

WESTERN HEALTH AND SOCIAL CARE TRUST
ANNUAL REPORT AND ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2018

Laid before the Northern Ireland Assembly under Article 90(5) of the Health and Personal Social Services (NI) Order 1972 by the Department of Health (formerly known as the Department of Health, Social Services and Public Safety)

On

29th June 2018

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1.0 PERFORMANCE REPORT

1.1 Performance Overview

1.1.1 Purpose and Activities

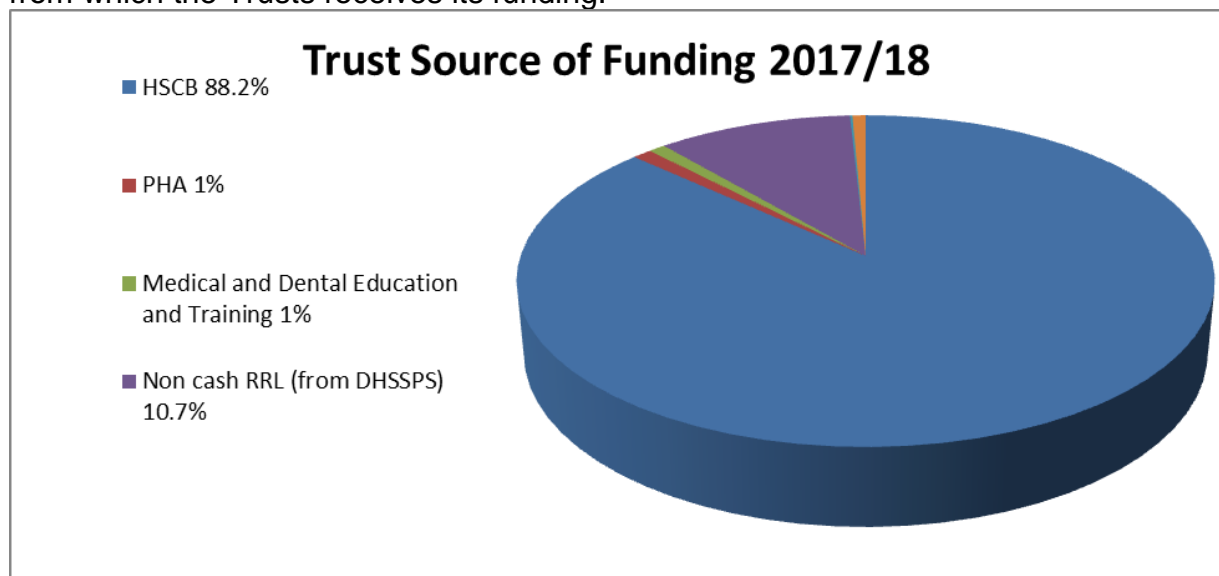
The Western Health and Social Care Trust is a statutory body that was established on 1 April 2007 following the Review of Public Administration. The Trust brought together the delivery of Health and Social Care that was previously provided by three separate Trusts: Altnagelvin Hospitals Trust, Foyle Trust (including Westcare Business Services) and Sperrin Lakeland Trust.

The Western Trust provides health and social care services across the western part of Northern Ireland covering a geography that stretches from Limavady in the north to Fermanagh in the south serving a population of approximately 300,000 people.

The Western Trust employs approximately 12,500 staff from across the following professional disciplines:

- Medical and dental;
- Nursing and midwifery;
- Social services;
- Pharmacy;
- Allied Health Professionals (AHPs);
- Administrative and clerical;
- Estates
- Other specialist professional and technical.

The Trust spends over £704 million annually on the delivery of health and social care services to its resident population. The chart below illustrates the various sources from which the Trusts receives its funding.



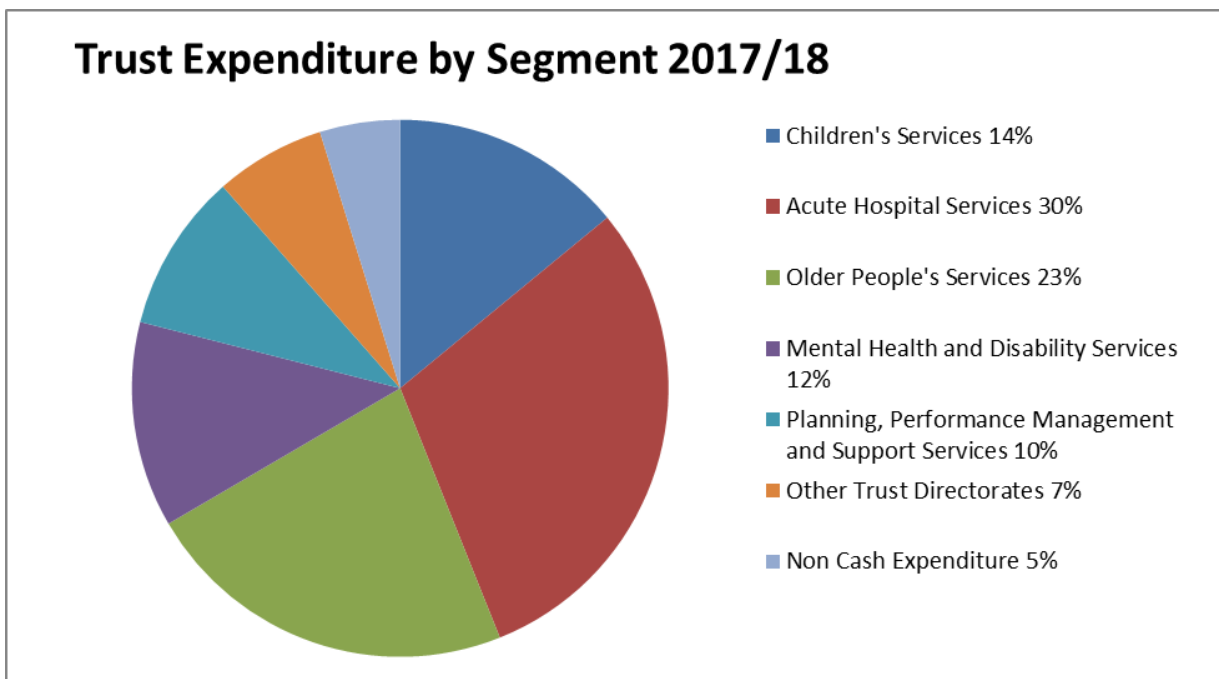
The Trust provides services across 4,842 sq. km of landmass and delivers services from a number of hospitals, community based settings and in some cases directly in individuals' homes. This comprehensive range of services is provided through the following Directorates:

- Acute Services;
- Adult Mental Health and Disability Services;
- Primary Care and Older People's Services;
- Women and Children's Services.

The Service Directorates are supported by:

- Chief Executive's Office;
- Finance & Contracting Directorate;
- Human Resources Directorate;
- Medical Directorate;
- Performance and Service Improvement Directorate;
- Strategic Capital Development Directorate.

The expenditure incurred in each of the above areas is shown in the Chart below.



Acute hospital services are delivered in Altnagelvin Hospital, Londonderry and the South West Acute Hospital (SWAH), Enniskillen. The Trust has taken ownership during 2017/18 of the new Omagh Hospital & Primary Care Complex, which is a replacement for the Tyrone County Hospital, Omagh and which is a local enhanced hospital providing a range of rehabilitation and palliative care services. In addition, Lakeview, a learning disability hospital, Grangewood, a mental health in-patient unit and Waterside Hospital, a rehabilitation and mental health facility for older people, are all based in Gransha Park, Londonderry. The Tyrone & Fermanagh Hospital provides a range of acute mental health in-patient services for adults and older people.

Social services and many other Trust services are delivered in community based settings, often in partnership with organisations in the private, community and voluntary sectors.

In the Trust Corporate Plan 2017-2021, the Trust has identified six core values to support a patient / individual centred and community focus:

1. **Excellence** – We are committed to high quality, safety and accountability in our services to individuals’ families & communities.
2. **Commitment** – We strive for working environments which promote growth, learning and development, teamwork, pride, creativity, loyalty and trust.
3. **Integrity** – We believe integrity is the foundation for individual corporate actions. We adhere to the values of honesty, openness and respect for all.
4. **Equality** – We promote equality and fairness for all.
5. **Partnerships** – We are committed to working in collaboration with service users, communities, policy makers, commissioners, trade unions and other service providers and to making co-production and co-design the basis for our service planning and delivery.
6. **Efficiency** – We will ensure our resources are used as efficiently and effectively as possible.

The Trust aim is: “**to provide high quality patient, people-centred services through highly valued and engaged staff**”. This aim incorporates the Trust Shared Purposes of:

- We will deliver the best outcomes;
- People will experience safe, compassionate and high quality care;
- Collaboration will be how we work;
- People will be proud to work for us;
- We will be a learning organisation.

The Trust has identified seven key outcomes which will support the achievement of its aim, shared purposes and values:

1. Person Centred Health and Well-being;
2. Giving Every Child the Best Start in Life;
3. Engage Workforce with High Morale;
4. Modern Environments;
5. Valuing Every Person;
6. Financial Sustainability;
7. Collaboration.

1.1.2 Chief Executive Overview of Performance

In 2017/18 the Trust continued to deliver excellent performance for the year in Cancer Services. In particular the Trust’s strong track record in its 14 day and 31 day cancer performance was supported by sustained good performance in its diagnostic services. The opening of the North West Cancer Centre will see increasing activity and monitoring of cancer services as the service becomes fully operational.

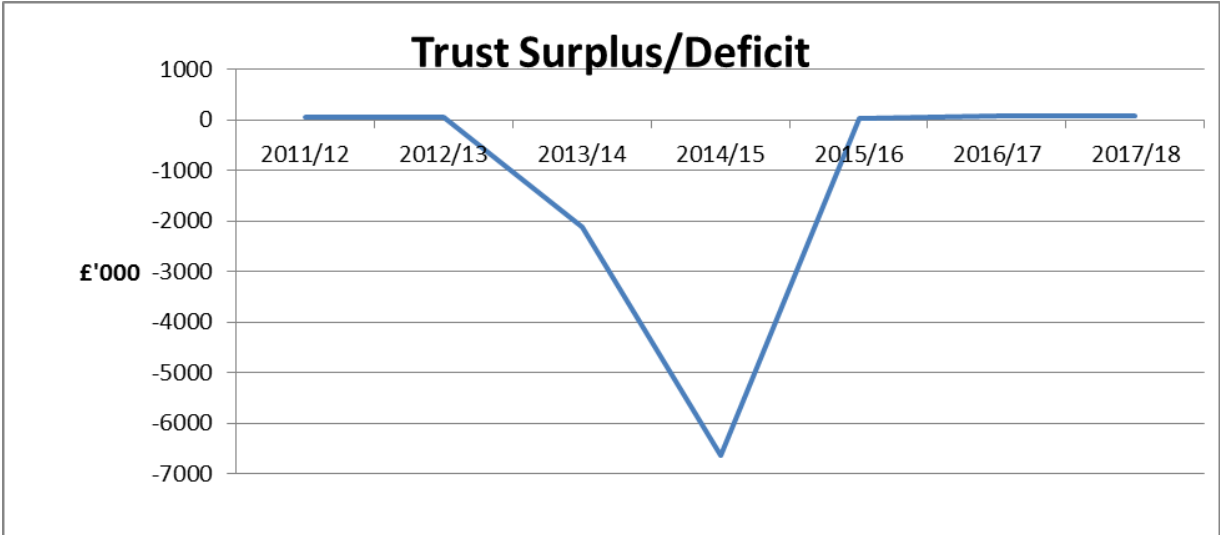
The Trust has continued throughout 2017/18 to deliver the best performance regionally for Outpatients, and as at end March 2018, 30% of patients were seen within the 9 week standard. The Trust does however have over 11,039 patients waiting in excess of 52 weeks. The Trust has deployed Waiting List initiative (WLI) and Independent Sector funding where possible to support this position, and this has been particularly effective in endoscopy, echoes and breast.

The increase in unscheduled care demand which occurred in Winter 2016/17 was sustained into 2017/18 and impacted on elective Inpatient and Day Care (IP/DC)

performance, with unscheduled demand escalating into scheduled care capacity. Performance was particularly affected from November onward. This impacted on the Trust’s scheduled work and priority over this period was given to patients classified as “red flag” and clinically urgent and routine patients were delayed in their treatment as per the regional directive in terms of cancelling elective outpatients and surgery.

In common with the rest of the Public Sector and with the Health and Social Care system, 2017/18 has been another year of significant financial challenge. The Trust has worked closely with the Department of Health and HSC Board throughout 2017/18 as part of the regional financial planning process. The Trust has achieved a breakeven position for 2017/18 mainly due to the allocation of additional non-recurring funding and the implementation of a range of low impact savings measures. The Department of Health has recognised a number of exceptional financial pressures pertaining to the Trust which include costs associated with medical locums and Looked After Children as well as enhanced medical and nursing staffing within the ED Departments (Altnagelvin and SWAH).

Within this context the Trust has reported a small surplus of £0.073m for 2017/18. The Trust’s breakeven performance over the past 6 years is shown in the chart below.



The Trust benefited from £41m of capital investment during 2017/18 with a significant amount of this expenditure being allocated to Phase 5.1 of North Wing at Altnagelvin, Rathview Mental Health Extended Recovery and Rehabilitation Unit (Omagh) and Additional Theatres (Altnagelvin). Further details of the Trust’s capital structure can be found in Notes 5 and 6 to the Accounts in Section 3 of this document.

The accounting policies adopted by the Trust during the year followed International Financial Reporting Standards (IFRS) to the extent that they were meaningful and appropriate to HSC Trusts. Where a choice of accounting policy was permitted, the accounting policy which was judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view was selected. The Trust’s accounting policies have been applied consistently in dealing with items considered material in relation to the accounts. There have been no significant changes to accounting policies in the year.

The Trust is not currently aware of material uncertainty related to events or conditions that may cast significant doubt upon the Trust's ability to continue as a going concern.

1.1.3 Key issues and risks affecting achievement of the Trust's objectives

The Western HSCT continues to be reliant on Medical locums to fill gaps in Consultant Posts, Staff grade Posts and Training Grade Posts. Currently the WHSCT has 169.34 wte vacancies which are being filled with 93.5 wte agency locums and 41.275 wte NHS Trust locums. The remaining deficit (34.5 wte) is filled by NHS consultants doing additional work and occasional ad hoc locums. The consultant grade has a 21% vacancy rate while staff grade posts have a vacancy rate of 43%. Training grade posts in the Trust have a vacancy rate of 16%. Vacancy rates at all grades are proportionately higher in the South West Acute Hospital than Altnagelvin.

The Trust has a successful International recruitment programme which to date, has attracted and retained 35 doctors with a majority being placed in the South West Acute Hospital to address their more acute recruitment issues. Many are still on an initial first year locum contract but it is hoped the majority will progress to permanent employment. An additional 15 successful applicants are currently proceeding through the international recruitment processes.

The clinical and financial burden of locum posts in the Western HSCT continues to rise. The cost of medical locums for year 2017/18 was £27 million.

The Trust continues to face increasing demand from unscheduled care admissions, particularly into Altnagelvin Hospital which results in the Trust having to prioritise red flag and urgent patients over routine elective patients, and impacts elective performance at times of increased pressure from unscheduled demand. Waiting times for a number of specialties continue to extend due to the shortfall in commissioned capacity within the Trust, currently or in prior years. This has particularly impacted: Gastroenterology (OP), Neurology, Orthopaedics (IPDC) and General Surgery.

During the year the Trust put in place service improvement and recovery plans in a number of non-acute areas, including CAHMS, AHPs, Autism and delayed hospital discharges. Improvement in most areas was secured. However the lack of WLI/in-year funding support did affect the Trust's ability to improve its position in Psychological Therapies and sickness absence/maternity leave levels caused the improving AHP position to deteriorate towards the end of the year. The Trust has been unable to secure any improvement in its community paediatrics service due to workforce gaps and its performance in the discharge of complex patients remains a challenge.

1.1.4 Outline of Organisational Performance

Key Achievements during 2017/18:

Cancer Services

- During 2017/18, 100% of urgent breast cancer referrals were seen within 14 days, against a target of 100%.
- During 2017/18, 99.7% of patients diagnosed with cancer received their first definitive treatment within 31 days of a decision to treat, against a target of 98%.
- During 2017/18, 89% of patients urgently referred with a suspected cancer began their first definitive treatment within 62 days, against a target of 95%.

Fractures

- During 2017/18, 91% of patients, where clinically appropriate, waited no longer than seven days for inpatient fracture treatment, against a target of 95%.

Specialist Therapies

- As at 31 March 2018, no patients were waiting longer than three months to commence NICE approved specialist therapies for arthritis or psoriasis.
- As at 31 March 2018, 2 patients were waiting longer than three months to commence NICE approved specialist therapies for MS.
- As at 31 March 2018, no patients were waiting longer than 6 weeks to commence specialist drug treatment for Wet AMD for the first eye and 6 weeks for the second eye.

Elective Access

The Trust achieved the following outcomes against the core contract with the Commissioner from 1 April 2017 to 31 March 2018:

- 25,795 Elective Inpatients (Admissions) & Day Case patients.
- 60,631 New Outpatient Attendances
- 107,959 Review Outpatient Attendances.
- 20,089 Fracture Outpatient Attendances.
- 258,787 Imaging

Diagnostics

- As at 31st March 2018, 85% of patients, waited no longer than 9 weeks for a diagnostic test against a target of 75%.
- During 2017/18, 94% of urgent diagnostic tests were reported on within 2 days of the test being undertaken.

Delayed Discharges

- During 2017/18, 82% of complex discharges from an acute setting took place within 48 hours, against a target of 90%. During 2017/18, 98% of all mental health discharges took place within 7 days of the patient being assessed as medically fit for discharge, with 1% taking more than 28 days.

Children's Services

- By the end of March 2018, 79% of care leavers aged 18-20 years were in education, training or employment.

Stroke Services

- By the end of March 2018, the target of 15% was exceeded with over 18.4% of all ischaemic stroke admissions receiving thrombolysis.

Direct Payments

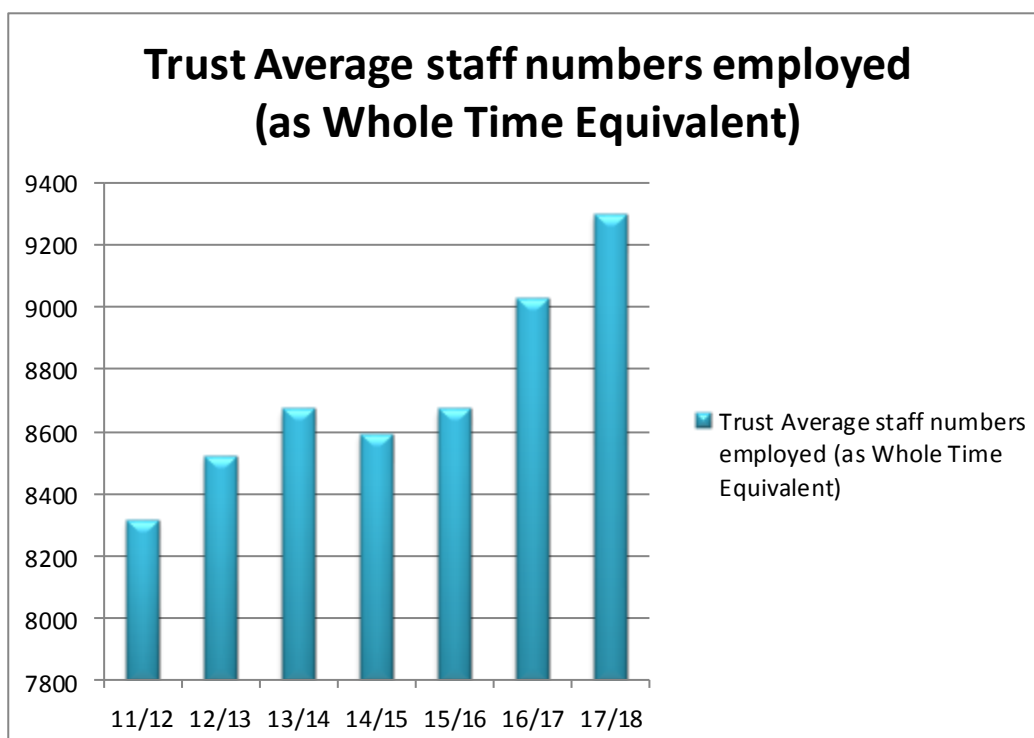
- By the end of March 2018, Direct Payments uptake had increased to 804 against the Trust target of 686.

Financial Performance

- The Trust income during the year was over £704m and it remained within its budget by £73,000.
- The Trust paid 92.2% (by value) of its creditors within 30 days and 89.8% (by volume) / 74.4% by value and 75.7% by volume within 10 days.
- The Trust remained within its capital budget for the year expending £41m on equipment, vehicles and capital schemes.
- Trust management costs during 2017/18 were 3% of its income.

Statistics

- During 2017/18 the WHSCT had 116,098 attendances (*new & unplanned reattenders*) at ED Departments. This was an increase of 3,414 (3%) on 2016/17. 89% patients commenced treatment within 2 hours of triage in Emergency Departments.
- There were 3,929 births at Altnagelvin Hospital and the South West Acute Hospital;
- The number of compliments received during the year was 6,179. The total number of formal complaints received was 461.
- The average number of whole time equivalent staff employed by the Trust during the year was 9,321. The trend over the previous six years is shown below.



1.1.5 Other Performance Issues

Financing Implications

There have been no significant changes in the Trust's objectives and activities during the year. The Trust, in common with other HSC Trusts, draws down cash directly from DoH to cover both revenue and capital expenditure. The Trust is not permitted to draw cash in advance of need for the purposes of investment and none of the public fund bank accounts earns interest.

Long Term Liabilities

The most significant long term liabilities of the Trust arise in two areas. The first relates to amounts due under two existing Private Finance Initiative (PFI) contracts and the second relates to provisions for future legal claims.

The PFI contracts were entered into to provide the financing for a new Laboratory and Pharmacy building at Altnagelvin Hospital and the second was for the construction of the South West Acute Hospital in Enniskillen. The charges to the Trust under both contracts depend to an extent on movements in the Retail Prices Index for interest rate changes. The overall PFI liability for the two contracts as at 31 March 2018 was £125m. Further details of the PFI charges can be found in Note 18 to the Accounts in Section 3 of this document. The net book value of the two relevant assets was £236m as at 31 March 2018.

In relation to legal claims, the Trust provides for potential liabilities regarding ongoing legal cases and further detail on these costs is available in Note 15 to the accounts. At 31st March 2018, the Trust provided for potential future legal liabilities of £27m. These costs are met in full as they arise by funding from the Department of Health.

Employee issues

The cumulative rate of absence for all Trust staff during 2017/18 was 7.02%.

The Trust positively promotes the objectives and principles of equality of opportunity and fair participation and observes its statutory obligations in relation to all of the Section 75 groups in the Northern Ireland Act (1998).

Disability Policies

Under Section 49A of the Disability Discrimination Act 1995 (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006), the Trust is required, when carrying out its functions, to have regard to the need to:

- Promote positive attitudes towards disabled people; and
- Encourage participation by disabled people in public life.

Under Section 49B of the Disability Discrimination Act 1995, the Trust is also required to submit to the Equality Commission a plan showing how it proposes to fulfil these duties in relation to its functions.

The current Trust Disability Action Plan was developed in May 2014 and covers the period until 30 April 2017. The Trust has been working closely for a number of years with people with disabilities and with their advocacy groups to promote positive attitudes towards disabled people and to encourage their participation in public life.

The Trust's Action Plan sets out a number of examples of good practice initiatives that have been implemented in this area.

The Trust has a well-established Disability Steering Group, membership of which includes service users, regional and local representative groups as well as other interested parties. The Steering Group takes the lead in implementation of the Disability Action Plan.

Accounts and Audit

The Trust has prepared a set of accounts for the year ended 31 March 2018 which have been prepared in accordance with Article 90(5) 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. The Trust accounts are set out in Section 3 of this document.

The Trust's External Auditor is the Comptroller and Auditor General who sub-contracted the audit to Grant Thornton for 2017/18. The Trust was charged £52,000 for the statutory audit of the accounts (£ 47,000 for Public Funds and £5,000 for Endowments and Gifts).

1.2 Performance Analysis

1.2.1 Directorate Analysis

1.2.1.1 Acute Services

Throughout the challenges encountered throughout 2017/18 staff in the Directorate have continued to provide high quality acute services to patients across 3 hospital sites of Altnagelvin, South West Acute Hospital and the newly opened Omagh Health and Primary Care Centre.

During the year, the management structure within the Directorate has been changed, and services in the Directorate are now led by 3 Senior Management Teams (i.e. Altnagelvin, SWAH & OHPCC, and Cancer & Diagnostics), supported across the Directorate by Pharmacy.

Altnagelvin

As part of the Trust improvement Scheme event held in May and based on feedback from General Practitioners through HSCB Unscheduled Network the Clinical Decisions Unit (CDU) at Altnagelvin was reconfigured on a trial basis to an Ambulatory Care Unit. Ambulatory Care allows patients to be referred by their GP and be seen the same day by an Acute Physician. It offers GPs direct access to a senior clinician by telephone. Ambulatory offers an alternative to managing patients in an Acute bed through diagnosis treatment intervention on an outpatient basis. The Lead for this work has hosted a regional visit so others can learn from our approach.

Outpatient Reform

Sleep Apnoea Project –To date 435 patients have been removed from new routine waiting list and managed via this new pathway. Abstract and poster have been submitted for ITS and Trust Quality Showcase event. Plans are in place to scale up the project to Omagh and SWAH sites. Recruitment (temporary) of a Clinical Physiologist to support this is in progress.

CPAP QICR project –Successful outcomes have been realised following 4 months of project implementation.

Development of Chronic Cough pathway has commenced and is currently being led by one of our local GP's.

Altnagelvin Site

Accident and Emergency refurbishment which includes, new Triage facilities, procedure room, 4th Resus space, office space, centralised storage, changing rooms, relatives room and Department Manager's office has started and is progressing well.

Four Band 2 A&E nursing auxiliary staff have commenced their Level 3 Diploma in clinical skills which will be of great benefit to the Emergency Department.

Funding has been secured for a Rheumatologist post, and the recruitment process has commenced.

Thirty five pre-reg student nurses have been allocated in August 2017 to permanent and temporary vacancies across Emergency Care and Medicine and Unscheduled Care wards - they will be in post from October 2017.

The Renal Unit entered the best kept garden competition run by the Northern Ireland Amenity Council in July and were awarded 1st place in September. The Department was presented with the award of Best Kept Health Care Facility in Western Region 2017.

Linda McDaid, Sister, Critical Care Outreach Service at Altnagelvin, presented her MSc project *'The Effect of a Critical Care Outreach Service Intervention on Patient Outcomes in the Management of Acute Kidney Injury (AKI) in Hospital'* at the British Association of Critical Care Nursing, International Conference, London during September.

Orthopaedics – There have been positive outcomes and improvements in the National Hip Fracture Database Audit, particularly regarding mortality rates.

Following a regional exercise the Trust has worked over the last two years to agree a number of developments for the trauma and orthopaedic service. Investments totalling over £2.5m has been agreed and will address areas for development.

1. Implementation of the virtual fracture triage clinic. This will ensure that all outpatient referrals are triaged by an orthopaedic consultant within 72 hours. This will ensure patients' pathways are more clinically appropriate, safe and timely. This will reduce consultant fracture clinic demand through reducing appointments, and by having patient pathways for nurse led and hand therapy pathways developed.
2. Development of AHP and nursing services for patient reform. This will improve patient experience by ensuring patients are seen by the correct professional group. This includes one stop multidisciplinary clinics. We will recruit an extended scope upper limb physiotherapist, 3 more staff for the hand therapy service, and a foot and ankle specialist nurse and technician.
3. Recruitment of 2 orthopaedic consultant surgeons. One lower limb arthroplasty the other upper limb shoulder subspecialty. This will allow an additional 7 theatre sessions to be utilised in the new daycase theatre. 3 of these sessions and 10 additional beds for trauma will address the capacity deficit in trauma inpatient care. The service will be able to stop bringing daycase patients through inpatient beds. Staffing resource for service reform to ensure effective patient flow and patient experience is included in this bid. For example recruitment of physician staff and nurse practitioners for trauma. Also recruitment of AHP and theatre staff to allow 52 week cover including weekends.

These services welcome this investment but it is important to recognise the elective capacity gap in orthopaedics remains significant. Further investment to address this gap and ensure full utilisation of the available day case theatres will be required.

General Surgery - Pilot of 20 patients to undergo day case laparoscopic cholecystectomies commenced in OHPCC in October 2017. The pilot is expected to finish mid-March 2018 with a report available for the new financial year. If the pilot is successful these procedures will continue in OHPCC and will reduce waiting times and improve theatre utilisation.

South West Acute Hospital (SWAH) & Omagh Health & Primary Care Complex (OHPCC)

In June 2017, services were relocated from the Tyrone County Hospital site to the new facility at the Omagh Hospital and Primary Care Complex (OHPCC), where clinical care and treatment to patients and clients are provided in modern, well designed surroundings, using the latest technologies and equipment. The transition was very smooth with minimal disruption to services during the period of the move. OHPCC has received a commendation in the Civic Trust Award 2018 for making a significant contribution to the quality and appearance of the built environment.

The South West Acute Hospital became the Northern Ireland (NI) Regional Centre for the European Trauma Course (ETC) and delivered the inaugural course in October 2017. The ETC is an innovative life support course for doctors and other health care professionals that are involved in the acute care of major trauma patients. As the NI Regional Centre for the ETC the SWAH will make an important contribution to trauma care locally and regionally going forward.

During the year the medical workforce has been stabilised through the appointment of a number of medical consultants across various specialities, including Acute Medicine, Cardiology, Obstetrics / Gynaecology, Anaesthetics, and Emergency Care. The strengthening of the medical workforce will support the continued delivery of high quality acute care in the Southern Sector of the Trust.

There are a number of significant Quality Improvement initiatives underway at both SWAH and OHPCC. Nursing staff are working to improve direct patient care through ensuring patient pathways are patient centred, efficient and effective. Four projects have been submitted to the NI ECHO programme, which is a new initiative aimed at providing complex care to patients with complex and long term conditions, in their local community.

Dr Campbell Brown, a consultant in Emergency Medicine at the SWAH was appointed as part of the new Helicopter Emergency Medical Service (HEMS) which commenced in July 2017. HEMS provide a trauma service to the most critically ill patients throughout Northern Ireland. The new service has improved rapid response time to trauma, and ensures access to top quality trauma care, regardless of location, by bringing the hospital to the patient.

Cancer & Diagnostics

In March, the Health and Wellbeing Campus was opened at the Altnagelvin site. The Campus was developed in partnership with Macmillan Cancer Support, and is the first of its kind in Northern Ireland. It supports people affected by cancer and other long-term conditions in the Western Trust, as well as people from the Republic of Ireland and Northern Health and Social Care Trust who are attending the Northwest Cancer Centre for treatment. The campus brings together important services in one place, making it easier for people to find the support they need. Services include information

and signposting to local services, counselling, hairdressing and wig service, breast prosthesis fitting, complementary therapies, gentle exercise and welfare benefits advice. The new facility is a short walk from the North West Cancer Centre, Northern Ireland's second facility dedicated to cancer care, which is also based on the Altnagelvin hospital site.

Almost one in two people will face cancer in their lifetime, and many find dealing with a cancer diagnosis very confusing and isolating. The Health and Wellbeing Campus will support patients at what can be a life-changing time.

Pharmacy

Pharmacy extended its weekday dispensary opening hours in Altnagelvin Hospital (to 7pm) and the South West Acute Hospital (until 6.30pm) in May 2017. A clinical pharmacist also is available on the Acute Medical Unit & the Medical & Surgical Assessment Unit until 8pm (Monday to Friday). This change supports the safe and timely discharge of patients as well as ensuring that patients get the right drugs on admission.

A new Medicines Optimisation Group was established to oversee the implementation of the Medicines Optimisation Regional Efficiency Programme including the use of cost effective medicines choices, the NI Medicines Formulary and generic prescribing.

Pharmacy has continued to embed a Quality Improvement culture with projects being carried out in the Altnagelvin Patient Services department and at ward level across all sites. There was specific focus on effective antimicrobial stewardship. Daryl Connolly has been part of the Scottish Quality & Safety Fellowship cohort 10.

New Pharmacy services were put in place throughout the year to areas such as mental health (cross-Trust), the new Cancer Centre, respiratory outreach (southern sector) and older people including a medicines adherence service. Pharmacy Technician roles continue to be developed to ensure best use of skill mix.

Suzanne O'Sullivan, Mental Health Pharmacist, was named Tutor of the Year, nominated by QUB and Ulster Pharmacy undergraduates and Tutors. Suzanne is one of a number of pharmacists who provide ward-based clinical pharmacy placements for 3rd and 4th year pharmacy undergraduates.

The pharmacy older people's team was successful, along with colleagues in the NHSCT, in being awarded the Patients as Partners 2017 - Making Health and Social Care Patient Friendly Award. This was awarded at a ceremony at the Kings Fund. The submission was entitled, 'Medicines Optimisation in Older People: Refining and reproducing an innovative patient centred, case management model for older people in care homes and intermediate care. The WHSCT Team consisted of Carmel Darcy, Ruth Miller, Nuala McGeough, Rory McSorley, Sabrina Parkhill and Anne Friel.

1.2.1.2 Adult Mental Health and Disability Services

Adult Disability, Sensory & ASD Services

Spruce House Reform

Spruce House reform continues with the ultimate aim “To become a centre of excellence for the rehabilitation of patients with acquired complex neuro-physical and cognitive disabilities in the Western Health and Social Care Trust”. To date additional resources have been introduced to the AHP staff to facilitate the rehabilitation process. A business case to take forward the refurbishment of the rehabilitation space has been submitted for consideration, this will provide a dedicated area for patients to utilise the AHP services separate from the clinical ward space. The reform steering group meet on a regular basis and includes a representative from “Friends of Spruce” who represents the patients and carer view.

Key Issues

- Clients with cognitive deficits under the age of 65 who experience confusion secondary to damage related to their alcohol misuse have no commissioned service available to meet their needs. This can result in delay in the delivery of community based services best suited to meet their needs.
- There is a steady increase in the number of young people transitioning from children’s ASD services who require a range of services to meet their needs. A scoping paper has been completed identifying additional resources within the Adult ASD service to meet the needs of this group and also adult services users post assessment.
- There continues to be ongoing challenges around the provision of an adult service to meet the needs of those young people with complex health care needs post 18 years old.
- Challenges continue regarding accessing domiciliary care across the Trust particularly in the more rural areas of the southern sector. This in part is due to the lack of care staff within the contracted Independent Providers.
- The recruitment into vacant social work posts is problematic due to the lack of available social workers. The impact of this on the ability of the directorate to carry out the delegated statutory functions is being monitored whilst a solution is sought.

Areas of improvement

An improvement project in relation to Foyle Disability Resource Centre has now been completed and has resulted in the introduction of person-centred Health and Wellbeing plans designed as a co-production initiative between staff and members. The members also voted to change the name of the centre to Glenoaks to promote the positive aspect of the centre and remove the explicit association with disability.

A pilot project in relation to the management and screening of referrals has been introduced to Shantallow Disability team and will be reviewed in the next two months to assess the impact on the team’s ability to manage workloads in a more effective, efficient manner. Two members of staff are currently completing the regional Quality Improvement in Social Work course.

Adult Mental Health Services Accommodation Strategy for Mental Health

A review of mental health residential accommodation has commenced with the appointment of a Service Manager to ensure adequate and a variety of accommodation to suit service user needs and demands. The review will include all accommodation stock with the potential to increase Supporting People living over the next 5 – 10 years:

- Develop a variety of accommodation facilities to meet complex individual needs;
- To provide rehabilitation, both short and long term tenancies;
- Work in partnership with the Northern Ireland Housing Executive, Health & Social Care Board and Public Health Authority to develop realistic alternatives to inpatient care.

Developing Crisis Response and Home Treatment services in southern sector

A multidisciplinary Crisis Response and Home Treatment team has been established in the southern sector of the Trust providing single point of access to people experiencing mental health crisis for all 24 hour periods, 7 days per week.

