

# Annual Report 2010/11

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





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# Chairman's Foreword

## Why you can trust Belfast Trust

Many families across Northern Ireland have had direct or indirect contact with Belfast Trust in the last year, either as patients, clients, visitors or carers. We have provided services to over one million patients either through our Emergency Departments, or as outpatients and inpatients. We continue to provide care at home for over 50,000 elderly or infirm and for mentally ill and people with learning disabilities. The vast majority of patients, clients, carers and visitors will have had a good experience of our services, but it tends to be the unsatisfactory experiences that make the headlines.

Here in the Trust we know that for every complaint we get we receive five compliments. But we know we must never be complacent and that we must learn from the times when we don't get it right. The Board of Directors has a responsibility to provide high quality safe care in an environment of accountability, openness and probity. It receives assurance through a very robust process, on how the risks to providing the best possible service are mitigated and managed. Our Trust Board's task is to continuously assess the safety and quality of our services, through patient and client experience, as well as the systems and processes by which we hold to account all of our staff. We identify any areas of concern and instigate improvements. We address any under-achievements, seeking to learn and improve our monitoring and decision making, while at the same time answering for our performance to the Health and Social Care Board, to the Regulation, Quality and Improvement Authority and to the Minister and Department of Health, Social Services and Public Safety.

I can therefore say with confidence that I am pleased to present this the fourth annual report for Belfast Trust. In only four years we have travelled a long way. Firstly, in a very testing environment the Trust has broken even financially while continuing to provide a high quality responsive service, yet we have achieved savings of £110m in our recurrent spend over the past three years. The reality is that we will continue to work with limited resources to meet increasing demands for the next few years at least but I am confident that we are able for the challenge, and will always give our best efforts to providing a good safe service.

During the year I was particularly pleased to see the high level of entries for the Chairman's Awards, which

recognised innovation. I was struck by the ingenuity and commitment of staff to find ways of making the patient or clients experience better.

We are corporate parents to over 600 children some of whom leave school with fewer GCSEs than their peers. An innovative partnership between the Trust, Include Youth and Opportunity Youth has been set up in order to bridge the gap, aiming to see each young person become independent, and employed.

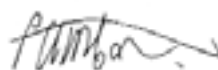
It is clear the Trust also has an ethos of public service which permeates the organisation, and I believe that the people who work in Belfast Trust are there because they want to make a difference.

I would like to record my sincere thanks to my Non-Executive colleagues on the Board of Directors, also the Executive Team, ably led by Chief Executive Colm Donaghy who took up the post in October following the retirement of William McKee. Those who have left during the year have given us a legacy of service and commitment, and those who have joined us will no doubt bring their talents to bear as the Trust continues to face changing and challenging times.

The pages that follow in this report catalogue another memorable year for the Trust, and give a flavour of the wide ranging support that we provide to the entire population of Northern Ireland. Working for patients and clients ranges from high end cardiac surgery to ensuring that people can access our car parks when coming into hospital, from providing care packages that enable people to stay in their own homes, to making sure that patients are kept warm, safe and fed while they are in our hospitals. Anyone who needs to use any of our services can rest assured that we will continue to do our best for them, and will put all our efforts into making things better.

That is why you can trust the Belfast Trust.

Signed



Date 2 June 2011

Pat McCartan  
Chairman  
Belfast Health and Social Care Trust



# Chief Executive's Report

## Getting it right for patients and clients

We continue to live in times of opportunity, challenge and change. Staff in Belfast have continued to focus on improving care for patients while coping with continued and increasing economic and financial pressure. We have also come through another long winter with excessively cold temperatures.

Our focus must continue to be that we at all times strive to get it right for all our patients and clients. In the last 12 months we have treated 109,851 elective inpatients and day cases, seen 175,878 new outpatients, provided 3,542 care packages and we were corporate parents of 620 children in care.

Since taking up the post of Chief Executive in the Trust last year I have been impressed by the calibre of staff in Belfast Trust exemplified by their willingness and ability to meet challenges, not least their response to an incredibly cold and icy winter. Staff braved the conditions to make sure that our Emergency Departments remained open and a 24 hour a day, seven day a week service was maintained for our clients in the community as well as hospital. It is true that people may have had to wait longer than we would like, and also our journeys to clients in the community may have taken a little longer; but our staff kept delivering care throughout the worst of conditions. During the ensuing thaw our buildings were affected by the disruption to the water supply, however we managed to maintain a normal service, thanks to the Estates staff, who worked day and night to keep services running. Belfast City and Musgrave Park hospitals were also fortunate to have their own bore holes which helped with water supplies.

Getting it right for patients and clients means continuing to provide a safe service. Infection control remains a priority for us, and I am pleased that great work has been done in this important area. For example our renal dialysis unit in the Belfast City Hospital which provides treatment for around 240 patients each week has now been free from MRSA infection for well over a year.

In planning how our services develop, we continue to ask the public to tell us how and where they want to see healthcare delivered. High quality engagement with patients, clients, service users, carers and the public will have a positive impact on the delivery of services. Effective involvement is central to the

delivery of quality care and can lead to improvements in the experience of people using our services. This year we completed a major consultation on the delivery of acute services throughout the Trust. I am encouraged

by the level of support received for our proposals. We will continue to strive to get better connected with local communities, and engage patients and clients well before the formal consultation processes take place.

We have further developed our partnerships with a range of organisations to tackle wider health and social inequalities. These partnerships enable us to make earlier interventions to prevent people getting sick and potentially developing conditions that have a long term impact on their health and well being. This year we have been a partner in the European Commission funded project on migrant health, called Healthy and Wealthy Together. In December 2010, as part of this project, we published 'Barriers to Health: Migrant Health and Wellbeing in Belfast'. It identified that the number one health problem for migrants living in Belfast is access to services and we are working with leaders in the migrant community to improve access to services.

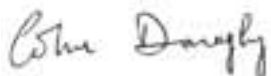
We have continued to take responsibility for the environmental impact of the Trust, and have made efforts to reduce our carbon footprint. In fact the Trust Board has adopted a reduction in our carbon footprint as one of seven key actions in its core strategy for addressing inequalities in health for the population it serves. This year we installed a utilities auditing system where data is collected from each energy and water meter every half hour and provides information on how energy and water is being used in our facilities. This identifies areas of waste and opportunities for improvement.

Staff are our most valuable resource and I am pleased to report that we are continuing to develop our staff at all levels. The Trust's leadership and management strategy was launched in the autumn. It sets out the skills, competencies and behaviours required of Belfast Trust managers in the demanding world that is health and social care today. Our Unleashing Talent Passport also won a national award for innovation.



# Chief Executive's Report

In the last three years covering the most recent Comprehensive Spending Review period we have made the significant savings required of us while continuing to deliver high quality safe care. As a result of tremendous efforts by staff at all levels we have been able to achieve our legal duty of not spending more than we receive as income, and have therefore broken even this year. We know that we can look forward to even greater financial challenges in the coming months. However the financial challenges ahead will give us the opportunity to make changes that we know will modernise services and benefit the population we serve.

Signed  Date 2 June 2011

Colm Donaghy  
Chief Executive  
Belfast Health and Social Care Trust

# Directors' Report

Belfast Trust touches the lives of many thousands of people. We deliver integrated health and social care to approximately 340,000 citizens in Belfast and part of the Borough of Castlereagh. We also provide a range of specialist services to all of Northern Ireland.

With an annual budget of around £1bn and a workforce totalling 19648 (full time and part time) we are one of the largest Trusts in the United Kingdom.

In our hospitals in 2010/11 we saw 175,878 new outpatient appointments and treated 109,851 elective and day-case patients. We delivered 6,500 babies and treated over 1,000 chest infections.

In the community we are corporate parents to 620 children in care, the majority in foster care. We are delivering 3,542 care management packages through residential, nursing home and domiciliary care.

The Trust came into existence in April 2007. It was formed under the Belfast Health and Social Services Trust Establishment Order Northern Ireland 2006 and is responsible for the services formerly delivered by six Trusts which were merged on 31 March 2007. These Trusts were: Belfast City Hospital Health and Social Services Trust; Green Park Health and Social Services

Trust; the Mater Health and Social Services Trust; North and West Belfast Health and Social Services Trust; South and East Belfast Health and Social Services Trust, and The Royal Group of Hospitals and Dental Hospital Health and Social Services Trust. From April 2009 it also took responsibility for the management of the Regional Medical Physics Agency.

## Board of Directors

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

It continues to revise its executive management structures as personnel change, to ensure the delivery of the highest performance and professional standards. The Board, until March 2011 was constituted as follows:

<b>Chairman</b>	<b>Mr Pat McCartan **</b>
<b>Non-Executive Directors</b>	Ms Joy Allen * ** Mr Les Drew * ** Professor Eileen Evason * ** Dr Val McGarrell * ** Councillor Tom Hartley * ** Mr Charles Jenkins * ** Mr James O'Kane * **
<b>Executive Directors</b>	
Chief Executive	Mr William McKee to 30/09/10 Mr Colm Donaghy from 1/10/10
Director of Social and Primary Care	Ms Bernie McNally
Medical Director	Dr Tony Stevens
Deputy Chief Executive and Director of Finance	Mrs Wendy Galbraith to 30/09/10
Director of Finance	Mr Martin Dillon from 10/11/10
Director of Nursing and User Experience	Ms Brenda Creaney

\* Member of Audit Committee

\*\* Member of Remuneration Committee

# Directors' Report

## Directors

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

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

A declaration of Board Members interests has been completed and is available on request from the Chief Executive's office, Belfast Health and Social Care Trust Headquarters, A Floor, Belfast City Hospital, 51 Lisburn Road, Belfast, BT9 7AB.

## Governance

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

- a schedule of matters reserved for Board decisions;
- a scheme of delegation, which delegates decision making authority within set parameters to the Chief Executive and other officers;
- standing orders and standing financial instructions;
- an Audit Committee;
- an Assurance Committee;
- a Remuneration Committee;
- a Complaints Review Committee.

The Trust Board has an approved an Assurance Framework and a Risk Management Strategy which were revised in June 2010 to take account of new Department of Health Social Services and Public Safety (DHSSPS) guidance. The Assurance Framework outlines the Chief Executive's overall responsibility and accountability for risk management. The governance arrangements of the Trust are audited on a yearly basis by both internal and external Auditors' to ensure that they are fit for purpose.

The executive and senior management of the Trust, along with the Director of Finance of the Trust have responsibility for the preparation of the accounts and Annual Report. The executive and senior managers and Director of Finance have provided the auditors with all relevant information and documents required for the completion of the audit. The responsibility for audit of the Trust rests with the Northern Ireland Audit Office.

