handling and outcomes were also scrutinised by a Board complaints sub-committee.

The complaints sub-committee was chaired by a non-executive Board member and included the Trust Board chairman, chief executive, the Trust's consumer relations officer and a representative of the Eastern Health and Social Service Council. It met quarterly during 2006/07 to discuss complaints received by the Trust and identify areas where improvements were indicated. It also monitored and quality assured the processes and procedures relating to the handling of complaints to ensure that staff were adequately trained to deal with them.

During 2006/07 the Trust received 401 complaints. Seventy five per cent of all complaints were resolved within 21 working days. During the same period Trust services and staff received over 400 formal compliments in the first six months of 2006/07.

Sickness absence performance

The Trust sickness absence level for 2006/07 was 6.71%.

The Trust's managing attendance forum met regularly during the year to monitor performance and to promote a culture of good attendance by championing best practice in relation to sickness absence management.

A rehabilitation policy is now operational and has proven very successful, helping staff who are absent from work due to ill health, to return at the earliest appropriate date.

We have also agreed to take part in a pilot project for a new sickness absence recording system. The pilot is expected to begin in the next couple of months and aims to improve accuracy and to quicken the process of receiving information centrally.

Achievements

During 2006/07 the Trust took forward a number of major developments which contributed to improving the health and social care services for the south and east Belfast and Castlereagh area.

A summary of the Trust's main achievements during 2006 /07 is outlined below:

- The Trust officially opened two new Community Treatment and Care Centres: The Arches Centre in east Belfast and The Bradbury Centre in south Belfast. This was a significant milestone for the Trust, bringing together a range of local community services under one roof. Construction began in Castlereagh in December 2006 on the third Community and Treatment and Care Centre.
- New services in the community to facilitate earlier hospital discharge for older people became fully established in 2006/07.
- Shannon Clinic, Northern Ireland's first regional medium secure mental health facility for people requiring intensive treatment and rehabilitation in a secure and therapeutic environment, became fully operational in November 2006, providing 34 beds.
- Five new integrated care teams for older people and physical disability were established, bringing together social care and occupational therapy staff. These new arrangements mean that clients now have a single point of access for a range of community services.
- The Trust has been at the forefront of the development of a new Person Centred Integrated Information System (PCIS) – an information system to support staff working in community mental health services. During 2006/07 the number of staff using the system reached almost 2000.
- In 2006/07 business cases for the following areas were completed:
 - Replacement of Shaftesbury Square Hospital
 - Development of a new community centre for Ballybeen, in partnership with Landmark East, which will provide new day centre accommodation for older people
 - Replacement of Cherryvalley Health Centre
 - Development of a new day centre for adults with a learning disability.

These schemes are now being considered for capital funding by the Eastern Health and Social Services Board and the Department of Health and Social Services:

- Refurbishment work on Rathlin Ward, at Knockbracken Healthcare Park, commenced to provide a significantly improved environment for patients
- The Trust, in partnership with the Department of Health and Social Services Strategic Investment Board, took forward the development of proposals relating to options for the future use of surplus estate on the Knockbracken site.

Partnerships with the community

Our commitment to engage in discussion and debate about our services was demonstrated on numerous occasions throughout the year.

In a variety of settings and on a range of issues we entered into dialogue and partnerships with individuals and organisations to help us, and them, better understand current local health and social care issues and help deliver improved and even better services.

Our annual public workshop attracted more than 150 individuals and organisations and provided us with direct feedback on many of our services and suggestions on improvements we might make.

The workshop allowed us to report on the progress we had made on issues raised the previous year, including the production of a service directory for older people.