The service aims to provide treatment as close to home for people as possible including community-based alternatives to admission to hospital through:

- Single point of access assessments, including urgent response to referrals from GPs and the Emergency Department at SWAH across the 24 hours period;
- Development of home treatment capacity;
- Development of acute day care;
- Development of a community crisis house service in Omagh, Rathview House will open early summer 2018. It will have 6 beds registered as Nursing Home care to provide alternative to hospital, step up step down beds. There is a small cohort of patients, six, who are awaiting the opening of Rathview House. This will complete the resettlement programme with the exception of two complex individuals. The Head of Service who are involved in the closure of the final long stay wards are progressing the placement of these two individuals.

A Service Improvement Programme is progressing within the southern sector to develop the Crisis Response Home Treatment Team and to address aggression on Elm and Lime wards.

Supported Accommodation/ Recovery Service

The development of Rathview Mews due to open early summer 2018 will provide transition housing with care service through the provision of 12 self-contained flats. It is for service users who require higher levels of support rather than care as they transition from long term institutionalised care to a community setting. The recovery and rehabilitation ethos are central to its model of service delivery. It will afford individuals with varying degrees of mental health illness and complex needs appropriate accommodation which will optimise potential for independence and community living.

Implementing Day Care Reform

A Service Manager has been appointed to enable the implementation of Day Care Reform to be taken forward. The reform of Day Care will provide a person-centred, flexible day care service which meets the aspirations of people with serious mental health problems and supports them to progress to 'mainstream activity' beyond the centre.

The service will be based on Recovery principles with a focus on social inclusion and community integration. There will be a continuum of services from time-unlimited to shorter term programmes and individualised day opportunities, not constrained by traditional 9am - 5pm boundaries. There will be cross sectoral working and close links with partner organisations to avoid duplication of services and to ensure value for money.

All Day Centre/Day Opportunities have embraced the Recovery principles and are working more closely with Recovery teams to ensure person centred individual tailored programmes to meet the needs of the service users. A greater emphasis has been on collaborative working with the service user at the centre of the process, and also more carer involvement has been encouraged.

All Day Centres/Day Opportunities are working closely with the Recovery College to ensure that appropriate courses are being offered and all courses are co-produced and co-delivered by staff and service users.

All Day Centres/Day Opportunities now include outreach work as part of their weekly programme in order to enhance social inclusion, and also to work with those Service users that may not benefit from attending a centre.

Training has taken place with all Day Centres/Day Opportunities staff to provide the opportunity to all staff to enhance their skills; to have a greater understanding of the vision for Day Care; and to allow for greater networking and support systems for each other.

Asha Centre

The addiction unit (Asha Centre) opened in November 2016 and is part of the regional 30 bed provision which is operating well and is predominantly full. Access into the service is arranged on a planned basis through Tier 3 community addiction teams regionally. Regional access and communication is working well and feedback from RQIA inspection has been very positive.

The Talking Therapy Hub – Northern Sector

Mental Health Services have now delivered the second year of the Wellbeing Hub, a project developed to deliver a service model that accepts patients from the GP at Step-2 level as they present with common mental health problems as defined by NICE-123. The Hub project offers care packages to best meet their needs using the stepped care model within the community and voluntary sector. The Hub promotes early intervention, prevention and social interventions, educating the client about alternative care appropriate to their needs and helping to reduce the referrals to secondary care. The ongoing and very significant interface with the Hub has developed further the relationships between Mental Health Services and our local

GPs, Community and Voluntary sector service partners and other community resources. The Wellbeing Hub has processed over 3,000 referrals, leading to significant improvements in outcomes and waiting times. The Hub has provided training to other services within the community and voluntary sector and to trainee GPs. Mental Health Services are now at an advanced stage of rolling out this project within the southern sector of the Trust with the expected appointment of a Hub Co-ordinator and administrative support by early June 2018 with an expectation of similarly high volumes of referrals. GPs in the southern sector are eagerly awaiting this development.

Adult Psychological Therapy Service – Southern Sector

The Adult Psychological Therapy Service (APTS South) has now been consolidated further in the southern sector of the Trust operating from Erne House on the Tyrone & Fermanagh Hospital site. The service has now completed its first operational year in September 2017 with ever increasing demand for service. The Trust's historical psychosexual service (adult survivors of sexual abuse & sexual dysfunction) has now been successfully absorbed into the Adult Psychological Therapy Service in the southern sector.

Key Issues

- Waiting list pressures continue to be an issue with demand outstripping supply across most of the specialist teams. Securing recurrent resources to cover gaps in service is a continuing challenge and ensuring that vacancies are filled in a timely manner is also a challenge given the financial pressures and contingency measures in the Trust. Whilst money is currently available non-recurrently and a plan has been agreed with CMT, it remains challenging as there is not the availability for staff to implement the recovery plan in full.
- Bed occupancy at the Tyrone and Fermanagh Hospital remains high with intermittent out-of-Trust admissions. The in-patient clinical team are reviewing operational systems to ensure more effective processes in relation to throughput admissions and discharge planning.

Adult Learning Disability Services

The changing demographic of adults with learning disability and their carers is similar to the general population in that people are living longer. This clearly impacts on the programme's ability to deliver on the needs of service users and carers living with a life-long disability. A number of regional reviews have indicated that Adult Learning Disability Services in the West have a significant differential in terms of investment. Work has begun to redress the inequity through additional investment by the HSCB and the Trust. This is being delivered through a facilitation model in collaboration with carers and service users.

Community Team Investment

There has been further investment in Community Teams (Phase 3) and associated infrastructure in 2017/18 to meet demand; to ensure the Community Social Work Teams can deliver on requirements around good governance; and meet assessed needs of service users and carers and meet statutory duties of the Trust. A significant Service Improvement Project has also been progressed in 2017/18 by the Professional Social Work Lead to ensure an appropriate and relevant Social Work service is available for service users and carers.

Short Breaks

The Adult Learning Disability Programme undertook a review of Short Breaks provision across the Trust area and published its report in 2015/16. The report highlights current and future provision and has been shared with the HSC Board and Local Commissioning Group. During 2017/18 the programme has worked with providers to grow capacity in this area to meet demand. Seven nursing home beds have been secured to meet the needs of adults with complex health and physical care needs. Self-Directed Support has also provided a vehicle to address short break needs of carers. Further work continues with a number of providers to increase capacity further.

Day Services Review

The HSC Board produced a strategy for the provision of Day Care/Day Opportunities for Adult Services in 2014. Each Trust has been tasked with the development of a local strategy and the Western Trust has established a project structure to support the local review, with a final report produced at the end of March 2017. This report sets out a plan of service reform over the next five years; year one of the action plan 2017/18 has seen increased capacity in day opportunities and capital works completed in a number of Day Centres.

Lakeview Reconfiguration

In 2015/16, the Programme completed the resettlement of people with complex needs into community settings. As a result the Trust has, in line with strategic direction, reconfigured Lakeview Hospital as a 10 bedded assessment & treatment unit with eight assessment and treatment beds as well as two intensive support beds. The reduction in beds requires the Programme to be community facing and where possible, avoid hospital admissions. This is in line with regional strategy. During 2017/18 the Professional Nurse Lead has led an initiative to revise the rota for the hospital and this will result in a change from the normal shift pattern to one which increases staffing levels on the ward to meet the presenting needs of a more complex client mix.

1.2.1.3 Primary Care and Older People's Services

Appointment of New Director

The Trust welcomed Dr Bob Brown to the position of Executive Director of Nursing/Director of Primary Care and Older People's Services in September 2017. Dr Brown was Executive Director of Quality and Transformation in South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation, where he led the development, implementation and monitoring of programmes that advance quality, improve patient safety and overall patient experience.

Service Demands

The Directorate continued to face a challenging year in light of the increasing over 65 years population as indicated in demographic trends and the associated escalating demand for services, particularly for those patients and clients with complex needs.

These issues have resulted in increased lengths of stay in hospital; delays in providing domiciliary care and nursing/residential home packages; expanding waiting lists in place for services; impact on performance management targets; and an increased requirement for risk management.

The Directorate continues to see sustained high numbers of delayed discharges in the Trust's hospitals. Moreover, these patients increasingly present with more complex health issues, which in some cases has led to longer delays in hospital whilst Directorate staff work towards providing packages of care in the community that meet these very complex needs. To address this on-going challenge, a service improvement project was developed, containing a number of workstreams and pilot projects.

Older People's Mental Health Service

The Older People's Mental Health Service has seen a significant increase in demand and faces considerable difficulties in ensuring patients are seen within the nine week target; there have been a number of breaches during the year. In turn, this has impacted on the ability of the service to ensure patients requiring a review appointment are seen within the clinically directed time, which has resulted in overdue clinical review appointments. To address this on-going challenge, the service worked closely with medical human resources in securing additional agency speciality doctors to meet the demand. This is a challenge experienced by all Trusts.

Staff Recruitment Pressures

Medical staffing recruitment pressures have continued throughout the year, which has necessitated the employment of locum medical staff, with a significant financial cost to the Directorate.

The recruitment of nursing, social work and Allied Health Profession staff has also been challenging throughout the year. The Directorate has continued to ensure that prioritisation of work is safely managed, whilst at the same time, pursuing timely recruitment processes.

Stroke National Audit Programme

The Royal College of Physicians' Sentinel Stroke National Audit Programme (SSNAP) collects data about the care received by patients admitted to hospital with acute stroke in England, Wales, and Northern Ireland, and compares this to national evidence based standards, after they are admitted to hospital until six months following their stroke.

The South West Acute Hospital is the first acute stroke unit in Northern Ireland to achieve the top A grade score through focused service improvement work involving all the Ward 5's multi-disciplinary team.

Specialist Palliative Care Service

The Trust's Specialist Palliative Care has made excellent progress throughout the year and work is very much delivered through an integrated approach, embedding knowledge and skills whilst at the same time providing specialist care, treatment, support and advice to adults across all programmes of care and settings. The focus for the service has been:

- Knowledge and skills development across multi-disciplinary primary care teams to increase use of Advance Care Planning to avoid end of life crisis admissions to hospital. This also links to the need for a 24/7 community nursing model and also the need for out of hours access to Specialist Palliative Care advice
- Developing the Key Worker Role within Neighbourhood Nursing Teams

- Continuing to support encourage and train those who deliver the acute care pathway for long-term care to ensure good palliative care knowledge and management in line with prognostic indicators
- The development of a public health approach to realise the capacity and potential communities can bring to those with palliative care needs in terms of practical support and help (Compassionate Communities)

Rectory Field Bridging Beds

Rectory Field Bridging Beds opened in March 2017 as a response to the Review of Older People's Journey through the Health & Social Care System Report (April 2016). The original vision was to ensure that service users were supported in the most appropriate setting by providing flexible, responsive 24/7 care/support options in the community as an alternative option to hospital.

This service development has been very successful. Between March 2017 and March 2018, the number of bridging beds was extended to cope with increased demand and saved a total of 1,560 hospital bed days, where individuals who were medically fit for discharge, would otherwise have occupied an acute hospital bed.

Dementia Navigator Service

Referrals to the Dementia Navigator Service have increased significantly since its introduction in January 2017, which provides a highly responsive, individualised information and signposting service to people with a diagnosis of dementia.

The service has also delivered dementia awareness training to a wide range of staff within the Trust, GP practices, voluntary, independent and community sectors. Work is underway with a number of communities to make them dementia-friendly, including Donemana and Irvinestown.

The post-diagnosis education group was reviewed, based on a previous evaluation and facilitated with twelve service users and carers in Derry.

Dementia Friendly Environments

The Older People's Mental Health service continues to work with architects, Estate Services and Acute staff on creating dementia-friendly environments within Altnagelvin, South West Acute and Omagh Hospitals. Funding was secured to take forward recommendations from the dementia design audit in out-patients in Altnagelvin and to support John's Campaign. Dementia design audits were carried out on a number of GP surgeries and Trust day centres and recommendations are being taken forward.

A one-day training programme on dementia design for community leaders is currently being designed to provide participants with a toolkit to assess their community environments.

Dementia Specialist Nurse Service

A dementia specialist nurse has been appointed for Altnagelvin and Waterside Hospitals and recruitment is underway for South West Acute and Omagh Hospitals. This new service provides a specialist complex behavioural nursing assessment and intervention service for dementia patients in the acute setting as well as providing training and support to staff.

Dementia Awareness Training

The Directorate's Consultant Lead Clinical Psychologist provided training to staff in Seymour Gardens residential home, following recommendations made in an RQIA inspection report. A small number of additional staff members from other Trust residential and day centre facilities also attended the training, along with 13 members of support services and kitchen staff. Those who attended training reported a greater understanding of dementia, improved communication strategies and a deeper understanding of person-centred care and hope regarding their residents with dementia.

Virtual Dementia Training

Older People's Mental Health organised virtual dementia training for staff and carers in October and November 2017. A total of three hundred and thirty staff and thirty carers attended the training over the ten days. The training allowed staff from a range of Trust services and carers to experience the sensory loss that can deteriorate when living with dementia. Participants were provided with headphones, glasses, shoe insoles and gloves to limit the sensory input people with dementia experience. Participants were then placed into a darkened room whilst talking and movement continued around them. This provided them with a valuable insight into how to approach and interact with those living with dementia. It also gave them a greater understanding of why people with dementia sometimes exhibit particular and potentially upsetting behaviours.

Dementia Awareness Campaign

To coincide with World Alzheimer's Day on 21 September 2017, the Directorate's Older People's Mental Health service, in partnership with Fermanagh and Omagh District Council, Dementia NI, Alzheimer's Society and South West Age Partnership, organised a campaign to raise awareness of the signs and symptoms of dementia, to encourage the public to seek help and to get a timely diagnosis. Activities included information stands in Omagh and Enniskillen town centre, Omagh hospital, Alzheimer's Society road shows, training for elected representatives, chairman's reception and a mass and social media campaign.

Burdett/Retain Project

The Directorate's Hospital Lead Nurse is the Trust Lead for the Burdett/Retain Project to examine the shortages in nursing staff across the five Healthcare Trusts, which is presenting real challenges for nurse recruitment and retention, especially in the care of older people. This project aims to support nurse recruitment and retention in care of older people, by embedding a culture of open and transparent communication across all bands and disciplines of staff. The drive is to achieve a truly person centred service, where older people, carers, the public and staff are engaged in a partnership approach, to achieving nurse retention in Northern Ireland.

Capacity Training

The Older People's Mental Health service identified a training need from the growing demand to complete capacity assessments and staff concerns regarding their knowledge to undertake capacity assessments. To address this, the service commissioned training for staff, which was delivered by Rosemary Wilson, Legal Health and Social Care Education Consultant. There were over eighty attendees from a range of professional backgrounds from secondary and community directorates including medical and psychiatric consultants, social workers, AHPs and nursing staff.

As part of the training session, key professionals developed and agreed a capacity assessment tool and flow chart, which has since been shared Trust-wide for guidance. Further training sessions will be arranged. Feedback from attendees was very positive and training evaluation was completed.

Seymour Gardens Residential Home Celebrates 40 Years of Service

The Western Trust celebrated forty years of Seymour Gardens Residential Home during June. The twenty-six bedded unit opened in 1977. It is the only residential home in the northern sector of the Western Trust dedicated to the care of people with dementia in need of care and support that cannot be provided through services in the community.

Speaking at the celebration event, Jacqueline McCafferty, Officer in Charge of Seymour Gardens said: "I would like to thank all those involved in supporting us, but most of all I would like to thank my team for their commitment, their passion, compassion, professionalism and hard work in ensuring that the needs of the residents are at the forefront of our service.

"The service we provide at Seymour is underpinned by a philosophy of care and a set of core values which aim to provide a friendly, caring and stimulating environment, where residents feel valued, their rights are upheld and everyone is treated with dignity and respect." A broad range of physical, social, emotional, nutritional and environmental needs are provided to residents at the home.

Seymour Gardens is supported with providing an excellent service to their residents by building and maintain strong working relationships with professionals, friends, family and the voluntary and private sectors.

The staff also maintain strong links with the local community to promote social inclusion for the residents. They are also supported very generously by the fundraising committee "Friends of Seymour" who provide financial assist to enable the home to offer the residents more choice and quality of service provision.

International Nurses

During 2017/18, the Trust welcomed around 20 International Nurses, primarily from the Philippines – all of whom have successfully registered with the Nursing and Midwifery Council (NMC).

Resuscitation Training/ Services Department

The Resuscitation team continued to work collaboratively with all Trust staff to coordinate, develop and implement training and practice Trust wide. The team provides multi-disciplinary training in classrooms and in wards and departments on identification and treatment of deteriorating patients and the guidelines for cardiac arrest Trust wide. There have been staffing challenges, but during 2017/18, 1,902 staff attended adult, paediatric, neonatal or cascade resuscitation training. The survival from cardiac arrest in Altnagelvin and the South West Acute hospital is comparable to national data and the rate of arrests to general wards in those areas has fallen.

10,000 More Voices

10,000 More Voices Commissioned by the Public Health Agency provides a more person centred approach to improving health and social care experience based on a partnership approach.

Projects that have received feedback have included Eye Care Services, Experience of Discharge from Hospital, Experience of Care in relation to Delirium, Adult Safeguarding and Experience of Bereavement. Many suggestions for improvement have been actioned.

Independent Sector Domiciliary Care Provision

The transition to the new contracting arrangements and service delivery models for independent sector domiciliary care provision was successfully conducted on a phased basis during 2017-18, with the final transition to the new arrangements completed in February 2018.

Tissue Viability Service

The Tissue Viability team continued to support all grades of nursing, medical and allied health professional staff with specialist advice to service users with complex wounds across all sectors of the WHSCT geographical area. The service has experienced an increased demand on its current resources; mainly attributed to the demands experienced across the wider directorate and beyond. The team has been actively engaged in other projects to align the service to the Health and Wellbeing 2026 Strategic focus and transform this service to meet organisational objectives. Work also continued in the deliverance of performance targets across acute and community services in an endeavour to reduce pressure ulceration. This is particularly challenging given the acuity of patients admitted into the care of Acute PCOP and Community PCOP teams.

Volunteering

The volunteer scheme continued to flourish with volunteers adding value in many areas of service delivery and playing an important part in improving patient/client and visitor experience. Volunteers have the gift of time, this allows them to provide the little extras to the patient experience, for example, at meal times assisting with cutting up food and encouraging the patient to eat. Clearly volunteering offers a huge opportunity to provide a more personalised and patient-centred service – volunteers are dedicating their time to provide compassionate and personalised care to patients, which in turn positively impacts on their experience. However, it is an area where practice needs to develop further – not only to ensure that the time volunteers are investing is well spent, but also to celebrate their contribution.

1.2.1.4 Women & Children's Services

Family and Child Care / Signs of Safety Implementation

A Northern Ireland Regional Lead of Implementation from the Western Trust has been appointed to progress the implementation of the Signs of Safety (SofS) practice approach which will commence in April 2018. The approach is based on empowering families to build on their own strengths, and rigorously and collaboratively put together arrangements for the safety of children. The regional plan for implementing this approach is so that Signs of Safety can knit together each Trust's Child and Family social work service, providing the evidence based model for social work intervention and aligning organisational arrangements to be congruent with the practice. It will also

assist in accomplishing the shared vision on what we want to achieve for Northern Ireland. Family and Childcare Services have been focused on the pre-implementation of Signs of Safety practice approach since November 2017 and various training events have taken place to support the implementation phase.

Adverse Childhood Experience Conference

The Western Trust has approved the roll out of the Adverse Childhood Experience (ACE) work to support research which identifies the long-term harms that can result from chronic stress during childhood. The Western Trust has held various conferences in November 2017 and March 2018 to:

1. Generate awareness of ACEs and their impact;
2. Share good practice both locally and nationally;
3. Explore how we create resilient communities; and
4. Identify and agree next steps and call to action.

Looked After Children (LAC) Reform

The Western Trust has been working towards the standardisation of all Children's Homes to six bedded units in line with the current recommendations set out by the ongoing Looked After Children's (LAC) Residential Review. The reform will enable the Trust to implement the 'No Wrong Door' model which will be a residential service where most of its work is completed on an outreach basis, but has the capacity, if needed, to provide very short term looked after arrangements. The ethos is to provide a team around the family approach to support children to remain within their family of origin. The reform of the structure of foster care provision for children and young people is on-going. The therapeutic support foster care provision is now embedded with governance in place for referrals, assessment and support of carers. The next phase is to develop family support fostering along with fee-paid fostering as part of an overall strategy aligned to the review of residential care.

Young Person's Forum with Corporate Parents

This is a forum where Looked After Children get to meet the CEO, Chairman and Director on a twice yearly basis. The young people get to present the issues that matter to them most and are in line with the Trust Participation Policy. The inaugural meeting took place on 15th February to coincide with Care Day 2018. An action plan has been developed as a result of the meeting which includes improvements in services based on the information provided by the young people at the meeting.

Corporate Parenting Training

The Corporate Management Team (CMT) received corporate parenting training on 7th December 2017. The training was an opportunity to provide CMT with an overview of the matters that relate to Looked After Children and the corporate responsibility that the Trust has to these children as 'Corporate Parents'.

Independent Review of Model of Attachment Practice (MAP)

MAP has been implemented within Residential Child Care with yearly refresher training, MAP reflective forums, and peer supervisions in place. There are strategies in place for Fostering and Looked After Children's Services, with a plan in place for further developments within children's disability. There are also discussions taking place with regard to be a part of a schools and community based programme. The MAP Core team have developed 'Training for Trainers' programme for Trust staff which will help build capacity and secure future leaders and MAP Champions. The

model has been applied initially within Children's Residential Services having been jointly evaluated by Queens University Belfast, Bristol University, Bristol and the Social Care Institute of Excellence (UK) with positive reviews and findings.

In March 2018, MAP was subject to an independent review by Cordis Bright who had been commissioned by the Task and Finish Group for Residential Care under the Welsh Government's Ministerial Advisory Group to undertake research on models of residential care for children. The research team had reviewed models of practice worldwide and within the UK. MAP was chosen along with fifteen others for further exploration and enquiry, ten of the latter were reviewed through desk topping with MAP having been chosen as one of five to have a 'service visit'. The preliminary report and findings were very positive and favourable.

My Laces

A launch of the second programme of My Laces project has taken place in February 2018 which offers young Looked After Children from the Western Trust area the opportunity to attend university and be mentored by Social Work students every Wednesday at Ulster University's Magee campus. The primary aim of the project is to improve the attainment of the Looked After Children through an active 'on-campus' experience whilst making a positive transition from primary to post primary school. In partaking, the children will develop their confidence and social skills, understand other cultures within Northern Ireland and beyond. My Laces won the Regional Social Work award for learning and development at the recent awards ceremony in March 2018

Health App

The Western Trust celebrated the achievement of its young people and the 16 plus team, having won a national co production award for the creation of their 'Young People's Health App'. The Young People's Health App was developed in response to poor health outcomes for looked after children and their lack of engagement with health services. Seven young people from the Western Trust area worked alongside the 16 plus team on the project, that would promote young people having access to, and using health care services more regularly and decided to develop a web-based app.

Paediatrics

The Report in to Hyponatraemia Related Deaths was published and the Trust is working towards the implementation of the 96 recommendations included therein. In line with the recommendation from the NI Paediatric Strategy, children aged from 14 up to their 16th birthday are now being admitted to Altnagelvin Paediatric Ward rather than adult wards. In addition, the outpatient unit within the Children's Unit in Altnagelvin Hospital is now facilitating additional clinics, i.e. orthotic and orthopaedic clinics. These developments now ensure that children and young people are cared for in the area most appropriate for their age and need.

The Paediatric Assessment Units in South West Acute Hospital and Altnagelvin Hospital have extended the opening hours and the assessment units have proved invaluable and essential, particularly over the winter months, in reducing the number of admissions to the acute paediatric wards.

Due to difficulties recruiting to community paediatric posts in Derry, the service has introduced joint acute and community posts and the first post has been filled at consultant level. The newly appointed consultant has a special interest in palliative

care which is very welcome as this will provide backup for the consultant currently providing the care single handed.

Dedicated hours are being provided by an individual in neonatal to do targeted work with mothers and staff to assist mums with breastfeeding.

Community Dentistry

The Community Dental service took the decision to cease the provision of services in Shantallow Health Centre and Dungiven Health Centre. This was to increase support to dental staff and to improve safety through the use of up to date facilities. Patients who had been seen in Dungiven are now treated in Limavady Health Centre and those from Shantallow Health Centre are treated at the Waterside Health & Social Care Centre.

Maternity and Gynaecology

The Trust continues to welcome new local mums as recruits to the breastfeeding support network. The network volunteers carry out valuable work supporting new mothers as they start their breastfeeding journey. Peer volunteers work within the Maternity and Neonatal Units and local breastfeeding groups. There is also a telephone support line that mothers can use any time before and after their baby is born. Many initiatives have been undertaken in the West to promote breastfeeding and research shows that 'mum-to-mum' support is hugely beneficial in helping mums breastfeed exclusively and breastfeed for longer.

The 'Getting Ready for Baby' antenatal programme has been rolled out across the Trust. The programme means women have their ante-natal care combined with their parent-craft education with a group of new parents that are at the same stage of pregnancy. It aims to enhance support to parents through improved social networks and group based sessions. It includes all the same information as traditional 'parent-craft' classes, but it also helps parents to start developing that early formative relationship with their baby. The programme includes advice on emotional health and wellbeing and is designed to help both parent and baby through pregnancy, labour and birth along with providing a strong foundation for secure attachment and positive mental health. Early feedback indicates an increase in breastfeeding rates from mums who have gone through the Early Intervention Transformation programme.

The gynaecology ward has moved from the Altnagelvin Tower Block to Ward 43 in the South Wing. The newly refurbished facilities include accommodation for gynaecology specialist clinics. There has also been an increase in the number of single rooms and toilet facilities. The proximity to delivery suite ensures prompt response from medical staff from the gynaecology ward in the event of an emergency.

The Lavender Suite opened within the maternity unit in 2017. The suite was sponsored by SANDS (Stillbirth and Neonatal Deaths) NI and is for use following a pregnancy or childbirth loss. The suite provides a quiet, comfortable, private place to spend time with baby, create memories and begin the grieving process. The maternity service also appointed a bereavement midwife to support families during very difficult times.

Early Intervention Transformation Programme

The Early Intervention Transformation Programme (EITP) is an integrated health and education review for children in their pre-school year. EITP represents the coming

together of six government departments, alongside private philanthropy, as part of the Delivering Social Change initiative. The Western Trust met the PHA target of a 50% roll out of 3+ reviews within the nursery settings during the period from September 2017 until March 2018. Initial feedback from parents and nurseries is very positive. It is expected that further roll out to 60% of eligible children will take place in the next academic year.

Health Visiting

Two Specialist Infant Mental Health Visitors have been appointed and are taking referrals for antenatal clients or those who have a baby up to the age of one year. On completion of training a Specialist Health Visitor will establish a Sleep Clinic for children under the age of four years. This current work is being highlighted through a poster display at the Think Family Symposium to be held in Queens University in May 2018. Health Visitors shared the five key infant mental health messages with over 500 members of the public at various shopping centres, supermarkets and a Mothercare store during Infant Mental Health Week in 2017. Student Health Visitors attended the Hope Summer Camp and interacted with 150 children, sharing the messages of healthy eating and promoting exercise. This was done using quizzes, games and the distribution of fruit provided by a local retail outlet. Feedback was extremely positive.

The Trust Human Milk Bank

The Human Milk Bank moved premises from Irvinestown to the South West Acute Hospital in January 2018. The new premises has greatly improved the working environment with closer linkages to transport systems, Infection Prevention & Control and improved ICT infrastructure. The Milk Bank Manager in her role as Breast Feeding Co-ordinator has improved access to mothers and babies within Maternity and Neo-natal units which will offer them more immediate breast feeding support.

Contraception and Sexual Health

The Trust's web page has been updated to reflect the changing needs of service users and promote client access to information. There are now sections containing Frequently Asked Questions (FAQs) and links outlining methods of contraception. A client satisfaction survey has been included.

Child and Adolescent Mental Health Services (CAMHS) - Schools for Hope Project

The CAMHS Primary Mental Health Team was nominated for a Regional Social Work Award for their work in the 'Schools for Hope' Project and was successfully selected as a finalist. The Award Ceremony took place in March 2018 and the CAMHS Primary Mental Health Team participated in a video clip which was shown at the ceremony.

The 'Schools for Hope' Project is a curriculum project developed by the International Foundation for Research and Education on Depression (iFred). The mental health and well-being awareness program is based on research that suggests hope is a teachable skill. Its aims are to equip children and young people, their educators and parents with the tools they need to find and maintain hope even during the most trying of times.

A pilot program was implemented over a 10 week period in four primary schools and two secondary schools in the Derry and Strabane areas as part of a unique partnership model. The international program was researched, planned, developed

and delivered by the Trust and the local community, monitored and evaluated by Ulster University. The success of this program is testimony to real and transparent partnership/collaborative working. The CAMHS Primary Mental Health Team with their partnership colleagues are committed to developing this school-based initiative across the Trust to promote the emotional health and well-being of children and families at the core of their work.

Working Together: A Pathway for Children and Young people through CAMHS

An Integrated Care Pathway was launched in March 2018 and will be shared with multi-disciplinary and multi-agency care providers of CAMHS children and young people and their parents/carers, explaining what service users should expect at any point along the journey of care in CAMHS.

The core feature of any Integrated Care Pathway is that it is a person-centred and evidence based framework. For this reason the pathway has been produced with the involvement of young people, parents, multi-agency providers and CAMHS professionals. As required by the DoH Service Model for CAMHS, implementation of the Pathway over the next three years will ensure that all Trusts bring all existing emotional and mental health and well-being services together to provide a seamless service for children, young people and their families.

“Think about These” Information Booklet

CAMHS staff, in collaboration with the Health Improvement Department, has developed an information booklet called ‘Think About These’ which is a resource for young people and their parents in preparation for their CAMHS appointment. The contents of the booklet include practical healthy lifestyle tips, ways to manage emotions and useful websites and apps.

Information DVD and Leaflet

CAMHS have commissioned VOYPIC to develop an updated Information Leaflet and an Information DVD for manual distribution and for the CAMHS website reflecting CAMHS from the user perspective of young people. VOYPIC and CAMHS have developed this by involving a group of young people who previously been involved in the service.

RISE (NI)

Following regionalisation in May 2017 of Western Education Support Team (WEST) to Regional Integrated support for Education in Northern Ireland (RISE NI) the service continued to develop links and work collaboratively with other services in health, community and voluntary sector and education. In line with the emotional health and wellbeing strategy, RISE NI expanded the knowledge and skills base of its staff dealing with the social, emotional and behavioural health and wellbeing of the children within its remit. The appointment of the regions first social, emotional and behavioural lead practitioner in May 2017 to the Trust has greatly assisted the service in delivering an intensive roll out of the Solihull Foundation Approach to Early Years staff, Whole-school Solihull approach to schools in the Fermanagh area, co-delivery of training and Solihull parent programmes with other services e.g. Action for Children, which resulted in positive feedback from education staff and parents. Strong links with health improvement also led to the team delivering Incredible Years, Schools for Hope and Relax Kids training broadening its reach to include training of staff within and outside the Trust.

RISE NI continued to identify areas for improvement and in November 2017, presented a service improvement project at the Quality Improvement showcase event. The project streamlined processes within the service leading to several areas of service improvement which included a reduction in the number of inappropriate referrals and decreased time spent for the child within the team from assessment to discharge. This project was the only one in the category of Community and Public Health and is featured on a regional share point site of QI projects launched by the Department of Health at the end of March 2018.

Children's Disability

Within Children's Disability a carers group has been set up in the Omagh Area with the first meeting taking place on the 21st March 2018.

Infant Mental Health

Emotional Health and Well-Being Group work to advance improvements and good outcomes for children, young people and their families through a 'Life Journey' approach. They have created an, 'Emotional Health and Well-Being Compass' which places emphasis on provision of services and interventions with cross service, geographical and inter-agency applicability. They have been the main driver for the Trust's Infant Mental Health Strategy including, The 'Best Start in Life' campaign. Successes include web-based campaigns promoting key messages for good infant mental health including info graphs; Solihull training strategy; a Video Interactive strategy; Co-production of a IMH module for NW Regional College; and the establishment of an Under 5s service. This service allows children to be seen as early as possible, by the most appropriate person and in the right place thereby avoiding duplication of provision as well as a more efficient delivery of services and unnecessary appointments for parents and their children.

Adverse Childhood Experiences (ACE) Awareness

The Western Area Outcomes Group held a conference in Omagh raising the awareness of ACE. The event was part of the work to promote trauma informed communities and begin the discussion on how the Trust becomes a trauma informed Trust area. The conference highlighted the work of Dr Karen Treisman, clinical psychologist and director of Safe Hands and Thinking Minds, as well as some local work on troubles related trauma by David Bolton and examples of good practice within the Trust and partner agencies. The Resilience film was shown and the 10 ACE questions were distributed to delegates and information collated which facilitated conversation about the importance of building resilience within our children, young people and families. The conference was the first of many events that been timetabled throughout the West that will take place throughout the next six months. This will include awareness sessions within schools, community and voluntary sector and within the Trust itself.

UNICEF

Derry City and Strabane District Council and the Trust has formed a partnership that has been successful in submitting an application to Unicef to take part in their Child Friendly Programme. This partnership will work towards becoming the first child-friendly community in Northern Ireland. It will focus on how children and young people participate in the service planning and delivery and how we embed child's rights throughout all aspects of our service. The first of a number of 'discovery' days has taken place and this outlined the programme and the work required to be successful in the programme.

Adult Safeguarding

With the introduction of the new Regional Adult Safeguarding policy and procedures, the Adult Safeguarding Service have completed a process of review and reform to ensure greater emphasis on preventative safeguarding, partnership and person-centred approaches to practice. Within this process the Service successfully engaged with relevant stakeholders through staff online surveys, focus groups, development workshops, provider fora and service user feedback. A report has been finalised and is with Senior Management for consideration.

Over the last year there has been a focus on developing the Local Adult Safeguarding Partnership (LASP) and Adult Safeguarding Forums. There is now increased membership at LASP with eight new partners joining the group. Both forums have revised terms of reference.

The Adult Safeguarding Service has been involved in the Concern Hub Project. This initiative focuses on achieving a better understanding of relevant individuals' needs and working together to identify services that improves personal outcomes. Through effective interagency working the partner agencies can obtain a more complete picture of the individual enabling them to identify needs, strengths and risks earlier to help individuals improve their situation through preventative approaches.

There has also been greater focus on integrating safeguarding into core practice through quality improvement initiatives such as 'advice and resolution' and developing practice through multi-professional adult safeguarding practitioner forums and use of 'Signs of Safety' in complex cases. As we move forward, challenges exist around changing existing systems, structures and processes in line with the principles of the new policy and creating a culture that recognises safeguarding as being everyone's business, with the individual remaining central to decision making through informed choice and adopting a risk enablement approach.

Self-Directed Support

Self-Directed Support (SDS) is a change in the way social care services are provided to offer much more choice, control and flexibility to individuals and families. It enables them to tailor a package of support that best suits their lifestyle and allows the individual and family to live their life in the way that they want to. SDS provides informed choice about how support is provided with a focus on working together to achieve personal outcomes.

The Trust has an Implementation Plan in place and progress is reviewed by the Trust Implementation Group monthly. This includes delivering on a Communication and Engagement Strategy for SDS and a comprehensive Training and Development Programme for all community staff within Children's Disability and Adult Social Care Services. Significant progress has been made to set the foundation for implementing SDS. Work continues across all Trust departments including Contracts, Information, Communications and Finance to support SDS implementation with particular focus at this time on operationalising Managed Budgets and the introduction of ASCOT.

This is a transformational change process which seeks to embed personalisation culturally and as an approach to practice. However there is clear evidence that SDS is making a real difference to the lives of individuals and families that we work with. A process of audit is also underway as a way to gain assurances around process compliance and quality of support plans. This project continues to gain momentum

and requires continued support and investment to ensure work progresses and project aims are met. At the end of February 2018, 3,246 cases have been worked through the SDS process.