The Chief Executive has confirmed there is no relevant audit information of which he and the Trust's auditors are unaware. A full Statement on Internal Control is available from the Chief Executive's office. In addition to the notional auditor's remuneration of £85,485, the Trust, during the year paid £3,276 to its external auditor, the Northern Ireland Audit Office in respect of work carried out on the National Fraud Initiative.

## Integrated Delivery

During its third year of operation – 2009/10 - Belfast Trust reviewed and refined how best to meet its changing reporting and accounting expectations, as well as the changing expectations of the Trust's service users. In working to deliver acute and community services the Trust has four key Service Groups supported by Corporate Services. These are:

- Acute Services incorporating medicine and surgery, trauma and orthopaedics, cardiovascular and specialist surgery, neurosciences and ENT, imaging
- Cancer and specialist Services incorporating Cancer Services, Nephrology and Transplant Services, Rheumatology, Dermatology and Neurorehabilitation Services, Therapy & Therapeutic Services, Pharmacy, Medical Physics and Laboratory Services
- Social and Primary Care Services incorporating mental health, learning disability, family and childcare, older peoples services, and physical disability
- Specialist Hospitals and Child Health incorporating child health, maternity and women's services and dental services.

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

# Directors' Report

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

## Absenteeism

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

While the Trust did not achieve the Ministerial target of reducing absence levels to 5.2% by March 2011, we have a reported absence level of 5.79% for the period 1 April 2010 to 31 March 2011. This represents a significant improvement on performance from the previous year, 1 April 2009 to 31 March 2010, when the recorded absence level stood at 5.97%.

During the past year we have introduced a new attendance management protocol, which assists managers and staff to manage absence more effectively. We have developed and delivered bespoke training programmes in the management of absence, as well as enhancing occupational health resources available to address musculo skeletal related absence. We have also implemented a range of projects to address issues of mental health related conditions in the workplace.

## Reporting Loss of Personal Data

Information governance is a key issue for the Trust and is fundamental to the effective delivery of health services. The Trust collects and uses considerable quantities of information for clinical, social care, administrative, research and planning purposes, each of which contributes to the services that patients and clients receive.

Without effective and trusted arrangements for handling information and other sensitive data the ability of the Trust to provide high-quality services would be severely compromised. We recognise the increased public awareness of data protection issues and continue to monitor the loss of personal, sensitive or confidential information through the serious adverse incident process and by regular reporting to the Trust's Information Governance Board (IGB).

In 2010/11 the Trust reported three incidents of data loss to the Information Commissioners Office. Learning from these and other incidents is communicated throughout the Trust and incorporated where necessary in new operational procedures and training. The Trust is determined to implement the lessons learned from the recent incident on the Belvoir Park site. The Trust takes its responsibilities with regard to data protection very seriously and recognises the substantial public concern that arises in such incidents. The Trust continues to implement measures to reduce the risk of data loss in general by the use of encryption of mobile devices, improving physical security, providing more secure ways of working, encouraging prompt reporting of incidents as they occur and by ongoing staff communication training and awareness raising measures.

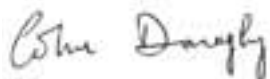
## Controls Assurance

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

There are a total of 22 Controls Assurance Standards which have been developed by the Department of Health Social Services and Public Safety for Northern Ireland to support the embedding of governance and risk management throughout the organisation. Each standard requires a narrative, a compliance score and an action plan along with evidence to substantiate this information.

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

The 2010-11 controls assurance process indicates that last year's achievement of substantive compliance against all 22 standards will be maintained with certain standards increasing the overall level of compliance further. This sustained progress reflects the extensive ongoing work throughout the organisation to embed processes covered by these standards.

Signed  Date 2 June 2011

Colm Donaghy, Chief Executive

## Management Commentary

### Safety & Quality

### Modernisation

### Partnerships

### People

### Resources

#### Infection prevention and control

Belfast Trust remains firmly committed to the reduction of healthcare associated infections (HCAIs). Last year Clostridium difficile infections reduced by 15% and MRSA bacteraemias by 22%.

Multiple initiatives have been introduced and rolled out in the ongoing battle against HCAIs. As well as continuing the focus on hand hygiene and care of invasive devices through the high impact interventions programme, there is a regular declutter and deep cleaning programme to ensure care is delivered in a clean and safe environment. During National Infection Control Week an additional “Scrub the Hub” campaign to reinforce meticulous care of central and peripheral vascular catheters was run.

A Trust-wide education programme to enhance aseptic non-touch technique continues and staff are reminded about transmission based precautions and equipment cleaning through the introduction of highly visual standardised posters.

Renal dialysis patients are at an additional risk of MRSA infection, and our renal unit has had particular success in reducing MRSA blood stream infections. Through the continuous application of good infection prevention and control practices, no dialysis unit patient has had an MRSA bacteraemia for sixteen months.



#### Haemodialysis unit MRSA free

The haemodialysis unit in the Belfast City Hospital provides haemodialysis for a maximum of 240 patients three times a week.

To reduce the numbers of reported patients with MRSA bacteraemia and improve patient outcomes, nursing staff in the dialysis unit have put a series of measures in place to improve the quality of care to their patients.



- a standardised unit policy for the wearing of Personal Protective Equipment (PPE)
- a standard procedure for the connection to and disconnection from dialysis
- training and assessment of all nursing staff on the new standardised connect/disconnect procedure
- introduction of Chloroprep® for dialysis procedures
- introduction of a hand hygiene audit tool
- introduction of renal catheter High Impact Intervention (HII) bundles
- pathway for problem solving of blocked haemodialysis catheters
- three monthly MRSA screening programme for all patients receiving haemodialysis
- introduction of MRSA care pathway for MRSA colonised patients
- cohorting of MRSA colonised patients and identifying this as a Restricted Area
- wearing of yellow coloured aprons for restricted areas in keeping with the National Colour Coding – Safer Practice (Notice 15, 2007)

A number of key successes have been achieved by the team:

# 2010/11 Annual Report

Safety & Quality	Modernisation	Partnerships	People	Resources
<ul style="list-style-type: none"> <li>• no MRSA bacteraemia has been reported in <b>1 year and 63 days</b></li> <li>• reduction in the number of reported MRSA by <b>20%</b> and MSSA by <b>30%</b></li> <li>• all nursing staff competent in the new practice changes for the connection and disconnection of patients from haemodialysis</li> <li>• wearing of PPE has been embedded into practice</li> <li>• hand hygiene audits are consistently achieving <b>100%</b> compliance</li> <li>• renal catheter high impact intervention bundles are consistently achieving <b>100%</b> compliance.</li> </ul> <p>The last reported MRSA bacteraemia in the haemodialysis unit was on the 26th November 2009. Through a continuous process of development, implementation and evaluation, the new practice changes are embedded into clinical practice. Nursing staff are constantly alert to sustain these standards within the haemodialysis unit and to date there has been no MRSA bacteraemia for 1 year and 63 days.</p> <p><b>Complaints management</b></p> <p>We recognise there are times when our patients, clients, and their families will feel unhappy with the service we have provided. To that end, we welcome any complaint and the opportunity it gives to raise the quality of our services. Complaints help us identify where we have service shortfalls and areas in which we can improve. This year we received 6,102 compliments – in the form of cards, letters and 1,443 complaints.</p> <p>The Complaints Review Committee continues to meet on a quarterly basis to review complaints received and monitor lessons learned and any actions taken.</p> <p>The Complaints Department has developed a number of training packages for staff. One of the most popular is the investigation and response writing that is provided by Dr Val McGarrell a non executive director of the Trust and joint chair of the complaints review committee. This session is informative, practical, and very well received by staff.</p>				
<p><b>Teacher of the year award</b></p> <p>Angela Derby has been teaching British Sign Language to Trust staff since 1998 and approximately 144 staff from different Trust departments have successfully completed Level One Certificate in BSL.</p> <p>Last year she was awarded Northern Ireland Regional School Teacher of the Year, in a series of awards launched to recognise those who have made an outstanding contribution to improving communications and access for deaf and blind people. Senior practitioner from the Bradbury centre, Dr Aidan Best said, 'We are proud of Angela's achievements, it was a great privilege for Angela to be recognised as Teacher of the Year for Northern Ireland 2010 and is an award that she truly deserved.</p> <p>'She is a valued and respected member of the Sensory Support Team and her input to the development of services for deaf service users is acknowledged by her colleagues and service users. Her knowledge of the deaf community and needs of deaf service users has informed the practice of her colleagues within the sensory support team and other Trust staff.'</p> <p>Angela has been involved in the design and production of training videos/DVD's and materials which have been used to promote deaf awareness within the Trust and wider community. She will be working with the Trust complaints department in the future on a DVD to inform staff and users of the Trust complaints procedures.</p>				

# 2010/11 Annual Report

## Safety & Quality

## Modernisation

## Partnerships

## People

## Resources

### Emergency planning

It is vital that Belfast Trust is prepared to deal with emergencies. We therefore produce and regularly update our plans to deal with major incidents. Learning from recent exercises and incidents we have developed major incident and mass fatalities plan, which was implemented in March 2011.

Our community emergency response team plan was updated in July 2010. This plan provides guidance on the Trust response to a community based major incident, and this plan was tested as part of a live airport exercise in October 2010.

In addition, we are developing an overarching corporate business continuity plan which was implemented in April 2011.

We are in the process of updating its pandemic plans, and the updated plan was circulated for consultation in April 2011.

### Rapid response to community emergencies

The role of the Trust Community Emergency Response Team is to provide back-up support to the emergency services during a major incident; and practical support to those affected by an incident and their relatives and friends. In recent months the team has had to respond to a series of bomb hoaxes throughout the city that left individuals and families out of their homes for hours and, in some instances, overnight. Community centres and church halls have been used as Emergency Support Centres and Trust staff have worked with Belfast City Council staff to ensure that the people affected are provided with food and shelter until it is safe to return to their homes.

Sadly we have had to respond to real major incidents such as the recent Cork air crash, where we established a Friends and Relatives Centre at Belfast City Airport to provide support to families of the casualties.

Staff on the Community Emergency Response Team are all volunteers with busy substantive



posts within the Trust.

### Learning Disability

The Big Plan was launched this year. It is an easy read service plan in a specially accessible format for people with a learning disability. The plan sets out in the things that the service will do to improve the lives of people with a learning disability and their carers in the Belfast area. It is the corner stone of our continuing efforts to improve how we communicate and engage with people with a learning disability who use our services.