The Arches Centre in east Belfast was opened in September 2006 by HRH Princess Anne



The Bradbury Centre in south Belfast is the second of the Trust's Community Treatment and Care Centres



Work began on the Trust's third Community Treatment and Care Centre, at Castlereagh, in January 2007

Financial performance

In 2006/07 the Trust again achieved its four financial targets:

	Achieved
• To achieve breakeven target	✓
• To achieve a 3.5% return on assets	✓
• To live within External Finance Limit (EFL)	✓
• To live within Capital Resource Limit (CRL)	✓

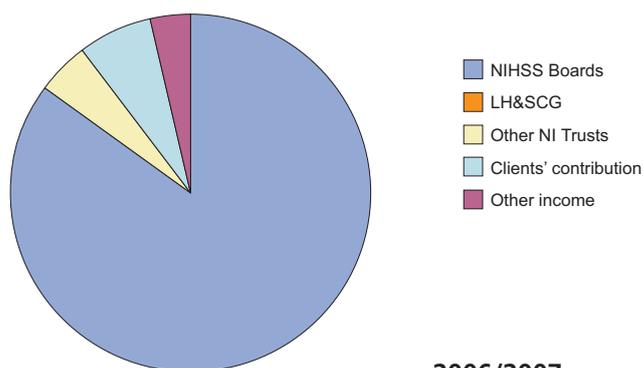
The summary accounts show that the Trust received a total income of £174 million with operating expenses of £170 million. After payment of interest and PDC dividend to the Department of Health, Social Services and Public Safety and receipt of investment income, there was an overall deficit for the year of £384 thousand. Last year's surplus was £58 thousand; accordingly on both an in-year and cumulative basis we have achieved our breakeven target.

Of the total income received, approximately 90% was from continuing activities provided to NIHSS Boards, other HSS Trusts and Local Health and Social Care Groups. The balance came from residential charges and other activities.

Expenditure was incurred in providing a range of services in the community, hospital and residential care both by ourselves and purchased from the private and voluntary providers. An analysis of expenditure shows the single largest share, at around 49%, was for our own staff costs whilst a further 31% was for residential and domiciliary care purchased from the private and voluntary sectors.

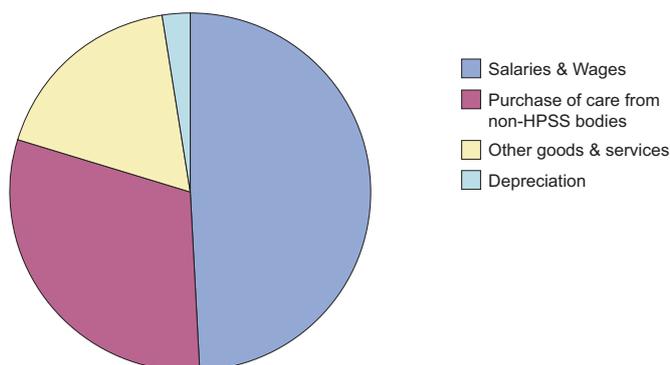
In addition, it is necessary on an ongoing basis to ensure that we comply with changes in legislation and to undertake maintenance and refurbishment of buildings and equipment. Part of the non-pay expenditure was incurred in these areas.

Analysis of income



	2006/2007 %	2005/2006 %
NIHSS Boards	85.27	85.52
LH&SCG	0.00	0.19
Other NI Trusts	4.53	4.25
Clients' contributions	6.87	6.36
Other income	3.33	3.68
	100.00	100.00

Analysis of expenditure



	2006/2007 %	2005/2006 %
Salaries & wages	49.18	48.91
Purchase of care from non-HPSS bodies	30.58	29.31
Other goods & services	17.89	19.58
Depreciation	2.35	2.20
	100.00	100.00

Cash flow and balance sheet

The Trust ended the year with £5.66m cash in the Bank. This balance represents the timing difference between the receipt of cash and the payment of operating expenses.

The Trust received a Capital Resource Limit of £1.05m. These resources were used to fund major building and development programmes and also the replacement of routine medical and other equipment.

During the year The Bradbury Centre was completed and opened, and building work commenced on the Castlereagh Community Treatment and Care Centre.

The total capital expenditure during the year was £3.9m.

Senior managers' pay

Pay for the Trust's most senior managers is determined, in line with DHSSPS guidance, by the Remuneration Committee which consists of the Chairman and Non-Executive Directors.

Pension liabilities

The Trust participates in the HPSS Superannuation Scheme's multi employer defined pension scheme.

Further details of the treatment of pension liabilities can be found in Statement of Accounting Policies Note above, and in the Remuneration Report within the Annual Report.