Signs of Safety Implementation

The five children's services of Northern Ireland have begun preparations for implementation of Signs of Safety with Deirdre Mahon (Assistant Director, Western Trust) having been appointed as the Northern Ireland Regional lead of Implementation. Introduction to Signs to Safety through briefings and workshops is ongoing across the region. Learning cases involving using the Signs of Safety methodology will begin with consultants supporting workers and management. This will provide important learning about the practice including consideration of challenges and opportunities. In March 2018 basic training was provided regionally for key organisational leaders and practice leaders. Eighteen staff from the Trust attended. An extensive training plan will be rolled out across NI from spring 2018. It is envisaged that implementation will continue for five years with funding available for two years. Preparation will involve identifying and agreeing solutions, two interfaces such as UNOCINI, PARIS and other IT Systems. The formal Launch of Signs of Safety Implementation will take place on 27 June 2018.

Digital Resilience Conference

The Trust hosted a Digital Resilience Conference to coincide with Safer Internet Day, 6th February 2018. Eighty one participants attended six workshops providing important learning and development points for practice, this included a workshop on respectful sharenting by WHSCT staff member Debbie Greaves. The workshop provided an overview of a systematic review focused on the rights implications of sharenting and offered delegates resources to help parents make informed-choices about this polarising issue. Debbie's work on sharenting has also been included in the PHA's 0-5 Booklet. There were a number of keynote speakers including Sophie Linington, Deputy CEO Parent ZONE; Professor Jane Seal, Lecturer and Researcher; and Lorin LaFave, Parent and Founder of Breck Foundation.

World Social Work Day (#swmakesadifference)

The Trust hosted World Social Work Day which focused on celebrating the professional and academic achievements gained by social work staff throughout 2017, with over eighty staff in attendance. Presentations on the day provided illustrations of how learning and development influences practice. Videos regarding services users in receipt of SDS Packages were played with one of the service users attending the event.

Trust Social Work Awards (#swmakesadifference)

The Trust hosted the Social Work Awards Ceremony in Guildhall during May 2017 which focused on celebrating the outstanding contributions made by Social Work Staff within the Trust. Guest speakers included; Mayor Alderman, Hilary McClintock and Niall Birthistle, Chairman WHSCT, with 193 staff in attendance.

1.2.1.5 Medical Directorate

Appraisal and Revalidation

During 2017/18 the Trust lead on the Regional Medical Appraisal System Project engaging all relevant organisations and set up the Regional Medical Appraisal User

Group to oversee the development of a regional online solution and future cooperation on Appraisal and Revalidation matters for the region. The Trust engaged with system developers and testing on early versions of an online solution has commenced. A limited pilot go-live is planned for the Trust in June 2018 and the full implementation is planned to commence in September 2018.

Quality & Safety

Further progress was made during the year to review and develop the DATIX Incident Reporting and Management module to ensure it is more user-friendly for staff. To ensure that the DATIX system can achieve its full potential, work was completed in 2017 to upgrade to the latest version. This includes many enhanced features (such as automatic feedback on learning), through working in partnership with DATIX and our Trust IT colleagues. The automatic feedback to reporters went live on the system in Oct 2017. The management of the Corporate Risk Register has been enhanced through a review involving workshops with Corporate Management Team (CMT) and Governance Committee. A revised process was developed and approved which includes the reporting and review of performance on the management of Corporate Risks over time.

Quality Improvement (QI)

A 'What Matters to Me' day was held on 6 June 2017, where staff and patients/clients were asked what is important to them. There are plans in place to extend this initiative next year.

The fourth annual Quality Improvement (QI) showcase day was held on 17 November 2017. The event shared and celebrated some of the QI projects initiated by staff, with presentations and posters from doctors, nurses, social workers, Allied Health Professionals and administration staff.

QI Clinics were held across the Trust this year. Teams and individuals who were interested in carrying out a project, but were unsure how to progress, were able to book a slot.

To support the Trust's successful application to run a FLOW coaching academy for Northern Ireland, teams and coaches have been selected. Training began in Sheffield in February 2018 and the pre-phase has commenced.

The Trust took part in the international 'Break the Rules for Better Care' week from 5 to 9 March 2018. Staff were asked "If you could change or break one rule in service of a better health care experience for a patient/service user or member of staff, what would it be?". 134 suggestions were received over the week from a range of staff including Doctors, Nurses, AHPs, Social Workers, Support Workers and Administration staff. An 'Expert Panel' of CMT members convened each day to review submissions and provide feedback.

The Regional Mortality and Morbidity Review system (RM&MRs) is now being used by 29 speciality teams across the Trust. The Mortality and Morbidity (M&M) meetings are being held monthly and are currently being embedded into the team's normal practice. They are using this time to discuss their deaths from the RM&MR system with the link to morbidity to be further developed. A regional workshop was held on 23 March 2018 to discuss learning, action and change as a result of the M&M process.

Bereavement

A bereavement suite, the first of its kind in Northern Ireland, was opened at Altnagelvin Hospital in November 2017. The suite was funded by SANDS NI (Stillbirth and neonatal death charity). The SANDS NI network funded the project and worked in partnership with the Trust to make the Lavender Suite at Altnagelvin Hospital a reality. Both organisations met with local parents who helped choose the colour scheme and name of the room. The opening of the new Lavender Suite is a further development in the provision of bereavement care and support for parents and their families at a very difficult time in their lives.

Medical Education

Medical education and training are being delivered in a changing environment. The Trust continues its long-standing tradition of providing excellent education and training for medical students, doctors in training and continuing professional development for consultants. The Trust continues to cultivate the strong on-going relationships with Queen's University Belfast (QUB); the Northern Ireland Medical and Dental Training Agency (NIMDTA); and the General Medical Council (GMC).

Overall medical education is in a good place. We have grown rapidly and we are the victims of our own success! We are particularly proud of our Step-West programme (trainee leadership and QI programme) that was inaugurated last year; the MDE APP that received positive mention from the GMC as good practice; Developing the Undergraduate Clinical Teacher (DUCT) programme that is run by trainee teaching fellows who empower FY1s as teachers; Teaching Fellows are competitive posts that attracts a half day within the MDE and funding of the QUB certificate/diploma in medical education; Up-to-Date Everywhere where trainees and undergraduates can access the up-to-date clinical support database from their own devices at any time.

Simulation continues to be the focus this year with the cutting edge equipment and an exciting developing programme including insitu training within the clinical setting; as well as the Junior Doctor induction with the use of a new digital platform (Page Tiger) and embedded video talks that ensure both access and quality within the process.

This year the Trust had a GMC review as part of the regional review and this was largely positive. The visit recognised many areas of good practice including governance structures and relationships with the senior management team. The National Training Survey (NTS) results for 2017 were excellent and the GMC Recognised Trainers initiative has been very successful with 170 plus trainers within the Trust successfully completing the programme and gaining GMC recognition as trainers.

Research and Development

During the period 2017/18, research activity continues to thrive in the Trust, with an ongoing open portfolio of approximately 100 studies, with 50 new studies approved in this reporting year.

Under the new leadership of the Director of Research and Development / Chief Executive Officer of Clinical Translational Research and Innovation Centre (C-TRIC), we have commenced two new pilot studies with Genomics Medicine Ireland, co-ordinated through C-TRIC. This is the largest research study to take place in Ireland. We have been successful in recruiting 300 participants with MS and IBD have been

recruited through consultant and specialist nurse clinics, GP practices, pharmacies, local societies, community groups and social media. Discussions are ongoing to refine the project for the roll out of the study beyond this pilot stage and across all HSC Trusts. Furthermore, it is likely that the studies will be extended to other disease areas, with preliminary discussions now taking place in preparation.

An Interreg application to establish a Centre for Clinical Decision Making and Patient Safety has been successful. This €8.3m application led by Ulster University, with the Trust being one of the collaborative partners securing €1.38m to support the programme of work, and a number of posts have been created, and projects underway across five disease areas.

The C-TRIC 8th Translational Medical Conference (TMED) programme entitled “Making the Right Decision, for the Right Patient, at the Right Time” took place in the City Hotel on 20-21 September 2017. It was once again a very successful conference and was well attended, with delegates from UK, Ireland, Europe and USA, drawn from Academia, Business and Clinical to explore how clinical decision making can be optimised to improve care for not only the individual but also the wider population. The conference was of particular relevance to clinical staff with the focus of how we can improve clinical decision making for clinicians, AHPs and patients. A number of other key initiatives are being explored through our partnership working in C-TRIC, and we look forward to increased innovation and research developing, and strengthening our workforce.

Infection Prevention & Control

The Department of Health 2017/18 target for Meticillin Resistant Staphylococcus Aureus (MRSA) bloodstream infection was to maintain the reduction achieved in the previous year, i.e. a maximum of five cases. A total of four cases were reported during 2017/18 meaning the target was achieved. All four cases were also classified as community-associated.

The Department of Health 2017/18 reduction target for the Trust for *Clostridium difficile* associated disease in 2017/18 was 44; a reduction of 12 cases or 21.43% compared to the previous year. A total of 64 cases were reported, so this challenging target was not met. 36 of the cases were classified as healthcare-acquired or associated infect, as they occurred more than 48 hours after admission to hospital (definition used by the Public Health Agency [PHA]). However, this is not always an accurate predictor of being healthcare-associated. The remainder (28) were classified as community-associated as the patients presented with symptoms within a 48 hour period after admission. A number of improvement plans have been implemented that have the potential to reduce the likelihood of *Clostridium difficile* acquisition.

**WHSCT figures yet to be confirmed by PHA as final for 2017/18*

Surveillance of Caesarean and Orthopaedic Surgical Site Infection (SSI) in the Trust indicates a SSI rate well below the Northern Ireland average rate with the orthopaedic SSI rate below 1 % of all surgery. Surveillance of breast surgery SSI has commenced as a pilot in the Trust. As the first Trust to undertake this surveillance improvement work continues with clinical teams.

Critical care device-associated infection surveillance commenced in June 2011 and there were no critical device associated infection reported during 2017/18.

The Infection Prevention and Control team participated in the Point Prevalence survey of Hospital Acquired Infection (HAI) and Antimicrobial Use infection. HAI prevalence rates and the number of patients receiving antimicrobials have increased in Northern Ireland with the Trust HAI rate slightly below the Northern Ireland average. The Trust percentage rate of patients receiving antimicrobials is higher than the average Northern Ireland percentage rate.

Enhanced ward-based programmes of support continues to be effective an effective methodology in improving standards of practice. The Infection Prevention and Control team focused education and support to teams . This support is initiated as a result of local surveillance programmes and other key performance indicators. During 2017/18 this also included working with community district nursing teams across the Trust regarding the management of urinary catheters. This improvement work will assist in further surveillance and reduction of blood stream infections to commence in 2018/19.

1.2.1.6 Finance and Contracting Directorate

The Finance and Contracting Directorate provides a range of high quality professional services to enable the Trust to meet its overall aim of delivering safe and effective services to patients and clients.

The key functions of this Directorate include: financial services, including statutory accounting and reporting; financial management; capital planning and investment; costing; value for money/efficiency support and dedicated financial expertise; and contracting with the voluntary, community and private sector for health and social care services.

The Finance Department supported the Trust in managing its £704m revenue and £41m capital spend in such a way that enabled the organisation to reach its capital resource limit target in 2017/18 and report a revenue surplus of £73k.

The Directorate has prepared the statutory accounts which confirm the Western Trust's financial position for 2017/18.

The Financial Management Division supported the development of the Financial Plan and monitoring during 2017/18 which includes monthly financial performance reporting to Trust Board, HSC Board and Department Of Health. They are also responsible for setting the annual budget for the Trust during 2017/18 which is devolved to Directors, Assistant Directors and Heads of Service and monitored monthly at Trust Board and Corporate Management Team meetings. The Division is currently working on the 2018/19 Financial Plan with the HSC Board and Department of Health and the annual Trust budget for 2018/19.

The Trust has an extensive capital programme and the Capital, Costing and Efficiency Division has supported the Trust in the monitoring of major business cases relating to the Altnagelvin Health and Well-being Campus (including Macmillan Support Centre), Rathview Mental Health Extended Recovery and Rehabilitation Unit (Omagh), Additional Theatres (Altnagelvin) and Phase 5.1 of North Wing at Altnagelvin, as well as the Enhanced Local Hospital in Omagh. The Division has also provided

programme support to the development and delivery of both the 2017/18 Productivity and the Quality Improvement Cost Reduction (QICR) Programmes.

The Financial Services and Contracting Division ensure the effective provision of financial services to the Trust including financial accounting; governance; income and financial assessments; and contracting. The Division also has oversight for effective delivery of services to the Trust by the Business Services Organisation (BSO) in relation to accounts payable, accounts receivable and payroll. A key role of the Division is to ensure that these services are delivered in accordance with the agreed Service Level Agreement with the Business Services Organisation.

Fred Armstrong HFMA Award

Annemarie Kelly and Rhys Davies from the Capital Costing and Efficiency Division have won the regional HFMA Fred Armstrong Achievement Award in recognition of the development of a Quality Improvement and Cost Reduction Dashboard, which will be used by Directors, Assistant Directors and Managers in their daily workforce management and quality improvement initiatives. This is the first time in 25 years that the Trust has won this highly coveted award and is a reflection of the innovative work undertaken by Annemarie and Rhys in this area.

Prompt Payment Performance

One of the key performance indicators of the Trust is prompt payment performance. A monitoring team within the Finance and Contracting Directorate is in regular contact with Trust managers reminding them to approve invoices on their workbench and Directors receive regular reports on their staff's performance. These actions have resulted in performance against the 30-day prompt payment target of 92.2% of value / 89.8% of volume and 74.4% of value / 75.7% of volume against the 10-day target.

Paying Patients Department

The Paying Patient department has taken on significant additional work due to introduction of new legislation and the development of new services within the Trust such as the PCI service. In addition, following an Access to Healthcare Pilot during 2015/16, a new area of income was identified which required a resource, an additional temporary member of staff, to generate the additional income but has shown to be a worthwhile investment. In 2017/18 an additional £87,688 was generated from this resource. The number of private cardiology patients has also increased significantly from 21 in 2015/16 to 77 in 2017/18 in addition to extra contracted activity which the Paying Patient team processes. Potential patients have been making contact with the Department enquiring about the EU Directive which gives patients the choice as to where they wish to be treated for their healthcare within the European Union. As a result of these demands a business case for an additional permanent resource has been prepared and approved and recruitment is underway.

Self-Directed Support

A small team within the Finance Directorate works on the payments and monitoring of direct payments made to clients who have chosen to purchase their own care as part of Self Directed Support. A second person was approved for this team in September 2016 and the post was filled permanently in June 2017. This area of work continues to grow at a fast rate with an additional 278 users during 2017/18 and a total of 844 direct payments users at 31 March 2018. This has involved over 7,400 recurring payments being processed as well as several hundred one-off payments and regular monitoring and relevant follow-up with all direct payment users.

Patient Monies System Implementation

The Division has lead in the upgrade of the Patient Monies system during 2017/18 which will provide increased reporting and control for the administration of these monies.

Procurement

The Directorate helps to maintain a focus on the Trust's procurement agenda by supporting the Trust Procurement Board; the Trust Social Care Procurement Board; and the Trust Operational Procurement Group. A key output from this work is the development of a three-year Trust Procurement Strategy which sets out the Trust's procurement vision and objectives. The Directorate supported the Trust during the year in implementing its procurement strategy.

By virtue of the introduction of the Public Contract Regulations 2015, social care procurement for the first time became subject to the same procurement regulations as other goods and services. The Trust in conjunction with all other HSC bodies is working to put arrangements in place to ensure compliance with the new regulations. In order to minimise the risk of non-compliance, all HSC bodies are extending Centre of Procurement Expertise cover for social and healthcare services in the light touch regime. This is being taken forward via a formally constituted project, reporting to Regional Procurement Board. During 2017/18 the Trust completed the process of contract award and transition for Domiciliary Care Services. The Trust will continue to participate in regional procurement exercises as per the five-year regional social care procurement plan.

Finance, Procurement and Logistics (FPL) System

The Finance Department has been involved in a successful upgrade of the FPL systems during 2017/18.

Restructuring of the Directorate

A consultation on a revised Finance and Contracting Directorate structure was carried out in March 2016. The agreed structure has been rolled out during 2016/17 and was concluded during 2017/18.

Did you know that during 2017/18, the Finance and Contracting Directorate:

- Made almost 8,000 payments to clients who chose to receive direct payments to enable them to purchase their own care;
- Managed 436 social care expenditure contracts with the community and voluntary sector on behalf of the Trust's Service Directorates with a combined value of £88.5m;
- Managed a fleet of over 450 leased car vehicles that are used by Trust employees;
- Provided advice and support to 505 budget holders collectively to manage the overall budget of over £704m;
- Provided formal budget training to 110 managers and one-to-one training on request;
- Provided support to the development of revenue business cases for £73m of additional funding;
- Co-ordinated 66 Freedom of Information Act responses;
- Reported 28 instances of suspected fraud within the WHSCT to BSO Counter Fraud and Probity services;

- Delivered effective income recovery and administration for a range of patients from other EU and non-EU states including 68 EU patients, 40 non-EU patients and 1,274 cross-border workers;
- Supported the Acute Directorate in its initial application for Accreditation of the North West Cancer Centre, in relation to the financial management standards required; and
- Established the 'More Fun' Committee for staff which included mindfulness and sign language classes for staff in their own time. A 'Choose to Lose' weight-loss initiative was also organised by staff and £100 was raised and donated to Foyle Search and Rescue.

1.2.1.7 Human Resources Directorate

Employee Resourcing Division

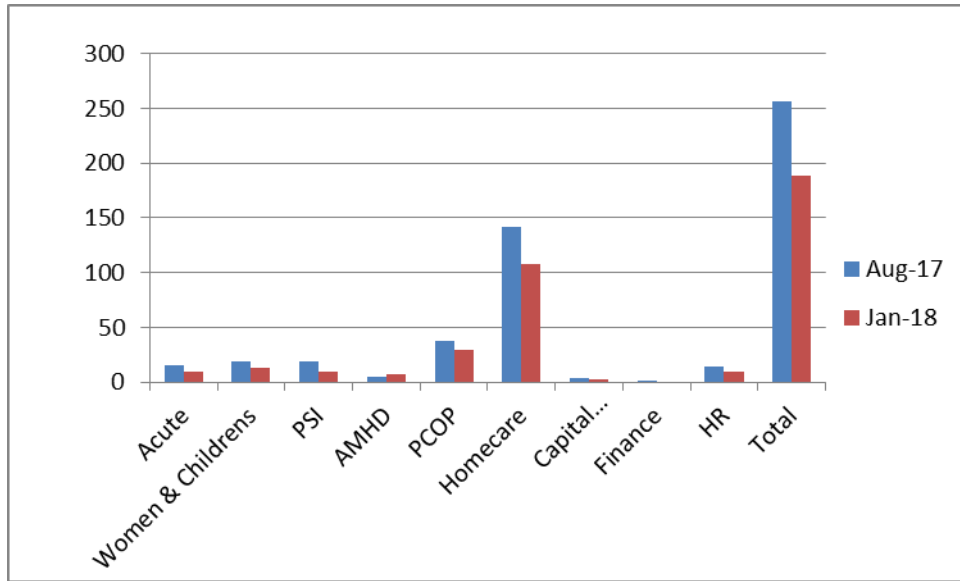
Recruitment

The Recruitment Team has experienced another extremely busy and challenging year. The Trust, like all other HSC Trusts, is working to secure the recruitment of staff against a backdrop of a limited applicant pool, affecting a range of occupational areas. In addition to the routine work of recruiting to vacancies, the team was also required to support the successful and seamless transition to the Recruitment Shared Services Centre. Significant advice and guidance was provided by the recruitment staff to managers across all areas of the service to ensure that the recruitment of staff was not compromised during the transitional period. From 1 April 2017 to 31 March 2018, whilst working towards the full implementation to the Recruitment Shared Services, the recruitment team recruited 1,566 employees to the organisation.

Security of Employment

The HR Directorate Support Teams have been involved in a number of projects with their business partner directorates, which has focused on and contributed to a reduction in the number of temporary staff employed within the Trust who have in excess of four years' continuous service. The total number of temporary staff with more than four years' continuous service has reduced by 27% from August 2017 to January 2018 with the total reducing from 256 staff to 188 staff. The Directorate Support Teams continue with plans to reduce this figure further.

Number of staff with more than four years' service



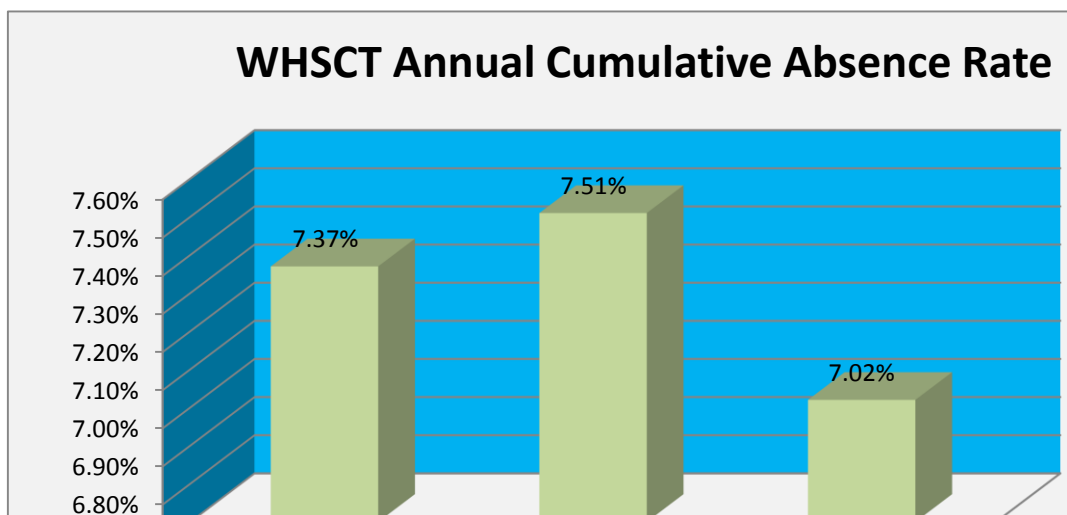
HSC Pensions Reform

During 2017/18, the HR Directorate continued to maintain close links with Pensions Branch to ensure that as an HSC employer, the Trust fulfilled its responsibilities with regard to the administration of the pension scheme. The Trust continued to commission extra support and guidance from HSC pensions to meet the requirements of the Pensions Reform. In addition the HR Directorate supported the delivery of a range of tailored workshops and seminars to staff across the Trust area, as well as issuing technical updates, posters and other communications to staff relating to specific aspects of the pension scheme and reform.

Absence Management

Supporting a reduction in the Trust's absence levels across all Directorates remained a priority for the HR Directorate during 2017/18 with particular emphasis on achieving the target set by the Department of Health of reducing absence due to sickness to 7.13% (cumulative), by March 2018. The Quality Improvement Cost Reduction (QICR) Team, supported by the HR Directorate Support Teams and Occupational Health Department has worked with managers across the Trust to achieve a reduction in sickness absence to 7% at 31 March 2018.

Cumulative Absence Rate 2015 - 2018



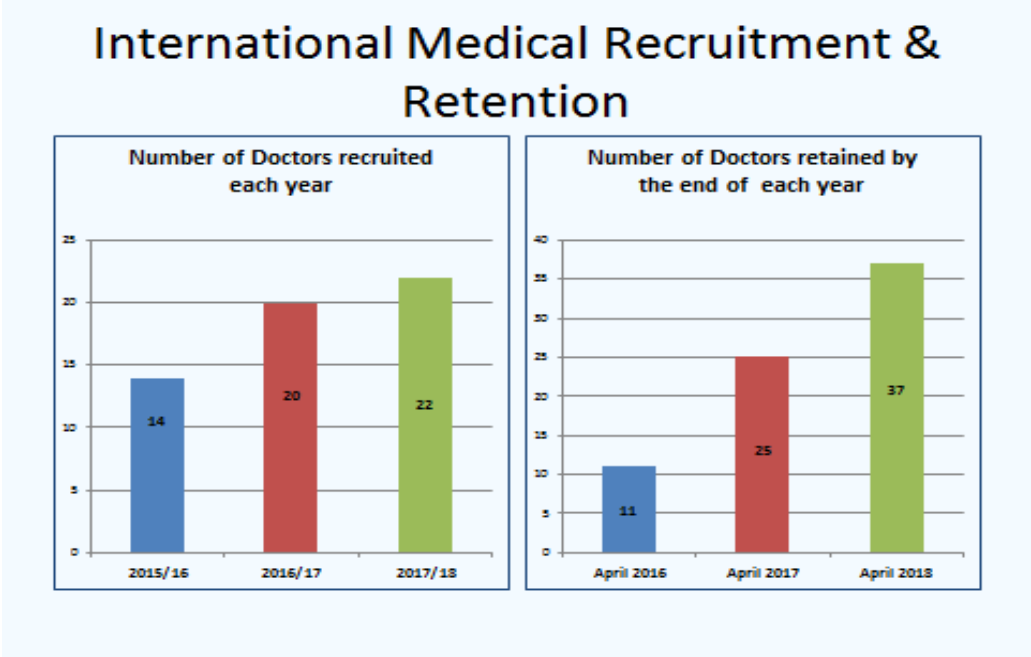
The 'Attendance at Work' Protocol has been revised and an absence management training programme developed and delivered to approximately 250 managers to date. All absence is now recorded electronically and the Absence Team has been producing absence reports to Directors and Assistant Directors to assist their decision-making and management.

Medical HR

The Medical HR Team continues to support all aspects of the employment of medical staff, including the administration of all aspects of their contractual arrangements. The Trust continues to experience challenges in the recruitment of medical staff to a range of areas of the service and remains heavily reliant on the use of agency doctors. The team is currently supporting the introduction of a new initiative with Locum's Nest to focus on the engagement of internal locums to fill vacant shifts, with the aim of reducing medical locum costs and reliance on medical locum agencies. The team also continues to provide training and support on the e-Job planning process and the implementation of the Allocate e-Job planning system for consultant staff. Work with NIMTDA regarding the placement of junior doctors in training across a range of specialties, continues. In order to meet the contractual requirements of these doctors, Medical HR is required to carry out monitoring of their hours worked and working patterns to ensure compliance to their contractual arrangements. A representative from Medical HR also represented the Trust on the negotiation of a new regional contract for medical and dental agency workers, which is now operational.

Medical Workforce Recruitment

The Medical Workforce Recruitment & Reform Project (QICR 3) continues to work to attract international doctors, particularly to difficult to fill posts, and has, at 31 March 2018, secured the appointment of 56 internationally recruited doctors since this project began in 2015. Thirty seven of these doctors are still in post. The tables below detail the work achieved by the project.



Project Outcomes



Medical Reform and Job Planning

There has been an increased focus on job planning during 2017/18 and 64% of consultants now have an approved e-Job Plan on the Allocate system. Currently the focus is on every Consultant having an approved e-Job plan for the 2017/18 year and to move towards prospective job planning as soon as possible.

The other aspects medical reform relate to 'what doctors do'; 'where care is provided'; and 'management and support for doctors'. The project plan for this work has been developed and the initial priorities are extension of Phlebotomy Service; Nursing Assistant duties; Physician Associate pilot; and training for clinical leads and retention. This work is being led by the Medical Director and supported by HR.

Terms and Conditions Department

The Terms and Conditions Department plays a crucial role in ensuring that all staff receive the terms and conditions of employment to which they are entitled. During 2017/18 the team worked closely with Payroll Shared Services, HMRC and HSC Pensions Branch on a range of salary related matters, including the following:

- The implementation of the National Living Wage.
- Application of pensions auto-enrolment.
- Administration of the Widening Access Scheme.
- Processing off-cycle payments.
- Salary sacrifice scheme (Child Care Vouchers).
- Investigating and resolving payroll queries.
- The administration of HSC pensions changes, including ensuring timely communication to staff and progressing issues arising from HSC pensions technical updates.

The Terms and Conditions HR Team has worked to ensure that robust processes have been established to support changes resulting from the move to the Recruitment Shared Services Centre for all non-medical recruitment.

In addition to this work the Terms and Conditions HR Team processed in excess of 10,000 contractual changes relating to adjustments to individual staff's employment arrangements.

Workforce Performance and Development Division



Annual Leadership Conference – ‘A Great Place to Work’

In December 2017 the Trust held its second Leadership Conference – the first under our new Chief Executive, Dr Kilgallen. The conference focused on one of the Trust's main themes and provided speakers who inspired the senior managers and clinicians present to reflect and act on creating a great place to work for themselves and all of the Trust's employees.

HSC Staff Survey

During 2017/18 individual Directorates have continued to work on the implementation of their staff survey action plan. Some of the actions taken to date include:

- GROW leadership development programme for Band 5/6
- Development and implementation of e-learning Corporate Induction for all staff including junior doctors
- Working Longer Group established
- Development of Human Resources & Health & Wellbeing Hub
- Guidance for staff when dealing with abusive phone calls
- Automated Incident Feedback
- Dragon's Den Quality Improvement events

Work has commenced on the design and development of the next HSC Staff Survey which will be issued to all staff in early 2019.

Management Development



Our new leadership programme **GROW** is currently being piloted with a total of 16 potential new leaders nominated from nine Directorates within the Trust. **GROW** is aimed at employees preparing to take on a leadership role within health and social care. The programme exposes participants to a range of challenges at the appropriate level to enable them to deal with the many complex situations across systems and boundaries they find themselves in whilst providing innovative and practical solutions

to ensure positive outcomes. It is hoped that upon successful evaluation of the pilot, **GROW** will then become mainstreamed as part of our core business and will be delivered on an annual basis.

The success of our **INSPIRE** Programme continues to support the Trust's succession planning process with 84 middle managers across all nine Directorates taking part.



As a result of its continued success, at least 20% of participants have secured promotion. Captured comments from participants continue to be both overwhelmingly positive and inspiring which allows the programme to continue to remain as part of our core business.



Vocational Training

In January 2018 the Trust's Chief Executive, Dr Anne Kilgallen presented the Trust Vocational Training Team Annual Awards to 123 staff who had completed an accredited vocational qualification in the following areas in 2017:

- City & Guilds Level 3 Award in Assessing Competence in the Work Environment;
- City & Guilds Level 5 Diploma in Leadership for Health & Social Care Services (Adults' Residential Management);
- City & Guilds Level 2 & 3 Diploma's in Health & Social Care (Adults);
- City & Guilds Level 3 Diploma in Allied Health Profession Support;
- City & Guilds Level 3 Diploma in Clinical Healthcare Support;
- ProQual Level 2 Diploma in Healthcare & Social Care Support;
- ProQual Level 3 Award in Healthcare & Social Care Support;
- Essential Skills in Communication, Application of Number and ICT; and
- Open University K101 - Introduction to Health & Social Care, (Level 4)

Awards were also presented to learners from external organisations such as the Belfast HSC Trust and Lakeland Care, Omagh.

Pilot of the Level 4 Diploma in Adult Care

In November 2017 the Vocational Training Team commenced a pilot of the Level 4 Diploma in Adult Care with nine learners from a range of settings in the Trust. This qualification allows learners to learn, develop and practice the skills required for career progression in Adult Care and will act as a stepping stone towards more senior practice and management.

ASPIRE

This is a Fermanagh & Omagh District Council-led employability programme supporting people into paid employment. The Trust is pleased to build on previous success and to support 20-30 placement opportunities annually for a further four years 2018-2022 facilitating.

Trust Chief Executive Dr Anne Kilgallen speaking at a recent event to celebrate the achievements of ASPIRE participants



Working Longer

A Working Longer Group (WLG) has been established to review the implications of the WHSCT workforce working to a later, raised retirement age as a response to the new pension changes introduced in 2015. The group will address the impact of working longer and identify what additional supports the Trust can implement to facilitate those staff who choose to work longer to do so.

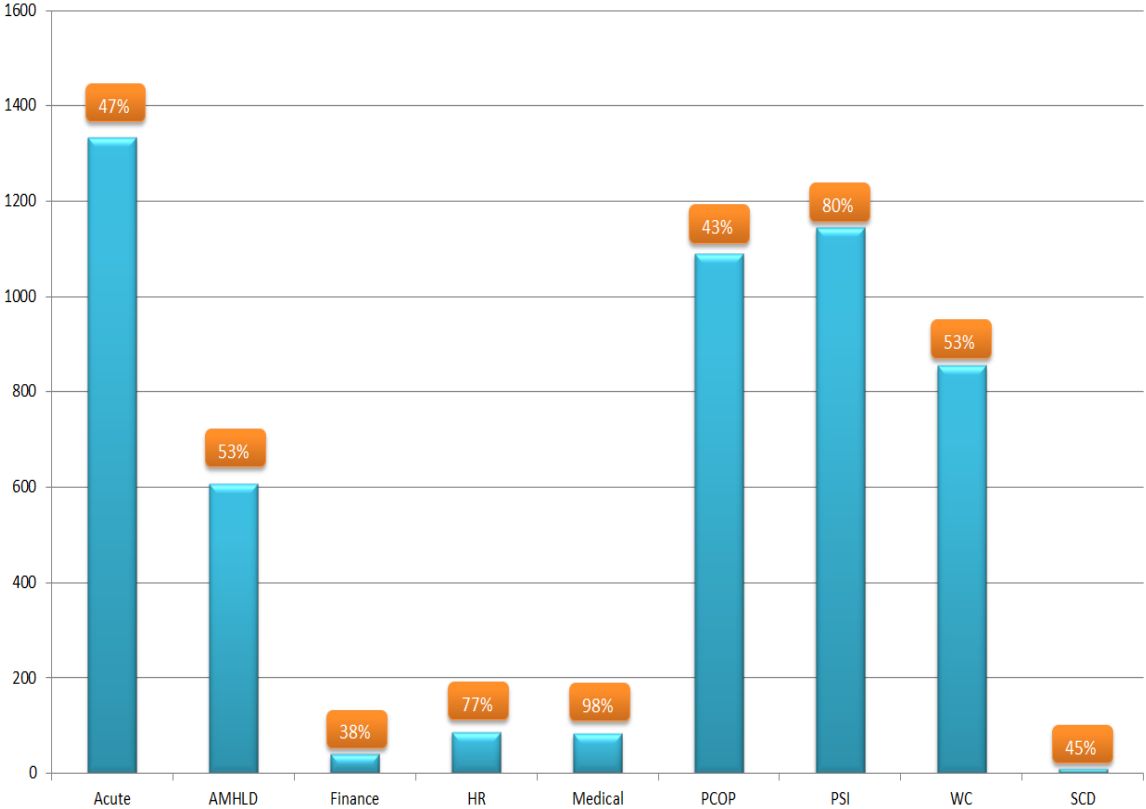
Appraisal and Development Review

A total of 53% of non-medical Trust staff received an appraisal in 2016/17, representing an 18% improvement on the 2015/16 figures. We also exceeded the 5%

improvement target by 13%. We continue to work toward achieving the target for annual appraisal of 80% for non-medical staff and 95% of medical staff. A summary which illustrates the position by Directorate is as follows:

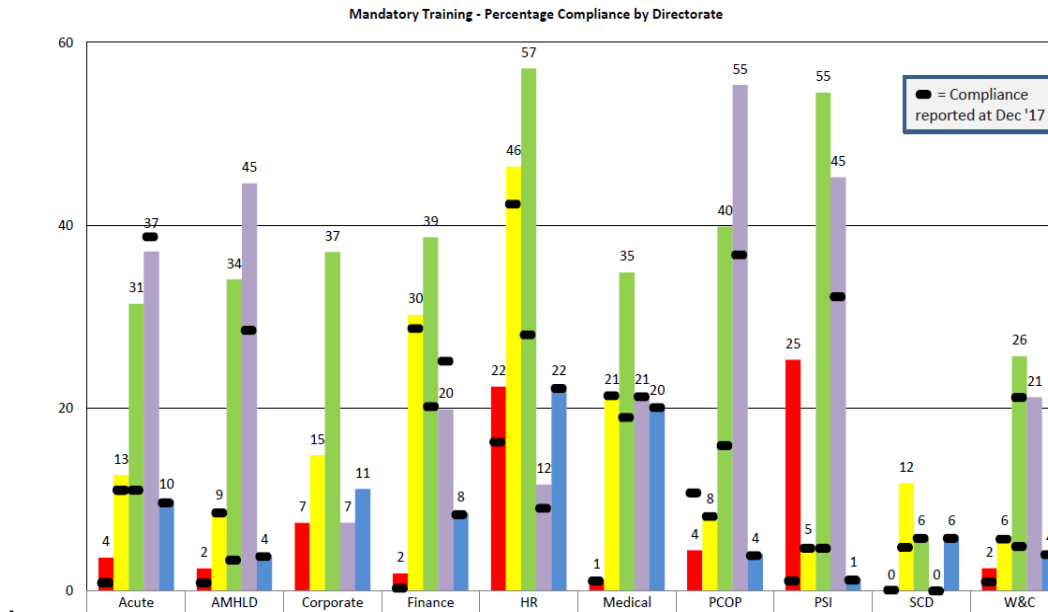
Figures are provided for the prior financial year as the 2017/18 figures are not yet available.

