

# DHSSPS ARM'S LENGTH BODY: MID-YEAR ASSURANCE STATEMENT

This statement concerns the condition of the system of internal control in Northern Health and Social Care Trust as at 30 September 2012.

The scope of my responsibilities as Accounting Officer for Northern Health and Social Care Trust, the overall accountability arrangements surrounding my Accounting Officer role, the organisation's capacity to handle risk, and the risk and control framework, remain as set out in the Statement on Internal Control which was signed on 12 June 2012. The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal control. In accordance with Departmental guidance, I do this under the following headings.

## **1. Governance**

The system of governance as described in the most recent Statement on Internal Control continues in operation. The Audit Committee, Governance Committee and User Feedback and Involvement Committee have continued to meet and to discharge their assigned business. Minutes of their meetings, together with board meeting minutes containing the Committees' reports, are copied to the DHSS&PS to facilitate monitoring. The Chairs of the Audit and Governance Committees discussed and approved the Statement on Internal Control. The Management Statement and the Financial Memorandum issued by DHSSPS have been signed by the Chief Executive and approved by the Trust Board.

A revised Trust Risk Management Strategy was issued in June 2012 and is now being implemented.

The Trust has reviewed its Major Incident Plan and has also completed a Corporate Business Continuity Management Plan. Work is also ongoing to prepare related plans to facilitate efficient and timely responses to such potential emergencies as those involving a chemical, biological, radiological or nuclear incident which will also include the establishment and operation of a Mass Prophylaxis Centre in line with Departmental requirements. The Trust has also participated in the emergency planning and preparation for several high profile events and multi-agency exercises. A number of Trust staff have also recently successfully completed the Hospital Major Incident Medical Management & Support Training Course.

## **2. Assurance Framework**

An Assurance Framework, which operates to maintain, and help provide reasonable assurance of, the effectiveness of controls, has been approved, has been in operation for the past three years, and is reviewed by the Board.

Minutes of Board meetings are available to further attest to this. The Trust Risk Register and Assurance Framework have been realigned to the new objectives.

The Assurance Framework is presented to Trust Board every two months.

### **Dr I Rutter and Mrs M Hinds Reports (March 2012)**

A Trust action plan addressing the recommendations outlined by Dr I Rutter (March 2012) and Mrs M Hinds (March 2012) was updated on 21 September 2012.

The Trust is actively pursuing implementation of the recommendations, including review and monitoring, in liaison with HSCB.

A number of initiatives have been planned and implemented in partnership with Primary Care:

- The Acute Medical Assessment Area facilitates direct General Practitioner

referral of patients to acute medicine for assessment. Work continues between hospital specialists and nominated General Practitioners to develop direct links between primary and secondary care for specialty referral patients.

- Co-location of General Practitioner services in the Emergency Department, Antrim Hospital during evenings and weekends
- Direct access to diagnostics: work has continued to increase the range of direct access diagnostic services such as plain film x-ray rapid reporting, MRI of knees and direct access colonoscopy from January 2013.

### **3. Risk Register**

I confirm that the Corporate Risk Register has been regularly reviewed by the Governance Committee which is a sub-committee of Trust Board and that risk management systems/processes are in place throughout the organisation. All significant risks are reported to the Board with the Assurance Framework, which was most recently presented to Trust Board on 23 August 2012 and progress against gaps in control or assurance is regularly reported.

### **4. Controls Assurance**

I confirm that action plans have been developed for all 22 year end self-assessments of compliance with Controls Assurance Standards and progress reports on actions, including for individual criteria in which substantive compliance was not achieved, have been produced. All standards met substantive compliance.

### **5. External audit reports**

I confirm implementation of the external auditor's accepted recommendations. The

recommendation on Financial Performance is addressed in Section 9 below.

Recommendations made based on the external auditor's observations during the interim and final audits have been accepted and implementation progressed.

## **6. Internal Audit**

I confirm implementation of the accepted recommendations made by Internal Audit.

The Mid Year Assurance Statement has been received from Internal Audit and the following audits have received limited assurance:

- **Absence Management:** Limited assurance is provided on the basis that there were inaccuracies in the working days lost recorded on the HRMS system and that the testing of the compliance with the Trust Managing Attendance Protocol and Procedure did not indicate evidence of management adherence, in all cases.
- **Management of Client Monies in Independent Sector Homes:** While Internal Audit provided an overall satisfactory opinion there was a limited assurance re management of client monies in Castleview PNH. This Limited Assurance related to the lack of an appropriate system for charging for the use of transport which is fair and equitable for all residents.

The issues identified and the recommendations made are being addressed by the managers responsible.

Internal Audit also identified inaccuracies in the area of reporting on target times for the allocation of family support pathways in respect of childcare cases. This, together with absence management reporting as referred to above, has been identified as an area of concern by the Audit Committee and comprehensive action plans are being drawn up to prevent recurrence.

## **7. RQIA and other reports**

I confirm that all accepted recommendations from RQIA Pseudomonas and Mixed Gender reviews, RQIA Environmental Cleanliness and Hygiene Inspections and the 'Time to Intervene' NCEPOD report are being implemented.