The Regional Autistic Spectrum Disorder Network (RASDN) was established to take forward the DHSSPS ASD Strategic Action Plan 2008/09 – 2010/11 (June 2009). The action plan was developed in response to the recommendations outlined in the independent review of autism services across Northern Ireland set up by the Minister for Health (NI) in 2007. A new regional care pathway document for children is near completion by RASDN. Belfast Health and Social Care Trust has implemented all the recommendations from the most recent draft of this document and in doing so has progressed from a modernisation position to demonstrating innovative practice. A new model for diagnosis and intervention (0-18 years) is emerging in Belfast and we have already centralised waiting lists, with single points of referral. The long waits for diagnosis have been tackled and we are now meeting the Priorities for Action targets for diagnosis and intervention.

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## Safety & Quality

## Modernisation

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One of the requirements of RASDN is that we work closely with the reference group.<sup>1</sup> The Belfast reference group members have contributed significantly in the last quarter. The shared thinking has allowed the Trust to make more informed decisions about how we best offer services in the future using a multi agency approach. The reference group are invited to attend all meetings that involve service planning and design. A multi agency group meet monthly and are committed to providing quality services which are responsive to the needs of children with autism and their families. This new sharing of responsibility and increased communication is a challenge for staff and yet families are already reaping the benefits of a system that is negotiated for them.

<sup>1</sup> The N.I. ASD Reference Group will be comprised of (a) the Chair and (b) a Committee primarily based upon parents/carers, where possible service users (or their advocates) and also the voluntary sector.

# 2010/11 Annual Report

Safety & Quality	Modernisation	Partnerships	People	Resources
<p><b>Performance against Standards and Targets</b></p> <p>The Trust had a wide range of challenging standards and targets to meet in 2010/11, which were set out in the Department of Health's Priorities for Action document. We met the targets and standards in a number of areas. However, for a variety of reasons (some of which were outside the control of the Trust) a number of targets/standards were not achieved during the year.</p> <p>We are continuing to work hard to improve performance in areas that did not reach the standards and targets in 2010/11.</p> <p>A summary of performance against key standards and targets is set out below:</p> <div> <p><b>Targets / Standards - Quality and Safety</b></p> <p>In the year to March 2011, the Public Health Agency and Trusts should secure a further reduction of 20% in MRSA and C.difficile infections compared to the position in 2009-10.</p> </div> <p><b>Performance</b> - Due to a huge effort by staff across the Trust, we achieved both these targets for healthcare acquired infections. In 2010/11, we had 186 fewer cases of C Diff.and MRSA in our hospitals compared to the previous year. This was a 20% reduction in cases across the organisation. This was a significant achievement and reflects the strong focus within our hospitals on infection control measures.</p> <div> <p><b>Targets / Standards – Modernisation and Reform</b></p> <p>Elective access - by March 2011, the HSC Board and Trusts should ensure no patient waits longer than 9 weeks for a first outpatient appointment and 9 weeks for a diagnostic test, the majority of inpatients and daycases treated within 13 weeks and no patient waits longer than 36 weeks for treatment. During 2010-11, Trusts should take steps to ensure review patients are seen in a more timely fashion; from March 2012, all reviews should be completed within the clinically indicated time.</p> </div>		<p><b>Performance</b> - During 2010/11, 175878 patients attended for new outpatient appointments. We also treated 109851 elective inpatient and day cases. While many of these patients were seen within the target times above, the Trust was not able to offer all patients appointments and treatment within the 9/13/36 week standards.</p> <p>During the year, the Trust had regular discussions with the HSC Board about the specialities that, for a number of reasons (some of which were outside the control of the Trust), could not achieve the waiting times set out in PFA. Taking account of this, the HSC Board and the Trust agreed what the waiting times position would be at the end of March 2011 for those specialities that could not achieve 9/13/36 weeks.</p> <p>In relation to outpatients, the Trust achieved these waiting time positions in most specialities.</p> <p>In relation to inpatient and day cases, the maximum waiting time of 36 weeks was achieved in most specialities.</p> <p>Whilst a large number of patients were seen within the waiting time standards, the Trust regrets that many patients had to wait longer than desired. We are committed to continuing to work with our HSC Board colleagues to address the challenges that need to be overcome to bring the waiting times down in 2011/2012.</p> <div> <p><b>Fracture services</b></p> <p>- from April 2010, the HSC Board and Trusts should ensure 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment.</p> </div> <p><b>Performance</b> - Seasonal variation in demand for fracture services makes it difficult for the Trust to achieve this standard. As was the case in 2009/10, performance this year was impacted on by the extremely cold weather spell, which led to a sharp increase in admissions.</p>		

# 2010/11 Annual Report

Safety & Quality	Modernisation	Partnerships	People	Resources
<p>Nevertheless, we are encouraged by improvements to the service which have been delivered in the past year as a result of the hard work of the fractures team. During March 2011, 92% of patients were treated within the 48 hour standard compared to 68% in March 2010. The performance for 2010/11 as a whole was 81% compared to 70% in 2009/10. The Trust continues to review systems and processes to ensure we sustain the improved performance in 2010/11 and to work towards further improved performance in 2011/12.</p>				
<div> <div> <b>Cancer services</b> <ul style="list-style-type: none"> <li>- from April 2010, the HSC Board and Trusts should ensure all urgent breast cancer referrals are seen within 14 days, 98% of cancer patients commence treatment within 31 days of the decision to treat, and 95% of patients urgently referred with a suspected cancer begin their first definitive treatment within 62 days.</li> </ul> </div> <div> <b>Accident and Emergency services</b> <ul style="list-style-type: none"> <li>- from April 2010, HSC Board and Trusts should ensure 95% of patients attending any A&amp;E department are either treated and discharged home, or admitted, within four hours of their arrival in the department. No patient should wait longer than 12 hours.</li> </ul> </div> </div>				
<p><b>Performance</b> - Over the year 3034 breast cancer patients were seen and of this 81% were seen within the 14 day standard. A small number of patients waited longer than 14 days for their appointments. This was due in the main to staff shortages during the year. The Trust recognises that this longer waiting time can cause anxiety for patients and we are working to ensure we return to 100% compliance against the target in 2011/12.</p> <p>In March 2011 97% of cancer patients had their treatment commenced within 31 days of the decision to treat being taken. Urological and a very small number of thoracic cases comprised the majority of the breaches relating to this target. In the case of urology, a major investment has been agreed with the Board and is in the process of implementation. This will increase the Trust's capacity to treat patients in a more timely way.</p> <p>In relation to the 62 day standard, Trust performance in March 2011 was 75%. Issues which have affected our performance against this standard included the following. Many of the</p>				
<p>breaches relate to patients who began their journey outside this Trust before being transferred in to us. There is no doubt that we need to work with other Trusts to make this transfer process smoother and timelier. Also as the regional centre for cancer, we deal with a lot of very complex cancers involving complex diagnostic and treatment pathways. Head and neck and upper gastro intestinal cancers are examples. We will work hard to improve our pathways in relation to these patients going forward with the aim of improving performance against the standard.</p> <p><b>Performance</b> - Performance against this standard during 2010/11 has fluctuated with the season, peaking at 78% during the summer months but dropping to 65% at the height of the winter pressures season; roughly in line with the performance during 2009/10. Despite a huge effort by staff to modernise systems and processes, we are disappointed that we have not been able to make progress towards the A&amp;E 95% standard during 2010/11.</p> <p>The Trust remains committed to improving performance in this important area and we are continuing to take forward reform initiatives which we believe will support improvement in 2011/12.</p>				

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<p><b>Hospital discharges</b></p> <ul style="list-style-type: none"> <li>- from April 2010, the HSC Board and Trusts should ensure that 90% of complex discharges take place within 48 hours, with no discharge taking longer than seven days. All other patients should be discharged within six hours of being declared medically fit.</li> </ul> <p><b>Performance</b> - The Trust performed well against the standard, achieving over 73% of patients discharged within 48 hours in most months during the year. A small number of patients each month, assessed as fit for discharge waited longer than the 7 day standard. Some patients cannot be discharged quickly if the right care placement is not available, and capacity in the community services is not always immediately in place at the time of discharge. Some very complex patients have long-term care needs that require careful planning before discharge. We are continuing, however, to work hard on improving pathways for patients to intermediate and long-term care in the community to improve performance.</p>		<p><b>Assessment of children at risk and in need</b></p> <ul style="list-style-type: none"> <li>- from April 2010, the HSC Board and Trusts should ensure the following child protection (allocation of referrals) - all child protection referrals are allocated within 24 hours of receipt of the referral</li> </ul> <p><b>Performance</b> - In all but one case throughout the year this standard was met. The one breach resulted from unique circumstances outside of the control of the Trust.</p>		
<p><b>Children in care</b></p> <ul style="list-style-type: none"> <li>- from April 2010, the HSC Board and Trusts should ensure children admitted to residential care have, prior to their admission, been the subject of a formal assessment to determine the need for residential care had their placement matched through the Children's Resource Panel process.</li> </ul> <p><b>Performance</b> - During the year most of the children admitted to residential care had their admission matched through the Children's Resource Panel, prior to admission. In some exceptional circumstances (eg. emergencies) however, children have to be admitted to residential care before a Resource Panel can be convened.</p>		<p><b>Mental Health services</b></p> <ul style="list-style-type: none"> <li>- Unplanned admissions; by March 2011, the HSC Board and Trusts should take steps to reduce the number of admissions to acute mental health hospitals by 10%.</li> </ul> <p><b>Performance</b> - During 2010/11 there were 19% fewer admissions to our acute mental health beds compared to 2009/10. The Trust, therefore, achieved the target. The performance reflects the range of services now available to enable parents, where appropriate, to be cared and treated in a community setting, rather than through admission to hospital.</p>		
		<p><b>Disability Services</b></p> <ul style="list-style-type: none"> <li>- by March 2011, resettle 26 long-stay patients from learning disability hospitals to appropriate places in the community compared to the March 2006 total. By March 2011, the HSC Board and Trusts should ensure a 13-week maximum waiting time for all wheelchairs, including specialised wheelchairs.</li> </ul> <p><b>Performance</b> - The Trust made significant progress towards the resettlement target with 19 patients resettled during the year. A total of 23 have now been resettled since March 2006 compared to a target figure of 26. We continue to work in collaboration with our commissioners to maximise the resettlement of patients in line with available resources.</p>		