**Appraisals & Development Review of Non-Medical Staff
1st April 2016 - 31st March 2017**



Mandatory Training

Extending the reach of mandatory training by offering more training by e-learning has contributed to a dramatic increase in attendance and completion of mandatory training programmes in 2017/18. With the additional feature of Directorate reporting being added to HRPTS in April 2018, we look forward to further improved reporting and organisational representation of mandatory training compliance in the coming year.



Reform of Homecare

HR continued to support the Reform and Modernisation of its Domiciliary Care services. A phased approach commenced in October 2017 in the southern sector of the Trust and rotas have now been fully rolled out in Strabane and Fermanagh and 70% of rotas have also been rolled out in Omagh.

As part of this project, a number of staff for whom suitable alternative employment was not available, were supported to avail of the Voluntary Exit Scheme (VES).

Employee Relations

The Employee Relations department has had yet another busy year providing professional advice, guidance and support to managers while handling the following:-

- **Disciplinary issues including formal hearings** 43
- **Grievance issues including formal hearings** 114
- **Statutory cases** 14

Drop-in Clinics

To support managing conflict situations, resolving concerns at local level and dealing with misconduct /disciplinary issues have taken place in Altnagelvin and the South West Acute Hospital, on a quarterly basis. Due to their success the clinics were introduced in the Omagh Hospital and Primary Care complex in March 2018.

Bespoke Employee Toolkits

These have been delivered for the Support Services Department and Acute Directorate. Managers Toolkits have also been delivered within the Homecare Department of Primary Care and Older Peoples' Directorate.

Quality Improvement project

A Quality Improvement project is ongoing which focuses on the increasing efficiency of disciplinary investigations. The department is striving to develop and make continuous improvements. To facilitate feedback from managers, panel members and

trade union representatives, feedback questionnaires are provided following each investigation process.

Professional Awards

The International Medical Recruitment & Reform Project won the Award for “Innovation in HR” at the 2018 HPMA NI Awards. In addition the work of the project has been shortlisted as a finalist for the National HPMA “Capsticks award for innovation in HR” to take place in June 2018. HR Directorate team members were also successful nominees as finalists in the Healthcare People Management Association (MPMA) NI Awards 2018 for both HR Professional of the Year and HR Team of the Year.

1.2.1.8 Performance and Service Improvement Directorate

Estates Services

Altnagelvin Tower Block – Plumbing Infrastructure Upgrade

As part of the Trust’s Backlog Maintenance Plan for 2017/18, the Estates Team has completed a key statutory upgrade of the Hot and Cold Water plumbing system within the Altnagelvin Hospital Tower Block. The scheme, which had a six month programme, was completed in March 2018, with a construction cost of £420,000. This upgrade is a positive development for the estate; improving water quality; and reducing on-going maintenance.

The previous plumbing system was approaching sixty years old and presented maintenance difficulties in ensuring a resilient and high quality water supply. The deterioration of the system through age also increased the potential for leaks, providing a limited assurance in terms of resilience.

To minimise disruption, the plan was developed with full collaboration of staff currently occupying the building, and taking into account the overall strategic redevelopment plan for the Tower Block going forward.

The outcome of the project has been positive. All wards and departments in the Tower Block have now been transferred onto the new water system. This is the final stage in a five year plan to completely upgrade and replace the ageing water infrastructure in the Tower Block.

Environmental Quality Improvement Project – Waste Segregation & Management

The Trust’s Environmental Management Team based in Estates Services have successfully implemented a project to more effectively manage hospital waste, reduce clinical waste and introduce a new waste stream. This implementation of the project was supported by the Trust’s Quality Improvement methodology.

The primary objective of the project was to improve waste segregation on the acute hospital sites and thereby improve the Trust’s overall compliance with the statutory standard – Health Technical Memorandum (HTM) 07-01 “Safe Management of Health Care Waste”. The project involved removing clinical infectious and/or offensive waste receptacles from patient/client wards/areas and rolling out a training/education programme with ward based hospital staff.

The project had targeted a reduction of 25% on the amount of clinical waste produced on the Altnagelvin and South West Acute Hospital sites by implementing improved segregation at source.

The project was implemented on a partnership approach with Support Services, Infection Prevention & Control and the ward staff. Roll-out of the new waste procedures was completed in December 2017 and has been hugely successful. In the four month period since full implementation the Project is delivering over 40% reduction in clinical waste.

Support Services

Strategic Review of Staff Residential Accommodation

The Trust's Support Services Team is responsible for providing staff residential accommodation facilities across the Altnagelvin, Tyrone & Fermanagh, and South West Acute Hospital sites. The Trust currently provides 355 beds and these are utilised by undergraduate medical, nursing and AHP staff, junior doctors and as a starting base for staff recruited internationally.

The Trust's Corporate Management Team commissioned support services to undertake a strategic review of staff residential accommodation to better understand the current provision, compliance with the relevant statutory standards and both current and projected need for the next 10 years.

The review was undertaken in partnership with Trust Medical and Nurse Education Leads; International Nurse Recruitment Leads; and members of the Acute Management Team. The review findings included that the Trust is compliant with all of the relevant current statutory standards, however that there is a sustained level of unmet need and the potential for expanded need going forward. In addition the review made specific recommendations in relation the need for upgrade and reconfiguration of the residential building stock.

The review was presented and approved by the Trust in March 2018 and includes a range of actions that will see the staff residential accommodation being significantly upgraded and expanded over the next 10 years.

Foodcheck - Food Management System (eHACCP)

The Support Services' Catering Department is responsible for providing food to patients, staff and customers in a clean, safe environment and complying with food safety legislation. They currently provide this using a paper based Food Safety Management System (FSM) on Hazard Analysis Critical Control Points (HACCP). This system has been developed to ensure:

- Delivery of safe, nutritious foods to its patients, clients, residents, staff and visitors;
- Compliance with Food Hygiene law;
- Guide for Support Services Managers and staff involved in Catering to know the hazards, eliminate and minimise any risk associated with catering;
- Standardise catering practices across the Trust; and

- Use as a basis for training all staff involved in catering.

However as this is a paper-based system and very time consuming with the amount of paper work required the Trust purchased an electronic HACCP (Foodcheck) system this allows the Support Services Dept to capture this information electronically resulting in the following outcomes:

- Automate all recording required from delivery of food right through to service to the patients;
- Eliminate laborious and time consuming task of completing paper based records;
- Ensures data the system collates cannot be modified or falsified; and
- 24 hour access to the system for reporting/verification/alerts

The system has recently been implemented and training rolled out to staff within the Altnagelvin Hospital site all ward kitchens, production kitchen and retail outlets. The system is currently live and it is anticipated that the removal of all paper records will be from May 2018. Installation of the system has commenced in the South West Acute Hospital and training and implementation is anticipated for April/early May 2018. Full roll out of this system is expected once further funding becomes available.

Saffron - Stock Management System

Saffron Stock Management system has been implemented in Altnagelvin and is currently being implemented within the Gransha and Omagh sites. This means that the management and movement of catering stock is being managed using an electronic system from delivery to point of consumption. Additionally in line with the back office work required during this implementation, review of our menus/recipes within our Catering Outlets has commenced to ensure we are providing calorific, healthy choices to staff and customers. Saffron Stock Management within the South West Acute Hospital is expected to commence in June 2018.

In February 2018, the Trust's Catering Team presented the Saffron and eHACCP project to date to the Regional Hospital Catering Association (HCA) and on the back of this the Team has been invited to provide workshops and support to our colleagues in the Northern HSC Trust with their Saffron project.

Information Communications Technology

In 2017/18 the ICT Department continued to support a number of major projects which are currently being implemented throughout the Trust.

Northern Ireland Electronic Care Record (NIECR)

The implementation of the Northern Ireland Electronic Care Record (NIECR) continues to progress within the Trust. The following are the main themes over the last year.

- Problem Lists: User can update adverse reactions, diagnoses and alerts directly onto patient summary page in NIECR. Piloted and ready for rollout in 2018 to Level 1 & 2 users (clinical and nursing staff);
- Sign-off of results: Electronic sign-off pilot in AMU. Further pilot commenced in NWCC outpatients and MASU. Working Group to be established;
- e-Referrals Triage Management Solution: A number of specialities are receiving and triaging GP referrals through NIECR. The Outpatient Reform Manager is leading on rollout;

- Radiology Ordering: Rollout and training continues across the Trust;
- Diabetes Pathway: Implemented; and
- ROI/North West Cancer Centre (NWCC): Oncology referrals are received electronically for patients from Letterkenny, Galway and Sligo. These are triaged electronically and patient information shared between referrer and NWCC clinicians.

NI Electronic Healthcare Record (Encompass)

The Encompass programme is a HSC-wide initiative that will introduce a digital integrated care record to Northern Ireland. This will support the HSCNI vision to transform health and social care in order to improve health outcomes and create better experiences for those receiving, using and delivering services.

The business case was submitted to the Department of Health for final approval. Once approved the team with commencement the procurement process, anticipated in spring 2018 with a one-year timeline. The Trust have been heavily involved in helping to plan for Encompass and a number of workshops took place in 2017 with a high level of staff engagement to review scenarios learn from their experience and expertise.

Community Information System (CIS)

The Community Information System (CIS), Paris, has been successfully implemented within 32 Community Services, the most recent of which are Older Peoples Mental Health and RISE NI. This has increased the overall user base to approximately 1,380 staff. Work is also ongoing on the Implementation of Paris Mobile within three services (Community Respiratory Team, Community Children's Nursing and the Rapid Response Team). The CIS Project has a new Senior Responsible Officer, Bob Brown, who takes over the role from Trevor Millar and two New Service Development Leads have been appointed. Planning has begun on the implementation of eNISAT on Paris which will affect approximately 1,000 staff. Engagement has also started with the Learning Disability Division, which is comprised of a cohort of 13 services.

Cyber Security

Cyber security is a global phenomenon and the risk to organisations has never been greater. The WannaCry cyber-attack on 12 May 2017, which caused major disruption throughout the NHS, has significantly increased the profile of Cyber Security nationally and within HSCNI organisations. This attack has highlighted extensive vulnerabilities that corporate organisations are exposed to through the operation of a network infrastructure, Line of Business (LOB) applications and dependencies on third party ICT suppliers.

The Business Services Organisation (BSO) manages all of the major LOB regional systems and the regional backbone network on behalf of HSC Trusts. An integral element of this infrastructure is the ICT security infrastructure and BSO provides guidance to Trusts on ICT security policy and measures. There is no doubt that the Cyber security threat is increasing exponentially both in terms of scale and complexity. The Regional and Trust security infrastructure requires significant investment to counteract this threat effectively and public and private sector organisation have in general been advancing programmes of work to further mitigate the risk of cyber-attack.

A Cyber security self-assessment consultancy exercise was facilitated by BSO Internal Audit and completed by Trust ICT Senior Management in March 2017. This was based on the National Cyber Security Centre (NCSC) 10 Steps to cyber security guidance. As a result the HSCB has identified cyber security as one of its highest eHealth priorities.

BSO have developed an Outline Business Case for approximately £17m to support a range of actions to mitigate the risk of a successful cyber attack, which is still in the approval process with the Department of Finance. As an interim measure the BSO were allocated £950k via an Emergency Business Case to fund regional licenses for anti-malware software; additional cyber security staff for the BSO; and an initial high level security assessment by external experts for all HSCNI organisations. WHSCT ICT developed a work programme in response to the Self-Assessment Audit and is progressing well against those actions including simulated faux phishing attacks to baseline staff awareness; investment in cyber security and compliance management solutions; review of corporate and directorate Business Continuity Plans; updating of ICT Security Policies; installation of anti-malware software; review and hardening of server security infrastructure in conjunction with Microsoft; implementation of security solution to monitor and control medical devices on the ICT network; and work with network specialist on segmenting the Trust ICT network to provide additional security and resilience.

The HSCB in conjunction with the BSO are in the process of establishing a Cyber Security Forum with ICT representation from BSO, HSCB and the six HSC Trusts.

SWAH PFI

The South West Acute Hospital (SWAH) is maintained as a high quality environment for staff, patients and visitors under the PFI contract arrangements with Northern Ireland Health Group (NIHG) and Facilities Maintenance provider Interserve FM.

The Trust continues to work to consolidate steady state arrangements post the Joint Partnering Initiative (JPI) and Commercial Settlement (31 March 2017) and to cement productive partnership relationships. This work remains in progress in order to fully implement the targets established as part of the JPI agreement, with the Trust's service provider continuing to implement a process of organisational change.

The Trust Contract Team continues to pursue continuous improvement under the robust monitoring arrangements established by Directorate of Performance and Service Improvement and in pursuit of Directorate goals. The level of statutory and contractual compliance remains satisfactory with strong governance continuing to be evident in the areas of Risk Management and Financial Assurance. Expenditure has been maintained below the annual Unitary Charge; 2017/18 targeted savings have been achieved; and the Payment Mechanism applied to any identified areas of under-performance.

A regime of monthly Safety and Quality audits continues to add value with the identification of targeted improvements. A programme of rectification works was completed in January 2018 that has addressed recommendations from electrical tests and enhanced safety standards. Improvement projects relating to Management Information Systems and to the accuracy of estates data are also being implemented.

Environmental improvements within this period include an additional 29 car park spaces which are a welcome increase to capacity at SWAH, and an upgrade to the water engineering systems in the Intensive Care Unit to enhance best practice compliance. Further enhancements have been delivered through a PFI Partnership Fund allocated as part of the Commercial Settlement. The Trust looks forward to the benefits that these projects shall deliver for patients, visitors and staff.

A programme to optimise the PFI contact arrangements and identify potential Savings and Efficiencies in line with Treasury Guidelines for the benefit of both NIHG and the Trust is currently underway. This programme shall be supported by high quality and experienced professional PFI advisers, part funded by the Strategic Investment Board, with benefits anticipated in 2018/19.

Health Improvement, Equality and Involvement Department Falls Prevention Checklist

A Falls Prevention Checklist for over 65's developed by the Western Falls Prevention Steering Group with the aim of preventing falls in the home. It is to be used regionally by all occupational therapists within the hospital and community setting. The booklet has already been distributed throughout the WHSCT to hundreds of older people within local communities that take part in local Falls Prevention Programmes and Awareness Training. It is also used by many WHSCT staff throughout the Trust working with older people such as occupational therapists; physiotherapists; the OPALS Team; the emergency department; the reablement team; and disability resource staff.

Infinity & Beyond Exercise Programme for Trust Staff

New partnership working between the Health Improvement, Equality and Involvement Department and Drink Wise Age Well saw the development of the Infinity & Beyond Exercise Programme for WHSCT staff age 50+. The design of this program was informed by the 364 staff members who completed our online survey. This programme offered free dance or yoga sessions twice weekly for a period of six weeks in Limavady, Derry/Londonderry, Omagh and Enniskillen. Upon advertising, we received over 400 queries or applications and 85 places were offered to Trust staff. Over 90% of the respondents to our evaluation survey advised that they felt the program had benefitted their health and well-being.

Couch to 5K Programme for Trust Staff

The Health Improvement Equality and Involvement Department offered 25 places on a Leadership in Running Fitness LIRF course to voluntary/ community and statutory organisations with a contractual agreement with the PHA. Subsequently, 12 members of Trust staff have completed their LIRF qualification and since the commencement of the WHSCT Couch to 5K programme in May 2017, our valued Trust Run Leaders have led 440 members of Trust staff through an eight-week couch to 5K programme of running twice weekly. 70% of the respondents to our evaluation survey stated that they had experienced a noticeable difference in their fitness levels and attitude towards exercise.

Pioneer Communities

The Early Intervention and Early Years Team have been working closely to develop the pilot in the five Neighbourhood Renewal areas within Derry City and Strabane District Council area to ensure every child has the best possible start in life. A team of voluntary, community and statutory agencies have been working closely together to

identify the needs of the ante and post-natal mothers, their partners and babies and ascertain the what support would be required to meet the needs of women and their families.

Early Years Training

During 2017/18 the Health Improvement, Equality and Involvement Team have continued to deliver a range early years training. This included:

- Seventy two practitioners have been trained in the Solihull two day foundation Approach training;
- Seventeen practitioners from early years agencies have been trained in the Incredible Years pre-school basic training;
- Seven practitioners have been trained in the Incredible Autism, speech and language programme. This training has enabled teams to support families who are currently on the waiting lists for services; and
- Funding was secured for five midwives to complete hypnobirthing training.

Schools For Hope (Rebranded as Hopeful Minds)

Schools for Hope is a curriculum project developed by iFred (the International Foundation for Research and Education on Depression). It is based on research that suggests hope is a teachable skill. The Health Improvement Department has continued to work with Outer West Neighbourhood Renewal Partnership and the Primary Care Mental Health Team to develop this innovative programme with all primary schools and secondary within the Western area. The aim is to equip students, educators, and parents with the tools they need to find and maintain hope even during the most trying of times. Through the unique partnership of Team Hope we delivered the Programme to 245 children in phase one. An evidenced based evaluation is being completed by Ulster University and findings will be shared locally and internationally. The partnership was nominated and received runner up in the Regional Social Work Awards.

Sexual Health Training

575 participants attended Training/Awareness Sessions:

- 263 participants more aware of looking after their sexual health and where to access local services as well as understanding concept of sexual consent and increased understanding of sexual behaviours linked to stages of children's/young people's development and supporting same sex families;
- 114 Participants attended Transgender Awareness and Non Binary Sessions;
- 32 Participants attended awareness sessions around supporting Same Sex Families. Attendees were mainly midwives/health visitors/community based staff working to support families; and
- In partnership with NSPCC 11 PANTS Campaign Sessions were delivered to 312 participants. The aim of these sessions was to raise awareness of the campaign and increase the skills and knowledge of participants to cascade the message.

Safer Internet Day

135 people attended the Digital Resilience Across the Lifespan conference to mark Safer Internet Day 2018. The conference addressed the links between mental health and the internet and the need to teach people of all ages and stages of life, the skills to mitigate online risk.

Hope For Hopelessness

135 practitioners attended the Hope from Hopelessness conference. A drama and video-based training materials about suicide prevention in men was launched at the event. This work was co-designed and co-produced by a group of men who have previously experienced suicidal ideation. The Men's Health West website was also re-launched and this will form the basis for 'training for trainers' package.

Trans-Scribe LGBTQ Media Resource

This resource is aimed at young people who identify as transgender and non-binary and was co-designed and co-produced by a group of eight young people who attend a group hosted by Rainbow and facilitated by Youth Action. The interactive, online resource uses the young people's artwork to storyboard their own lived experience and is aimed at other young people who may be struggling with their sexuality to the detriment of their mental health and wellbeing. The group worked with the Health Improvement Department's graphic designer to design the resource and all have expressed that the process has been cathartic, has increased their feelings of self-worth and has made them feel less isolated. The resource will be launched in the new financial year and will be hosted on the Youth Action website. It is hoped that this piece of work will inform a training course for practitioners (teachers, social workers, youth workers etc.). The resource has already been nominated for the Youth UK award and if successful the young people will attend the award ceremony in London.

The Community Food and Nutrition Team

The Community Food and Nutrition Team have been very successful in their training delivery during 2017/18. They have successfully delivered the following:

- Solid Start Training to 12 participants
- Cook it! Tutor Training ran to 17 participants
- Food values Training was delivered to 19 participants.
- Thirty three weaning workshops were delivered to 282 parents/carers
- Seven Feeding under 5s Workshops were delivered to 47 people
- Grow your Own training delivered to 9 Cook it! Tutors
- Two Nutrition matters training sessions were delivered to 67 childminders and day nursery staff
- Seventeen Healthy Eating Workshop were delivered to 470 individuals
- Breastfeeding Peer Support OCN training delivered 12 peer support mothers
- Two Breastfeeding Peer Support Update Events coordinated for 70 peer mum volunteers

Corporate Communications

Corporate Communications continue to place a great emphasis on the development of its social and digital media platforms. The Trust's website, www.westerntrust.hscni.net, has approximately 963 visitors per day and 29,300 unique visitors each month. The site has been visited over 350,000 times this year. The Trust's Facebook page has now attracted over 21,000 Facebook followers with an average story reach of approximately 11,700 people and engagement per post of 2,100 people. Posting approximately 56 articles per month, tailored with enriched content for the local audience, the total number of views across all stories on the Trust Facebook site is 8 million views in the 2017/18 year. Through rapid growth in 2017/18, the Trust now has over 5,000 followers on its Twitter page and has issued 1,125 Tweets this year. These tweets have received 1.9 million tweet impressions this year.

Corporate Communications has supported over 960 media queries in 2017/18. Issuing approximately 15 press releases/good news stories to local, regional and cross border media each month, with an average of 55 positive articles printed and obtained through in-house media monitoring per month.

The Corporate Communications Team also provide enhanced communications support to major Trust projects, working very closely with the project teams, including the Radiotherapy Unit and the Omagh Local Enhanced and Primary Care Complex. The team are currently focusing on developing its public affairs function. The Trust engages with local MLA's quarterly through face-to-face all party briefings. An eBrief would have been issued to MLA's and public representatives monthly, which contained pertinent information on Trust business, announcements and good news stories however this has paused due to the current political situation.

Information Governance

Improving Medical Records Accessibility (RFID)

The Western Health and Social Care Trust is one of the first major trusts in Northern Ireland that is leading the way in medical records management after signing up to Idox Health's iFIT logistics management platform.

The Trust successfully went live with the roll out of the records management module iRecords at the Trust's main Altnagelvin Area Hospital site on 8th December 2017. This will improve the filing, tracking and retrieval of medical records and has the potential to support the Trust's migration towards the Electronic Care Record, delivering greater visibility of health record content and usage via the system. Currently, the Trust's main health records library is at full capacity, with the Medical Records Team overseeing the circulation of over 85,000 health records at any one time. The RFID solution will manage this challenge by introducing location-based filing – estimated to free 15% of space – and tag-agnostic tracking technologies that accelerate the tracing of records to ensure medical notes are in the right place, at the right time without the need for labour-intensive processes.

The Introduction of Case Note Tracking has enabled a smoother workflow of patient case notes across the hospital site and has reduced the resource required for filing of case notes into the Health Records library due to improved process flow. The solution will deliver more benefits to the organisation as a whole and improve accessibility of patient case notes at the point of care to benefit patient quality and safety. The system is fully operational and working well with positive feedback from all key stakeholders. Transition period now underway with new working practices being developed and over 26,000 charts tagged since implementation.

Information Governance (IG) Training

Information governance is included on the list of mandatory training for all Trust staff. It is the responsibility of all staff to ensure that they are appropriately trained in the handling of personal information. All new staff complete IG training as part of their induction. Staff members who have undertaken this training on a previous occasion must continue to receive training every three years (in line with the Information Management Controls Assurance Standard). Mandatory IG training was placed on all Directorate plans for 2017/18. Completion rates for training are reported on a bi-monthly basis at the Information Governance Steering Group. The Trust has a single

Mandatory IG e-learning module which has been revised to incorporate the new GDPR legislation which comes into effect in May 2018.

1.2.1.9 Strategic Capital Development

Altnagelvin Hospital Redevelopment - North Wing

Construction work continued in 2017/18 on the new £70 million North Wing at the hospital. Accommodating six new wards and a new main entrance, the building is being constructed in phases to ensure services continue to operate on site at all times. The first phase of the project will be completed by the end of 2018, enabling three wards to move from the existing Tower Block. Work will then continue until spring 2020 when the final phase will be handed over to the Trust. This will enable three further inpatient wards to relocate from the Tower Block and the new main entrance to the hospital will then become operational, adjacent to the new multi storey car park. This major development will significantly improve accommodation for patients and visitors to the hospital and provide modern state of the art facilities for staff delivering essential inpatient services.

Altnagelvin Daycase Theatres

Work also continued in year to expand day case theatre space at Altnagelvin. Two new theatres are in the later stages of construction with completion and theatre commissioning anticipated in early summer. The new theatres will be fully compliant with all recommended standards and guidance for a modern day theatre environment and will significantly enhance theatre capacity at the hospital.

North West Cancer Centre

2017/18 seen the continued growth of the new North West Cancer Centre which opened in November 2016. During this 12 month period the opportunity was taken to review the building infrastructure and services to ensure the facility performed as expected and continues to deliver a high quality, therapeutic environment for patients, visitors and staff. A post project evaluation of the centre is near completion, with preliminary results indicating a very high level of satisfaction with the building and the services provided.

Altnagelvin Hospital Redevelopment - Phase 5.2 – West Wing ‘Nucleus’ Building

The Trust has initiated the development of a business case to expand and enhance critical services located in the West Wing (Nucleus Building) of the hospital. With a focus on unscheduled care, theatre and critical care accommodation, the business case aims to provide additional space and capacity for these essential services, ensuring future demands for services can be met. The business case will also look at the location of emergency imaging services, ensuring essential service adjacencies to ensure safe and effective services are delivered. The Trust aims to have the business case issued to the Department of Health for approval during 2018/19 financial year.

Cityside Health & Care Centre

As part of tranche two of the regional Primary Care Infrastructure Development programme, the Directorate has agreed to develop a Strategic Outline Case and Outline Business Case for the development of a GP hub facility in the cityside area of Derry/Londonderry.

This hub business case will be developed during 2018/19 in line with the Department of Health's vision document "Health and Wellbeing 2006: Delivering Together" and will have the main objectives of:

- Improving the quality of the primary and community care estate;
- Supporting service developments;
- Increasing the accessibility to primary and community care services; and
- Reconfiguring Trust services to ensure best use of existing estate

Altnagelvin Health and Wellbeing Campus

The new Health and Wellbeing Campus at Altnagelvin incorporating the Macmillan Support Centre and Agnes Jones House was completed and began delivering services in October 2017.

This new development is the result of a partnership between Macmillan Cancer Support and the Western Health and Social Care Trust to provide holistic support to patients, carers and families affected by cancer as well as those living with long term chronic conditions.

Omagh Hospital and Primary Health Care Complex

Construction work on the new Omagh Hospital and Primary Care Complex was completed in spring 2017 and following a period of commissioning the new hospital opened its doors to the public in June 2017.

This £105m project marks a significant milestone in the delivery of health care for the community in Omagh and the wider area. The new Omagh Hospital and Primary Care Complex represents a new model of health care and brings together a wide range of hospital, primary care and community services within a single modern state of the art facility.

The 13.8 hectare site comprises a new 28,000m² building providing ground floor accommodation for GP Practices; urgent care and treatment; cardiac assessment; renal dialysis; out-patients; dedicated children's department; X-ray; and imaging. The first floor includes in-patient rehabilitation, recovery and palliative care services delivered from single ensuite rooms along with day case theatres; community dental; allied health professionals' therapy centre; a community mental health team; and a dedicated centre for women's health.

Proposed new Acute Mental Health Unit at Omagh

The Trust continues to work alongside the Department of Health to finalise the business case and secure approval for the proposed new Acute Mental Health Unit proposed for Omagh.

Rathview Mental Health Extended Recovery and Rehabilitation Unit

Construction of the new Rathview Mental Health Extended Recovery and Rehabilitation Unit located near to the Tyrone & Fermanagh Hospital was completed in early spring 2018.

The project is now in the commissioning phase and the facility is expected to be operational by the end of June 2018.

This £3.7 million project will provide support to clients encountering difficulty sustaining community placements due to severe and enduring mental illness and related difficulties.

1.2.2 Environmental Issues

The Trust remains committed to ensuring that the risks to the environment from installing, maintaining and operating the Trust Estate are minimised as far as is reasonably practical, and has continued to maintain a Trust wide ISO14001 Environmental Management System to support this agenda. The Trust has in place a robust environment policy which outlines how the Trust effectively manages any activities that may have a potential impact on the environment, including: monitoring of emissions and discharges; management of energy and water; management of waste; management of biodiversity; transport and car parking; procurement of goods/services and works; maintenance of buildings; plant and equipment and grounds maintenance.

The Trust's Waste Management Plan continues to be implemented. The Trust continues to minimise waste, and the amount of waste sent to landfill. In 2017/18, over 80% of the Trust's total waste produced was recycled or recovered. In 2017/18 the Trust's Environment Team successfully implemented a Quality Improvement Project to reduce clinical waste at main hospital sites at Altnagelvin, South West Acute and the Omagh Hospital and Primary Care Complex. This Project has seen a reduction of clinical waste tonnage by over 40% at the main hospital sites and has provided overall savings of £8,000 per month in waste disposal costs to the Trust.

The Trust has committed to an Energy Management Team which is tasked with delivering on the Trust's sustainability agenda. This team has assisted in achieving approximately 14% reduction in utility consumption since 2009.

The Trust has identified an additional investment of £650,000 which would lead to a carbon reduction of 350 tonnes per annum subject to securing funding for the initial capital requirements.

In addition to the investment above, the Trust has developed a bid to apply for regional funding in the amount of £2.1million for the installation of Combined Health and Power Units (CHP) at the Altnagelvin and Omagh Hospital and Primary Care Complex Sites. This project would minimise the electricity import from the grid at both sites, providing "free" hot water/steam in the process. This will be a key project for the coming 2018/19 year for the Energy Team.

The Trust now has in place Hospital Workplace Travel Plans for all major hospital sites. The plans contain Operational Action Plans which are being taken forward within Facilities Management and are aimed at promoting sustainable travel options for our employees to the hospital sites.

1.2.3 Essential Business Relationships

The Trust has contractual arrangements in place with a number of organisations whose performance is essential to the smooth and effective running of the Trust. The principal relationships are with the following:

- Department of Health as the primary policy maker in the NI Health Sector;
- HSC Board and the Public Health Agency as the Trust's main commissioners and providers of the vast majority of its funding;
- NI Ambulance Trust which plays such a key role in ensuring the Trust's acute services are accessible to the population of the Western area;
- Other HSC Trusts and agencies for the provision of specialist services and staff to our residents;
- The Business Services Organisation for the provision of the following support services:
 - Internal Audit;
 - Procurement and Logistics Services;
 - Legal Services;
 - Pension Services;
 - Shared Services Centres for income, payments, payroll and recruitment;
- Private sector bodies as well as community and voluntary sector bodies who deliver services on behalf of, or in support of, the Trust; and
- Northern Ireland Audit Office and any sub-contracted external audit provider.



14 June 2018

Dr Anne Kilgallen
Chief Executive & Accounting Officer

Date

2 ACCOUNTABILITY REPORT

2.1 Governance Report

2.1.1 Directors' Report

The Western Trust is managed by a Board of Directors comprised of the following:-

Name	Position on the Board
Mr Niall Birthistle	Acting Chairman
Mrs Sally O'Kane	Non-Executive Director
Mrs Joan Doherty	Non-Executive Director
Mrs Stella Cummings	Non-Executive Director
Mr Joe Campbell	Non-Executive Director and Chair of the Audit Committee
Dr George McIlroy	Non-Executive Director
Ms Mary Woods	Non-Executive Director
Dr Catherine O'Mullan	Non-Executive Director
Mrs Elaine Way	Chief Executive (Retired 31 July 2017)
Dr Anne Kilgallen	Chief Executive (with effect from 1 August 2017)
Mr Kieran Downey	Director of Women and Children's Services and Executive Director of Social Work
Mr Alan Corry Finn	Director of Primary Care and Older People's Services and Executive Director of Nursing (retired 7 April 2017)
Mrs Anne Witherow	(Acting) Director of Primary Care and Older People's Services (from 7 April 2017 to 23 June 2017)
Dr Bob Brown	Director of Primary Care and Older People's Services and Executive Director of Nursing (with effect from 1 Sept 2017)
Mr Trevor Millar	Director of Adult Mental Health and Disability Services
Mrs Geraldine McKay	Director of Acute Services
Dr Dermot Hughes	Medical Director
Mrs Lesley Mitchell	Director of Finance and Contracting
Mrs Ann McConnell	Director of Human Resources
Mrs Teresa Molloy	Director of Performance and Service Improvement
Mr Alan Moore	Director of Strategic Capital Development

The Directors of the Trust would bring to your attention the following issues:-

1. The Trust has arrangements in place to consult with employees and their representatives. The most significant formal mechanism is the Trust's Joint Forum. This is governed by a formal agreement which sets down the arrangements for management and Trade Union Side partnership working in relation to consultation and negotiation on employment matters. In addition the Trust has established a Joint Local Negotiating Committee. This forum focuses on employment matters relating to doctors. The Trust has a range of partnership groups in place which allow consultation on pay issues and reform and modernisation proposals.
2. The Department of Health requires the Trust to pay its creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules.

Details of compliance with the Code are given in Note 14 to the Accounts at Section 3 of this document.

3. The Trust participates in the HSC Pension Scheme and Note 1.19 to the Accounts at Section 3 of this document outlines the accounting treatment adopted.
4. The Trust maintains a Register of Interests covering Directors and key management staff and operates procedures to avoid any conflict of interest. On the basis of a review of this Register, it has been confirmed that none of the Board members, members of the key management staff or other related parties had undertaken any material transactions with the Western Health and Social Care Trust during the year. The Register can be viewed by contacting the Chief Executive's Office. Further detail is provided in Note 22 to the Accounts at Section 3 of this document.
5. The Trust had no adverse data related incidents to report to the Information Commissioner's Office in 2017/18.
6. The Trust has an Audit Committee which is a formal Committee of the Board and membership is as follows:
 - Mr Joe Campbell – Non-Executive Director (Chair)
 - Mrs Joan Doherty – Non-Executive Director
 - Dr Catherine O'Mullan – Non-Executive Director

The Audit Committee has adopted the handbook issued by the Department of Health which details the terms of reference and the operating standards of the Committee.

7. All Directors have confirmed that there is no relevant audit information of which the Trust's auditors are unaware. They have confirmed that they have taken the steps as Directors in order to make themselves aware of any relevant audit information and to ensure that auditors are aware of that information.

2.1.2 Statement of Accounting Officer Responsibilities

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health, Social Services and Public Safety has directed the Western Health and Social Care Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the Western Health and Social Care Trust; of its income and expenditure; changes in taxpayers' equity; and cash flows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual (FRM) and in particular to:

- Observe the Accounts Direction issued by the Department of Health, including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in FReM have been followed and disclose and explain any material departures in the financial statements;
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Trust will continue in operation;
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust; and
- Pursue and demonstrate value for money in the services the Trust provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, as Principal Accounting Officer for Health and Personal Social Services Resources in Northern Ireland, has designated Dr Anne Kilgallen of Western Health and Social Care Trust as the Accounting Officer for the Trust. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Western Health and Social Care Trust's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health.

2.1.3 Governance Statement

Scope of Responsibility

The Board of the Western Health and Social Care Trust is accountable for internal control. As Accounting Officer and Chief Executive of the Trust, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives while safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the Department of Health.

For services commissioned from the Western Health and Social Care Trust by the HSC Board and other Health and Social Care organisations, accountability for delivery of services is via Service and Budget Agreements which detail the quantity, quality and cost of services. However, with regard to financial control, governance and overall organisational performance the Trust is directly accountable to the Department of Health and the Minister of Health.

Trust senior executives meet regularly throughout the year with colleagues in the Department of Health and the HSC Board / Public Health Agency. They participate in a wide range of meetings including accountability meetings with the Department of Health and performance management meetings with the HSC Board. They also take part in regional meetings such as Adult Safeguarding Board, Transformation Implementation Group and Directors' meetings.

Compliance with Corporate Governance Best Practice

The Trust Board of the Western Health and Social Care Trust applies the principles of good practice in corporate governance and continues to further strengthen its governance arrangements by undertaking continuous assessment of its compliance with corporate governance best practice.

Trust Board has completed an annual Board Governance Self-Assessment Tool since 2013, which is based on the structure issued by the Department of Health.

Governance Framework

The Trust adopts an integrated approach to governance and risk management, enabling Directors to provide co-ordinated sources of information and assurance to the Trust Board on all aspects of governance including financial, organisational, clinical and social care. Committee structures have been developed to reflect this approach and to support the Board. These are the Governance Committee, Audit Committee, Remuneration Committee, Finance and Performance Committee and Endowment & Gifts Committee.