Management costs

The Trust management costs in 2006/07 represented 3.8% of its total income.

External audit services

The Northern Ireland Audit Office is the Trust's external auditor. The service has been tendered and KPMG were appointed last year. The Trust incurred £24k in audit service fees.

Mr Arthur O'Brien, KPMG and Mr Terry Woodhouse, NIAO, attend the quarterly Governance Committee meetings.

Related party transactions

During the year, none of the board members, members of the key management staff or other related parties has undertaken any material transactions with the South and East Belfast Health and Social Services Trust.

Remuneration policy

1. The membership of the Remuneration Committee of South and East Belfast HSS Trust consists of the Trust Chairman and three Non-Executive Directors (one of whom acts as Chairman of the Committee). The Trust's Chief Executive and Director of Human Resources attend meetings as required.
2. The Policy on remuneration for Senior Executives in South and East Belfast HSS Trust is the application of terms and conditions of employment as provided and determined by the Department of Health Social Services and Public Safety.
3. Performance of Senior Executives is assessed using a performance management system which includes accountability reviews for the areas they have responsibility as well as individual appraisal, review and assessment. Performance is then considered by the Remuneration Committee and judgements are made as to Senior Executive bandings in line with the Department Contract against the achievement of regional, organisational and personal objectives.
4. The importance of the relevant proportions of remuneration are set by the DHSSPS under the performance management arrangements for Senior Executives.
5. In relation to the policy for the duration of Contracts of Employment, all Contracts for Senior Executives in the Trust are permanent and have a notice period of three months

Service contracts

6. During the year 2006/07 four Senior Executives were on the 'new' DHSSPS Contract of Employment and four retained the 'old' Contract of Employment, the terms and conditions of which are developed and determined by the DHSSPS.



Mr William McKee
Chief Executive

Senior employees' remuneration

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

Name	2006-07		2005-06		2006-07			CETV at 31/03/07 £000	Real increase in CETV in £000
	Salary, including Performance Pay £000	Other Remuneration	Benefits in Kind (rounded to nearest £100) £	Salary, including Performance Pay £000	Benefits in Kind (rounded to nearest £100) £	Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000		
Non-Executive Members									
R Harris (Chairman)	20-25	0	0	20-25	0	0	0	0	0
A Grace	5-10	0	0	5-10	0	0	0	0	0
P Osborne	5-10	0	0	5-10	0	0	0	0	0
P Scott	5-10	0	0	5-10	0	0	0	0	0
Professor E Evason	5-10	0	0	5-10	0	0	0	0	0
L Drew	5-10	0	0	5-10	0	0	0	0	0
Executive Members									
Patricia Gordon	115-120	0	0	85-90	0	3 plus 8 lump sum	492	569	44
Norman Carson	90-95	0	0	75-80	0	2 plus 5 lump sum	722	763	32
Dr Paul Bell	135-140	0	0	90-95	0	1 plus 5 lump sum	554	620	29
Ray McGee	75-80	0	0	45-50	0	4 plus 11 lump sum	402	490	61
Stephen O'Brien	80-85	0	0	70-75	0	1 plus 2 lump sum	497	524	11
Senior Employees									
E Currie	75-80	0	0	65-70	0	1 plus 4 lump sum	546	598	26
Dr G Rankin	75-80	0	0	65-70	0	1 plus 4 lump sum	399	449	24
J Thompson	55-60	0	0	45-50	0	1 plus 3 lump sum	135	155	12
J Veitch	60-65	0	0	55-60	0	1 plus 4 lump sum	311	354	22
D Cochrane (Acting)	55-60	0	0	45-50	0	3 plus 8 lump sum	292	352	39

Dr Rankin transferred to Southern Health & Social Care Trust on 1 February 2007.

The above figures include amounts paid in relation to an Industrial Tribunal case, which was settled in 2006/07 and includes payments relating to a number of previous years.

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 members' accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the HSS 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 and framework 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.

South and East Belfast HSS Trust Summary Financial Statements

The following pages represent a summary of the Trust's Accounts for the year ended 31 March 2007; the Accounts have received an unqualified audit opinion.

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 Auditor's Report for the year ended 31 March 2007.