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<p>In relation to wheelchairs, 89% of patients waited no longer than 13 weeks for their wheelchairs. A small number of patients (18) were waiting longer than 13 weeks at the end of March. These patients required more specialist wheelchairs which take longer than 13 weeks to provide.</p> <div><p><b>Supporting people at home (PSA 4.1)</b></p><ul style="list-style-type: none"><li>- from April 2010, the HSC Board and Trusts should ensure at least 45% of people in care management have their assessed care needs met in a domiciliary setting.</li></ul><p><b>Direct payments</b></p><ul style="list-style-type: none"><li>- by March 2011, the HSC Board and Trusts should increase the number of direct payment cases to 1,750. (The Belfast Trust share of the total is 372).</li></ul></div> <p><b>Performance</b> - The Trust achieved all of the above targets during the year. At the end of March, 71% of care managed clients had their care needs met in a domiciliary setting and 373 clients were in receipt of a direct payment.</p>				

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<p><b>Giving women more choice</b></p> <p>The modernisation project in the gynaecological service started in June 2009 as part of plans to modernise, develop services and utilise our health and wellbeing centres efficiently and effectively.</p> <p>The project provided an opportunity to review colposcopy, urodynamic and urogynae services in the Trust, as these services were being delivered across three sites resulting in fragmentation and inconsistency of services with minimal choice for women accessing the services.</p> <p>Gynae Outpatient services with procedures moved to the Bradbury Centre, resulting in the centralisation of colposcopy, urogynae and urodynamic services from across the Trust and improving gynae services for women.</p> <p>We have an experienced, dedicated and innovative nursing and medical team providing a centralised 'one stop' diagnostic and treatment service and managing both outpatient and inpatient waiting times more efficiently.</p> <p><b>LEAN in the emergency department</b></p> <p>The Emergency Department in the City Hospital recently took part in a LEAN project. LEAN is a project management tool that enables services to identify a more effective and efficient process for their area. The Emergency Department used the methodology in order to improve the patient's experience by reducing unnecessary delays in the patient journey.</p> <p>The Emergency Department team introduced a number of key changes to service delivery including, streaming of patients into majors, ambulatory and minor injuries, allocating staff to designated areas, multidisciplinary white board rounds and close liaison with colleagues in imaging and laboratories. For example, the Imaging Department ensured that patients from the Emergency Department were seen more quickly by both allocating a dedicated room and staff for referrals from the Emergency Department</p>		<p>and changing their working patterns to ensure that staff availability met patient demand.</p> <p>As result of these changes the staff in the Emergency Department are seeing and treating their patients more quickly with 93% (average figure during Kaizen Week) of non admitted patients being discharged within 4 hours. This is a 13% improvement when compared to previous average weekly figures.</p> <p>The key outcomes from the project have been the improvement in time taken to see, treat and discharge patients. In addition, the LEAN project has:</p> <ul style="list-style-type: none"> <li>• enhanced team working within the Emergency Department,</li> <li>• communicated to other staff that meeting the target is not only the responsibility of the Emergency Department,</li> <li>• resulted in a less congested Emergency Department; and</li> <li>• provided a calmer environment for both patients and staff.</li> </ul> <p>Donna McGeary, Senior Sister, said; 'The Lean Project provided an excellent opportunity to examine the systems and processes we work with and to streamline these to provide benefit for patients and staff. The LEAN team would like to thank sincerely all the staff who contributed to the project, particularly to Kaizen week which demonstrated such good results. The ED staff will continue to work to sustain the improvements into the longer term.'</p> <p><b>LEAN pharmacy</b></p> <p>The Royal Victoria Hospital project dispensary objectives were to ensure that:</p> <ul style="list-style-type: none"> <li>• prescriptions are discharged within the target 150 minutes to wards to support discharge;</li> <li>• inpatient orders are processed more quickly;</li> <li>• greater efficiency and effectiveness within the team to address overtime, congestion and level of errors.</li> </ul>		

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Using the structured methodology of Lean Project Management and delivered through a committed Pharmacy team over 3 months, the results show dramatic improvement:

- prescriptions produced in an average 76 minutes, compared to 155 minutes before;
- inpatient requests processed within average 68 minutes, compared to 154 minutes before;
- deliveries despatched to wards every 30 mins, so faster turn-around for wards and less congestion in Pharmacy;
- team managing peaks and troughs of work to ensure department completes work by normal closing time, hence no need for overtime.

In order to sustain the very positive results, the Pharmacy Team, led by Rhona Fair, will be working more closely with as many wards as possible to improve the management of discharge prescriptions, local ordering, storing and stock management.

### Top marks for the pupils at Mitchell House School Belfast

School nurse, Mary Glass from our Trust along with the children and young people of Mitchell House School, have been involved in designing a user friendly communication note for the school nurse to send home to parents and carers. With this new initiative the nurse is able to send a note home to keep parents and carers informed of ongoing treatment and care of the children and young people. The children and young people were involved in the drawings and pictures for the

new communication note and three designs were chosen.

Dr Eddie Rooney, Chief Executive of the Public Health Agency, along with Mary Hinds, Public Health Agency Director of Nursing, visited the school to celebrate with the children and young people the successful designs of the nurse communication note. Dr Rooney said: "The PHA is delighted to support this initiative to involve children and young people in their health and wellbeing. Nursing provision within Mitchell House School is vital and this scheme will greatly improve communication between the school and the parents of the pupils."

Mrs. Hinds added: "All the designs use the work of the Mitchell House School pupils and are a great example of the talent in this school."

Mitchell House School provides for the needs of children and young people with physical disabilities, some of whom may have associated learning and/or sensory difficulties. Located in east Belfast, the school offers places to pupil between the ages of 2 and 19 years. The school includes a nursery pre-school unit, primary and post primary departments.



Pictured at Mitchell House School are Mary Glass, School Nurse, Mary Hinds, Director of Nursing, PHA, Karen Hancock, Principal and Dr Eddie Rooney, Chief Executive, PHA, along with competition winners Harry Jamison, Joanne Stewart, Jay McKee and Talia McDowell.

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<p><b>Maternity refurbishment</b></p> <p>Last year the Royal Jubilee Maternity Service (RJMS) underwent a refurbishment. The antenatal clinic was extended to provide greatly improved accommodation for women who are booking with the service and attending for antenatal review. Members of the maternity liaison committee who visited to see the work were greatly encouraged by the bright environment, the increased facilities and cheerful atmosphere which has been achieved. Staff working in the area greatly appreciate the improved working conditions and the opportunity to de clutter and provide a clean fresh environment for women.</p> <p>In addition the public corridors of the building have had a major upgrade and fire prevention measures have been increased. This work has created a much cleaner brighter feel to the unit which will be easier to maintain and will give a more positive impression to the service users in regard to standards of cleanliness.</p> <p>Throughout the year we have worked closely with commissioners and South Eastern Trust to plan for the cessation of obstetric services at Lagan Valley Hospital (LVH) which happened in February 2011. An outreach antenatal clinic has been established at LVH by Belfast Trust for women who will have their babies in RJMS.</p> <p>We are greatly heartened by the Ministerial announcement in March 2011 that money is to be made available to build a new maternity unit, and look forward to the design and planning work which will roll forward in 2011/2012.</p> <p><b>Mental health Services</b></p> <ul style="list-style-type: none"> <li>The Trust carried out an extensive <b>Public consultation</b> on the proposed development of a single acute mental health inpatient facility for Belfast. The consultation was very positive and had outcomes that enabled the Trust Board to advance the development of a business case to support the proposed new build on the Belfast City hospital site. This business case was completed in year, approved by Trust Board and submitted to the Department for its consideration.</li> <li>This year saw the establishment of a <b>Mental Health at Night</b> service across the city of Belfast which provides 24/7 urgent assessment for people presenting with mental health difficulties at night and at weekends.</li> <li>The <b>second phase of mental health service modernisation</b> has begun. This second phase of modernisation includes a new multiagency work stream which will focus on occupation and day support for adults with mental health difficulties. It is hoped that this workstream will facilitate the development of a robust pathway to employment for people experiencing mental health difficulties in the city.</li> <li>The mental health service developed a system to ensure that everyone who is admitted to a mental health inpatient ward for assessment and treatment in Belfast is followed up in person in the community within 7 days of their discharge from that facility. <b>(7 day follow up on discharge)</b></li> <li>During the year the Trust introduced the <b>card before you leave</b> scheme across the three Emergency Departments in the city. This arrangement ensures that all adults, young people and children who self harm and present at our emergency departments and who don't require an immediate psychiatric assessment, receive information on how to maintain their safety and access help and support (the card before you leave). They are then contacted within 24 hours and offered a follow up appointment if they wish.</li> </ul>				

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### Delivering a more responsive service in cardiology



#### Cardiac surgery fast tracking

The development of clinical criteria for scheduling patients has helped improve throughput of cardiac patients. This work was developed by senior clinicians, and enables the nursing team to schedule patients more efficiently. Initial feedback suggests that it will be very useful to help predict those patients who will need to stay longer in the cardiac unit, helping the team to balance the case mix and enabling them to meet the target of 1000 cases in cardiac surgery.

#### 24/7 Primary Angioplasty service

During the last year our Trust has been piloting life-saving primary angioplasty for heart attack patients 24 hours a day, the Belfast area. Many people who have heart attacks are treated with clot-busting drugs rather than primary angioplasty. These have been the mainstay of heart attack treatment for many years and are an effective method of treatment.

However, research shows that primary angioplasty saves more lives and reduces time spent in hospital from five to seven days to two or three. For the treatment to work best, it has to be done quickly to minimise the amount of damage to the heart muscle from the lack of oxygen that occurs when blood-flow is blocked. NHS research shows

that patients benefit most from having the procedure within two hours of having the heart attack - and the speedier the better.

Primary angioplasty, is a procedure to unblock an artery carrying blood to the heart. Under local anaesthetic, a small balloon is inserted with a 2mm-diameter tube via an artery in his arm and guided to the blockage. Once in place, the balloon is inflated and removed, leaving behind place a rigid 'stent' which squashed the fatty blockage in the artery allowing blood to flow through.

#### Electronic referral system for interhospital transfers of cardiology patients

An electronic referral process for the transfer of patients waiting in other hospitals for cardiac procedures, was introduced in the last year, and is now fully operational across Northern Ireland. It improves access for patients in line with both European and UK guidelines.

#### Belfast Trust Fast Facts

Last year we carried out:

- Over 1300 hip replacements
- Over 900 knee replacements
- Nearly 5000 cataract procedures
- Almost 1000 tonsillectomies
- Nearly 2000 cardiac artery stent operations
- Over 400 procedures on the brain
- 450 appendicectomies.