- **Trust Board** has primary responsibility for effective governance and the Chairman must ensure that the Board keeps this at the centre of its work. The Chief Executive is accountable to Trust Board for the quality of care and services provided across the Trust. The Trust Board receives assurance on quality and safety of services, performance and finance from the assurance framework and reports from its supporting Committees. The Medical Director and Director of Social Care are the designated lead Directors accountable to Trust Board for Clinical and Social Care Governance arrangements respectively. In addition, the Executive Director of Nursing provides professional advice and assurance to Trust Board on all nursing matters.

Trust Board met fourteen times in the 2017/18 financial year and all meetings were quorate. Members’ attendance is formally recorded in the Trust Board minutes and the detail is given in the table below. Standing items on Trust Board agenda include Quality and Safety; Infection Prevention and Control; Environmental Cleanliness; Corporate Risk Register; Assurance Framework; Performance Management and Financial Performance. The Board assesses its performance using the Board Governance Self-Assessment Tool. The Board develops an action plan following its annual review and progress is monitored at Trust Board. The Board also commissions Internal Audit to review its effectiveness. An Internal Audit review was carried out in 2016/17 and the Head of Internal Audit provided satisfactory assurance on the Board’s arrangements.

Name	Title	Meetings when in post	Meetings attended
Mr N Birthistle	Acting Chairman	14	13
Mrs E Way	Chief Executive (retired 31 July 2017)	5	5
Dr A Kilgallen	Chief Executive (from 1 August 2017)	9	9
Mrs S Cummings	Non-Executive Director	14	10
Mrs S O’Kane	Non-Executive Director	14	10
Mrs J Doherty	Non-Executive Director	14	10

Mr J Campbell	Non-Executive Director	14	11
Ms M Woods	Non-Executive Director	14	14
Dr G McIlroy	Non-Executive Director	14	12
Dr C O'Mullan	Non-Executive Director	14	9
Mrs G McKay	Director Of Acute Services	14	11
Mr K Downey	Director of Women & Children's Services	14	11
Mr A Corry-Finn	Director of Primary Care and Older People's Services (retired 7 April 2017)	1	1
Dr B Brown	Director of Primary Care and Older People's Services (from 1 Sept 2017)	8	8
Mr T Millar	Director of Adult Mental Health and Disability Services	14	13
Dr D Hughes	Medical Director	14	12
Mrs T Molloy	Director of Performance & Service Improvement	14	13
Mrs A McConnell	Director of Human Resources	14	12
Mrs L Mitchell	Director of Finance & Contracting	14	14
Mr A Moore	Director of Strategic Capital Development	14	9

- **Audit Committee** - The Audit Committee is a formal Committee of the Board comprised of three Non-Executive Directors. The role of the Audit Committee is set out in formal terms of reference and is to:
 - Oversee the maintenance of effective governance and internal financial control arrangements;
 - Ensure an effective Internal Audit function is in place;
 - Oversee the arrangements for the completion and external audit of the Trust's Annual Report and Accounts; and
 - Oversee the adequacy of the Trust's arrangements for securing value for money.

The Committee fulfilled the requirements of its terms of reference during 2017/18.

The Trust's internal and external auditors as well as other appropriate Trust staff attend the Committee meetings on a regular basis. The Audit Committee follows the best practice guidance set out in the Audit Committee Handbook and assesses its performance by reviewing its compliance with this guidance on an annual basis. An action plan is compiled following the self-assessment exercise and progress in implementing the actions is monitored by the Committee. The Chairman of the Audit Committee briefs the Trust Board following each Audit Committee meeting and Trust Board receives an annual report on the performance of the Committee. The Committee met four times during 2017/18 and all meetings were quorate. Attendance was as follows:

Name	Title	Meetings when in post	Meetings attended
Mr J Campbell	Non-Executive Director (Chair)	4	4
Mrs J Doherty	Non-Executive Director	4	2
Dr C O'Mullan	Non-Executive Director	4	4

Mrs E Way	Chief Executive (retired 31 July 17)	2	1
Dr Anne Kilgallen	Chief Executive (from 1 August 17)	2	1
Mrs L Mitchell	Director of Finance & Contracting	4	4

- Governance Committee** - In accordance with national best practice guidance, the Trust Board has developed an integrated approach to governance and risk management. This enables Directors to provide co-ordinated sources of information and assurance to Board members on all aspects of governance including financial, organisational, clinical and social care. Governance Committee membership includes all Trust Board members and it is chaired by the Trust's Chairman. The Committee meets quarterly and an attendance register is kept. The terms of reference of the Committee were last reviewed in June 2017 and were approved without amendment. The Committee fulfilled the requirements of its terms of reference during 2017/18.

A Trust Board workshop was held on Thursday 29 March 2018 to review the reporting arrangements, membership and papers which come to Governance Committee. A proposal following the workshop will come to the next Governance Committee in June 2018. The Governance Committee met four times during 2017/18 and attendance by members was as follows:

Name	Title	Meetings when in post	Meetings attended
Mr N Birthistle	Chairman	4	3
Mrs E Way	Chief Executive (retired 31 July 2017)	1	1
Dr A Kilgallen	Chief Executive (from 1 August 2017)	3	3
Mrs S Cummings	Non-Executive Director	4	2
Mrs S O'Kane	Non-Executive Director	4	3
Mrs J Doherty	Non-Executive Director	4	3
Mr J Campbell	Non-Executive Director	4	4
Ms M Woods	Non-Executive Director	4	2
Dr G McIlroy	Non-Executive Director	4	3
Dr C O'Mullan	Non-Executive Director	4	3
Mrs G McKay	Director Of Acute Services	4	4
Mr K Downey	Director of Women & Children's Services	4	3
Mrs A Witherow	(Acting) Director of Primary Care and Older People's Services (from 7 April 2017 to 23 June 2017)	1	0
Dr B Brown	Director of Primary Care and Older People's Services (from 1 Sept 2017)	3	3
Mr T Millar	Director of Adult Mental Health and Disability Services	4	2
Dr D Hughes	Medical Director	4	2
Mrs T Molloy	Director of Performance & Service Improvement	4	4
Mrs A McConnell	Director of Human Resources	4	3
Mrs L Mitchell	Director of Finance & Contracting	4	4
Mr A Moore	Director of Strategic Capital Development	4	1

The governance structures in place to support the Governance Committee are as follows:

- **Governance Committee Sub Committees** – There are two formal sub-committees of Governance Committee. The Risk Management Committee, chaired by the Medical Director, and the Quality and Standards Committee chaired by the Executive Director of Social Work. These committees provided a quarterly reports to Governance Committee.
- **Chief Executive Healthcare Acquired Infection (HCAI) Accountability Forum** - The purpose of the Forum is to sustain focus on reducing healthcare associated infections and to analyse monitoring reports and infection control performance indicators in this area. The Forum is chaired by the Chief Executive and is attended by the relevant Trust Directors, Assistant Directors, Clinical Directors and a Non-Executive Director. Assurance is provided to Trust Board through a report from governance committee. The work of the committee focussed on the reduction of the level of incidences of MRSA /MSSA and C-Difficile healthcare associated bacteraemia.
- **Patient Client Experience and Complaints Forum** – The Forum was established in March 2016 to include the merger of the Complaints Forum and the Patient/Client Experience Group. The newly formed group ‘The Patient Client Experience and Complaints Forum’ which is chaired by a non-executive director met for the first time in September 2016. The purpose of the Forum is to provide strategic direction and leadership in relation to the implementation of and monitoring arrangements for the regional Patient and Client Experience Standards and the 10,000 voices programme. To agree the Trust Patient and Client Plan for measuring and responding to Patient and Client experiences and to provide an assurance that there are appropriate arrangements in place to meet the Health & Social Care Complaints Procedure.
- **Directorate Governance Groups** - Individual directors have a responsibility for governance arrangements within their respective Directorates and they have well established Directorate Governance Groups. These met regularly during 2017/18 to progress the governance agenda and provide Directorate assurance. This enabled them to report to the Governance Committee against an agreed reporting template.
- **Remuneration Committee** – This committee meets to approve the performance objectives of the Chief Executive and all other Senior Executives and it also assesses their performance in line with established policies and circulars. It recommends to Trust Board pay awards and performance related pay where appropriate, in line with Circulars. It is chaired by the Chairman and includes a further three Non-Executive Directors. The Committee met once during 2017/18 – on 26 June 2017 - this meeting was fully quorate. Details of members’ attendance are given in the table below. The Chairman brings the recommendations of the Remuneration Committee to Trust Board following

each meeting and its recommendations are discussed under Confidential Items. The Committee therefore met the requirements of its terms of reference for 2017/18.

Name	Title	Meetings when in post	Meetings attended
Mr N Birthistle	Chairman	1	1
Mrs E Way	Chief Executive (Retired 31 July 2017)	1	1
Mrs S Cummings	Non-Executive Director	1	1
Mrs S O’Kane	Non-Executive Director	1	1
Ms M Woods	Non-Executive Director	1	1
Mrs A McConnell	Director of Human Resources	1	1

- Finance and Performance Committee** – This committee meets in advance of Trust Board to consider in detail the financial and performance information which is to be presented at the formal Board meeting. The committee is comprised of two Non-Executive Directors and also the Directors of Finance and Performance & Service Improvement. The Chair of the Committee is asked to comment at each Board meeting on any issues relating to the finance and performance reports which need to be highlighted. The Committee met eleven times during the year and on all but two occasions meetings were deemed quorate. The non-quorate meetings were due to the non-availability of Non-Executive Directors. In all other respects, the Committee fulfilled the requirements of its terms of reference during the year.

Name	Title	Meetings when in post	Meetings attended
Mrs S Cummings	Non-Executive Director (Chair)	11	9
Dr G McLlroy	Non-Executive Director	11	11
Mrs T Molloy	Director of Performance & Service Improvement	11	9
Mrs L Mitchell	Director of Finance & Contracting	11	11

- Endowments and Gifts Committee** - The purpose of this committee is to oversee and fulfil the responsibilities of the Board as Trustees of Endowments and Gifts Funds. The Committee is made up of two Non-Executive Directors and is supported by a number of Trust officers. The Committee met on five occasions during 2017/18 and was fully quorate. Details of members’ attendance are set out in the table below. The Chairman of the Committee briefs the Trust Board following each meeting. The committee therefore met the requirements of its terms of reference for 2017/18.

Name	Title	Meetings when in post	Meetings attended
Dr G McLlroy	Non-Executive Director (Chair)	5	5

Mrs S Cummings	Non-Executive Director	5	5
Mr T Millar	Director of Adult Mental Health & Disability Services	5	3
Mrs G McKay	Director Of Acute Services	5	3
Mrs A McConnell	Director of Human Resources	5	3
Mrs L Mitchell	Director of Finance & Contracting	5	5

Business Planning and Risk Management

Business planning and risk management is at the heart of governance arrangements to ensure that statutory obligations and Ministerial priorities are properly reflected in the management of business at all levels within the organisation.

In line with Department of Health requirements, the Trust has a four year Corporate Plan covering the period 2017/18 to 2020/21. This is the overarching strategic plan which sets out the direction and priorities for the Western Health and Social Care Trust. The Corporate Plan identifies seven key objectives as follows:

- Person Centred Health and Wellbeing
- Giving Every Child the Best Start in Life
- Engaged Workforce with High Morale
- Modern Environments
- Valuing Every Person
- Financial Sustainability
- Collaboration

It also provides a framework both for the annual business plan (Trust Delivery Plan) of the Trust and individual Directorate Plans which set out specific objectives and outcomes to be achieved each year.

In 2017/18, the Trust's Corporate Management Team reviewed the Trust objectives and identified key organisational themes which will underpin its strategic planning going forward:

- A great place to start life
- A great place to live well
- A great place to grow old
- A great place to work
- Right care, first time

These themes will be further developed as part of the review of the Trust's planning framework in 2018/19.

The Trust produces an annual Trust Delivery Plan in response to the HSCB/PHA Commissioning Plan. The Trust Delivery Plan for 2017/18 was approved by Trust Board on 2nd November 2017 and submitted to the HSCB for approval on the same date. HSCB raised a number of outstanding issues to which the Trust responded and formal approval of the TDP was received from the HSCB on 12th February 2018.

Monitoring of the extent to which the Trust is meeting its obligations from the Trust Delivery Plan was carried out via internal Trust accountability meetings. Performance

against the Trust Delivery Plan targets was also reviewed on a monthly basis by the Trust’s Corporate Management Team and Trust Board. Performance is also regularly reviewed by the HSC Board and ultimately by the Accountability Review process established by the Department of Health.

Key exceptions against the Trust’s Business Plan (Trust Delivery Plan 2017/18) are as follows:

- From April 2016, 95% of patients attending any Type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency department should wait longer than twelve hours.

As at 31 March 2018 the Trust has ensured that 76% of patients attending its Type 1 emergency departments (ED) completed their unscheduled care pathway within four hours of arrival; 70% in Altnagelvin and 75% in South West Acute Hospital. For the period until the end of March 2018, 1,245 patients who waited in excess of twelve hours; 854 in Altnagelvin and 391 in South West Acute Hospital. The Trust recognises that substantial work is required to achieve an improved position against the Ministerial standards. During 2017/18 the WHSCT had 116,098 attendances (new & unplanned reattenders) at ED departments. This was an increase of 3,414 (3%) on 2016/17.

Performance Improvement Trajectory for four hour performance in ED was submitted to HSCB with a prediction of a 1% improvement from the 2016/17 position of 75% and this was achieved.

Performance Area	Performance 2016/17	Predicted Performance 2017/18	Actual Performance 2017/18
ED 4 hours %	75%	76%	76%

- **Waiting Times Targets for Outpatients, Inpatients and Day Cases**

In its Trust Delivery Plan, the Trust highlighted that these standards were not achievable due to capacity gaps across a range of specialities which would require significant additional waiting list initiative (WLI) funding to address in-year. During 2017/18, the HSCB made available funding of £3.4m for additional WLI activity to be undertaken in-house and in the Independent Sector. These allocations were directed to address areas of greatest risk. However, waiting times continued to deteriorate and at the end of March 34.8% of patients waited less than thirteen weeks for IP/DC against a target of 55% and 29.8% were waiting less than nine weeks for a first Outpatient appointment against a standard of 50%.

The service has developed an 18/19 WLI plan for approval by HSCB.

- By March 2018, no patient waits longer than 13 weeks from referral to commencement of AHP treatment

The number of patients waiting longer than the maximum waiting time for AHP services continued to increase throughout 2017/2018. The need to support

unscheduled care pathways has impacted on community staff capacity. As review patient waiting times continue to increase there is a risk that patients will not be seen within their clinically indicated time in some service areas. Workforce issues (sick leave, maternity leave and recruitment difficulties) have significantly impacted on the position throughout 2017/18. Recruitment continues to establish a peripatetic team to support increased staffing stability.

During 2017/2018, the service deployed additionality within SLT and Dietetics which has resulted in some reduction in number of breaches and longest waiters. The Dietetic Locum has been agreed to continue with quarter 1 of 2018/19. The service has developed an 2018/2019 WLI plan for approval by HSCB which will focus on those waiting longer than thirteen weeks.

- From April 2016 no patient waits longer than nine weeks to access child and adolescent Mental Health services; nine weeks to access adult Mental Health services; nine weeks to access dementia services; thirteen weeks to access psychological therapies (any age).

By end March 2018, ten patients waited longer than nine weeks to access the CAMHS service with the longest wait at sixteen weeks. CAMHS Performance Improvement Trajectory predicting a March 2018 position of nil.

- At the end of March 2018 the number of patients waiting more than nine weeks has increased from nil (March 2017) to ten (March 2018).

Throughout 2017/2018, the service experienced monthly breaches from April 2018. They continued to advise of reduced capacity due to ongoing staff vacancies, long term sick leave and retirements. In the first six months of 2018/2019 the service will finalise implementation of a service improvement action plan to support improved performance in this area.

WHSCT position at the end of March has declined with 318 patients breaching the nine week Mental Health target. Adult Mental Health Performance Improvement Trajectory predicting a March 2018 position of 247.

- At the end of March 2018 the number of patients waiting more than nine weeks has increased from two (March 2017) to 318 (March 2018).

Throughout 2017/2018, workforce issues significantly impacted on performance i.e. retirements, long-term sick leave and maternity leave.

WHSCT position at the end of March has improved with 82 patients breaching the nine week dementia target. Dementia Performance Improvement Trajectory predicting a March 2018 position of 389.

- At the end of March 2018 the number of patients waiting more than nine weeks has increased from 26 (March 2017) to 82 (March 2018).

Throughout 2017/2018, the service has experienced monthly breaches as a result of reduced capacity due to workforce issues including vacancies and sick leave. The service successfully recruited to the Memory nurse with candidate in post since February 2018. In addition, the service secured additional (part time) nursing hours which assisted with performance during the year.

Regional work continues on the development of a new dementia pathway; a paper has been developed by the Regional Dementia Collaborative and will require additional investment to implement.

Psychological Therapy performance position at the end of March has slightly improved with 554 patients breaches reported. Psychological Therapy Performance Improvement Trajectory predicting a March 2018 position of 519.

- At the end of March 2018 the number of patients waiting more than nine weeks has increased from 294 (March 2017) to 554 (March 2018).

Business Case Approval

The Trust also has a formal structure and processes in place for development and approval of business cases to support significant areas of expenditure.

Direct Award Contracts

The Trust has a Direct Awards Contracts (DAC) Register which is maintained by the Director of Finance's office. A total of 73 DACs were completed by the Trust in 2017/2018 with a combined value of approximately £6.77m. COPE advice was obtained from BSO PALs in respect of 69 of these and from CPD in relation to three. The remaining DAC related to social care. Two of the 73 DACs processed in 2017/2018 required approval from the Permanent Secretary.

Publication returns have been completed throughout the year (to BSO PaLS) in respect of 19 DACs with an individual value in excess of £30,000. Returns to the Department of Health in relation to the WHSCT DAC activity were completed at both mid-year and year-end. The Trust's Audit Committee and Trust Procurement Board were routinely updated in relation to the Trust DAC Register.

Risk Management

The Trust's Risk Management Strategy was reviewed in March 2014 and was approved as a policy by Trust Board. The Policy was due for review in March 2017 however due to the advice from the Corporate Management Directorate, Department of Health regarding the expiry of the Licence for the AS/NZ standard the Trust Policy has remained in place and will be reviewed in 2018 in line with the regional approach to Risk Management. The policy clarifies the leadership and accountability arrangements for ensuring that appropriate systems are in place throughout the organisation to manage and control risks relating to the achievement of Trust objectives. The policy clarifies individual staff responsibilities on reporting and managing risks.

Risks are identified at all levels of the organisation using a variety of means including the risk assessment process; incidents reports; serious adverse incident reviews; complaints; claims; inspections; audit; monitoring of performance and financial management system; regulatory and legislative requirements. Individual Directorates / Wards / Departments / Specialties and Service Areas are required to identify and prioritise their risks. It is acknowledged within the policy that the range of risks to be identified will be broad and depends on the area or service to be assessed, the key objectives of the Directorate and the risks which can impact to prevent the objectives being met.

The Trust uses the DATIX risk management system to co-ordinate the risk register and assurance framework. Further progress was made during the year to review and develop the DATIX Incident Reporting and Management module to ensure it is more user-friendly for staff. This is aimed at encouraging incident reporting and enhancing the ability to share learning and provide staff feed-back. This work was taken forward by the Corporate Risk Manager as a QI project. The outcomes identified by the project were achieved and the project work was presented at the Trust's Quality Improvement Showcase Event in November 2017. To ensure that the DATIX system can achieve its full potential, work was completed in 2016 to upgrade to the latest version. This includes many enhanced features (such as automatic feedback on learning), through working in partnership with DATIX and the ICT department. The automatic feedback to reporters went live on the system in Sept/Oct 2017. Training has been arranged for staff to highlight system improvements and refresh current staff skills and a DATIX link has been added to the front screen of the intranet to allow easier access for staff. 40% of total staff have been trained on risk management over the last five year period.

The Risk Management Policy makes it clear in section 7.1 that consideration must also be given to risks which are managed from outside the Trust and are owned elsewhere (e.g. by the Department of Health, HSCB, Contractors or other public service/voluntary organisations) that may impact on objectives. External risks are identified from a range of stakeholders including other Trusts, GPs, Service Users, RQIA, Deanery visits and other professional bodies. Managers must ensure that appropriate governance and contractual arrangements are in place to reduce and monitor risks which are outside of the Trust's direct control.

Section 9 of the document has a statement on Risk Appetite and guidance for managers when considering action plans for new and emerging risk. Appendix 4 of the Policy is the Risk Register flowchart which provides guidance on how and when risks should be escalated to senior managers for their attention.

Risks are reviewed on regular basis (at least quarterly) to ensure that action plans remain effective and that where the level of risk is increasing, appropriate action is taken to reduce the level of risk and escalate the risk to a higher level within the Trust, as per the Trust escalation flowchart.

The management of the Corporate Risk Register has been enhanced through a review involving workshops with Corporate Management Team (CMT) and Governance Committee. A revised process was developed and approved which includes the reporting and review of performance on the management of Corporate Risks over time. The Corporate Risk Register is reviewed on a monthly basis by the CMT, which considers progress on existing risks and identifies new risks for inclusion on the Register and significant amendments. It is then reviewed quarterly by the Governance Committee for agreement and approval, and is shared at the next Trust Board meeting for information. Following this, it is posted on the Trust intranet for access by employees. Trust Board will also consider urgent amendments to the register for approval if required. In October 2017 Trust Board held a workshop to review all risks on the Corporate Risk Register and to review progress on de-escalated risks which had been delegated to sub-committees/working groups for monitoring. At the workshop there were further amendments proposed to how information is displayed on the Corporate Risk Register and Assurance Framework.

Directorate Risk Registers are a standing item on the agenda of all Directorate Governance meetings. Current risks are reviewed and new risks for inclusion on the Register are considered at these meetings. Directors are required to report on a quarterly basis to Governance Committee on significant risks within their areas of responsibility.

The Trust actively encourages the reporting of incidents and risks and staff have embraced the learning culture by participating in incident reviews which focus on the lessons for improvement for the organisation as a whole. To support this process a learning template has been developed that requires Directorates to report the learning from serious incidents, claims and complaints. The Trust's Incident Reporting Policy has a clear policy statement which reminds staff, following completion of an incident investigation, that: *'Any learning points, safety improvements or actions taken as a result of incident investigation must be brought to the Directorate and Sub-Directorate Governance Group for discussion, review of patterns/trends and consideration for risk registers'*. To further encourage reporting of incidents by medical staff, the Corporate Risk Manager is working with medical champions to take forward a QI project by developing a new 'DATIX Medi Form' which is a shorter version of the on-line reporting form to be completed by medical staff. The form is currently being piloted in a number of areas.

The Quality and Safety Team provides quarterly reports for Directorate Governance Groups. This includes information on Serious Adverse Incidents (SAI); incidents; complaints; litigation; health and safety; NICE guidance; RQIA reviews; and other quality and safety indicators for discussion by the groups.

A Quality & Safety Corporate Dashboard, which includes trends in relation to incidents, claims and complaints, is also considered by the Governance Committee quarterly. At the Trust Board Workshop in March 2018 members considered possible amendments to the information that is provided and this will be trialled at the June 2018 meeting.

Information Governance / Records Management

Subject Access Requests (patient/client)

The Trust has a central office to coordinate all requests for copies of patient /client records received under the Data Protection Act / Access to Health Records (NI) Order (subject access requests). During the 2017 calendar year (January – December), the Trust received a total of 3,016 requests for copies of patient/client records. This is consistent with previous years. The main source of subject access requests are requests from service users or their representatives (e.g. solicitors), the Compensation Agency, insurance companies and the PSNI.

Of the 3,016 requests received during the year, 2,126 (70.5%) were responded to within the legal timeframe; with 890 responses (29.5%) exceeding the 40 days limit required under the Data Protection Act. A high number of requests are for Altnagelvin Hospital medical records which can comprise of complex requests involving more than one volume of records.

Under the new European Data Protection Regulations (GDPR) to be introduced in May 2018, the legal timeframe for responding to most requests will reduce from 40 calendar days to 1 month (30 days). This can be extended for a further 60 days but only when a request is deemed 'manifestly unfounded or excessive'. Information

Governance staff are currently working with other Trusts to develop a consistent approach to the new subject access regime under GDPR.

Freedom of Information (FOI) Requests

During the calendar year 2017 (January – December), a total of 446 requests were submitted to the Trust under the FOI Act. This is another increase in FOI requests from the previous year with each of the last two years seeing more than double the number of requests received during 2010. During 2016, the Information Commissioner raised the threshold that triggers the ICO's monitoring of public authorities when responding to Freedom Of Information (FOI) requests. Public authorities are now to be considered for monitoring if fewer than 90% of their FOI responses fall within the statutory timescale. Prior to this the monitoring threshold was 85%.

During 2017 the Western Trust has again exceeded the ICO target, with 95% of FOI requests dealt with within the FOI timeframe of twenty working days. Only twenty three responses (5%) missed the deadline and twelve of those responses were no more than five days late.

FOI Complaints

An applicant can request an 'Internal Review' if they are unhappy with the Trust FOI response. During 2017 the Trust received four requests for 'Internal Review'. On one occasion the original Trust response was upheld, with some additional information provided following review of the other three responses.

Information Governance Training

Information Governance (IG) is included on the list of mandatory training for all Trust staff. Mandatory IG training was placed on all Directorate plans for 2017/18. Completion rates for training are reported on a bi-monthly basis at the Information Governance Steering Group. The Trust has a single Mandatory IG E-learning module which has been revised to incorporate the new GDPR legislation which comes into effect in May 2018. 42% of staff have been trained on information governance at 31st March 2018.

Information Commissioner Office (ICO) Survey

The ICO commenced a programme of work across all Northern Ireland Health and Social Care Trusts during the summer of 2017 to raise awareness about the importance of effective Information Governance training. This was discussed at the Information Governance Steering Group and the Trust agreed to participate in conjunction with all of the other Trusts.

During the ICO visit to the Trust in August 2017 they met with the IG Team, Management Development team and several other key stakeholders. Feedback on the day was positive and findings from the survey and on site visit identified good practice which is in place within the Trust and recommendations for the Trust to implement. Arrangements are in place within Directorates to implement these recommendations and a dedicated training resource has been appointed during March 2018 to support a further increased uptake in Information Governance training in 2018/19.

General Data Protection Regulations (GDPR)

The Trust has taken appropriate steps and continues to carry out the necessary actions required to ensure that it is appropriately prepared for GDPR implementation which came into effect on 25th May 2018.

Many of the main concepts and principles of GDPR are much the same as those in the current Data Protection Act (DPA). The Trust is compliant with the current law so most of our approach will remain valid under GDPR. The Trust is required to ensure that decision-makers and key people in the organisation are aware that the law is changing to GDPR and appreciate the impact this is likely to have. The Trust are identifying key areas that require support to ensure compliance with GDPR and have considered the resource implications of this. Additional resources have been identified to support the new Subject Access Requirements (SAR) and a Data Protection Officer (DPO) is now in place.

Trust Information Governance Team participates in the regional GDPR sub-group which was established under the HSC Information Governance Advisory Group (IGAG). The Trust has developed a GDPR Action plan for implementation and this is being progressed accordingly. This plan is following the guidance issued by the ICO "preparing for the General Data Protection Regulation (GDPR) 12 steps to take now". Updated privacy notices for patient/clients, staff and children have been developed and the Trust Intranet and website have been updated accordingly. The regional Information Governance Advisory training subgroup developed a new single IG E-learning module to incorporate GDPR and this is now live. Privacy by design and use of data protection impact assessments are now in place and policies, procedures and contracts are being progressed to ensure GDPR compliance.

Within the Trust, GDPR is discussed as an agenda item at the Information Governance Steering Group (IGSG) meetings with IGSG representatives to cascade to Directorate SMTs. Trust training programmes have been amended to cover GDPR and the Trust's IG Improvement Plan has been amended to reflect new GDPR requirements which is monitored through IGSG. Regular Trust communications are sent to staff to raise awareness and Information Governance training was delivered to Non-Executive Directors including GDPR.

Trust Corporate Management Team have been formally briefed on GDPR including the 12 key steps checklist identified by the ICO to prepare for GDPR.

Serious Adverse Incidents (SAIs)

During the calendar year 2017, the Trust reported 60 SAIs to the Health and Social Care Board, which was a decrease from 62 in the calendar year 2016. The Trust accepts that its patients and clients have a right to expect openness in the delivery of their health and social care service. The Trust is committed to ensuring that it provides a respectful response to those individuals and their families who have been affected by a serious incident when in receipt of clinical or social care services. It is Trust Policy when an SAI has been reported for the lead officer to involve the patient/client/family at the earliest opportunity. The HSC Board on behalf of the Department monitor the Trust compliance with the family engagement checklist twice yearly.

Trust managers have a responsibility to ensure that learning from SAIs occurring within their areas of responsibility is communicated and applied. To support this process the Trust has developed a 'learning template' which requires Directorates to report centrally the learning from SAIs, complaints and claims. The Trust has been working to reduce the number of outstanding SAI reports although it continues to be a challenge for the Trust due to the clinical commitments of investigation team

members. There is ongoing monitoring at a corporate level on progress of reports which have passed the submission deadline. A report on outstanding SAIs is provided to Trust Governance Committee.

SAI reports are considered at Directorate Governance meetings and implementation of recommendations is monitored by the Governance Committee. Learning letters issued by the HSCB/Public Health Agency (PHA) are recorded on a database and a lead officer is identified to co-ordinate implementation of any actions. The Trust provides assurance to the HSCB/PHA regarding implementation.

SAI training currently is provided as a section of the mandatory incident reporting training to all staff. Training is available monthly in all areas of the Trust with extra sessions on demand. SAI specific training sessions are also provided on an adhoc basis. In March 2018 the Trust secured funding from the PHA and held a two day training session by an external provider for Senior Clinical Staff (possible SAI chairs), on RCA SAI investigation.

Due to changes in the requirement to report expected child deaths using the Regional Mortality & Morbidity Review System (RM&MRS), the Trust has, with the involvement of clinicians, developed a process to ensure compliance with the child death review and notification process. In the calendar year 2017, eighteen child deaths were reported under this process.

To support the regional system roll out plan, the Trust appointed a regional Morbidity & Mortality (M&M) Facilitator to help ensure the system is in place to appropriately record and review all deaths. Any relevant SAI reports will also be considered at M&M meetings. With the mainstreaming of the system the post is no longer resourced and the Trust is considering how this will be supported going forward to ensure that learning is captured and shared. The Trust has established an M&M Outcome review Group; a sub Group of Quality and Standards Sub-Committee, chaired by the Medical Director. The purpose of the Group is to ensure the systematic and continuous review of patient outcomes across the Trust, including M&M.

In December 2017 following an inquest in Manchester relating to the death of a patient in 2013, the Coroner issued a letter to the Secretary of State raising concerns regarding the inadequacy of the SAI process for investigation of serious events within a healthcare setting. The correspondence was discussed with the Chief Medical Officer (CMO) and shared with the CMO and HSCB. Trust Board have met to consider the issues identified and understand the improvements required.

Regional learning from SAIs, including Safety Quality Alerts issued from the HSCB and PHA, is disseminated and monitored by the Quality & Safety Team. The Trust continues to publish a quality and safety newsletter, 'Share to Learn', to highlight Trust wide learning. Recognising that there is a limit to the immediacy of written communication and to the volume of content, the Trust publishes a 'Lesson of the week'. This sits on the Trust Intranet server and opens as a default on all desktop computers within the Trust.

Fraud

The Western Trust takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether

originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services Team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response Plan, which are kept under review and updated as appropriate every five years.

Public Stakeholder Involvement

The Trust's Equality & Involvement (E&I) Team has been amalgamated with the Trust's Health Improvement Department to form the Health Improvement, Equality and Involvement Department.

The E&I Team continue to provide input to Trust Directorates on Equality and Personal and Public Involvement (PPI) and advice and support in relation to Directorate responsibilities with regard to Equality, PPI and Human Rights.

HSC Equality Leads worked in partnership on the development of new regional and local Equality and Disability Action Plans for 2018 – 2023. Regional and Local Pre-Consultation events were held and all five HSC Trusts and the Northern Ireland Ambulance Service Trust consulted widely with an extensive range of stakeholders on the new Plans.

The E&I Team are currently working on revising the Trust's existing Equality Scheme. The Scheme is a public expression of the Trust's ongoing commitment to actively promote equality of opportunity and good relations in all its interactions with people and organisations. It sets out how the Trust proposes to fulfil the Section 75 statutory duties which require public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations across the nine equality groups.

'Making a Difference', an exciting and interactive e-learning programme tailored specifically to the healthcare setting, has been launched within the Trust. The programme aims to ensure that all staff realise the importance of their part in creating an inclusive and welcoming environment for all colleagues and service users. The programme is provided in two modules – a general module applicable to all HSC staff and an additional module for those with management responsibilities. The modules are scenario-based to capture a range of practical and contemporary equality and diversity issues across employment and service provision. This training replaces Discovering Diversity as the mandatory e-learning training for staff within the Trust. 6% of total staff have been trained in this e-learning programme to date.

The E&I Team have also continued to develop and work with the Trust's PPI Forum. The Western Equality and Human Rights Forum and the Trust Disability Steering Group also continue to be supported by the E&I Team. A Strategic Development Task/Writing Group has been established comprising of Trust staff and Service User/Carer/Voluntary Sector representatives from the PPI Forum. The Group have begun working to co-produce a new Western Trust PPI Strategy and Action Plan for 2018-2021.

The Trust's PPI Strategy and Action Plan evidences our commitment to Personal and Public Involvement and its implementation will ensure service users, patients,

communities and the wider public remain at the heart of everything we do and that our services are effective, innovative and centred on addressing the needs of all our community within the Western Trust area.

The Equality & Involvement Team has supported the development of a new Adult Learning Disability (ALD) PPI model to ensure the voices of Service Users and Carers are heard and influences the work of the ALD Service.

The E&I Team held its fifth Annual Engage Event on 23 March 2018 in the Mellon Country Hotel, Omagh. The event provided an opportunity for the Trust to highlight Personal and Public Involvement (PPI) work, share learning and celebrate and showcase good practice in relation to PPI within the Trust.

Over 100 service users/members of the public, community and voluntary representatives and Trust staff had the opportunity to speak informally to service users/clients and staff involved in the planning, development and delivery of HSC Services in the Trust and to learn of further opportunities for involvement.

Assurance

The Board Assurance Framework which was developed in accordance with the DoH guidance 'An Assurance Framework: a Practical Guide for Boards of DoH Arm's Length Bodies', is updated on a quarterly basis and submitted to Governance Committee for approval. In 2014 the Governance Committee agreed that the Risk Register and Assurance Framework should be produced as a combined document to facilitate scrutiny of assurances against corporate risks.

The Trust completes an annual Board Governance Self-Assessment Tool as a means of assessing its own effectiveness. The Board Governance Self-Assessment Tool is intended to help Arm's Length Bodies (ALBs) improve the effectiveness of their Board and provide Board members with assurance that it is conducting its business in accordance with best practice. The 2017/18 assessment resulted in an assurance mechanism relating to Trust Board as having a green rating. The assessment and annual case study was approved at Trust Board on 5 April 2018.

In August/September 2016 Internal Audit carried out an audit of Board Effectiveness measuring it against the Board Governance Self-Assessment Tool. The Internal Audit report provided satisfactory assurance in relation to Board effectiveness and concluded that overall, there is an adequate and effective system of governance, risk management and control. The Trust Board members concur with the findings of the Internal Auditors that the Trust Board is effective and is conducting its business in accordance with best practice.

A decision was taken during 2016/17 that Quality & Safety Annual Action Plans would continue to be developed and monitored at Governance Committee.

The Non-Executive Directors bring a broad range of experience and skills from their previous professional and business backgrounds. They have had significant exposure to the Trust's business and have a sound knowledge of the services the Trust provides. They draw on this experience and knowledge in assessing the reasonableness and integrity of the information that is shared with them as Board members. The Non-Executive members also rely on the results of independent reviews carried out such as those by Internal Audit and RQIA.

The Trust has a private finance initiative (PFI) contract relating to the South West Acute Hospital. An annual assurance report is produced which is presented routinely to Governance Committee.