## **8. Performance against Departmental Objectives**

I confirm satisfactory progress towards the achievement of the objectives and targets set by the Department, including PfA targets, with exceptions as follows:

### **Unscheduled care – Targets for Accident & Emergency Services**

The Trust is committed to substantially improving performance against the 4 hour target for throughput in the Emergency Departments (ED) and eliminating 12 hour waits in all but very exceptional circumstances. Consistently the Trust achieves well over 90% within 4 hours for non complex and minor cases, and it is the challenge of managing an increasing proportion of more complex cases for adults, and increasingly for older people, that largely affects the overall performance. A greater proportion of complex cases will require admission and this places demand on in-patient bed capacity and the ability of the system overall to cope with demands. A comprehensive action plan is in place to address the issues, acknowledging that these span the whole system. Actions include consultant vetting of admissions from ED at peak times, supporting nurses to discharge patients where clinically appropriate, increasing the number of daily ward rounds to ensure effective use of beds, increased pharmacy support at ward level and timely multidisciplinary assessment within discharge planning. Some improvements have been achieved and efforts will continue, with actions being revised and updated as we continue to give this issue very focussed attention. Further progress towards achievement of these targets is also dependent on expansion of inpatient capacity and the physical capacity of the Emergency

Department. The new build ward and Emergency Department will come to fruition at Antrim Area Hospital in spring 2013. This will provide a significant opportunity for further improvement as we move into the 2013/14 year.

### **Hospital Waiting Times - Elective Care (In-patients, Day cases and Out-patients)**

The Trust does not have sufficient internal capacity to treat all those requiring treatment within the Ministerial target waiting times. The Trust submits plans on a quarterly basis to the Health and Social Care Board (HSCB) to carry out additional elective work (both within the Trust and with the use of the Independent Sector) that will reduce waiting times for specialties where demand continues to exceed our capacity. 'Back-stop positions' are agreed with the HSCB and the Trust continues to work to these adjusted positions, acknowledging that some exceed the original PFA targets but are accepted by the HSCB as an interim target position in acknowledgement of the demand/capacity imbalance. The Trust continues to work closely with the HSCB to agree and work to the best achievable waiting times. In some specialties imbalance between supply and demand makes the achievement of Ministerial waiting times challenging in 2013/2014 also.

### **Child Protection Case Conferences, and Family Support Services**

The Trust will continue to work towards ensuring child protection case conferences are held within 15 working days; plans in place are expected to generate very significant improvement over 2011/2012 outcomes.

Staffing capacity and increasing demands had an impact on the assessment and completion of family support interventions within 10 days of being allocated. The Trust will continue to work with the HSCB and with other Trust colleagues regionally to consider how best performance in the assessment and completion of family support interventions within 10 days of being allocated can be improved upon.

## **Learning Disability Discharges**

From April 2012, the target has been to ensure that all patients with a learning disability admitted for assessment and treatment are discharged within 7 days of the patient being assessed as medically fit for discharge. The Trust has indicated from the outset of the year that this target will not be achievable as the needs of individual clients are often bespoke and complex, and adequate time is needed to both put the arrangements in place and assist the individual in preparing for that change of environment. The Trust believe that it will not be possible to meet this 100% target safely.

## **Learning Disability Resettlement**

The Trust is committed to the resettlement of patients with a learning disability living in hospital and has been working through regional arrangements in this regard. Remaining patients to be resettled are extremely complex and diverse in their needs and for a range of reasons progress in achieving resettlements is slower than had been planned. The Trust continues to work closely with the HSCB and the wide range of stakeholders in progressing the resettlement programme.

## **Psychological therapies**

The Trust has been working hard to create extra capacity on an interim basis (staff working additional hours for example) to meet the increasing demand for this service. However despite these efforts the total demand currently exceeds capacity. The Trust is working closely with the HSCB to develop a sustainable model, mapping Trust capacity to current demand and working across primary and secondary care.

## **9. Significant Internal Control Problems (Directors)**

### **Finance**

The Trust has projected the likely outturn in 2012/13 is a deficit on its Statement of Net Expenditure account of approximately £4million. This will be after delivering savings of £10.8million associated with the TYC target levied on the Trust in 2012/13. The savings are monitored on a monthly basis by a Programme Board and there are monthly Financial Accountability meetings to identify and correct any shortfall. The Trust has been in discussion with the HSCB about its transitional arrangements to achieve a sustainable breakeven position by 1st April 2013.

### **Medical Staffing**

Medical staffing recruitment continues to be an area of concern for the Trust. The Trust is doing everything possible to fill medical vacancies. Currently there are five consultant posts vacant in the general medicine consultant rota at Causeway Hospital. The Trust recognises the potential adverse impact on the quality of care when rotas are populated with high numbers of temporary medical staff and endeavours to recruit permanent replacements in 4 out of the 5 posts, with one post already confirmed with a substantive replacement.

### **Delegated Statutory Functions (DSF)**

The Trust has agreed action plans with respect to adult and childrens' services with HSCB to address areas for improvement in the discharge of DSF identified in the 2011/12 report. This is subject to ongoing monitoring within the Trust and between the Trust and HSCB.

## **Serious Adverse Incident**

A Serious Adverse Incident in relation to the follow up of a radiological report is under investigation and the formal report is expected soon.

### **10. Mid-year assurance report from Chief Internal Auditor**

I confirm that I have referred to the Mid-Year Assurance report from the Chief Internal Auditor, which details the organisation's implementation of accepted audit recommendations e.g. Controls Assurance Action Plans and Risk Register Action Plans.

**CHIEF EXECUTIVE & ACCOUNTING OFFICER**

October 2012