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#### **Employability: tackling health inequalities**

In 2010/11 we continued to work with a range of partners on programmes aimed at enabling people who are furthest away from employment to enter the world of work.

In June 2010 the West Belfast and Greater Shankill Health Employment Partnership with UNISON and the community of West Belfast and Greater Shankill was independently evaluated. This award winning health employment partnership model has addressed chronic problems of unemployment, creating jobs and promotion of opportunities for almost 200 people from deprived areas in West Belfast and Greater Shankill.

The findings of the independent evaluation concluded that the programme has been uniquely impressive and value for money and that the excellent results would not have been achieved in the absence of partnership working.

The programme delivered a range of extremely positive results not only for the participants but for the wider community, the health service and for the effective use of public money.

- 143 people got jobs in the Belfast Trust: most of whom had experienced long-term unemployment and other barriers to getting jobs;
- 316 lower paid staff in the Trust received additional training to help them develop their careers, and 36 of these staff have already

obtained promotion;

- £385,000 each year : the estimated Government saving on such benefits such as job seekers allowance, income support and incapacity benefits;
- Up to £1.48 million each year: the added economic impact on the local economy in West Belfast and Greater Shankill.

Here is what some of those who took part said:  
“You think things are beyond you. You don’t realise how much potential you have”

‘For a single mother, unemployment was the hardest time of my life. Now working in the Trust I feel much better.’

#### **Not Just Health**

A strategy for our Trust to address inequalities in health was launched by Health and Social Services Minister Michael McGimpsey in September 2010 at the Girls Model School in North Belfast.

Belfast has the highest level of deprivation in Northern Ireland – and this translates into lower life expectancy and higher levels of illness as well as uneven access to health services. The reason for partnering with the Girls Model for this launch was that, among the entire school intake of 2010 across Belfast, we can expect that

- At least one in 10 will become smokers

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<ul style="list-style-type: none"> <li>Four out of five will be overweight or obese by the age of 16.</li> </ul> <p>Unhealthy behaviours based on low self esteem, lack of information or a difficult at home environment can shorten lives in the long term, but in the short term they can affect young people's concentration, leading to poor exam results and reduced career choices and life chances. The Trust's strategy is called "Not Just Health" because inequalities arise from all aspects of a person's life – not just health.</p> <p>Its seven strategic objectives on health inequalities are:</p> <ul style="list-style-type: none"> <li>To give every child the best start in life and support young people to fulfil their potential</li> <li>Demonstrate leadership through partnerships and advocacy to address the social determinants of health</li> <li>Encourage all health and social care professionals to use opportunities to promote health and wellbeing</li> <li>Provide a healthy work environment and maximise the health and wellbeing of staff and their families; support routes to employment within health and social services for the long-term unemployed; and enable staff to engage in learning and support career progression</li> <li>Work with service users, carers and community groups, building on Involving You, the Trust's framework for user involvement and community development, in a way that leads to shared decision-making</li> <li>Measure inequalities in access to our services, understand the inequalities in morbidity in the population we serve and participate in evaluations of interventions to tackle inequalities in health</li> <li>Reduce our carbon footprint and prepare to deal with the effects of climate change on health.</li> </ul> <p>During 2010 - 2011, we undertook a range of initiatives to address these commitments and have now formed a Trust health inequalities forum to drive the strategy forward in future years.</p>				
<p><b>How babies are giving lessons in kindness</b></p> <p>A novel classroom approach to reducing bullying and aggression in school children was launched in Belfast City Hall in November 2010.</p> <p>The Roots of Empathy programme enlists the help of babies and their parents to teach children about caring for others. This programme has helped to reduce levels of violence and bullying among the 270,000 children who have already been involved in other parts of the world.</p> <p>The programme in Belfast schools has been introduced by Belfast Trust and the South Eastern Trust, with Belfast City Council, the Public Health Agency, Belfast Eastern Education and Library Board, the Catholic Council for Maintained Schools, Barnardos and Queens University. In selecting the schools to participate in the programme, priority has been given to schools in the more deprived areas of the Trust and those with a high intake of children from black and minority ethnic groups.</p> <p>At the heart of the programme is a local baby and parent who visit the classroom every three weeks over the school year. A trained instructor coaches the pupils to observe the baby's development and help them better understand their own feelings. Two of the instructors in Belfast are from the Trust's Health Improvement Department.</p>				
				

### Barriers to Health: Migrant Health and Wellbeing in Belfast



Our Trust has been a partner in the European Commission funded project on migrant health, called Healthy and Wealthy Together. The Trust leads a local action group with Belfast City Council, the Public Health Agency, Northern Ireland Council for Ethnic Minorities, the Multicultural Resource Centre, South Belfast Round Table on Racism, Northern Ireland Housing Executive and Belfast Education and Library Board. In December, as part of this project, the group launched the report 'Barriers to Health: Migrant Health and Wellbeing in Belfast'. It identified that the number one health problem for migrants living in Belfast is access to services. Access is difficult for migrants for a number of reasons including language barriers, uncertainty about entitlement and how to access services, and fear of discrimination and of cultural needs not

being met. Women and children have particular health needs, and they may miss out on these. Mental health problems and dependence on drugs, alcohol or other substances are also a problem for some groups, sometimes exacerbated by the experience of migration. Chronic diseases such as diabetes and cardiovascular disease are more common in some migrant groups and many migrants experience social issues, such as housing and poverty.

### Shopmobility Service

Shopmobility at the Royal has been operational for 3 years and is now one of Shopmobility's busiest centres.

The service at the Royal hospitals is an innovative scheme, the first of its kind in Northern Ireland. It is free and provides patients and visitors who have limited mobility the use of a range of mechanised scooters and self-propelling wheelchairs to help them more easily access hospital services.



The service is strategically located next to the disabled car parking bays in the public car park beside the School of Dentistry, offering patients and visitors a friendly service that is close, accessible and safe. For those users who require a little extra help a meet and greet service is available where volunteers will meet patients within the hospital site with a vehicle of their choice. This ensures that users have a service which meets their needs and provides independence.

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<p>Shopmobility at the Royal, also provides a sighted guide scheme. It offers users with a visual impairment the opportunity to be accompanied to their appointment or destination by a trained Sighted Guide Shopmobility volunteer.</p> <p>The initiative is the result of an ongoing partnership between our Trust's Sensory Support Service and Shopmobility. Shopmobility volunteers attended an 8-week training course provided by a blind member of the Sensory Support team. The Sighted Guide scheme, like the Shopmobility project is the first such project in Northern Ireland and is a valuable service for those who need it.</p> <p><b>Supporting young cancer patients</b> A diagnosis of cancer is devastating whatever the age, but it is particularly challenging for teenagers and young people, who face sometimes gruelling treatment, at a time when their contemporaries are getting on with school, college and fun. The social workers attached to the Cancer Centre in Belfast City Hospital have an innovative project to help and support.</p> <p>Jimmyteens TV is a UK wide project which gives cameras to young people, who have just received a cancer diagnosis so that they can make a film of their cancer journey. Originating in St James University Hospital, the aim is to provide a creative outlet for young cancer patients, whose stories can in turn inspire and comfort other newly diagnosed teenagers.</p> <p>In Belfast Trust the project is managed through the social workers based in the Cancer Centre in Belfast City Hospital. As well as providing newly diagnosed young people with information on Jimmyteens tv, they also facilitate specialist mentoring on the technical aspects of filming, and provide the all important cameras.</p> <p>To celebrate the incredible diversity of the films, an award ceremony was held in October 2010 at the Baby Grand Opera House in Belfast, where nominees and their families along with health professionals came together to acknowledge the</p>		<p>hard work of a group of very inspirational young people!</p> <p>The Jimmyteens TV project is funded by Friends of the Cancer Centre, one of the many charitable groups associated with Belfast Trust.</p> <div> <p>"I never thought I'd be competing for Band 3 jobs. I'd do it all again. It has broadened my horizons"</p> <p>"With every job and every bit of training completed I learnt a bit more. It's there if you really want it"</p> <p>Being in employment "You get your life back"</p> </div> <div> <p>In 2011/12 the Health Employment Partnership is continuing to work to secure funding to implement this employability programme on a Belfast City wide basis.</p> <p>The Trust also worked in partnership with the North Belfast Partnership Board, the Belfast City Council and the Housing Executive on the Public Employment Partnership. This Partnership provided meaningful work placements and employment opportunities.</p> <p>Other programmes that will be further developed in 2011/12 is the Trust's partnership with Include Youth and Opportunity Youth working with our Looked After Children in the care of the Trust and determining a model to support and access employment opportunities within the Trust.</p> </div>		

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#### Leadership and Management Strategy

The Trust's leadership and management strategy was launched in the autumn. This is a key document which sets out the skills, competencies and behaviours required of Belfast Trust managers in the demanding world that is health and social care today. Developed with the input of leaders and managers in the organisation it sets out our plan to harness the talents of our people and to invest in their development. It declares our commitment to have efficient and effective leaders and managers who can deliver on our organisational priorities. We have also set out in a Charter the action, knowledge and guiding behaviours required of all Belfast Trust leaders and managers.

Publication of the strategy has helped us to create a shared understanding of leadership and management and challenged us to use these in the most effective way, while recognising the unique contribution made by professionally qualified staff.

The strategy promotes the concept of a community of leaders at all levels and positions in the Trust who can model a set of behaviours that are applicable to all. It is not just about those who hold top management positions. Through harnessing the contribution of a community of leaders the organisation will more readily meet the needs of our service users.

In line with the strategy we have taken forward some specific actions:

#### Living Leadership Programme

All of the Trust's co-directors and their senior managers have been provided with the opportunity to complete a unique leadership development programme which was developed in-house with the Beeches Management Centre and put into action between June 2010 and February 2011.



#### Ward Sister / Charge Nurse / Team Leader Development Programme

A second major development was the design, development and implementation of a bespoke development programme for the Trust's ward sisters / charge nurses and team leaders. 89 participants completed the first modular programme between December 2010 and March 2011, which aimed to develop leadership skills and enhance clinical effectiveness to enable the provision of safe, high quality and effective service. Participants focused on performance management and continuous improvement within the context of new ways of working. Through the course of the programme they were supported to review their own leadership style and to relate to themselves as change leaders. Understanding the ethos of person centred care and its applications was also a key theme throughout.

In addition to the core mandatory modules, participants attended additional optional workshops which included serious adverse incidents, information management, handling disciplinary and grievances and complaints management.