A key source of assurance is the reports from Internal Audit and the audit plan is based on key risks and systems within the organisation. As part of its 2017/18 audit programme, Internal Audit carried out a review of Risk Management in the Trust and provided satisfactory assurance in relation to the system of governance, risk, management and control which is in place. The report noted that while there may be some residual risk identified, this should not significantly impact on the achievement of system objectives. No Priority 1 weaknesses were identified.

In addition to the Assurance Framework, the Governance Committee receives quarterly governance reports from Directors on a template agreed by Trust Board, which highlights key risks, performance and planned actions.

Controls Assurance

Work is ongoing to implement action plans arising from the year-end self-assessments of compliance with controls assurance standards.

The Trust assessed its compliance with the applicable Controls Assurance Standards, which were defined by Department of Health and against which a degree of progress was expected in 2017/18 and achieved the following levels of compliance:

Standard	DoH expected level of compliance	Trust level of compliance	Audited by the Internal Audit Department
Buildings, land, plant and non-medical equipment	75%-99% (Substantive)	90% (Substantive)	Not Verified
Decontamination of medical devices	75%-99% (Substantive)	97% (Substantive)	Not Verified
Emergency Planning	75%-99% (Substantive)	87% (Substantive)	Not Verified
Environmental Cleanliness	75%-99% (Substantive)	90% (Substantive)	Not Verified
Environmental Management	75%-99% (Substantive)	94% (Substantive)	Not Verified
Financial Management (Core Standard)	75%-99% (Substantive)	89% (Substantive)	Confirmed as Substantive
Fire Safety	75%-99% (Substantive)	94% (Substantive)	Confirmed as Substantive
Fleet and Transport Management	75%-99% (Substantive)	86% (Substantive)	Not Verified
Food Hygiene	75%-99% (Substantive)	93% (Substantive)	Not Verified
Governance (Core Standard)	75%-99% (Substantive)	91% (Substantive)	Confirmed as Substantive
Health & Safety	75%-99% (Substantive)	85% (Substantive)	Not Verified
Human Resources	75%-99% (Substantive)	89% (Substantive)	Not Verified
Infection Control	75%-99% (Substantive)	93% (Substantive)	Not Verified
Information Communication Technology	75% - 99% (Substantive)	77% (Substantive)	Not Verified
Management of Purchasing and supply	75%-99% (Substantive)	85% (Substantive)	Not Verified
Medical Devices and Equipment Management	75%-99% (Substantive)	87% (Substantive)	Not Verified
Medicines Management	75%-99% (Substantive)	97% (Substantive)	Not Verified
Information Management	75%-99% (Substantive)	82% (Substantive)	Not Verified
Research Governance	75% -99% (Substantive)	93% (Substantive)	Not Verified
Risk Management (Core Standard)	75%-99% (Substantive)	93% (Substantive)	Confirmed as Substantive
Security Management	75%-99% (Substantive)	91% (Substantive)	Not Verified
Waste Management	75%-99% (Substantive)	93% (Substantive)	Not Verified

In line with relevant correspondence received from the Department of Health regarding the cessation of the Controls Assurance process from 1 April 2018, the Trust has put in place a robust process to provide assurance to Trust Board and the Department of Health.

EU Exit

The Trust is actively scoping the potential impact of a ‘no deal’ outcome from the UK-EU negotiations on the services it provides, in line with the information provided by the Department. The process will continue to be refined as more clarity emerges on the detail of the final agreement.

Budget Position and Authority

The Northern Ireland Assembly was dissolved from 26 January 2017 with an election taking place on 2 March 2017, on which date Ministers ceased to hold office. An Executive was not formed following the 2 March 2017 election. As a consequence, the Northern Ireland Budget Act 2017 was progressed through Westminster, receiving Royal Assent on 16 November 2017, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2018 which received Royal Assent on 28th March 2018. The authorisations, appropriations and limits in these Acts provide the authority for the 2017-18 financial year and a vote on account for the early months of the 2018-19 financial year as if they were Acts of the Northern Ireland Assembly.

Sources of Independent Assurance

The Trust obtains independent assurance from the following sources:

Internal Audit

The Trust utilises an internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the Trust is exposed. The annual internal audit plan is based on this analysis.

In 2017/18 Internal Audit reviewed the following systems:

Reports Issued 2017/18	Assurance Provided
Payments to Staff	Limited
Non Pay Expenditure	Satisfactory (with the exception of areas below) Limited – Purchase Cards, Linkloads and Manual Payments
Budgetary Control	Satisfactory
Catering Procurement & Contract Management (incorporating stock and cash management)	Satisfactory
Management of Contracts with Independent and Voluntary Sector Organisations	Limited
Financial Controls in the Radiotherapy Unit	Satisfactory
Review of Financial Controls - Omagh Hospital & Primary Care Complex	Satisfactory
Management of Client Monies in	Satisfactory for 5 homes

Reports Issued 2017/18	Assurance Provided
Independent Sector Homes	Limited for 2 homes
Management of Domiciliary Care Contracts	Unacceptable (Trust controls)
Regional Audit of Management of Contract Adjudication Groups (CAGs)	Satisfactory
Management and Use of Bank and Agency staff within the Primary Care and Older People Directorate	Satisfactory
Management of Patient Flow - Internal Transfers and Discharges	Satisfactory
Management of Medical Staff	Limited
Management of Use of Agency & Medical Locum Staff	Limited
Kinship Placements	Limited
Risk Management	Satisfactory
Management of the Relationship between WHSCT and C-Tric	Satisfactory
Cyber Security	Limited – IT Incident Management and Secure Configuration Satisfactory – Malware Prevention
Claims Management	Satisfactory

In her annual report, the Head of Internal Audit reported that the Western Health and Social Care Trust system of internal control was Satisfactory.

However, weaknesses in control were identified in some areas which gave rise to one unacceptable and a number of limited assurance ratings being provided in a number of reports. The issues giving rise to these assurance assessments are set out below. Some enhancements to the internal control systems were recommended in Internal Audit Reports and these have been or are being implemented.

Management of Domiciliary Care Contracts – Unacceptable assurance was provided on the basis that payments are being made without fundamentally basic checks being undertaken to confirm the appropriateness of the payments being made. Control over care plans and approval of referral forms is not robust. The Commcare system was not being kept up to date to determine the reasonableness of the payments being made against commissioned activity. There is a lack of clarity and understanding of the roles and responsibilities of Homecare Department and Brokerage Departments and the role of the Social Workers in the process and a lack of effective communication, co-ordination and integration between these different teams. While Monitoring Officers have recently been appointed to verify actual service delivery, they had not at the time of fieldwork commenced a programme of work to ensure that services were being delivered by Providers to Service Users for payments made. Fundamentally, the Trust needs to develop a coordinated approach to the management of Domiciliary Care and further develop means to assure itself that the care being paid for, in line with the current contract, is actually being delivered.

Payments to Staff – Limited assurance has been provided on the basis that 53% of the recommendations made in the 2016/17 Payments to Staff audit are not yet fully implemented. The Trust still does not have accurate and complete reports on overpayments, Payroll Drill Down checks (i.e. Staff in Post checks) are not fully completed and staff are continuing to regularly approve electronic timesheets despite the fact that they are not on authorised approver lists.

Non Pay Expenditure - Limited Assurance was provided in respect of Purchase Cards, Linkloads and Manual Payments. Limited assurance is provided on purchase cards on the basis that 40% of facilities were not submitting monthly reconciliations of purchase card spend including receipts for Finance review. Furthermore Trust procedures are not compliant with circular HSC (F) 57-2016 - Issue and Use of Payment Cards. Controls require development and staff require further guidance and training. Limited assurance is provided in relation to Linkloads on the basis that segregation of duties is not robust and the linkload spreadsheet template needs developed to allow confirmation that totals input into the spreadsheet agree to the manual records held. Limited assurance is also provided in relation to manual payments on the basis that segregation of duties is not robust and there is an absence of reconciliation between payments made and payments requested.

Management of Contracts with Independent and Voluntary Sector Organisations – Limited assurance has been provided on the basis that contracts, including new contracts issued in 2017/18, were not procured in accordance with procurement regulations. Expiring contracts are rolled forward and new contracts are awarded without competition. In the absence of market testing, the Trust does not have an alternative process to assure itself that it is achieving value for money. Formal contract documentation was not always available and in some cases contracts were extended beyond the term allowed in the contract terms and conditions. The Trust does not have an accurate listing of voluntary and independent contracts. Furthermore, there is a lack of clarity of roles and responsibilities in the contract management process. Despite a lack of control in this area, Internal Audit notes however that there were Contract Managers in place and they had a general awareness of the services to be delivered under contracts.

Management of Client Monies in Independent Sector Homes - Limited assurance is provided on the basis that at 2 Independent facilities visited, staff are involved in handling service user's monies but service user bank accounts are not reconciled.

Management of Medical Staff – Limited assurance has been provided on the basis that the Allocate system is not fully operational within the Trust, which has a significant impact on the availability of current, accurate job plans for all Consultants within the Trust. A significant number of Consultants do not have an agreed job plan in place for 2017/18. In addition, the content of job plan requires further development. Processes to ensure that additional work carried out, is not done at the expense of scheduled PAs still need to be established, with evidence of checking of these prior to approval of claim forms.

Management of Use of Agency & Medical Locum Staff - Limited assurance is provided on the basis that significant control weaknesses were identified in relation to the use of medical locum and agency staff that were not part of regional contracts (no Direct Award Contracts were in place) and the absence of a formal induction process for medical locums.

Kinship Placements - Limited assurance is provided on the basis that a significant number of elements of the Minimum Kinship Care Standards are not being complied with across the Kinship Foster care Team, Family Intervention Service and Looked After Children’s Teams.

Cyber Security – Internal Audit has reported Limited assurance in relation to Incident Management and Secure Configuration. Limited assurance is provided based on the lack of integrated governance in respect of Incident Management across the HSCNI network, impacting on the effectiveness of the WHSCT local arrangements. Limited assurance has also been provided based on the number of network connected devices which WHSCT ICT have minimal or no responsibility for managing and are not being subjected to the WHSCT ICT malware and secure configuration policies. In addition there are significant numbers of patching exceptions on server and client devices which are not being investigated and resolved on a timely basis.

A total of 30 Priority One findings (weaknesses that could have a significant impact on the system under review) were identified during 2017/18. The Audit Committee reviews management responses to Internal Audit recommendations and monitors progress in relation to implementation.

Internal Audit conducts formal follow-up reviews in respect of the implementation of the priority one and two internal audit recommendations agreed in the Internal Audit reports. The Internal Audit report issued in April 2017 reports that 79% of agreed actions have been fully implemented and a further 17% partially implemented.

The Trust takes seriously all issues highlighted by Internal Audit where less than satisfactory assurance is provided and actions will be taken during 2018/19 to address the deficiencies.

BSO Shared Services Audits

A number of audits were conducted in BSO Shared Services during 2017/18, as part of the BSO Internal Audit Plan. The recommendations in these shared services audit reports are the responsibility of BSO management to take forward and the reports were presented to BSO Governance and Audit Committees. Given that WHSCT is a customer of BSO Shared Services, the final reports were shared with the WHSCT and a summary of the reports was provided to the Trust’s Audit Committee. A summary of audits completed during the year is as follows:

Shared Service Audit	Assurance
Payroll Shared Service – as at September 2017	<p>Limited – payroll processing and system stability</p> <p>Unacceptable – Payroll Function Stability</p>

Payroll Shared Service – as at March 2018	Limited
FPL upgrade	Satisfactory
Income Shared Service	Satisfactory
Recruitment Shared Service	Satisfactory
Shared Service Governance	Satisfactory
Accounts Payable Shared Service	Satisfactory

Internal Audit completed two audit assignments in relation to Payroll Shared Services Centre during the year, September 2017 and March 2018. The assignment completed in September 2017 reported a split assurance which was Limited for payroll processing and system stability and Unacceptable for Payroll Function Stability. In the March 2018 report, the level of assurance over Payroll Function Stability has been raised from the previous Unacceptable level provided in September 2017, as a consequence of improvements in respect of Overpayments identification, calculation, notification and reporting. Internal Audit also notes progress on the activities within the 3 work streams of the Payroll Improvement Project to improve the control environment. However, it is important to note that these issues have not been fully resolved and continue to impact on Payroll Function Stability. There are a number of key functions which have not yet been stabilised. Significant control issues remain, including the resolution of known system issues (impacting on compliance with HMRC requirements). This is illustrated on the basis that 65% of previously agreed recommendations have not been fully implemented.

External Audit

The Report to those Charged with Governance in relation to the audit of the 2016/17 accounts was issued to the Trust on 6 July 2017. There were four recommendations of which one was classified as Priority One and three as Priority Three. The Audit Committee oversees the implementation of these recommendations.

Business Services Organisation (BSO)

The Chief Executive of the Business Services Organisation has provided assurance regarding a range of services provided to the Trust. As noted above, Internal Audit has reported a split Unacceptable / Limited assurance for Payroll Shared Services Centre in September 2017. In March 2018, the level of assurance over Payroll Function Stability was raised from the previous unacceptable level provided in September 2017 as internal audit noted improvements in respect of overpayments identification, calculation, notification and reporting. The assurance letter from BSO provides assurance that the BSO will progress implementation of recommendations.

All BSO Internal Audit reports relating to Payroll, Payments, Income and Recruitment Shared Services Centres continue to be discussed at Audit Committee and are followed up through the regional Business Systems Improvement Network and regional Customer Forum which are attended by the Trust's Assistant Director of Finance and Assistant Directors of HR (for HRPTS / Payroll only) and the regional Customer Assurances Board which is attended by the Trust's Directors of Finance and HR.

Regulation and Quality Improvement Authority (RQIA)

Progress in implementing the recommendations made by RQIA following thematic reviews is monitored by the Quality and Standards Committee and reported to the Governance Committee. RQIA notified the Trust on 18 August 2017 of its decision to cancel the registration of Ashbrooke Care Home in Fermanagh because of concerns

regarding perceived safeguarding issues which resulted in a Trust response which stabilised the situation while all residents were being relocated appropriately.

There has been no Failure to Comply Notices for any Trust facility during the year.

Fire Enforcement

The Trust has not received any Fire Enforcement Notices during 2017/18.

Other Assurance Sources

The Trust also receives independent assurance from the following additional sources:-

- **Regulation and Quality Improvement Authority** – on the extent to which the services provided by the Trust, or those commissioned from third party providers, comply with applicable legislation or quality standards;
- **Health & Safety Executive for Northern Ireland** – on the extent to which the Trust is compliant with health and safety standards and legislation;
- **Northern Ireland Fire & Rescue Service** – on the extent to which the arrangements in place in the Trust's facilities comply with applicable fire regulations;
- **Medicines & Healthcare Regulatory Authority** – on the systems and processes in place to ensure standards are maintained in the manufacture storage and use of medicines and to monitor compliance of the systems for quality management and haemovigilance within the Blood Bank;
- **Clinical Pathology Accreditation (UK) Limited (now replaced by United Kingdom Accreditation Service (UKAS))** – on the extent to which systems within the Laboratory meet nationally agreed standards;
- **ARSAC (Nuclear Medicine Licences)** - these licences are held by the Radiation Protection Supervisor for Nuclear medicine and Medical Physics. The licences are valid for five years from the date of issue or earlier in the event that the scope of practice changes and are renewed annually and are subject to external inspection by DoH;
- **HSDU Surveillance Assessment Reports** – Independent assessment of the quality of service provided by HSDU;
- **CHKS** - in relation to ISO 9001 Certification that the Radiotherapy quality management system is being maintained to an appropriate standard and Oncology Service Accreditation demonstrating that the Radiotherapy service is fit for purpose and adhering to recognised best practice
- **General Medical Council** – in relation to appraisal and revalidation. GMC has accepted all the revalidation recommendations made by the responsible officer of the Trust which is the Medical Director. The Trust has been commended on the introduction of an electronic appraisal system which is currently being adopted regionally. The GMC meets the Medical Director on a quarterly basis to discuss issues of professional concern.

Review of the Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal

governance is informed by the work of the internal auditors and the executive managers within the Western Health and Social Care Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their Report to those Charged with Governance and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Governance Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

Throughout the year the Board of the Western Health and Social Care Trust has been briefed on control issues by the Chairs of the Audit Committee and Governance Committee. Within the context of the Audit Committee the work of the Internal Audit and External Audit functions was fundamental to providing assurance on the on-going effectiveness of the system of internal financial control. In addition, the controls assurance standards and the annual self-assessment against the standards provided an important assurance to the Governance Committee.

Internal Governance Divergences

Significant Internal Control Issues – update on previously reported issues that are now closed

Failure to Comply Notice

The Trust has continued with its service reform plan to redesign services to meet the changing needs of children with complex needs compounded by a disability. Placement reform proposals are being proactively explored in terms of a menu of services that includes residential care, specialist fostering placements, host care and timely supports through a community development ethos. This work is ongoing and progress reports are submitted to the Trust's Corporate Management Team on a regular basis. There has been no Failure to Comply Notices received in relation to Children's Homes during 2017/18.

Information Breaches

For the period 1 April 2017 to 31 March 2018 the Western Trust had no information breaches to report to the Information Commissioner's Office (ICO). As a result of three data breaches in 2014/15, the Trust was required to sign an Undertaking issued by the ICO. During 2017/18 the Trust Information Governance (IG) team developed and built on existing guidance in relation to the protocol for processing and copying patient data for release. This included checking, identification and updated redaction guidance. Checks are in place within the medical records library and central IG office to identify misfiling and removal of third party data. A database is in place to capture this information and this is reported back through the Information Governance steering group meeting. Mandatory IG training and face to face IG awareness presentations have been amended to highlight and raise awareness of the Subject Access Request process and security of Information. Additional resources to support the Subject Access Request teams have been approved and are being progressed.

Risk around sterility of syringes

On 8 September 2016 the Trust received an Urgent Field Safety Notice from its supplier of sterile syringes. At the time of the field safety notice all syringes affected by the recall were immediately quarantined and subsequently collected by the

supplier, with credit provided against the loss. All products prepared in the Aseptic unit and affected by the recall were also immediately quarantined. Products were remade using alternative syringes and no patient went without treatment. The aseptic unit risk assessed the affected products and agreed the safest option was to dispose of these unused products. The Aseptic unit no longer uses the Ecolab multipack syringes and now purchases from another supplier.

Business Services Transformation Programme (BSTP) – Transfer of Recruitment function to BSO

The transfer of the Trust's recruitment function to BSO was completed during the year. This was managed on a staged basis with the Trust's HR staff working very closely with Recruitment Shared Services Team to ensure the smooth transition and monitoring arrangements have been put in place.

Significant Internal Control Issues – update on previously reported issues that are not yet closed

Medical Staffing

The Trust continues to be over-reliant on medical locums to fill gaps in consultant posts, staff grade posts and training grade posts. Currently, the Trust has 169.34 WTE vacancies which are being filled with 93.5 WTE agency locums and 41.275 WTE NHS Trust locums. The remaining deficit (34.5 WTE) is filled by NHS consultants doing additional work and occasional ad hoc locums.

The overall medical vacancy rate in the Trust is now 24.6%. The consultant grade has a 21% vacancy rate while staff grade posts have a vacancy rate of 43%. Training grade posts in the Trust have a vacancy rate of 16%. Vacancy rates at all grades are proportionately higher in the South West Acute Hospital (SWAH) than in Altnagelvin. The WHSCT has a concern about GP training grades with twelve posts out of an allocation of twenty remaining vacant for 2018/19. The Trust is currently working with local GPs and NIMDTA to make the GP training scheme in the West as attractive as possible.

The Trust has undertaken a successful international recruitment programme which to date has attracted and retained 35 doctors, with the majority being placed in the SWAH. Many are still on an initial first year locum contract but it is hoped that the majority will progress to permanent employment. An additional 15 successful applicants are currently preceding through the international recruitment processes.

Child Care Services

The demand for children entering Looked After Services continues to rise in line with trends over the last few years. This increase places significant pressure on the entire system with substantial financial implications. The challenges in addressing the demand and capacity issues in relation to our Child Care Services are closely monitored within the Trust and highlighted to the HSCB in relation to projected services pressures. Figures indicate a growth in the Trust of Looked After Children population of 40 to the end of January 2018 and the number of children on the child protection register increased from a baseline of 359 in March 2017 to 434 in January 2018. For 2018/19 the Trust are investing in service developments such as Signs of Safety for all Family & Childcare Social Work staff and a 'No Wrong Door' model for Looked After Services staff.

Unregulated Placements for Young People

Demand continues to stretch capacity in respect of the assessment and approval of kinship fostercare placements for relative children. As at February 2018 there were 267 children in Kinship Placements. A number of Kinship assessments due to the complexity of the case and previous history can be delayed and fall outside statutory timeframes. An action plan has been developed to review current processes and develop a more timely completion of these assessments.

Potential closure of Private Nursing Homes

The uncertainty of the independent nursing and residential home sector remains a concern for the Trust, with a nursing home closing in 2017/18 with all residents being successfully transferred to alternative accommodation.

The Trust has held discussions with a number of nursing home providers during the year to discuss its requirements for accommodation-based care, particularly the shortage of nursing home beds for older people with dementia or other mental illness. In 2017/18 there has been additional capacity in the EMI provision and the Trust continues to explore other general nursing and residential provision in 2018/19.

Elective Care Performance and Increased Waiting Times

The Trust performance against delivery of its commissioned volumes for both inpatient, day case and new outpatients has deteriorated since the end of March 2017 due to a number of factors. These include medical and nursing workforce challenges. There was an increase in unscheduled admissions over the winter period resulting in a regional directive cancelling elective outpatient appointments and surgery which impacted on elective performance. The Trust developed improvement trajectories to improve delivery of core in outpatients, inpatients and daycases however; the anticipated improvement was not achieved. The Trust continues to monitor elective performance through robust performance management arrangements, but has had reduced flexibility to address performance shortfalls which were caused by gaps in workforce (eg recruitment delays or sickness absence). As a result of the above, the Trust has seen elective OP and IP/DC waiting times increase during 2017/18.

The Trust is taking steps to improve performance in this area, but the impact of financial constraints during the year is a continued risk. The Trust continues to prioritise patients who are at highest clinical risk and for this reason the bulk of patients waiting over the Ministerial standard are routine patients.

Business Services Transformation Programme (BSTP)

The Finance Procurement and Logistics (FPL) system is now embedded in the Trust and the financial benefits realisation phase of the programme was brought to a closure during the year. The Trust worked with the BSO and the system supplier to implement a mid-contract system upgrade which was completed during October and November 2017.

Work continues to improve stability of the HRPTS system. The Trust continues to experience a number of significant system performance and technical issues. It has not been possible for the Trust to progress implementing management of annual leave on HRPTS during this year. The plan was reliant on a regional SAP FIORI solution and a decision was taken regionally not to proceed with this solution. Managers are recording annual leave for staff that are on E-Roster system, however,

there is no interface between the two systems. For other, staff annual leave is recorded on manual leave cards. In addition, the transfer of data relating to new employees to HRPTS payroll has not been realised resulting in administration and reporting for Trust HR staff on a manual basis. Deployment of Employee Self Service and Manager Self Service has been completed to the extent possible but there are some areas of the Trust where this is currently not possible due to network connectivity issues. Approximately 1,000 Trust staff cannot access HRPTS. HRPTS functionality to support administration of a range of terms and conditions which affect staff payments continues to not be available including Pay Protection and Career Break arrangements for Medical Staff and these must be administered manually by HR staff.

Significant efforts continue in an attempt to secure stability of the payroll process following transfer of this function to BSO and these efforts have been hampered by the HRPTS technical and functionality issues referred to above. BSO have implemented a project team to take forward a Payroll Improvement Project which includes the three work streams of Systems Performance, review of BSO PSSC Structures and Payroll Quality and progress has been made across these areas during the year. The Trust has worked with the team to finalise the historical overpayments position and work has commenced to recover this position. However, the Trust has been concerned that it has not delivered against its compliance requirements with HMRC in relation to National Living Wage, National Minimum Wage and P60s. It has not yet been able to finalise the Trust position with regard to employers pension contributions for staff on sick leave and maternity leave. The annual pension tier review was delayed by BSO during 2017/18 and, when finally completed, in tandem with the pay award, resulted in staff owing arrears to the extent that repayment arrangements were having to be made available to spread the financial cost to individual staff members. These matters have been subject to regular monthly update meetings including regional Payroll Customer Forum and Business Systems Information Network which are both attended by the Assistant Directors of Finance and HR, as well as the Customer Assurances Board and Business Systems Forum which are attended by the Directors of Finance and HR. Additional unfunded Human Resources Department and Finance Department resources continue to be deployed to ensure business continuity.

Trust Breakeven Position

While the Trust achieved a breakeven financial position in the year to 31 March 2018, it is important to note that this was achieved following the receipt of significant non-recurring funding, one off contingency measures, expenditure reductions and planned in year slippage on investments. As a result the Trust is aware of the underlying recurrent funding pressures, which, coupled with further in-year emergent pressures, ensure that significant budgetary challenges will continue into 2018/19.

The outlook for 2018/19 is indicating that the capital and revenue resources will be increasingly constrained. We have been working closely with the HSCB and Department to financially plan for 2018/19 for a number of months. In December 2017 the Department of Finance published a briefing document on the Northern Ireland Budgetary Outlook illustrating the choices that might need to be made to set a budget and steps that may need to be taken to address the pressures in public services. On 8th March 2018 the Secretary of State for Northern Ireland announced a budget for 2018/19.

Across the HSC sector it is expected that the significant financial challenges faced will intensify and extensive budget planning work to support the 2018/19 financial plan is ongoing between the Trust, HSCB and the Department of Health. However as with other financial years, the Trust remains committed to achieving financial break even.

Compliance with Department of Health (DOH) Prompt Payment Target

The Department of Health has set Trusts a target of making payment to at least 95% all non-HSC trade creditors within 30 days of receipt of a valid invoice or delivery of goods/services, whichever is the later. The Trust's level of compliance with this target was 89.82% by number and 92.16% by value for 2017/18. The Trust has made significant improvements in processes during the year, however in doing so a backlog in invoices was processed which will have negatively impacted the figures. The Trust has a Prompt Payment Compliance action plan in place which is reviewed regularly and key actions have been identified to address further improvements. The Trust will continue to work closely with the BSO shared services centre provider to further improve the Trust's level of compliance and meet the Department of Health target.

Emergency Department (ED), South West Acute Hospital (SWAH)

At a meeting on 13 January 2016 with relevant Trust Directors, LCG, PHA and HSCB, agreement was secured to recruit two additional Emergency Department consultants and ten specialty doctors bringing the medical workforce to five Consultants, one Associate Specialist and sixteen Specialty Doctors. The Trust continues to face recruitment challenges in respect of filling these posts and consequently incurs significant locum costs.

With regard to the nursing workforce there has been a successful recruitment drive which has resulted in an increase of 11.5 WTE posts however the level of maternity leave has been a factor in-year in terms of stability of staffing. There is still work ongoing regionally with regard to full implementation of phase two normative staffing.

The Department of Health recognised this financial pressure and allocated non-recurring funding in 2017/18. However, the Trust has no financial cover for this issue entering 2018/19.

Emergency Department (ED), Altnagelvin Hospital

The Trust has had long running discussions with the HSCB in relation to the capacity of the ED Department at Altnagelvin Hospital and the Trust alerted the HSCB to its concerns about safety during 2015/16. Given that demand continued on the Altnagelvin site, the Trust took the decision to enhance nursing in the ED Department by creating Band 7 cover, 24 hours per day, 7 days per week and by enhancing the "Medical Take" with additional medical staff and extending the hours of both medical and surgical assessment.

The Department of Health recognised this financial pressure and allocated non-recurring funding in 2017/18. However, the Trust has no financial cover for this issue entering 2018/19.

Adult Learning Disability Services – Capitation Under Investment

Over the past couple of years the extent of a deficit in investment in adult learning disability services in the Trust has been identified by both RQIA and the Health and Social Care Board (HSCB). Whilst it has been confirmed that the Western local commissioning group (LCG) receives its overall capitation share of funding, the Adult

Learning Disability Programme of Care has an under-investment quantified to be in the region of circa £8m. Since this was confirmed, the Trust has worked with the commissioner of services at the HSCB to seek to address this issue. In order to redress the imbalance, the Trust allocated an additional £350k to Adult Learning Disability Services in 2015/16 and a further £466K in 2016/17, and £500k in 2017/18. In addition, the HSCB provided £1.8m and £1.9m for complex cases in 2016/17 and 2017/18 respectively. The Trust is committed to addressing the under investment and plans to work in partnership, through facilitation, with families, carers and advocate groups in a co-production approach to develop plans to address the remaining funding gap and to ensure ongoing involvement in service planning and delivery.

Locum Expenditure – Off Contract

Due to the difficulties the Trust continues to experience in relation to medical staff, it is necessary from time to time to go off-contract to secure medical staff from an agency. The Trust has also experienced similar difficulties this year in relation to recruiting nurses and has had to, on occasions, go off-contract to book agency nurses where, to do otherwise, would compromise patient safety.

Gaps in theatre nursing rota

Recruitment for theatre staff to address the gap has been completed and staff, having completed a 14-18 month induction, have now been signed off as CEPOD ready and therefore available to support emergency cover for weekends and night duty. During 2017/18 the Trust has also addressed the numbers of staff who had previously worked term time or took unpaid leave during the summer period which has significantly reduced the dependence on bank and agency staff usage over these periods. Improved control measures are now in place to manage this. Staff also worked additional hours to ensure that core lists were able to be covered. Contingency arrangements have also been put in place to eliminate the requirement for a one week shut down for estates maintenance and this has also improved theatre access. The Trust theatre utilisation remains challenging with bed pressures on the ward resulting in the need for cancellations.

Domiciliary Care Services

During 2016-17 BSO Counter Fraud and Probity Services completed a regional review of Trusts' operation of HSC domiciliary care contracts with independent sector providers (ISP). All Trusts provided an assurance that they were examining the findings of the regional report, reviewing their existing contracts, and would implement improvements as necessary.

A Departmental Oversight Scrutiny Committee (OSC) was established in 2017 to oversee any necessary action. The OSC is led by senior Departmental officials, and has senior representation from the HSCB and Trusts. The regional counter fraud review found variations in relation to the hours paid and Trusts are either finishing or have finished a verification of the findings to cross validate the regional review. A further regional exercise concluded that service users had not experienced particular harm as a result of the potential disparity between the level of care commissioned, and the level of care delivered in outlier cases. Internal Audit carried out a lessons learned review from a HSC wide perspective in relation to the structure of the investigative review and also carried out in depth reviews of domiciliary care in Trusts in 2017/18. These internal audits were finalised after year end the Oversight Scrutiny Committee will now move to scrutinise.

Within this context the Trust is currently concluding a review of two ISPs covering the period 1 April 2014 to 31 March 2017 and the final reports will be presented to the audit committee in June 2018.

In addition, the Trust has received during 2017/18, an Internal Audit report on domiciliary care which has given an unacceptable level of assurance. This report was presented to the audit committee on 14 May 2018 and a range of actions have been agreed to be taken forward. The audit committee will monitor during 2018/19 the implementation of these agreed actions.

Restriction of Neurology Service

In September 2016, one of the visiting neurologists from another Trust has withdrawn from service provision for the Trust. This has caused increased anxiety to those patients on the review list to be seen by this specialist. Senior management and the Medical Director are in negotiation with the other Trust to establish a means of resuming a neurology outreach service for these patients. Some of these patients have been referred as urgent new referrals to other neurologists within the Trust.

The position in relation to neurology remains unchanged. The Belfast Trust has been unable to provide support historically provided which amounted to two planned activities (PA's). One hundred and sixty seven remain un-appointed to a Belfast Consultant and the Trust is considering how to move forward in relation to managing those patients.

Business Continuity Level Three

On 25 July 2017 the Trust invoked its Business Continuity Plan due to the level of demand on bed capacity at Altnagelvin Hospital and the need to close a significant number of beds due to nurse staffing shortages and an outbreak of norovirus. An incident control team was established in accordance with business continuity level three procedures. The business continuity measures were stood down on 2 August 2017.

Over the winter period demand for admission to hospital continued to exceed bed capacity and although business continuity level three procedures were not instigated the Trust did invoke the Full Capacity Protocol on a temporary basis to improve ED congestion.

Social Care Procurement

By virtue of the introduction of the Public Contract Regulations 2015, social care procurement became subject to the same procurement regulations as other goods and services for the first time. The Trust, in conjunction with all other HSC bodies, is working to put arrangements in place to ensure compliance with the new regulations. In order to minimise the risk of non-compliance, all HSC bodies are extending Centre of Procurement Expertise cover for social and healthcare services in the light touch regime. This is being taken forward via a formally constituted project, reporting to Regional Procurement Board.

Leases

At present the Trust has a number of leases that have reached their renewal date which the Trust has temporarily extended. The reason for short term temporary lease extensions fall within the following broad categories:-

- **Renewal / Continuation of Lease**

In a number of instances the Trust has identified a continued need for services to operate from a specific location. A significant number of Strategic Outline Cases(SOC)/Outline Business Cases(OBC) for lease renewals have been completed and submitted to the DoH for consideration. Many of these have been approved by DoH and leases are currently being renewed. Decisions are awaited on the remaining cases.

- **Estate Rationalisation**

Having completed an accommodation review, the Trust has identified a number of services which it anticipates could be moved into Trust property subject to funding and approval of business case. The successful relocation of the service will result in the termination of leases.

- **Pending Outcome of Older People's Review**

The Older Peoples Review anticipates the termination of a number of leases. The review paper has been forwarded to DoH and is awaiting Ministerial direction.

Among the above categories four leases were previously identified that may potentially fall within the definition of a DAO lease and require Department of Finance (DoF) approval. These potential divergences are currently being progressed and will be corrected on confirmation of DoF approval or confirmation that they are not considered DAO leases. The four properties are;

1. Clooney Hall Centre, Londonderry (rent £11,000 P.A.)
2. 3-5 Aberfoyle Terrace, Londonderry (rent £25,000 P.A.)
3. Healthy Living Centre, Castlederg (rent £20,000 P.A.)
4. Unit 2, 33 Tullymagarn, Irvinestown (rent £3,600 P.A.)

The Trust has sought advice from the Reform Property Management Group on the above leases and completed business cases which are now with the Department of Health for consideration and approval.

The retrospective approval of leases will not be awarded and the Trust now has in place a robust and effective process to manage critical lease dates in compliance with current policy, ensuring that there will be no further occurrences of irregular spend.

The Trust has developed an action plan to address the lease renewals and has shared this with the Department of Health. Considerable progress has been made and a business case for each lease renewal has been forwarded to the Department of Health for approval. The following provides a brief summary of progress.

- Nine SOC/OBC approved by DoH (Quantum approx. £142K)
- Ten SOC/OBC submitted to DoH, the Trust is responding to queries and/or awaiting decision. (Quantum approx. £119K)
- Two leases terminated (Quantum approx. £82K)

- Twelve SOC are currently being drafted for submission to DoH.(Quantum £100K)

The position regarding all leases including those being temporarily extended is reported in the Trust's Property Asset Management Plan which is submitted to Trust Board and DoH for approval annually.

Significant Internal Control Issues arising during 2017/18:

Learning Disabled Clients – regional hospital bed provision / community infrastructure

The Trust is experiencing the impact of a reduction in Supporting People revenue and capital funding to support the accommodation needs of adults with learning disability. The Trust has had to seek alternative solutions to meet housing needs without Supporting People funding. This clearly impacts on the programme and requires the development of creative solutions which takes the Trust beyond its statutory duty. The adult learning disability programme has a number of clients who require medium secure provision as part of their assessment and treatment and care planning. There are no medium secure services provided in Northern Ireland for male or female adults with learning disability. This has added to the complexity of already complex cases and requires collaborative working across the judicial system especially for people who have a forensic history.

The retraction of hospital provision has led to bed pressures across N Ireland for adults with learning disability. There are currently three hospitals serving people with learning disability and there are occasions when there is no capacity due to staffing pressure. This leads to the issue of Early Alerts within the health and personal social services system.

Closure of Acute Beds in Altnagelvin Hospital

In July 2017 the Trust had to incrementally close a total of twenty Acute Beds primarily due to vacancies at band five nursing. The closure was managed through business continuity arrangements on a daily basis to ensure maximising capacity and managing risk.