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

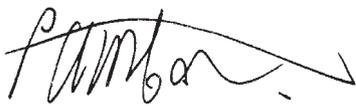
Income and Expenditure Account for the year ended 31 March 2007

	2007 £(000)s	2006 £(000)s
Income	174,240	161,981
Expenditure	(169,878)	(158,181)
Surplus before interest	4,362	3,800
Interest receivable	514	589
Less Interest payable	(1,016)	(1,093)
Surplus for the financial year	3,860	3,296
Less Dividends Payable on Public Dividend Capital	(4,244)	(3,238)
Operational deficit before provisions	(384)	58
Provisions for Future Obligations	35	(1,118)
Retained surplus/(deficit) for the Financial year	(349)	(1,060)
Break even position	(384)	58

**South and East Belfast HSS Trust
Balance sheet as at 31 March 2007**

	2007	2006
	£(000)s	£(000)s
Fixed Assets	160,990	155,545
Current Assets	14,541	10,466
Creditors: Amounts falling due within one year	(20,772)	(18,427)
Net Current Assets (Liabilities)	(6,231)	(7,961)
Creditors: Amounts falling due after more than one year	(10,885)	(11,832)
Provisions for Liabilities and Charges	(4,296)	(4,363)
Total Assets Employed	139,578	131,389
Financed by:		
Total Capital and Reserves	139,578	131,389

Approved by the Board and signed on its behalf on 28 June 2007 by:



**Mr P McCartan
Chairman**



**Mr W McKee
Chief Executive**

South and East Belfast Health and Social Services Trust

Statement of the Comptroller and Auditor General to the Northern Ireland Assembly

I have examined the summary financial statement of the South and East Belfast Health and Social Services Trust.

Respective responsibilities of the Trust, Accountable Officer and Auditor

The summary financial statement is the responsibility of the Trust and Accountable Officer.

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

I read the information contained in the Annual Report, and consider whether it is consistent with the summary financial statement. I consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement. My responsibilities do not extend to any other information.

Basis of opinion

I have conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board for use in the United Kingdom. My report on the Trust's 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.

Audit opinion

In my opinion, the summary financial statement is consistent with the full financial statements of the Trust for the year ended 31 March 2007 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.



JM Dowdall CB
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST BT7 1EU

17 July 2007

Transitional arrangements

The Audit Committee of the Trust discharged its responsibilities up to and including the 31 March 2007 at which point it ceased to exist. The Audit Committee received reports from the Internal Auditors in relation to all matters considered by them during the year 2006/07. It also received assurances in relation to the internal control systems and the levels of compliance with appropriate Controls Assurance Standards as required by DHSSPS, and identified any matters which were of sufficient importance to be advised to the Audit Committee of the Belfast Trust.

Based on this information the Audit Committee provided a written, signed Statement of Assurance to the Audit Committee of the Belfast Trust at its first Meeting in May 2007.

The full Statement on Internal Control is contained in the Annual Accounts of the Trust which are published.

The responsibility for audit of the Trust rests with the Northern Ireland Audit Office.

The senior management of the legacy Trust have continued, along with the Director of Finance of the Belfast HSC Trust, to have responsibility for the preparation of the accounts and annual report. The senior managers and Director of Finance have provided the auditors with all of the relevant information and documents required for the completion of the audit.

**South and East Belfast HSS Trust
Accounts for the Year Ended 31 March 2007**

Notes to the accounts

Management costs

	2007 £(000)s	2006 £(000)s
Trust Management Costs	6,583	6,311
Total Income	174,240	161,981
% of total income	3.8%	3.9%

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

Public sector payment policy – measure of compliance

The Department of Health, Social Services and Public Safety requires that Trusts pay their non-HPSS trade creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. The Trust's payment policy is consistent with both codes and rules and its measure of compliance is:

	2006/07		2005/06	
	Number	£(000)s	Number	£(000)s
*Total bills paid	65,801	84,001	63,435	82,274
*Total bills paid within 30 day target	63,821	82,965	60,040	80,503
% of bills paid within 30 day target	97.0%	98.8%	94.6%	97.8%



Belfast Health and
Social Care Trust