The Trust's intention is that all ward sisters / charge nurses and team leaders will have completed the programme by the end of 2011.

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<p><b>Learning and Development win National Award</b> In June 2010 the Lifelong Learning Team, within Learning and Development, won the National Healthcare People Management Award for Innovation in human resources for their work on the Unleashing Talent Passport.</p> <p>This is a Level 2 Qualification based on the six core dimensions of the Knowledge and Skills Framework and is targeted at Bands 1 and 2 staff. With essential skills literacy embedded into it, participants achieve 2 qualifications as part of their learning journey. The qualification is focused on service need and closely links participants' job roles to the training provided.</p> <p>Through a close collaboration with partners including service groups, UNISON, Belfast Metropolitan College, Education Guidance Service for Adults and Widening Participation Unit, three cohorts of the programme have already been delivered.</p> <p>In presenting the award to our Trust, the judges said:</p> <p>"The panel was impressed by the great partnership working across local social and economic systems. The project shows great transformational potential, all the more significant when considered in the context of the challenges facing the area and the organisation."</p> <p><b>Supporting Belfast: A Strategy for Inclusiveness in Learning and Development for Support Workers (April 2010 to March 2015)</b></p> <p>The Level 2 Unleashing Talent Passport is the basis of our development programme for support workers, which was launched in December 2010. Support workers represent approximately 40% of the workforce within the Trust and are the people who provide frontline services to our patients, clients, users and relatives. Employed in Bands 1 and 2 these staff are often characterised as being distanced from formal workplace learning and development, more likely to have specific</p>				<p>development needs around Essential Skills Communication and are more likely to have had a negative experience of formal education. This qualification comprises;</p> <ul style="list-style-type: none"> <li>• Realising Your Potential – a Level 1 progression unit, participants are supported to understand their barriers to learning, how they can overcome them and what their development aspirations and objectives are.</li> <li>• A Level 2 Vocationally Related Qualification – Certificate Working in the Health Sector. Based around the 6 core dimensions of the Knowledge Skills Framework, this qualification contextualises learning into the participants job role.</li> <li>• Essential Skills Communication – embedded into the vocational learning, the Essential Skills Communication is integrated in the programme and contextualised for the participants. Learners can achieve anywhere from Entry Level 3 to Full Level 2.</li> </ul>
				<p>This year, 35 staff in Patient Client and Support Services and 39 staff band 2 nursing assistants have either completed or are undertaking the Level 2 Unleashing Talent Passport. An evaluation undertaken by London South Bank University has shown how the programme has improved communication at ward level, increased the confidence of participants and participants are more likely to take their own initiative in their job</p>

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role with less reliance on a supervisor.

### Introduction of E-shortlisting system

This year our Trust's recruitment and selection team designed and introduced an electronic shortlisting system that enables interview panels to shortlist posts from their work computer. Prior to the introduction of this system managers had to travel to the recruitment office in Musgrave Park Hospital to collect a manual file. A shortlisting meeting was then arranged for all panel members carry out shortlisting. Following this meeting the manager then had to travel back to the recruitment office to return the shortlisting outcomes.

The new electronic system was fully rolled out across the Trust at the beginning of the year and has been a huge success. The main key benefits are as follows:

- Lower travel claims. (Saving of approximately 21186 miles per annum);
- Savings in printing costs as the recruitment team no longer has to print applications. (Saving of approximately 130,000 pages @ 0.4p a year).
- Reduced paper consumption, and reduced mileage makes the system much greener and helps us to reduce our carbon footprint;
- The new system has reduced the amount of time spent carrying out e-shortlisting. (An audit has shown that the average time taken for shortlisting posts has been reduced by 11 days);
- Improved security of information;
- Once panels have completed e-shortlisting the outcomes are automatically transferred into the recruitment IT system which then produces the correspondence for the next stage of the recruitment process.

### Belfast Trust Fast Facts

Last year we treated:

- 25,000 patients with cancer
- Over 1000 chest infections
- 1300 head injuries
- 350 patients with alcoholic liver disease
- 500 strokes
- 400 heart attacks

Did you know?

- 98% of the Trust's electricity is supplied from renewable sources
- The bore well at BCH provides around 210,000 litres of water a day, enough to fill around 300 baths.
- The swimming pool at Muckamore Abbey Hospital is heated using waste heat from the main boilers.
- In the last year the Trust has recycled approx 250 tons of waste
- 18,000 meals are produced every day by our catering department.

# 2010/11 Annual Report

Safety & Quality	Modernisation	Partnerships	People	Resources
<p><b>Size and Scale</b></p> <p>Belfast Trust, with an operating expenditure budget of £1.1 billion in 2010/11, has the largest budget of any healthcare Trust in the UK.</p> <p>We employ 19,648 staff, and manage an estate worth around £981 million.</p> <p><b>Financial Environment</b></p> <p>The 2010/11 financial year has been an extremely challenging one.</p> <p>We had to meet very significant savings targets by increasing productivity and reforming service delivery.</p> <p>In addition to meeting these savings targets, the health and social care sector has absorbed significant new costs during the past year due to, for instance, the introduction and expansion of new drug and therapy treatments, increased fuel and water costs, and increased pay costs arising from the nationally agreed pay agreements.</p> <p>As well as the general increase in demand for services due to demographic factors and advances in clinical and technological techniques, there were heightened demands placed on our services over the severe winter period.</p> <p><b>Financial Targets</b></p> <p>While operating within this very challenging financial environment, the Trust has continued to improve the safety and responsiveness of services for its patients and clients, and at the same time it has achieved all of its statutory financial targets, which are outlined below:</p> <ul style="list-style-type: none"> <li>• Break even on income and expenditure</li> <li>• Capital expenditure within the capital resource limit target</li> <li>• Compliance with public sector prompt payment policy.</li> </ul> <p>As part of an overall Health and Social Care</p>				
<p>system-wide financial plan, the Trust received significant non-recurrent help from the Health and Social Care Board, including £10.3 million of bridging finance, and wishes to acknowledge this support.</p> <p>The above achievements have been delivered through a combination of sound financial management, the concerted efforts of our staff, the continued implementation of the Trust's efficiency scheme, the MORE Programme, and the receipt of non-recurrent financial assistance from the Health and Social Care Board.</p> <p><b>Financial Governance</b></p> <p>In addition to operating within a challenging financial environment, we have maintained sound and robust systems of internal control to ensure public funds and assets are safeguarded. The same high degree of security is maintained over patients' and clients' monies and charitable trust funds, administered by the Trust.</p> <p>We rely on a combination of internal governance structures, policies and procedures, control checks and balances, self-assessments and independent reviews to ensure that all monies and funds are appropriately handled and managed, and all assets safeguarded. The Chief Executive's assurances in respect of this area are set out in the Statement on Internal Control of the annual accounts for 2010/11.</p> <p><b>MORE – Maximising Outcomes, Resources and Efficiencies</b></p> <p>The Trust's MORE programme was established to ensure continued delivery of safe and responsive services against a backdrop of increasing demand, rising cost pressures and efficiency savings targets.</p> <p>The programme's focus is on securing efficiencies through enhancing productivity, changing the way we deliver services, modernising and driving improvements in health and social care, eliminating waste, and maximising value for money.</p>				

# 2010/11 Annual Report

## Safety & Quality

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

The programme has been successful in delivering around £110m of efficiency savings over the last three years, and has met all of its savings targets.

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

The MORE programme will continue to progress the work in 2011/12 and beyond. Its programme will take on a renewed focus to address the requirements of Budget 2010 in partnership with the Department of Health, Social Services and Public Safety, and the Health and Social Care Board.

The nature and scale of changes which the health and social care sector will face over the next period from 2011/12 to 2014/15 will be very challenging. The Trust is confident that with a system-wide approach the required changes will be effectively managed, building on the strong foundations of the MORE programme and its successful delivery over this past three years.

## Modernisation

## Partnerships

## People

## Resources

### Income and Expenditure

The information below provides an analysis showing where we get our funding from, and how we spend it.

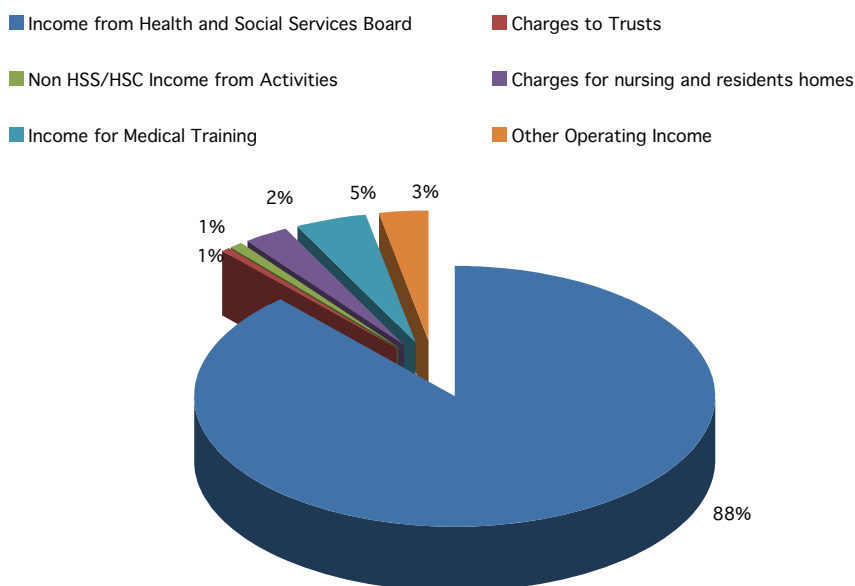
The majority of our funding comes from the Department of Health, Social Services and Public Safety, through the Health and Social Care Board. We also receive funding for medical education and commercial research and from private patients and clients in residential and nursing homes.

The following chart shows the breakdown of our different sources of income.

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

The next chart shows how we spent this money in 2010/11. The largest cost incurred by the Trust is staff salaries, representing 62% of total expenditure. Within this pay total we spent £150 million on doctors, £210 million on nurses and £58 million on social work and social care staff. Other significant non-pay costs include £177 million for

**Breakdown of Income 2010/11**



# 2010/11 Annual Report

## Safety & Quality

## Modernisation

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clinical and general supplies, such as drugs and medical equipment, and £140 million for residential, nursing and domiciliary care delivered by other organisations on our behalf.

### Investing in Staff

The Trust spends £693m on staff salaries, employing almost 20,000 staff across a diverse range of professional groups.