Derrylin Fire

On 27 February 2018, a family of four died in a house fire in Enniskillen. This family were known to Social Services. There are ongoing strategy discussions with all relevant professionals chaired by the Director of Women and Children's/Executive Director of Social Work. The Safeguarding Board for NI has agreed that a Case Management Review (CMR) will be initiated to identify any lessons learned. The Trust will input into this review and implement any agreed recommendations emanating from it.

The Milk Bank

At the end of January 2018, following the relocation of the Milk Bank to the South West Acute Hospital, Enniskillen, routine testing of the water supply within the Human Milk Bank detected the presence of *Pseudomonas aeruginosa* in the pasteurisers. This resulted in all four pasteurisers within the Human Milk Bank being taken out of commission. Rigorous testing is on-going to establish source of *Pseudomonas* and to ensure safety. A pasteuriser with detailed specifications has been identified and is

being procured. Donor milk has not been distributed from the Milk Bank since 31 January 2018. An SAI has been initiated and ongoing incident meetings are chaired by the Trust Medical Director. A Task and Finish Group, chaired by the Assistant Director of Community and Public Health has been set up to agree, develop and implement guidance that ensures standards of excellence in the processing of human breast milk.

Health Visiting Northern Sector

Health visitor workforce challenges within the Western Trust has resulted in a backlog of year one and year two assessments being carried out. The work force challenges are as a direct result of unfilled vacancies due to a regional shortage of health visitors. Work is on-going with our health visitors on a voluntary and collaborative basis to support an action plan to address this situation and the response has been positive. Additional clinics have been scheduled to carry out all outstanding health reviews and health visitors from other areas of the Trust are supporting this work which aims to be completed by June/July 2018

Risks Associated With Nitrous Oxide Waste Gases

In September 2017, the Trust received an alert from the Northern Ireland Adverse Incident Centre (NIAIC) relating to risks associated with nitrous oxide waste gases. Nitrous oxide is therapeutically important in the delivery of inhalational sedation for the provision of certain procedures. Prolonged exposure to low levels of nitrous oxide can be associated with adverse effects and while the risk to the patient is low, the potential risk to staff who are regularly working in such an environment is higher. It is a legal requirement under control of substances hazardous to health (COSHH) regulations that staff are not exposed to hazardous substances above the Working Exposure Limit.

Nitrous oxide is used within the community dental and maternity services across the Trust. Testing of nitrous oxide levels indicate that some areas, particularly within maternity services are not compliant with the COSHH Regulations and are exceeding the working exposure limit. Staff from estates, occupational health, pharmacy and risk management are working with midwifery managers to reduce the risk of over-exposure and some controls have already been put in place.

Cancellation of Registration in respect of Ashbrooke Care Home

On 18 August 2017 the regulation and quality inspection agency (RQIA) made a successful application to a Lay Magistrate, under Article 21 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, to cancel the registration of Runwood Homes Ltd. in respect of Ashbrooke Care Home, in response to a range of safety and quality concerns identified during an inspection. The Trust provided immediate support to the home and has been working closely with the RQIA, residents and families to ensure that all clients had been transferred to suitable accommodation within three weeks of the closure notice. Monitoring of the wellbeing of those clients within their new places of residence continues through normal review processes.

Report on Inquiry into Hyponatraemia-related Deaths

The report on the Inquiry into hyponatraemia-related deaths was published in January 2014. This report makes 96 recommendations covering a range of areas including

candour; paediatric clinical; SAI reporting and investigation; SAI related death; training and learning; and governance.

Following publication of the report, the Trust commenced a programme to assess its current status and develop an action plan to implement the inquiry report's recommendations. An assurance framework was established linked to existing governance arrangements to ensure appropriate mechanisms are in place to oversee implementation of the recommendations and report progress to Trust Board via a Project Board chaired by an Executive Director of the Trust.

The Trust is also participating in the Department of Health programme of work to response to the Inquiry Report's recommendations. The Trust has completed a benchmarking exercise for each of the recommendations grouped under the heading Paediatric-Clinical which was submitted to the DOH in February 2018. A further benchmarking exercise in relation to recommendations relating to Serious Adverse Incidents has just commenced for completion by the end of April 2018.

Cyber Security

The WannaCry cyber-attack on 12 May 2017, which caused major disruption throughout the NHS, has significantly increased the profile of Cyber Security nationally and within HSCNI organisations. The Trust had a near miss cyber security incident on the 26th June 2017 when its third party contractor for telecommunications services (Vodafone) had their infrastructure breached by a state sponsored attack. The Trust contracted an ICT security company for expert security forensic services to assist. On this occasion, whilst there had been a concerted effort to gain access to the Trust infrastructure, the Trust perimeter defences successfully protected the Trust from a cyber-attack.

BSO have developed an Outline Business Case for approximately £17m to support a range of actions to mitigate the risk of a successful cyber-attack, which is still in the approval process with the Department of Finance. As an interim measure the BSO were allocated £950k via an Emergency Business Case to fund regional licenses for anti-malware software, additional Cyber Security staff for the BSO and an initial high level security assessment by external experts for all HSCNI organisations.

In the absence of approval of the regional Cyber Security Business Case the Trust is running with a considerable risk in not addressing the longer term requirements against the increasing Cyber Security threat, and this has been reflected in a revised risk within the corporate risk register. The Trust has self-assessed against the National Cyber Security Centre (NCSC) ten Steps to Cyber Security and BSO Internal Audit has verified three of these ten steps. Recommendations were made by Internal Audit in relation to improving processes which the Trust is progressing. It is expected to take approximately two years to reach full compliance with the resource capacity which is available.

Funding for an additional Band 7 Cyber Security Manager and two Band 6 Cyber Security officers was approved by Corporate management Team to mitigate current risk while a regional business cases is being developed to capture requirements and secure funding regionally.

A number of key actions have also been taken during the year to raise staff awareness, develop compliance solutions, expand existing Directorate business

continuity planning arrangements to factor cyber security issues and review ICT policies. The Trust has also liaised with Microsoft to review and improve server security infrastructure. The Trust welcomes the establishment of a Regional Cyber Security Programme Board and a Regional IT Security Forum which BSO colleagues plan to initiate in the near future.

Conclusion

The Western Health and Social Care Trust has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI.

Further to considering the accountability framework within the Trust, and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the Western Health and Social Care Trust has operated a sound system of internal governance during the period 1 April 2017 to 31 March 2018.



14 June 2018

Dr Anne Kilgallen
Chief Executive & Accounting Officer

Date

2.2 Remuneration and Staff Report

2.2.1 Remuneration Report

Fees and allowances payable to the Chairman and other Non-Executive Directors are as prescribed by the Department of Health.

The remuneration and other terms and conditions of Senior Executives are determined by the Department of Health and implemented through the Remuneration and Terms of Service Committee. Its membership includes:

- Mr Niall Birthistle, Chairman
- Mrs Joan Doherty, Non Executive Director
- Mrs Sally O’Kane, Non Executive Director
- Mrs Stella Cummings, Non Executive Director
- Ms Mary Woods, Non Executive Director

The recommendations of the Remuneration and Terms of Service Committee are ratified by a meeting of all the Non Executive Directors. The Terms of Reference of the Committee are based on Circular HSS (PDD) 8/94 Section B.

For the purposes of this report, the pay policy refers to Senior Executives and is based on the guidance issued by the Department of Health on job evaluation, grades, rate for the job, pay progression, pay ranges and contracts.

Pay progression is determined by an annual assessment of performance by the Remuneration Committee advised by the Chief Executive for Senior Executives and by the Chairman for the Chief Executive. The performance management system is based on organisational and personal objectives.

The contracts for Senior Executives are permanent and provide for three months’ notice. There is no provision for termination payments other than the normal statutory entitlements and terms and conditions requirements.

The Remuneration Committee meets to assess the performance of Senior Executives. Its recommendations on performance awards are made to a meeting of Trust Board for approval. Senior Executives absent themselves for this item on the Trust Board agenda.

Senior Management Remuneration (Audited)

Name		Salary	Bonus / Performance Pay	Benefits in Kind (rounded to nearest £100)	Pension Benefits	TOTAL	Salary	Bonus / Performance Pay	Benefits in Kind (rounded to nearest £100)	Pension Benefits	TOTAL	Real increase in pension and related lump sum at age 60	Total accrued pension at age 60 and related lump sum	CETV at 31 st March 2017	CETV at 31 st March 2018	Real increase in CETV
		2017/18 £'000	2017/18 £'000	2017/18 £	2017/18 £'000	2017/18 £'000	2016/17 £'000	2016/17 £'000	2016/17 £	2016/17 £'000	2016/17 £'000	2017/18 £'000	2017/18 £'000	£'000	£'000	£'000
Non-Executive Directors																
Mr. N Birthistle	Chairman (from 1 Aug 2016)	25-30	0	0	0	25-30	15-20	0	0	0	15-20	0	0	0	0	0
Mr. N Birthistle	Non-Executive director (to 31 July 2016)	0	0	0	0	0	0-5	0	0	0	0-5	0	0	0	0	0
Mrs. J Doherty	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mrs S Cummings	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mrs S O'Kane	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Ms. M Woods	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mr. J Campbell	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Dr G McIlroy	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Dr C O'Mullan	Non-Executive director (from 1 October 2016)	5-10	0	0	0	5-10	0-5	0	0	0	0-5	0	0	0	0	0

Executive Directors		Salary	Bonus / Performance Pay	Benefits in Kind (rounded to nearest £100)	Pension Benefits	TOTAL	Salary	Bonus / Performance Pay	Benefits in Kind (rounded to nearest £100)	Pension Benefits	TOTAL	Real increase in pension and related lump sum at age 60	Total accrued pension at age 60 and related lump sum	CETV at 31 st March 2017	CETV at 31 st March 2018	Real increase in CETV
		2017/18 £'000	2017/18 £'000	2017/18 £	2017/18 £'000	2017/18 £'000	2016/17 £'000	2016/17 £'000	2016/17 £	2016/17 £'000	2016/17 £'000	2017/18 £'000	2017/18 £'000	£'000	£'000	£'000
Dr A Kilgallen	Chief Executive (from 1 Aug 2017)	85-90	0	0	N/A	85-90	0	0	0	0	0	(16)	76	N/A	421	N/A
Mrs E Way	Chief Executive (left 31 July 2017)***^	40-45	0	700	0	40-45	130-135	0	1,600	0	130-135	N/A	N/A	N/A	N/A	N/A
Mrs L Mitchell	Director of Finance and Contracting	95-100	0	4,500	(22)	75-80	95-100	0	4,000	35	135-140	(2)	149	733	742	9
Mr K Downey*	Director of Women and Children's Service	75-80	0	3,100	0	75-80	75-80	0	2,600	18	90-95	N/A	N/A	N/A	N/A	N/A
Dr B Brown	Director of Primary Care & Older Peoples Service (from 01 Sept 2017)**	55-60	0	0	0	55-60	0	0	0	0	0	0	0	0	0	0
Mr A Corry Finn (left on 7/4/2017)	Director of Primary Care & Older Peoples Service	0-5	0	0	0	0-5	95-100	0	0	43	140-145	N/A	N/A	1,159	N/A	N/A
Dr D Hughes	Medical Director	180-185	0	0	184	365-370	180-185	0	0	(48)	130-135	35	214	999	1,241	242
Other Board Members																
Mr J Lusby	Deputy Chief Executive (left 21 April 2016)***	0	0	0	0	0	5-10	0	0	0	5-10	N/A	N/A	N/A	N/A	N/A
Mr T Millar	Director of Adult Mental Health and Disability Services	85-90	0	1,000	29	115-120	80-85	0	5,500	30	120-125	7	137	692	754	62
Mrs G McKay *	Director of Acute Services	70-75	0	1,800	0	75-80	70-75	0	1,300	(3)	70-75	N/A	N/A	N/A	N/A	N/A
Mr A Moore****^	Director of Strategic Capital Development	70-75	0	0	0	75-80	70-75	0	0	0	70-75	N/A	N/A	N/A	N/A	N/A
Mrs T Molloy	Director of Performance & Service Improvement	90-95	0	1,000	15	105-110	90-95	0	1,200	(10)	80-85	0	81	394	78	(316)
Mrs A McConnell	Director of Human Resources	75-80	0	0	3	80-85	75-80	0	0	18	90-95	1	119	552	583	31

Dr Hughes – Salary is based on total remuneration: this includes all allowances; pension benefit; real increase in pension and lump sum; and CETV based on March 2018 return on basic salary only excluding allowances.

* No longer in pension scheme

** New Trust employee 2017/18

*** Not Trust employees as at 31/3/18

**** Employee exceeds pension age at 31/3/2018

^ Mrs Way and Mr Moore are beyond the threshold for calculation of CETV and so this is not applicable in either the 2016/17 year or 2017/18 year

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

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

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

Pension contributions deducted from individual employees are dependent upon the level of remuneration receivable and are deducted using a scale applicable to the level of remuneration received by the employee.

Benefits in kind are recorded in the period in which they are earned on an accruals basis.

Median Remuneration

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce excluding the highest paid director. Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. In 2016/17 and 2017/18 the highest paid Director was the Medical Director.

	2017/2018	2016/2017
Highest Earner's Total Remuneration (£'000)	180-185	180-185
Median Total Remuneration (£)	24,304	24,063
Ratio of Highest Earner to Median Remuneration	7.5	7.5

2.2.2 Staff Report

Details of the Senior Trust staff as at 31 March 2018 are as follows. For the purposes of this note, Senior staff is taken to include staff at Tier 3 and Band 8c in the Trust.

LEVEL	POST	GRADE	NUMBER
Tier 1	Chief Executive	Senior Executive Payscale	1
Tier 2	Director	Senior Executive Payscale	8
Tier 2	Director	Consultant Contract	1
Tier 3	Senior Manager	Agenda for Change – Band 9	1
Tier 3	Senior Manager	Agenda for Change – Band 8c	34
Tier 3	Associate Director	Medical	2
		Total	47

The gender split of Senior Trust Staff was 30 females and 17 males.

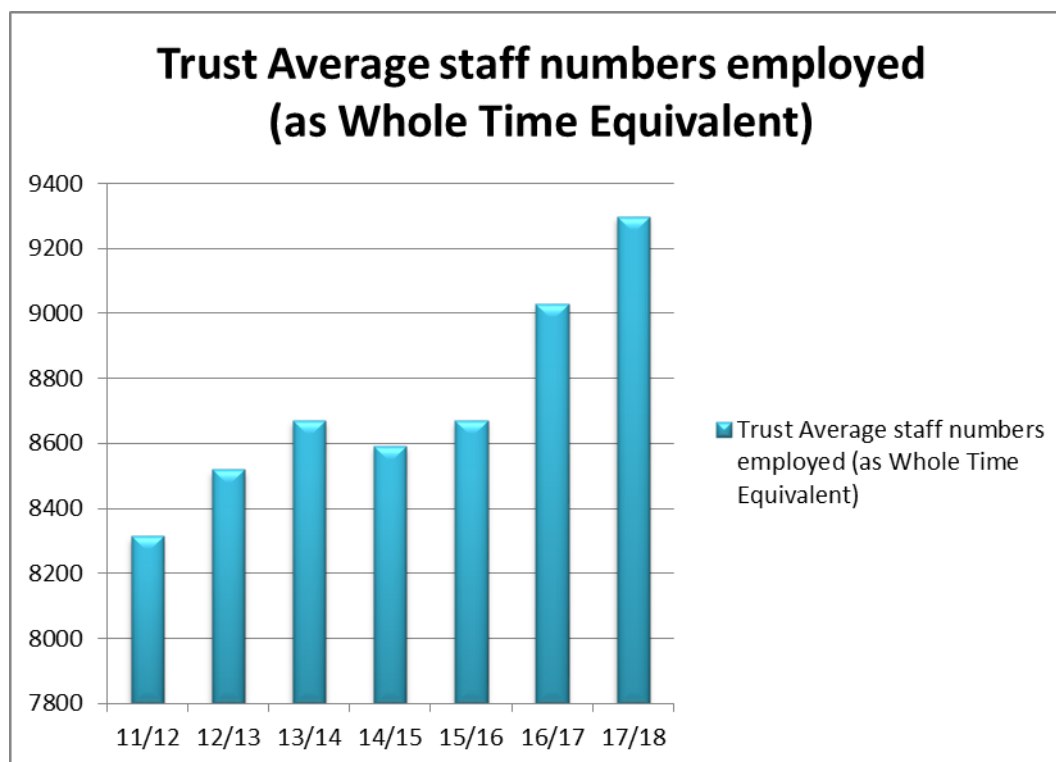
The average number of whole time equivalent persons employed during the year was as follows:

(The section below has been subject to audit)

	2018 Permanently Employed Staff Number	2018 Others Number	2018 Total Number	2017 Total Number
Medical and dental	534	73	607	592
Nursing and midwifery	3,279	98	3,377	3,313
Professions allied to medicine	520	16	536	511
Ancillaries	806	75	881	847
Administrative and clerical	1,492	61	1,553	1,534
Works	144	0	144	140
Other professional and technical	443	0	443	423
Social services	1,478	83	1,561	1,501
Other	219	0	219	206
Total average number of persons employed	8,915	406	9,321	9,067
Less average staff number relating to capitalised staff costs	20	0	20	37
Less average staff number in respect of outward secondments	2	0	2	2
Total net average number of persons employed	8,893	406	9,299	9,028

Staff numbers relate to Western Health and Social Care Trust only. There are no staff employed by the Western Trust Charitable Trust Funds: however, there are 1.1WTE staff in the Trust who are funded from Western Trust Charitable Trust Funds.

The trend over the last six years is shown in the chart below.



Staff costs incurred by the Trust during 2017/18 comprise the following:
(The section below has been subject to audit)

	Permanently Employed Staff £000s	2018		2017
		Others £000s	Total £000s	Total £000s
Wages and salaries	304,848	27,070	331,918	314,451
Social security costs	29,870	0	29,870	30,573
Other pension costs	40,047	0	40,047	38,534
Sub total	374,765	27,070	401,835	383,558
Capitalised staff costs	(962)		(962)	(1,355)
Total staff costs reported in Statement of Comprehensive Net Expenditure	373,803	27,070	400,873	382,203
Less recoveries in respect of outward secondments			(304)	(246)
Total net costs			400,569	381,957

Total Net costs of which:	2018	2017
	£000s	£000s
Western HSC Trust	400,873	382,203
Charitable Trust Fund	0	0
Consolidation Adjustments	0	0
Total	400,873	382,203

Staff costs exclude £962k charged to capital projects during the year (2016/17 £1,355k).

The Trust participates in the HSC Pension 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 Department of Health. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2018 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2017/18 accounts.

The Trust made no off payroll payments to staff during 2017/18.

The Trust incurred no expenditure during the year on consultancy costs.

The gender split of the Trust's workforce is currently 81% female, 19% male. The cumulative rate of absence for all Trust staff during 2017/18 was 7.02%.

The Trust does not have any staff benefit schemes.

Trust Management Costs

	2018	2017
	£000s	£000s
Trust Management Costs	20,923	20,290
Income:		
Revenue Resource Limit per Note 24	670,161	602,915
Income per Note 4	34,347	40,961
Non cash RRL for movement in clinical negligence provision	(8,350)	(3,913)
Less interest receivable	0	0
Total Income	696,158	639,963
% of total income	3.0%	3.2%

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

There were no compulsory redundancies during 2017/18. The details of the numbers of staff who left the Trust during the year via early retirement or other compensation scheme exit packages are as follows:

Reporting of early retirement and other compensation scheme – exit packages

(The section below has been subject to audit)

Exit package cost band	Number of compulsory departures		Number of other departures		Total number of exit packages by cost	
	2018	2017	2018	2017	2018	2017
<£10,000	0	0	9	28	9	28
£10,001 - £25,000	0	0	0	5	0	5
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
£200,001 - £250,000	0	0	0	0	0	0
£250,001 - £300,000	0	0	0	0	0	0
£300,001 - £350,000	0	0	0	0	0	0
£350,001 - £400,000	0	0	0	0	0	0
Total number of exit packages by type	0	0	9	33	9	33
	£000	£000	£000	£000	£000	£000
Total resource cost	0	0	38	185	38	185

Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at note 3. Where early retirements have been agreed, the additional costs are met by the

employing authority and not by the HSC Pension Scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Retirements Due To Ill-Health

During 2017/18 there were 30 early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £60k. These costs are borne by the HSC Pension Scheme.

2.3 Assembly Accountability and Audit Report

2.3.1 Funding Report

Regularity of Expenditure

As part of her responsibilities as the Trust's Accounting Officer, the Chief Executive is accountable for the regularity of the public finances for which she is answerable. The Chief Executive discharges this accountability by having in place a robust financial governance framework that is tested regularly and on which annual independent assurances are obtained.

The key elements of this financial governance framework are as follows:

- Standing orders that set out the governance structures in the Trust and rules on their operation;
- Standing financial instructions that set out the financial rules that all managers, staff, agents and representatives must follow in the conduct of their work for the Trust;
- A scheme of delegation that specifies the levels of financial authority that have been delegated to the Trust by the DoH;
- A schedule of delegated authority that clarifies how the Chief Executive's authority is delegated to managers within the Trust, and the levels of that delegation;
- A range of other financial governance policy documents covering areas such as fraud, bribery, procurement, gifts and hospitality;
- A suite of financial procedures that provide detailed guidance on the application of standing financial instructions;
- A professionally qualified and suitably experienced finance function to provide support and challenge to the Trust;
- The existence of an audit committee as a formal sub-committee of the Board with defined terms of reference;
- An internal audit function that carries out an ongoing assessment of the effectiveness of the financial and corporate governance framework and provides an annual independent assurance on this to the Chief Executive.

Liquidity and Cash Flow

WHST, in common with other HSC Trusts, draws down cash directly from the Department of Health (DoH) to cover both revenue and capital expenditure. Cash deposits held by the Trusts are minimal and none of the public fund bank accounts earn interest. Any interest that would be earned is repaid to the DoH. The Trust's cash position during the year is summarised in the Statement of Cash Flows in the Accounts at Section 3 of this document.

Private Financing Initiatives (PFI)

The Trust has two existing PFI contracts in place. One was entered into to provide the financing for a new Laboratory and Pharmacy building at Altnagelvin Hospital and the second was for the construction of the South West Acute Hospital in Enniskillen. The charges to the Trust under both contracts depend on movements in the Retail Prices Index for interest rate changes.

The overall PFI liability for the two contracts as at 31 March 2018 was £125m. Further details of the PFI details can be found in Note 18 to the Accounts in Section 3 of this document. The current net book value of the two relevant assets was £236m as at 31 March 2018.

Provisions greater than 1 year

The Trust provides for legal cases that are not yet settled and further detail on these is available in Note 15 to the accounts. Where a case is not expected to settle in the following year the provision is discounted and the provision is shown as a non-current liability in the Statement of Financial Position. At 31st March 2018 the Trust had £27.4m of non-current provisions.

Losses and Special Payments

(The section below has been subject to audit)

Type of loss and special payment		2017-18		2016-17
		No of Cases	£	£
Cash losses				
	Cash Losses - Theft, fraud etc	2	1,603	7,650
	Cash Losses - Overpayments of salaries, wages and allowances	3	121	2,717
	Cash Losses - Other causes	36	14,832	4,368
		41	16,556	14,735
Claims abandoned				
	Waived or abandoned claims	0	0	0
Administrative write-offs				
	Bad debts	95	83,689	28,342
	Other			
		95	83,689	28,342
Fruitless payments				
	Late Payment of Commercial Debt	2	545	80
	Other fruitless payments and constructive losses	1	145	(400)
		3	690	(320)
Stores losses				
	Losses of accountable stores through any deliberate act	57	14,271	3,225
	Other stores losses	99	368,732	87,957
		156	383,003	91,182
Special Payments				
	Compensation payments:			
	- Clinical Negligence	30	782,750	670,750
	- Public Liability	4	23,500	61,917
	- Employers Liability	17	111,163	150,260
	- Other	4	38,600	9,000
		55	956,013	891,927
	Ex-gratia payments	57	54,716	44,402
	Extra contractual payments	1	6,984	11,641
	Special severance payments			
Subtotal		408	1,501,651	1,081,909

Losses and Special Payments over £250,000

Losses and Special Payments over £250,000	Number of Cases	2017-18 £	2016-17 £
Special Payments			
Clinical Negligence cases (see below)	2	1,500,000	300,000
Other			500,000
Subtotal	2	1,500,000	800,000
Grand Total	410	3,001,651	1,881,909

Clinical Negligence Settlements Over £250,000	£
Gynaecology Surgery	1,050,000
Radiology Diagnosis	450,000

Remote Contingent Liabilities

The section below has been subject to audit

All contingent liabilities which the Trust is aware of are stated in Note 21 to the Accounts at Section 3 of this document.

Notation of gifts

No notation of gifts over the limits prescribed in Managing Public Money Northern Ireland were made.

2.3.2 Complaints

Complaints Reporting

Feedback from service users is an important aspect of the Trust's Governance arrangements. It helps the Trust to improve the quality of services we offer and to safeguard high standards of care and treatment. All complaints, enquiries, comments, suggestions and compliments are taken seriously as they are viewed as an opportunity for learning and improving services.

Anyone accessing health and social care services, either directly or indirectly, can raise a complaint. This includes existing and former patients, clients, residents, family members, representatives, carers or other third parties.

The Trust has a documented policy for the management of complaints that was updated in March 2015 with a further update when the regional policy has been finalised. The following principles underpin the Trust's approach to dealing with complaints:

- Openness and accessibility
- Responsiveness
- Fairness and independence
- Learning and development

The Assistant Director for Quality and Safety is the lead officer for complaints management within the Trust.

The Trust makes available in all service areas information on how to provide feedback on services delivered. As part of this, information is provided on how to make a complaint, including awareness of the independent service offered by the Patient and Client Council.

The Trust has in existence a Complaints and Patient & Client Experience Forum which is chaired by one of the Trust's Non-Executive Directors. In relation to complaints, the Forum is responsible for:

- ensuring that the Trust meets the DoH Health & Social Care Complaints Procedure;
- monitoring the effectiveness of complaints handling and responsiveness;
- ensuring that all service users have open and easy access to the Trust Complaints Procedure and the information required to enable them to complain about any aspect of service;
- promoting a culture of learning from complaints.

During 2017/18, the Trust received 461 complaints and 6,179 compliments.

Further information on the monitoring of complaints can be obtained from the Trust's Complaints Department, Trust Headquarters, MDEC Building, Altnagelvin Hospital Site, Glenshane Road, Londonderry, BT47 6SB.



14 June 2018

Dr Anne Kilgallen
Chief Executive & Accounting Officer

Date

WESTERN HEALTH AND SOCIAL CARE TRUST

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on financial statements

I certify that I have audited the financial statements of the Western Health and Social Care Trust for the year ended 31 March 2018 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the group's and of the Western Health and Social Care Trust's affairs as at 31 March 2018 and of the group's and the Western Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of the Western Health and Social Care Trust in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2016, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Other information

The Trust and the Accounting Officer are responsible for the other information included in the annual report. The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in the report as having been audited, and my audit certificate and report. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Opinion on other matters

In my opinion:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and

- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Responsibilities of the Trust and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Trust and the Accounting Officer are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

I am required to obtain evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

Report

I have no observations to make on these financial statements.


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

22 June 2018

3.0 ANNUAL ACCOUNTS

Annual Accounts for the Year Ended 31 March 2018 including Patients' / Residents' Monies Accounts for the Year Ended 31 March 2018.

WESTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

CERTIFICATES OF DIRECTOR OF FINANCE, CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 116 to 165) which I am required to prepare on behalf of the Western HSC Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Western HSC Trust and with the accounting standards and policies for HSC bodies approved by the Department of Health.



.....Director of Finance

.....14 June 2018.....Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 116 to 165) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



.....Chairman

.....14 June 2018.....Date



.....Chief Executive

.....14 June 2018.....Date

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2018

This account summarises the expenditure and income generated and consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

			2018 £'000		2017 £'000					
			Trust	CTF	Consolidated Adjustments	Consolidated	Trust	CTF	Consolidated Adjustments	Consolidated
Income										
	Income from activities	4.1	22,646	0	0	22,646	21,073	0	0	21,073
	Other operating income	4.2	11,701	401	(36)	12,066	19,784	403	(35)	20,152
	Deferred Income	4.3	0	0	0	0	104	0	0	104
Total operating income			34,347	401	(36)	34,712	40,961	403	(35)	41,329
Expenditure										
	Staff costs	3	(400,873)	0	0	(400,873)	(382,203)	0	0	(382,203)
	Purchase of goods and services	3	(133,636)	0	0	(133,636)	(117,698)	0	0	(117,698)
	Depreciation, amortisation and impairment charges	3	(55,307)	0	0	(55,307)	(31,739)	0	0	(31,739)
	Provision expense	3	(11,263)	0	0	(11,263)	(6,389)	0	0	(6,389)
	Other expenditures	3	(86,435)	(757)	36	(87,156)	(89,110)	(921)	35	(89,996)
Total operating expenditure			(687,514)	(757)	36	(688,235)	(627,139)	(921)	35	(628,025)
Net operating Expenditure			(653,167)	(356)	0	(653,523)	(586,178)	(518)	0	(586,696)
	Finance income	4.2	0	101	0	101	0	91	0	91
	Finance expense	3	(16,921)	0	0	(16,921)	(16,662)	0	0	(16,662)
Net expenditure for the year			(670,088)	(255)	0	(670,343)	(602,840)	(427)	0	(603,267)
	Revenue Resource Limit (RRL)	24.1	670,161			670,161	602,915			602,915
	Add back charitable trust fund net expenditure			255		255		427		427
Surplus / (Deficit) against RRL			73	0	0	73	75	0	0	75

WESTERN HEALTH AND SOCIAL CARE TRUST

OTHER COMPREHENSIVE EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2018

		2018 £000			2017 £000		
Items that will not be reclassified to net operating costs:	NOTE	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Net gain/(loss) on revaluation of property, plant and equipment	5.1/8/5.2/8	16,950		16,950	6,242		6,242
Net gain/(loss) on revaluation of charitable assets		0	(46)	(46)	0	314	314
Items that may be reclassified to net operating costs:							
Net gain/(loss) on revaluation of investments		0		0	0		0
Total comprehensive expenditure for the year ended 31 March 2018		(653,138)	(301)	(653,439)	(596,598)	(113)	(596,711)

The notes on pages 123 to 165 form part of these accounts.

All donated funds have been used by Western Health and Social Care Trust as intended by the benefactor. It is for the Endowments and Gifts Committee within Trusts to manage the internal disbursements. The Committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, departmental guidance and legislation. All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2018

This statement presents the financial position of the Western Health and Social Care Trust. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

	NOTE	2018		2017	
		Trust £000	Consolidated £000	Trust £'000	Consolidated £'000
Non Current Assets					
Property, plant and equipment	5.1/5.2	719,140	719,140	715,572	715,572
Intangible assets	6.1/6.2	2,997	2,997	2,158	2,158
Financial Assets	7	0	2,375	0	2,421
Trade and other receivables	12	0	0	0	0
Total Non Current Assets		722,137	724,512	717,730	720,151
Current Assets					
Assets classified as held for sale	9	145	145	470	470
Inventories	10	4,141	4,141	3,822	3,822
Trade and other receivables	12	18,705	18,716	16,499	16,506
Other current assets	12	2,115	2,115	1,442	1,442
Cash and cash equivalents	11	2,207	2,921	2,420	3,419
Total Current Assets		27,313	28,038	24,653	25,659
Total Assets		749,450	752,550	742,383	745,810
Current Liabilities					
Trade and other payables	13	(87,380)	(87,391)	(85,310)	(85,347)
Other liabilities	13	(3,339)	(3,339)	(2,902)	(2,902)
Provisions	15	(8,385)	(8,385)	(3,677)	(3,677)
Total Current Liabilities		(99,104)	(99,115)	(91,889)	(91,926)
Total Assets less Current Assets		650,346	653,435	650,494	653,884
Non Current Liabilities					
Provisions	15	(19,002)	(19,002)	(16,775)	(16,775)
Other payables > 1 year	13	(121,776)	(121,776)	(125,115)	(125,115)
Total Non Current Liabilities		(140,778)	(140,778)	(141,890)	(141,890)
Total assets less total liabilities		509,568	512,657	508,604	511,994
Taxpayers' equity					
Revaluation Reserve		110,711	110,711	93,776	93,776
SoCNE Reserve		398,857	398,857	414,828	414,828
Other Reserves – Charitable Funds		0	3,089	0	3,390
Total equity		509,568	512,657	508,604	511,994

The notes on pages 123 to 165 form part of these accounts.

The financial statements on pages 123 to 165 were approved by the Board on and were signed on its behalf by

Neil B. H. H.

Signed (Chairman):

Date: 14 June 2018

De Hilgert

Signed (Chief Executive): Date: 14 June 2018

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2018

The Statement of Cash Flows shows the changes in cash and cash equivalents of the Trust during the reporting period. The statement shows how the Trust generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by the Trust. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the Trust's future public service delivery.

	NOTE	2018 £000s	2017 £000s
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure		(670,343)	(603,267)
Adjustments for non cash costs		65,708	30,260
(Increase)/decrease in trade and other receivables	12	(2,883)	(2,155)
(Increase)/decrease in inventories	10	(319)	1,118
Increase/(decrease) in trade payables	13	(858)	(2,139)
<i>Less movements in payables relating to items not passing through the NEA:</i>			
<i>Movements in payables relating to the purchase of property, plant and equipment</i>		4,232	(2,150)
Movements in payables relating to PFI and other services concession arrangement contracts	13	(522)	(699)
Use of provisions	15	(4,328)	(2,441)
Net cash inflow / (outflow) from operating activities		(609,313)	(581,473)
Cash flows from investing activities			
(Purchase of property, plant and equipment)	5/13	(43,580)	(66,548)
(Purchase of intangible assets)	6	(1,465)	(559)
Proceeds on disposal of property, plant and equipment		110	88
Net cash outflow from investing activities		(44,935)	(67,019)
Cash flows from financing activities			
Grant in aid		653,750	645,500
Net financing		653,750	645,500
Net increase / (decrease) in cash and cash equivalents in the period		(498)	(2,992)
Cash and cash equivalents at the beginning of the period	11	3,419	6,411
Cash and cash equivalents at the end of the period	11	2,921	3,419

The notes on pages 123 to 165 form part of these accounts.

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2018

This statement shows the movement in the year on the different reserves held by Western Health and Social Care Trust, analysed into the SoCNE Reserve (i.e. that reserve that reflects a contribution from the Department of Health). The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The SoCNE Reserve represents the total assets less liabilities of the Western Health and Social Care Trust, to the extent that the total is not represented by other reserves and financing items.

For the year ended 31 March 2018

	NOTE	SoCNE Reserve	Revaluation Reserve	Charitable Fund	Total
		£000	£000	£000	£000
Balance at 31 March 2016		372,058	87,763	3,503	463,324
Changes in Taxpayers' Equity 2016-17					
Grant from DoH		645,500	0	0	645,500
Other reserves movements including transfers (Comprehensive expenditure for the year)		229	(229)	0	0
Transfer of asset ownership		(602,840)	6,242	(113)	(596,711)
Non-cash charges – auditors' remuneration	3	(180)	0	0	(180)
		61	0	0	61
Balance at 31 March 2017		414,828	93,776	3,390	511,994
Changes in Taxpayers' Equity 2017-18					
Grant from DoH		653,750	0	0	653,750
Other reserves movements including transfers (Comprehensive expenditure for the year)		320	(15)	0	305
Transfer of asset ownership		(670,088)	16,950	(301)	(653,439)
Non-cash charges – auditors' remuneration	3	0	0	0	0
		47	0	0	47
Balance at 31 March 2018		398,857	110,711	3,089	512,657

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS

STATEMENT OF ACCOUNTING POLICIES

1. Authority

These accounts have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting manual (FReM) and in accordance with the requirements of Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to HSC bodies. Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of the HSC body for the purpose of giving a true and fair view has been selected. The HSC accounting policies have been applied consistently in dealing with items considered material in relation to the accounts, unless otherwise stated.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment.

1.2 Currency and Rounding

These accounts are presented in UK Pounds sterling. The figures in the accounts are shown to the nearest £1,000.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land; Buildings; Dwellings; Transport Equipment; Plant & Machinery; Information Technology; Furniture & Fittings; and Assets Under Construction.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the entity;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has a cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition.