We endeavour to ensure that our staff are effectively deployed to improve the safety and responsiveness of our services. In addition to a number of Human Resource employee related schemes, the Trust also provides taxable benefits to staff through a number of salary sacrifice schemes, as follows:

- Child care vouchers
- Cycle to work scheme
- Translink tax smart scheme
- Medic Care staff benefit scheme
- Banking employee benefits scheme.

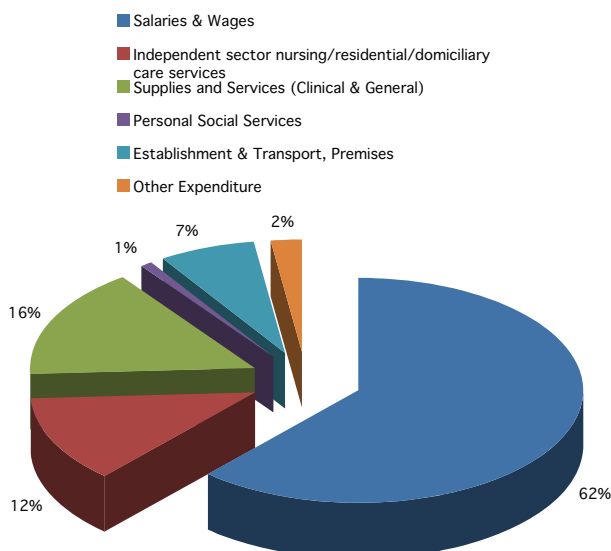
In addition to providing direct financial benefits for staff through reduced taxation, these schemes aim to promote general overarching benefits in terms of enhancing the general health and well-being of our staff.

### Investing in Facilities

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

One of the main estates challenges for the Trust is that a number of our buildings are extremely old, having been constructed in the nineteenth century. As a consequence we spend significant sums of money maintaining these buildings to satisfactory standards until resources are available from the Department of Health, Social Services and Public

**How we spent the money 2010/11**



Safety (DHSSPS) to enable them to be replaced with a modern, fit for purpose infrastructure.

The Trust's capital budget was £87.7m for the 2010/11 financial year. £76.5m of this amount related to projects specifically funded by the DHSSPS, and £11.2m was for various general capital schemes within the Trust's delegated limit.

# 2010/11 Annual Report

## Safety & Quality

## Modernisation

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Significant expenditure was incurred on a number of our larger schemes, as follows:

Capital Scheme	Expenditure 2010/11 £'m	Total Value of Project £'m
Shankill Wellbeing and Treatment Centre	£5.39m	£14.3m
Beechall Wellbeing and Treatment Centre	£6.86m	£17.1m
Neurology Ward, Musgrave Park Hospital	£1.90m	£4.9m
Phase 2B RVH (Critical Care Building)	£39.62m	£151.7m

Shankill and Beech Hall Wellbeing and Treatment Centres have been completed. Musgrave Park Hospital Neurology Ward commenced in the current year, and the Phase 2B RVH (Critical Care Building) project, which is part of a larger scheme for the redevelopment of the Royal Victoria Hospital site, is continuing.

In addition to these major projects, the Trust spent £3.94m on works to maintain existing services, and £3.18m on improving the environment for our patients and clients.

The £11.23m delegated capital funding was spent on a range of minor works, equipment and ICT systems infrastructure to support the Trust's activities.

### Investing in research and development

Maintaining and developing research to improve patient/client care is an important objective of the Trust. As the largest Trust in the health and social care sector, we act as the principal organisation for hosting research in Northern Ireland. Examples of Research and Development infrastructural units hosted by the Trust include:

- The NI Clinical Trials Unit
- The NI Clinical Research Network and
- The NI Cancer Clinical Trials Unit and Cancer Trials Network.

Approximately 200 research studies start in the Trust each year and at any one time we will be hosting approximately 1000 research studies.

Researchers based in the Trust play a leading role in important national clinical trials, the results of which are published in many leading medical journals. Important highlights include the publication in *The Lancet* of a major clinical trial of antioxidant supplements in diabetic pregnancy, and a large dietary intervention study which showed beneficial effect of fruits and vegetables on blood vessel health.

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

Research and development activity requires a comprehensive quality assurance process to ensure both financial probity and value for money.

To achieve these objectives the research and development processes are inspected and approved by the relevant regulatory bodies, including the Medicines and Healthcare Product Regulatory Agency and the Human Tissue Authority.

### Donations and Fundraising

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

During 2010/11 we received donations and legacies totalling just over £950,000, many from former patients, clients and their relatives in recognition of the Trust's work. Examples of

# 2010/11 Annual Report

## Safety & Quality

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improvements we have made as a result of donations and legacies received during 2010/11 include:

- An Innocor Ergospirometry System was purchased during the year for use in the cystic fibrosis unit. This system will provide a comprehensive assessment of lung function which will significantly improve the care pathways for patients who attend the Unit.
- Donations to one of our funds enabled us to provide play materials to play specialists at the Royal Belfast Hospital for Sick Children. These materials help to make a child's stay in hospital a more positive experience.
- Generous legacies and donations received during the year enabled the Trust to pay for summer outings for patients at Muckamore Abbey Hospital, and a cruise on Lough Neagh for children with severe disabilities.
- Donations received enabled the Trust to provide patients at the Mater Hospital with gifts on Christmas Day.

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

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

# Summary Financial Statements

The Annual Accounts for the year ended 31 March 2011 have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

The following pages represent a summary of the Trust's Accounts for the year ended 31 March 2011.

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

For further information refer to the full accounts and Annual Report and Auditors Report for the year ended 31 March 2011

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


## Statement of Comprehensive Net Expenditure Account For Year Ended 31 March 2011

	<b>2,011 £000s</b>	<b>Restated 2,010 £000s</b>
Expenditure	(1,178,790)	(1,289,762)
Income	82,813	82,661
Net Expenditure	(1,095,977)	(1,207,101)
Revenue Resource Limit (RRL)	1,096,041	1,207,175
<b>Surplus/(deficit) against RRL</b>	<b>64</b>	<b>74</b>

# Summary Financial Statements

## Statement of Financial Position as at 31 March 2011

	2011 £000s	Restated 2010 £000s	Restated 2009 £000s
Non Current Assets	983,157	935,887	1,025,257
Current Assets	70,342	83,092	72,843
Current liabilities	(164,952)	(150,290)	(161,472)
Net Current Assets/Liabilities	(94,610)	(67,198)	(88,629)
<b>Total Assets less Current Liabilities</b>	<b>888,547</b>	<b>868,689</b>	<b>936,628</b>
Non Current Liabilities	(56,929)	(64,834)	(58,920)
<b>Assets Less Liabilities</b>	<b>831,618</b>	<b>803,855</b>	<b>877,708</b>
<b>Taxpayers' Equity</b>	<b>831,618</b>	<b>803,855</b>	<b>877,708</b>

Signed  (Chairman) Date 2 June 2011

Signed  (Chief Executive) Date 2 June 2011

# Summary Financial Statements

## Notes to the Accounts for the year ended 31 March 2011 Analysis of Net Expenditure by Segment

Service Group/Corporate Group	2010/11			2009/10		
	Staff Costs £'000	Other Expenditure £'000	Total Expenditure £'000 % of Total	Staff Costs £'000	Other Expenditure £'000	Total Expenditure £'000 % of Total
Cancer and Specialist Services	115,239	75,800	191,039 17.0%			
Social and Primary Care	171,541	146,584	318,125 28.3%			
Acute Services	223,067	108,750	331,816 29.5%			
Specialist Hospitals and Childcare	69,449	11,141	80,590 7.2%	98,510	31,839	130,349 11.6%
Social Services/Family & Child Care				161,098	128,271	289,369 25.8%
Older People, Medicine and Surgery and T&O						
Specialist Services				120,207	81,421	201,628 18.0%
Clinical Services				142,281	69,008	211,289 18.9%
Patient and Client Support Services	44,726	16,448	61,175 5.4%	42,639	20,784	63,423 5.7%
Mental Health & Learning Disability				64,434	30,022	94,456 8.4%
Other Trust Service/Corporate Group	69,135	74,066	143,201 12.7%	58,241	71,265	129,506 11.6%
<b>Expenditure for Reportable Segments net of Non Cash RRL per Note 25</b>	<b>693,156</b>	<b>432,790</b>	<b>1,125,946 100.0%</b>	<b>687,410</b>	<b>432,611</b>	<b>1,120,021 100.0%</b>
<b>Non Cash RRL</b>						
<b>Total Expenditure per Net Expenditure Account</b>		<b>52,844</b>	<b>1,178,790</b>			<b>169,741</b>
<b>Income Note 5</b>		<b>82,813</b>				<b>82,661</b>
<b>Net Expenditure</b>		<b>1,095,977</b>				<b>1,207,101</b>
<b>Revenue Resource Limit</b>		<b>1,096,041</b>				<b>1,207,175</b>
<b>Surplus / (Deficit) against RRL</b>		<b>64</b>				<b>74</b>

The Trust is managed by way of a Service/Corporate Group structure, each led by a Director, providing an integrated healthcare service both for the resident population, and in the case of specialist services for the Northern Ireland population. The Directors along with Non Executive Directors, Chairman and Chief Executive form the Trust Board which coordinates the activities of the Trust and is considered to be the Chief Operating Decision Maker. The information disclosed in this statement does not reflect budgetary performance and is based solely on expenditure information provided from the accounting system used to prepare the accounts. The information disclosed reflects the realignment of Service Groups that took place in 2010/11 therefore making meaningful comparison from year to year limited.

Due to excess cost it is not been possible to restate prior year comparisons in the new Trust structure format.

# Summary Financial Statements

## Notes to the Accounts for the year ended 31 March 2011

### Public Sector Payment Policy - Measure of Compliance

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

	<b>2011 Number</b>	<b>2011 Value £000s</b>	<b>2010 Number</b>	<b>2010 Value £000s</b>
Total bills paid	356,767	498,093	386,943	508,437
Total bills paid within 30 day target or under agreed payment terms	319,905	449,007	310,919	428,798
<b>% of bills paid within terms</b>	<b>90%</b>	<b>90%</b>	<b>80%</b>	<b>84%</b>

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

# Sustainability Report



## Environment & Sustainability

Our Trust has a corporate social responsibility to help provide a better environment for the people of Belfast. The poorest members of our community are worst affected by climate change. Therefore, addressing the impact a reduction in emissions will have on health inequalities and improving the health and well being of all, is a core objective of the organisation.

The Trust's environmental and sustainability group includes representatives from Estates, Waste Management, Transport, Procurement, Energy and Public Relations and is chaired by the director of planning and redevelopment. It meets four times a year and reports to Executive Team and Trust Board therefore it is able to ensure that sustainability issues are integrated into the corporate direction and strategy of our Trust.

One of the decisions taken by the environment and sustainability group was to support the installation of a utilities auditing system. It is the first automatic intelligent energy and water meter reading system to be installed on this scale in Northern Ireland. Data is collected from each energy and water meter every half hour via a radio network and provides information on where, when, how much and who is using energy and water. This identifies areas of waste and opportunities for improvement.

The Trust Board has adopted a reduction in the carbon footprint as one of seven key actions in its core strategy for addressing inequalities in health for the population for which it serves. Not only have we reduced the emissions from the Trust vehicles in the last year, but there has also been a reduction in car use by staff and patient/client transport journeys. We have introduced a cycle to work scheme and public transport incentives.

We have also introduced a new system to reduce waste, and increase recycling. Rather than dumping perfectly usable items of furniture and equipment and spending limited finances on buying new, the Estates, and IT departments, created the Trusts equivalent of an internal e-bay site.

To date we have recycled approximately 1000 items with an approximate saving of £15,000. We have a further £44,000 of furniture already collected for distribution to a good home and with buildings closing daily this is only a fraction of the savings possible.

Apart from the financial benefits, the scheme is environmentally friendly as it promotes recycling, items do not end up in landfill and it also saves money on skip usage. It is sustainable and allows vacated building to be made secure.

# Remuneration Report

## Remuneration report for the year ended 31 March 2011

### Scope of the report

Article 242B and Schedule 7A of the Companies (Northern Ireland) Order 1986, as interpreted for the public sector requires HSC bodies to prepare a Remuneration Report containing information about director's remuneration. The Remuneration Report summarises the remuneration policy of Belfast Health & Social Care Trust (the 'Trust') and particularly its application in connection with senior managers. The reports must also describes how the Trust applies the principles of good corporate governance in relation to senior managers' remuneration in accordance with HSS (SM) 3/2001 issued by the Department of Health, Social Services and Public Safety (DHSSPS).

### Remuneration committee

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

Mr Pat McCartan	(Chairman)
Ms Joy Allen	(Non-Executive Board Member)
Mr Les Drew	(Non-Executive Board Member)
Prof Eileen Evason	(Non-Executive Board Member)
Dr Val McGarrell	(Non-Executive Board Member)
Mr James O'Kane	(Non-Executive Board Member)
Councillor Tom Hartley	(Non-Executive Board Member)
Mr Charles Jenkins	(Non-Executive Board Member)

### Remuneration Policy

1. The membership of the remuneration committee for the Belfast Health and Social Care Trust consists of the Chairman and the seven Non-Executives Directors.
2. The policy on remuneration of the Trust Senior Executives for current and future financial years is the application of terms and conditions of employment as provided and determined by the DHSS&PS.
3. Performance of Senior Executives is assessed using a performance management system which comprises of individual appraisal and review. Their performance is then considered by the remuneration committee and judgements are made

as to their banding in line with the departmental contract against the achievement of regional organisation and personal objectives.

4. The relevant importance of the appropriate proportions of remuneration is set by the DHSS&PS under the performance management arrangements for senior executives.
5. In relation to the policy on duration of contracts, all contracts of senior executives in the Trust are permanent. During the year 2010/11 all contracts were permanent and each contained a notice period of three months.

### Service contracts

6. The Trust Medical Director is employed under a contract issued in accordance with HSC Medical Consultant Terms and Conditions of Service (Northern Ireland) 2004. All other Senior Executives in the year 2010/11 were on the new the DHSS&PS Senior Executive Contract. The contractual provisions applied are those detailed and contained within Circulars HSS (SM) 2/2001, for the majority of Senior Executives, and HSS (SM) 3/2008 for the 4 Senior Executives appointed in the Trust since December 2008.

### Directors

- Mr William McKee appointed Chief Executive on 1 October 2006 and retired on 30 September 2010;
- Ms Bernie McNally appointed Director of Social Services, Family & Child Care on 1 January 2007;
- Dr Tony Stevens appointed Medical Director on 1 January 2007;
- Mrs Wendy Galbraith appointed Director of Finance on 1 December 2006 and resigned 18 October 2010;
- Ms Valerie Jackson appointed Director of Nursing, Older People's Medicine & Surgery on 1 January 2007; on secondment to the Northern HSC Trust from 1 November 2009
- Mr Hugh McCaughey appointed Chief Operating Office and deputy Chief Executive on 1 January 2007 and resigned on 31 May 2009;
- Mr Brendan Mullen appointed Director of Mental Health and Learning Disability Services on 1 April 2007 and retired on 30 September 2009;
- Dr Patricia Donnelly appointed Director of Clinical

# Remuneration Report

Services on 1 January 2007;

- Mrs Jennifer Welsh appointed Director of Specialist Services on 1 April 2007;
- Miss Patricia O'Callaghan appointed Director of Head & Skeletal Services on 1 January 2007 until 31 March 2009 and retired from the Trust on 31 July 2009;
- Mrs Marie Mallon appointed Director of Human Resources on 1 December 2006;
- Ms Denise Stockman appointed Director of Planning and Redevelopment on 1 December 2006;
- Ms Brenda Creaney appointed Director of Nursing and User Experience on 1 January 2010;
- Ms Catherine McNicholl appointed Director of Performance and Service Delivery on 1 March 2010;
- Mr Colm Donaghy appointed Chief Executive on 1 October 2010;
- Mr Martin Dillon appointed Director of Finance on 11 October 2010.

For a list of current directors, please see the Director's Report.

## Non-Executive Directors

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

## Notice period

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

## Retirement age

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

## Retirement benefit costs

The Trust participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. An interim valuation as at 31 March 2006 was completed in the summer of 2009 and was used for the 2008-09 accounts. The next valuation will be as at 31 March 2008 and will be used in the 2010/11 accounts.

## Premature retirement costs

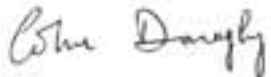
Section 16 of the Agenda for Change Terms and Conditions Handbook (issued on 14 February 2007 under cover of the Department's Guidance Circular HSS (AfC) (4) 2007) sets out the arrangements for early retirement on the grounds of redundancy and in the interest of the service. Further Circulars were issued by the Department HSS (AfC) (6) 2007 and HSS (AfC) (5) 2008 setting out changes to the timescale for the operation of the transitional protection under these arrangements.

# Remuneration Report

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

Alternatively, staff made redundant who are members of the HPSS Pension Scheme, have at least two years' continuous service and two years' qualifying membership and have reached the minimum pension age currently 50 years can opt to retire early without a reduction in their pension as an alternative to a lump sum redundancy payment of up to 24 months' pay. In this case the cost of the early payment of the pension is paid from the lump sum redundancy payment however if the redundancy payment is not sufficient to meet the early payment of pension cost the employer is required to meet the additional cost.

The salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of the Trust are outlined in pages 42 and 43 of this report.

Signed  Date 2 June 2011

Colm Donaghy  
Chief Executive  
Belfast Health and Social Care Trust

## Senior Employees' Remuneration (Audited)

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

Name	2010-11			Salary £000s
	Salary £000s	Bonus/ Performance pay £000s	Benefits in Kind (Rounded to nearest £100)	
<b>Non-Executive Members</b>				
P McCartan	30-35	N/A	0	30-35
E Evason	5-10	N/A	0	5-10
L Drew	5-10	N/A	0	5-10
C Jenkins	5-10	N/A	0	5-10
V McGarrell	5-10	N/A	0	5-10
T Hartley	5-10	N/A	0	5-10
J O'Kane	5-10	N/A	0	5-10
MJ Allen	5-10	N/A	0	5-10
<b>Executive Members</b>				
W McKee (until 30 September 2010)	70-75	N/A	0-2.5	145-150
C Donaghy (appointed 1 October 2010)	70-75	N/A	0-2.5	N/A
H McCaughey (until 31 May 2009)	N/A	N/A	N/A	15-20
A Stevens	180-185	N/A	N/A	190-195
W Galbraith (until 18 October 2010)	60-65	N/A	N/A	105-110
M Dillon (appointed 11 October 2010)	45-50	N/A	0-2.5	N/A
M Mallon	95-100	N/A	0-2.5	95-100
P Donnelly	100-105	N/A	N/A	95-100
D Stockman	85-90	N/A	N/A	80-85
V Jackson (1 April to 31 October 2009)	N/A	N/A	N/A	50-55
B Mullen (until 30 September 2009)	N/A	N/A	N/A	40-45
J Welsh	75-80	N/A	0-2.5	75-80
P O'Callaghan (until 31 July 2009)	N/A	N/A	N/A	20-25
B McNally	90-95	N/A	N/A	75-80
B Creaney	70-75	N/A	N/A	55-60
C McNicholl (appointed 01 March 2010)	80-85	N/A	N/A	5-10
B Barry (acting from 01 November 2009)	85-90	N/A	N/A	30-35
N Patterson (acting from 1 June to 31 December 2009)	N/A	N/A	N/A	40-45
J Growcott (acting from 11 May to 31 October 2009)	N/A	N/A	N/A	25-30

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. The Benefits in Kind listed above relate to Leased Cars.

A Cash Equivalent Transfer Value (CETV) is 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 contingent spouse's pension payable from the scheme. A CETV is a payment made by the pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves the 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 benefits accrued to the members 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.

as follows:

[illegible]

The actuarial factors used in the calculation of Cash Equivalent Transfer Values (CETVs) were changed during 2010, due to the changes in the demographic assumptions and the move from the Retail Prices Index (RPI) to the Consumer Prices Index (CPI) as the measure used to uprate Civil Service pensions. The new factors mean that the CETV value shown in the report for 31/01/10 will not be the same as the corresponding figure shown in last year's report.

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

## **BELFAST HEALTH AND SOCIAL CARE TRUST**

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

I have examined the summary financial statement for the year ended 31 March 2011 set out on pages 34 to 37.

#### **Respective responsibilities of the Trust, Chief Executive and Auditor**

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

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

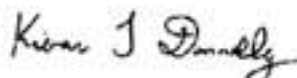
In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

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

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

#### **Opinion**

In my opinion, the summary financial statement is consistent with the full annual financial statements of the Belfast Health and Social Care Trust for the year ended 31 March 2011 and complies with the applicable requirements of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended, and Department of Health, Social Services and Public Safety directions made thereunder.



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

**21 June 2011**