Items classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings

Land and buildings are carried at the last professional valuation, in accordance with the Royal Institute of Chartered Surveyors (Statement of Asset Valuation Practice) Appraisal and Valuation Standards in so far as these are consistent with the specific needs of the HSC.

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the ‘Member of Royal Institution of Chartered Surveyors’ (MRICS) standard. Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

Land and buildings used for the Arms Length Body (ALB) services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Fair values are determined as follows:

- Land and non-specialised buildings – open market value for existing use;
- Specialised buildings – depreciated replacement cost; and
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to non-current assets.

Modern Equivalent Asset

The Department of Finance has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Land and Property Services (LPS) have included this requirement within the latest valuation.

Assets Under Construction (AUC)

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets are revalued and depreciation commences when they are brought into use.

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including five years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed five years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.4 Depreciation

No depreciation is provided on freehold land since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of “non-current assets held for sale” are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

Asset Type	Asset Life
Freehold Buildings	25 – 60 years
Leasehold property	Remaining period of lease
IT assets	3 – 10 years
Intangible assets	3 – 10 years
Other Equipment	3 – 15 years

1.5 Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of the HSC body’s buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.7 Intangible assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, patents, goodwill and intangible Assets under Construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

Depreciation

As stated in note 1.4, intangible assets are depreciated over a period of between three and ten years.

1.8 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. In order to meet this definition IFRS 5 requires that the asset must be immediately available for sale in its current condition and that the sale is highly probable. A sale is regarded as highly probable where an active plan is in place to find a buyer for the asset and the sale is considered likely to be concluded within one year. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value, less any material directly attributable selling costs. Fair value is open market value, where one is available, including alternative uses.

Assets classified as held for sale are not depreciated.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount. The profit from sale of land which is a non depreciating asset is recognised within income. The profit from sale of a depreciating asset is shown as a reduced expense. The loss from sale of land or from any depreciating assets is shown within operating expenses. On disposal, the balance for the asset on the revaluation reserve is transferred to the Statement of Comprehensive net Expenditure reserve.

Property, plant or equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.10 Income

Operating income relates directly to the operating activities of the Trust and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Grant in aid

Funding received from other entities, including the Department of Health and the Health and Social Care Board are accounted for as grant in aid and are reflected through the Statement of Comprehensive net Expenditure Reserve.

1.11 Investments

The Trust does not have any investments.

1.12 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a Finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.15 Private Finance Initiative (PFI) transactions

The Department of Finance has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The Trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including replacement of components; and
- c) Payment for finance (interest costs).

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

PFI Asset

The PFI asset is recognised as property, plant and equipment, when it comes into use. The asset is measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the asset is measured at fair value, which is kept up to date in accordance with the HSC body's approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability

A PFI liability is recognised at the same time as the PFI asset is recognised. It is measured initially at the same amount as the fair value of the PFI asset and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.16 Financial instruments

• Financial assets

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

• Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade

payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

• **Financial risk management**

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within HSC bodies in creating risk than would apply to a non public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities.

Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trusts in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

• **Currency risk**

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The HSC bodies have no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

• **Interest rate risk**

The Trust has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

• **Credit risk**

Because the majority of the Trust’s income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

• **Liquidity risk**

Since the Trust receives the majority of its funding through its principal Commissioner which is voted through the Assembly, it is therefore not exposed to significant liquidity risks.

1.17 Provisions

In accordance with IAS 37, provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using Department of Finance-issued discount rates as at 31 March 2018:

	Time period	Real rate
Short term	0 – 5 years	-2.42%
Medium term	5 – 10 years	-1.85%
Long term	10+ years	-1.56%

The discount rate to be applied for employee early departure obligations is +0.10% with effect from 31 March 2018.

The Trust has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the effect of any change in the discount rate.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it.

The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.18 Contingencies

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37 are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly. Under IAS 37, the Trust discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

1.19 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31 March 2017. It is not anticipated that the level of untaken leave will vary significantly from year to year.

Retirement benefit costs

The Trust participates in the HSC Pension 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 Department of Health. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2018 valuation for the HSC Pension scheme will be used in 2017-18 accounts.

1.20 Reserves

Statement of Comprehensive Net Expenditure Reserve

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets other than donated assets.

1.21 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.22 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 23 to the accounts.

1.23 Government Grants

The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.24 Losses and Special Payments

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HSC bodies not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.25 Charitable Trust Account Consolidation

HSC Trusts are required to consolidate the accounts of controlled charitable organisations and funds held on trust into their financial statements. As a result the financial performance and funds have been consolidated. The Trust has accounted for these transfers using merger accounting as required by the FReM.

It is important to note however the distinction between public funding and the other monies donated by private individuals still exists.

“All funds have been used by Health and Social Care Trust as intended by the benefactor. It is for the Gifts and Endowments Committee within the Trusts to manage the internal disbursements. The Committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust’s Standing Financial Instructions, Departmental guidance and legislation. All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor”.

1.26 Accounting standards that have been issued but have not yet been adopted

The IASB issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards were effective with EU adoption from 1 January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2020-21, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

Management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

1.27 Impact of implementation of ESA 2010 on research and development expenditure

Following the introduction of the 2010 European System of Accounts (ESA10), there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure. In order to reflect this new treatment which was implemented from 2016-17, additional disclosures have been included in the notes to the accounts.

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NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The Trust is managed by way of a directorate structure, each led by a Director, providing an integrated healthcare service for the resident 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.

Directorate	Staff Costs £000	2018 Other Expenditure £000	Total Expenditure £000	Staff Costs £000	2017 Other Expenditure £000	Total Expenditure £000
Children's Services	70,935	27,986	98,921	68,540	25,383	93,923
Acute Hospital Services	155,694	54,910	210,604	144,856	44,758	189,614
Older People's Services	79,389	80,140	159,529	77,264	73,979	151,243
Mental Health and Disability Services	48,075	39,187	87,262	46,275	34,689	80,964
Planning, Performance Management and Support Services	34,593	32,630	67,223	33,017	20,208	53,225
Other Trust Directorates	12,187	34,635	46,822	12,250	24,431	36,681
Expenditure for Reportable Segments net of Non Cash Expenditure	400,873	269,488	670,361	382,202	223,448	605,650
Non Cash Expenditure			34,074			38,151
Total Expenditure per Net Expenditure Account (Note 3)			704,435			643,801
Income (Note 4)			(34,347)			(40,961)
Net Expenditure			670,088			602,840
Revenue Resource Limit (Note 24)			670,161			602,915
Surplus / (Deficit) against RRL			73			75

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NOTE 3 OPERATING EXPENSES

3.0 Operating Expenses are as follows:-

	2018				2017			
	Trust £000s	CTF £000s	Consolidated adjustments £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidated adjustments £000s	Consolidated £000s
Staff expenses:								
Wages and salaries^	330,956			330,956	313,096			313,096
Social security costs	29,870			29,870	30,573			30,573
Other pension costs	40,047			40,047	38,534			38,534
Purchase of care from non-HPSS bodies	71,823			71,823	58,541			58,541
Revenue grants to voluntary organisations	1,637			1,637	11,771			11,771
Personal social services	46,975			46,975	39,424			39,424
Recharges from other HSC organisations	2,000			2,000	1,957			1,957
Supplies and services – Clinical	48,282			48,282	46,349			46,349
Supplies and services - General	6,407			6,407	6,237			6,237
Establishment	8,062			8,062	9,565			9,565
Transport	1,743			1,743	1,739			1,739
Premises	21,122			21,122	20,680			20,680
Bad debts	438			438	459			459
Interest charges	12,549			12,549	12,344			12,344
PFI and other service concession arrangements service charges	4,372			4,372	4,318			4,318
BSO services	5,124			5,124	4,614			4,614
Training	1,404			1,404	1,252			1,252
Patients travelling expenses	799			799	656			656
Costs of exit packages not provided for	0			0	185			185
Other Charitable Expenditure	0	757	(36)	721	0	921	(35)	886
Miscellaneous expenditure	4,237			4,237	3,356			3,356
Non-cash items								
Depreciation	26,379			26,379	24,968			24,968
Depreciation – On Balance sheet PFI (funded by notional non cash RRL)	5,470			5,470	5,266			5,266
Amortisation	667			667	559			559
Impairments	22,791			22,791	946			946
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(56)			(56)	(60)			(60)
Loss on disposal of property, plant & equipment (including land)	27			27	22			22
Increase / Decrease in provisions (provision provided for in year less any release)	12,444			12,444	7,191			7,191
Cost of borrowing of provisions (unwinding of discount on provisions)	(1,181)			(1,181)	(802)			(802)
Auditors' remuneration	47	5		52	61	5		66
Add back of notional charitable expenditure	0	(5)		(5)	0	(5)		(5)
Total	704,435	757	(36)	705,156	643,801	921	(35)	644,687

The Trust purchased no non audit services from its external auditor during 2017/18.

^ Further detailed analysis of staff costs is located in the Staff Report on page 106 within the Accountability Report.

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NOTE 4 INCOME

4.1 Income from Activities

	2018				2017			
	Trust £000	CTF £000	Consolidated adjustments £000	Consolidated £000	Trust £000	CTF £000	Consolidated adjustments £000	Consolidated £000
GB/Republic of Ireland Health Authorities	3,691			3,691	2,246			2,246
HSC Trusts	403			403	399			399
Non-HSC – Private Patients	364			364	439			439
Road Traffic Accident income	1,916			1,916	1,218			1,218
Non-HSC: other	148			148				
Clients contributions	16,124			16,124	16,771			16,771
Total	22,646	0	0	22,646	21,073	0	0	21,073

4.2 Other Operating Income

	2018				2017			
	Trust £000	CTF £000	Consolidated adjustments £000	Consolidated £000	Trust £000	CTF £000	Consolidated adjustments £000	Consolidated £000
Other income from non-patient services	9,101		(36)	9,065	10,120		(35)	10,085
Supporting people	1,407			1,407	1,277			1,277
Seconded staff	304			304	246			246
Charitable and other contributions to expenditure by core trust	10			10	250			250
Donations / Government grant / Lottery funding for non-current assets	879			879	7,891			7,891
Charitable Income received by Charitable Trust Fund	0	401		401	0	403		403
Investment Income	0	101		101	0	91		91
Total	11,701	502	(36)	12,167	19,784	494	(35)	20,243

4.3 Deferred Income

	2018				2017			
	Trust £000	CTF £000	Consolidated adjustments £000	Consolidated £000	Trust £000	CTF £000	Consolidated adjustments £000	Consolidated £000
Research and development income released	0			0	104			104
Total	0	0	0	0	104	0	0	104
Total income	34,347	502	(36)	34,813	40,961	494	(35)	41,420

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NOTE 5.1 Consolidated Property, Plant and Equipment – Year Ended 31 March 2018

	Land £000	Buildings (excluding dwellings) £000	Dwellings £000	Assets under Construction £000	Plant and Machinery (Equipment) £000	Transport Equipment £000	Information Technology (IT) £000	Furniture and Fittings £000	Total £000
Cost or Valuation									
At 1 April 2017	46,036	526,964	16,783	115,466	93,984	8,225	44,497	7,725	859,680
Indexation	172	25,415	1,322		1,760	293			28,962
Additions	0	8,443	124	21,632	2,940	378	4,356	1,996	39,869
Donations/ Government grant/Lottery funding			78	399	191	0	52	120	840
Reclassifications		109,592	347	(109,939)					0
Transfers	205	631				(215)	10	13	644
Revaluation	10								10
Impairment charged to the SoCNE	(2,303)	(41,747)			(8)			(52)	(44,110)
Impairment charged to the revaluation reserve	(8)	(6,758)							(6,766)
Reversal of impairments (indexn)	2,038	19,280							21,318
Disposals					(2,432)	(552)	(24)		(3,008)
At 31 March 2018	46,150	641,820	18,654	27,558	96,435	8,129	48,891	9,802	897,439
Depreciation									
At 1 April 2017	0	37,200	1,329	0	67,234	5,508	29,689	3,148	144,108
Indexation		3,553	138		1,355	209			5,255
Reclassifications									0
Transfers		164				(107)	4	4	65
Revaluation									0
Impairment charged to the SoCNE									0
Impairment charged to the revaluation reserve									0
Reversal of impairments (indexation)					(2,401)				0
Disposals					8,137	(552)	(24)		(2,977)
Provided during the year		17,102	640			685	4,645	639	31,848
At 31 March 2018	0	58,019	2,107	0	74,325	5,743	34,314	3,791	178,299
Carrying Amount									
At 31 March 2018	46,150	583,801	16,547	27,558	22,110	2,386	14,577	6,011	719,140
At 31 March 2017	46,036	489,764	15,454	115,466	26,750	2,717	14,808	4,577	715,572
Asset financing									
Owned	46,150	347,477	16,547	27,558	22,110	2,386	14,577	6,011	482,816
On B/S (So FP) PFI and other service concession arrangements contracts	0	236,324	0	0	0	0	0	0	236,324
Carrying Amount									
At 31 March 2018	46,150	583,801	16,547	27,558	22,110	2,386	14,577	6,011	719,140

Of which:	£000
Trust	719,140
Charitable Trust Fund	0
Total	719,140

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £5,266k (2016: £5,792k).

The fair value of assets funded from the following sources during the year was:

	2018 £000	2017 £000
Donations	220	433
Government grant	620	7,458
Total	840	7,891

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NOTE 5.2 Consolidated Property, Plant and Equipment – Year Ended 31 March 2017

	Land £000	Buildings (excluding dwellings) £000	Dwellings £000	Assets under Construction £000	Plant and Machinery (Equipment) £000	Transport Equipment £000	Information Technology (IT) £000	Furniture and Fittings £000	Total £000
Cost or Valuation									
At 1 April 2016	44,124	473,275	16,159	104,948	88,017	7,510	38,514	5,995	778,542
Indexation	596	5,524	314		1,924	144			8,502
Additions		6,720	250	46,691	7,177	841	5,988	1,730	69,397
Donations/ Government grant/Lottery funding		81		7,693	82	25	10		7,891
Reclassifications		43,866		(43,866)	(146)				(146)
Transfers	(180)								(180)
Impairment charged to the SoCNE	(95)	(8,685)							(8,780)
Reversal of impairments (indexn)	1,591	6,183	60						7,834
Disposals					(3,070)	(295)	(15)		(3,380)
At 31 March 2017	46,036	526,964	16,783	115,466	93,984	8,225	44,497	7,725	859,680

Depreciation

At 1 April 2016		21,937	699		60,062	4,992	24,619	2,659	114,968
Indexation		720	26		1,414	100			2,260
Disposals					(3,046)	(293)	(15)		(3,354)
Provided during the year		14,543	604	0	8,804	709	5,085	489	30,234
At 31 March 2017	0	37,200	1,329	0	67,234	5,508	29,689	3,148	144,108

Carrying Amount

At 31 March 2017	46,036	489,764	15,454	115,466	26,750	2,717	14,808	4,577	715,572
At 1 April 2016	44,124	451,338	15,460	104,948	27,955	2,518	13,895	3,336	663,574

Asset financing

Owned	46,036	265,235	15,454	115,466	26,750	2,717	14,808	4,577	490,819
Finance leased									
On B/S SoFP PFI and other service concession arrangements contracts		224,529							224,753
Carrying Amount	46,036	489,764	15,454	115,466	26,750	2,717	14,808	4,577	715,572

Asset financing

Owned	44,124	265,011	15,460	104,948	27,955	2,518	13,895	3,336	439,150
Finance leased									
On B/S SoFP PFI and other service concession arrangements contracts		224,753							224,424
Carrying Amount	44,124	489,764	15,460	104,948	27,955	2,518	13,895	3,336	663,574

Carrying amount comprises

Western HSC Trust at 31 March 2018	46,150	583,801	16,547	27,558	22,110	2,386	14,577	6,011	719,140
									0
	46,150	583,801	16,547	27,558	22,110	2,386	14,577	6,011	719,140
Western HSC Trust at 31 March 2017	46,036	489,764	15,454	115,466	26,750	2,717	14,808	4,577	715,572
									0
	46,036	489,764	15,454	115,466	26,750	2,717	14,808	4,577	715,572
Western HSC Trust at 31 March 2016	44,124	451,338	15,460	104,948	27,955	2,518	13,895	3,336	663,574
									0
	44,124	451,338	15,460	104,948	27,955	2,518	13,895	3,336	663,574

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NOTE 6.1 Consolidated Intangible Assets – Year Ended 31 March 2018

	Software Licences £000	Information Technology £000	Development Expenditure £000	Total £000
Cost or Valuation				
At 1 April 2017	4,386	1	150	4,537
Additions	1,465			1,465
Donations / Government grant / Lottery funding	39			39
Reclassifications	2			2
Disposals	(6)			(6)
At 31 March 2018	5,886	1	150	6,037
Amortisation				
As at 1 April 2017	2,379			2,379
Disposals	(6)			(6)
Provided during the year	617		50	667
At 31 March 2018	2,990	0	50	3,040
Carrying Amount				
At 31 March 2018	2,896	1	100	2,997
At 31 March 2017	2,007	1	100	2,158

Asset financing				
Owned	2,896	1	100	2,997
Finance leased				0
On B/S (SoFP) PFI and other service concession arrangements contracts				
Carrying Amount				
At 31 March 2018	2,896	1	100	2,997

Any fall in value through negative indexation or revaluation is shown as an impairment. The fair value of assets funded from the following sources during the year was:

	2018 £000	2017 £000
Government grant	39	0
Total	39	0

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NOTE 6.2 Consolidated Intangible Assets – Year Ended 31 March 2017

	Software Licence £000s	Information Technology £000s	Development Expenditure £000s	Total £000s
Cost or Valuation				
At 1 April 2016	3,715	1	150	3,866
Indexation				0
Additions	559			559
Reclassifications	146			146
Disposals	(34)			(34)
At 31 March 2017	4,386	1	150	4,537
Amortisation				
At 1 April 2016	1,830	0	0	1,830
Disposals	(10)			(10)
Provided during the year	559			559
At 31 March 2017	2,379	0	0	2,379
Carrying Amount				
At 31 March 2017	2,007	1	150	2,158
At 1 April 2016	1,885	1	150	2,036
Asset financing				
Owned	2,007	1	150	2,158
Carrying Amount				
At 31 March 2018	2,007	1	150	2,158

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of Western Health and Social Care Trust are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the Trust's expected purchase and usage requirements and the Trust is therefore exposed to little credit, liquidity or market risk.

	2018 Investments £000	2018 Assets £000	2018 Liabilities £000	2017 Investments £000	2017 Assets £000	2017 Liabilities £000
Balance at 1 April 2017	2,421			2,107		
Revaluations	(46)			314		
Balance at 31 March 2018	2,375	0	0	2,421	0	0
Trust Charitable Trust Fund	2,375			2,421		
Total	2,375	0	0	2,421	0	0

Note 7.1

The market value of the investments as at 31 March 2018 is:

	Held in UK £000s	Held Outside UK £000s	2018 Total £000s	2017 Total £000s
Investments in a Common Deposit Fund or Investment Fund	2,375	0	2,375	2,421
Total market value of fixed asset investments	2,375	0	2,375	2,421

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 8 IMPAIRMENTS

	2018	
	Property, plant & equipment £000	Total £000
Total value of impairments for the period (Agreed to Note 5.1)	29,558	29,558
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	(6,766)	(6,766)
Impairments charged to Statement of Comprehensive Net Expenditure	22,792	22,792
	<hr/>	
	2017	
	Property, plant & equipment £000s	Total £000s
Total value of impairments for the period	946	946
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	946	946
	<hr/>	

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

	Land		Buildings		Total	
	2018 £000s	2017 £000s	2018 £000s	2017 £000s	2018 £000s	2017 £000s
Cost						
At 1 st April 2017	325	325	145	145	470	470
Transfers out	(275)	0	0	0	(275)	0
(Disposals)	(50)	0	0	0	(50)	0
At 31st March 2018	0	325	145	145	145	470
Carrying amount at 31st March 2018	0	325	145	145	145	470

Non current assets held for sale comprise non current assets that are held for resale rather than for continuing use within the business.

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NOTE 10 INVENTORIES

Classification	2018		2017	
	Trust £000	Consolidated £000	Trust £000	Consolidated £000
Pharmacy Supplies	2,685	2,685	2,326	2,326
Theatre Equipment	285	285	248	248
Building and Engineering Supplies	46	46	49	49
Fuel	141	141	88	88
Community Care Appliances	342	342	496	496
Laboratory Materials	392	392	369	369
X-Ray	28	28	30	30
Stock held for resale	4	4	4	4
Other	218	218	212	212
Total	4,141	4,141	3,822	3,822

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 11 CASH AND CASH EQUIVALENTS

	2018 £000			2017 £000		
	Core Trust	CTF	Consolidated	Core Trust	CTF	Consolidated
Balance at 1 st April 2017	2,420	999	3,419	4,973	1,438	6,411
Net change in cash and cash equivalents	(213)	(285)	(498)	(2,553)	(439)	(2,992)
Balance at 31st March 2018	2,207	714	2,921	2,420	999	3,419

The following balances were held at 31st March 2018 were held at

	2018 £000			2017 £000		
	Core Trust	CTF	Consolidated	Core Trust	CTF	Consolidated
Commercial banks and cash in hand	2,207	714	2,921	2,420	999	3,419
Balance at 31st March 2018	2,207	714	2,921	2,420	999	3,419

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NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER CURRENT ASSETS

	2018 £000			2017 £000		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Amounts falling due within one year						
Trade receivables	6,781		6,781	7,307		7,307
VAT receivable	6,074		6,074	6,351		6,351
Other receivables – not relating to fixed assets	5,850	11	5,861	2,841	7	2,848
Trade and other receivables	18,705	11	18,716	16,499	7	16,506
Prepayments	2,115		2,115	1,442		1,442
Other current assets	2,115	0	2,115	1,442	0	1,442
TOTAL TRADE AND OTHER RECEIVABLES	18,705	11	18,716	16,499	7	16,506
TOTAL OTHER CURRENT ASSETS	2,115	0	2,115	1,442	0	1,442
TOTAL INTANGIBLE CURRENT ASSETS	0	0	0	0	0	0
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	20,820	11	20,831	17,941	7	17,948

The balances are net of a provision for bad debts of £2,434k (2017 £2,287k)

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2018

NOTE 13 TRADE PAYABLES, FINANCIAL AND OTHER CURRENT LIABILITIES

Note 13.1 Trade payables and other current liabilities

	2018 £000			2017 £000		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Amounts falling due within one year:						
Other taxation and social security	13,716		13,716	17,307		17,307
Trade capital payables – property, plant and equipment	8,463		8,463	21,522		21,522
Trade capital payables - intangibles			0			0
Trade revenue payables	30,317	11	30,328	25,382	37	25,419
Payroll payables	23,866		23,866	18,645		18,645
Clinical negligence payables	499		499	287		287
BSO payables	296		296	2,167		2,167
Accruals	1,396		1,396			
Accruals – relating to property, plant and equipment	8,827		8,827			
Trade and other payables	87,380	11	87,391	85,310	37	85,347
Current part of imputed finance lease element of PFI contracts and other service concession arrangements	3,339		3,339	2,902		2,902
Other current liabilities	3,339	0	3,339	2,902	0	2,902
Total payables falling due within one year	90,719	11	90,730	88,212	37	88,249
Amounts falling due after more than one year						
Imputed finance lease element of PFI contracts and other service concession arrangements	121,776	0	121,776	125,115	0	125,115
Total non current payables	121,776	0	121,776	125,115	0	125,115
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	212,495	11	212,506	213,327	37	213,364

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 13 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

13.2 Loans

The Trust did not have any loans payable at either 31 March 2018 or 31 March 2017.

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 14 PROMPT PAYMENT POLICY

14.1 Public Sector Payment Policy – Measure of Compliance

The Department requires that Trusts pay their non HSC trade payables in accordance with applicable terms and appropriate Government Accounting guidance. The Trust's payment policy is consistent with the applicable terms and appropriate Government Accounting guidance and its measure of compliance is:

	2018 Number	2018 Value £000	2017 Number	2017 Value £000
Total bills paid	225,435	453,378	196,382	513,746
Total bills paid within 30 days of receipt of an undisputed invoice	202,480	417,836	182,510	481,679
% of bills paid within 30 days of receipt of an undisputed invoice	89.8%	92.2%	92.9%	93.8%
Total bills paid within 10 day target	170,706	337,259	162,636	447,438
% of bills paid within 10 day target	75.7%	74.4%	82.8%	87.1%

14.2 The Late Payment of Commercial Debts Regulations 2002

	£
Amount of compensation paid for payment (s) being late	80
Amount of interest paid for payment(s) being late	465
Total	545

This is also reflected as a fruitless payment in the Assembly Accountability Disclosure notes.

New late payment legislation (Late Payment of Commercial Debts Regulations 2013) came into force on 16 March 2013. The effect of the new legislation is that a payment is normally regarded as late unless it is made within 30 days after receipt of an undisputed invoice.

From 1 April 2015, the scope of the prompt payment compliance measurement increased to take account of all categories of supplier payments made by Trusts, with the only exception being payments made to other organisations within the broader HSCNI.

**WESTERN HEALTH AND SOCIAL CARE TRUST
ANNUAL ACCOUNTS 31 MARCH 2018
NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2018**

	Pensions relating to other staff £000	Clinical negligence £000	Other £000	2018 £000
Balance at 1 April 2017	153	10,820	9,479	20,452
Provided in year	0	9,954	3,277	13,231
(Provisions not required written back)	(153)	(455)	(179)	(787)
(Provisions utilised in the year)	0	(3,284)	(1,044)	(4,328)
Cost of borrowing (unwinding of discount)	0	(1,149)	(32)	(1,181)
At 31 March 2018	0	15,886	11,501	27,387

Comprehensive Net Expenditure Account charges

	2018 £000	2017 £000
Arising during the year	13,231	8,340
Reversed unused	(787)	(1,149)
Cost of borrowing (unwinding of discount)	(1,181)	(802)
Total charge within operating costs	11,263	6,389

Analysis of expected timing of discounted flows

	Clinical negligence £000	Other £000	Total £000
Not later than one year	6,878	1,507	8,385
Later than one year and not later than five years	5,082	1,509	6,592
Later than five years	3,925	8,485	12,410
At 31 March 2018	15,886	11,501	27,387

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2018

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2017

	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	Total £000s
Balance at 1 April 2016	0	7,920	8,584	16,504
Provided in year	220	5,342	2,778	8,340
(Provisions not required written back)	0	(657)	(492)	(1,149)
(Provisions utilised in the year)	(67)	(1,013)	(1,361)	(2,441)
Cost of borrowing (unwinding of discount)	0	(772)	(30)	(802)
At 31 March 2017	153	10,820	9,479	20,452

Provisions have been made for six types of potential liability: Clinical Negligence; Employer's and Occupier's Liability; Early Retirement; Injury Benefit; and Employment Law and Restructuring (CSR). The provision for Early Retirement and Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated an appropriate level of provision based on professional legal advice.

Analysis of expected timing of discounted flows

	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	Total £000s
Not later than one year	10	2,428	1,239	3,677
Later than one year and not later than five years	42	8,392	1,556	9,990
Later than five years	101	0	6,684	6,785
At 31 March 2017	153	10,820	9,479	20,452

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2018

NOTE 16 CAPITAL COMMITMENTS

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	2018 £000	2017 £000
Property, plant & equipment	23,304	41,566
	23,304	41,566

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Finance Leases

The Western Health and Social Care Trust had no finance leases at 31 March 2018 or 31 March 2017.

17.2 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods:

Obligations under operating leases comprise

	2018 £000	2017 £000
Buildings		
Not later than 1 year	409	414
Later than 1 year and not later than 5 years	989	1,179
Later than 5 years	149	301
	1,547	1,894

	2018 £000	2017 £000
Other		
Not later than 1 year	84	49
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	84	49

17.3 Operating Leases

The Western Health and Social Care Trust does not act as lessor and as such does not anticipate any future income for operating leases.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2018

NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

18.1 Off-balance sheet PFI contracts and other service concession arrangements

The Western Health and Social Care Trust has not entered into any off Statement of Financial Position PFI Schemes in 2017 or 2016.

18.2 On Statement of Financial Position (SOFP) PFI Schemes

The Trust is committed to make the following payments during the next year:

The total amount charged in the Statement of Comprehensive Net Expenditure in respect of the service element of on-balance sheet (SoFP) PFI or other service concession transactions was £4,372k (2016-17:£4,318k). Total future obligations under on-balance sheet PFI and other service concession arrangements are given in the table below for each of the following periods:

	2018 £000	2017 £000
Minimum lease payments:		
Due within one year	14,639	14,428
Due later than one year and not later than five years	57,961	58,362
Due later than five years	216,888	230,605
Total	<u>289,488</u>	<u>303,395</u>
Less interest element	164,373	175,378
Present value	<u>125,115</u>	<u>128,017</u>

	2018 £000	2017 £000
Service elements due in future periods:		
Due within one year	4,496	4,369
Due later than one year and not later than five years	19,314	18,740
Due later than five years	119,615	124,393
Total service elements due in future periods	<u>143,425</u>	<u>147,502</u>
Total Commitments	<u>268,540</u>	<u>275,519</u>

NOTE 19 OTHER FINANCIAL COMMITMENTS

The Trust did not have any other financial commitments at either 31 March 2018 or 31 March 2017.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2018

NOTE 20 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within Trusts in creating risk than would apply to a non-public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities. Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trusts in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

The Trust did not have any financial instruments at either 31 March 2018 or 31 March 2017.

NOTE 21 CONTINGENT LIABILITIES

Material contingent liabilities are noted in the table below, where there is a 50% or less probability that a payment will be required to settle possible obligations. The amounts or timing of any outflow will depend on the merits of each case.

	2018	2017
	£000	£000
Clinical negligence	2,296	1,555
Public liability	95	11
Employer's liability	70	85
Accrued leave	0	0
Injury benefit	0	0
Other	0	62
Total	2,461	1,713

The Trust did not have any unquantifiable contingent liabilities as at 31 March 2018 or 31 March 2017.

A new discount rate which courts must consider when awarding compensation for future financial losses in a lump sum in personal injury cases came into effect in England and Wales in March 2017. The Department of Justice has power to prescribe the discount rate for Northern Ireland (in consultation with the Government Actuary and Department of Finance). The discount rate is under active consideration by the Department but any change requires secondary legislation and has not been taken forward in the absence of a Minister. As such, it has not been possible at this time to quantify the potential impact on the Western HSC Trust of any change in the discount rate.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2018

NOTE 22 RELATED PARTY TRANSACTIONS

The Trust is an arm's length body of the Department of Health (DoH) and as such the DoH is a related party from which the Trust has received income during the year of £675m.

The Trust is required to disclose details of material transactions with individuals who are regarded as related parties consistent with the requirements of IAS 24 Related Party Disclosures. This disclosure is recorded in the Trust's Register of Interests which is maintained by the Office of the Chief Executive and is available for inspection by members of the public.

Non-Executive Directors

Some of the Trust's non-executive directors have disclosed interests with organisations from which the Trust purchased services during 2017/18. Set out below are details of the amounts paid to these organisations. In none of the cases listed did the non-executive directors have any involvement in the decisions to procure the services from the organisations concerned.

Name and Organisation	Role	Amount paid by Trust during 2017/18 £000	Amount paid by Trust during 2016/17 £000
Mrs Stella Cummings (British Red Cross)	Vice President (NI)	0	49
Mrs Joan Doherty (Londonderry Methodist City Mission)	Company secretary	27	18 (£80 was owed by WHSCT to Londonderry Methodist Mission at 31/03/17)
Mr Joe Campbell (Ascot Sign Systems)	Part time management consultancy	1	0
Dr Catherine O'Mullan (Sport NI)	Board member	1	0
Mrs Sally O'Kane (Foyle College, Education Authority)	Governor	32	28 (£2029 was owed from Education Authority to the Trust at 31/03/2017)

Mr Niall BIRTHISTLE, Chairman

Mr BIRTHISTLE is a non-executive Trustee of North West Play Resource Centre. During 2017/18, the Western Health and Social Care Trust made payments of approximately £15k to North West Play Resource Centre. During 2016/17, the Western Health and Social Care Trust made payments of approximately £17k to North West Play Resource Centre.

Executive Directors

Dr Dermot HUGHES, Medical Director

Dr HUGHES is a Visiting Professor at University of Ulster and is an Honorary Senior lecturer with Queen's University Belfast. During 2017/18, the Western Health and Social Care Trust made payments of approximately £159k to University of Ulster and made payments of approximately £120k to Queen's University Belfast and received income of £187k and owed £107k at 31st March 2018.

Dr Bob Brown, Director of Nursing and PCOP

Dr Brown is a Trustee of Queen's University Belfast, Nursing Institute. During 2017/18, the Western Health and Social Care Trust made payments of approximately £120k to Queens University Belfast and received income of £187k and owed £107k at 31st March 2018.

Mrs Ann McConnell, Director of HR

Mrs McConnell is vice chair of HPMA (NI). During 2017/18, the Western Health and Social Care Trust made payments of approximately £2,175 to HPMA (NI).

Other Senior Managers

Some other senior managers have disclosed interests in organisations from which the Trust purchased services in 2017/18. The details are set out below. The officers listed had no involvement in the decisions to procure the services from the organisations concerned.

Mr John McGarvey, Assistant Director, Primary Care and Older People

Mr McGarvey is a Representative Governor with the Education Authority for St Patrick's School, Gortin.

Mr Paul Quigley, Assistant Director, Finance

Mr Quigley is a Governor with the Education Authority for Longtower P.S.

Mr Brian McFetridge, Assistant Director, Nursing

Mr McFetridge is a Governor with the Education Authority for Rowandale P.S. Mr McFetridge is an Honorary Fellow of University of Ulster. During 2017/18, the Western Health and Social Care Trust made payments of approximately £159k to University of Ulster. During 2017/18, the Trust made payments to the Education Authority of £31,693. During 2016/17, the Trust made payments to the Education Authority of £28,834. At 31st March 2017 the Trust was owed £2,029 from the Education Authority.

Mrs Rosaleen Harkin, Assistant Director Adult Mental Health and Disability Services Directorate

Mrs Harkin is married to the manager of Action Mental Health, New Horizons, an organisation which provides a range of day care and other services to Trust clients. During 2017/18 the Trust made payments of £491k to Action Mental Health. During 2016/17 the Trust made payments of £491k to Action Mental Health.

Mrs Vivien Coates, Assistant Director

Mrs Coates is a Professor of Clinical Nursing Practice with Florence Nightingale Foundation with the University of Ulster. During 2017/18, the Western Health and Social Care Trust made payments of approximately £159k to University of Ulster. During 2016/17, the Trust made payments to University of Ulster of £150,349 and received income of £145,773 and owed £2,913 to the University of Ulster and was owed £13,504 as at 31 March 2017.

Mrs Deirdre Mahon, Assistant Director Safeguarding

Mrs Mahon is an Associate with Leonard Consultancy. During 2017/18, the Trust made payments to Leonard Consultancy of £2,820. During 2016/17, the Trust made payments to Leonard Consultancy of £13,200.

Mr Charles Mullan, Divisional Clinical Director Diagnostics

Mr Mullan is an honorary lecturer with Queen's University Belfast. During 2017/18, the Western Health and Social Care Trust made payments of approximately £120k to Queen's University Belfast and received income of £187k and owed £107k at 31st March 2018. During 2016/17, the Trust made payments to Queen's University Belfast of £23,086 and was owed £2,059 as at 31 March 2017.

Mrs Ann McDuff, Assistant Director C and PH

Mrs McDuff is a Director of Bogside and Brandywell Health Forum. During 2017/18, the Trust made payments to Bogside and Brandywell Health Forum of £20,780. During 2016/17, the Trust made payments to Bogside and Brandywell Health Forum of £34,218.

Mr Brendan Moore, Clinical Pharmacy Development Lead

Mr Moore is a Director of Brookmount Health Ltd. During 2017/18, the Trust made payments to Brookmount Health Ltd of £14,201. During 2016/17, the Trust made no payments to Brookmount Health Ltd.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2018

NOTE 23 THIRD PARTY ASSETS

The assets held at 31 March 2018 to which it was practical to ascribe monetary values comprised £2,169k. They are set out in the table below. This has been excluded from cash at bank and in hand amounts reported in the accounts. A separate audited account of these monies is maintained by the Trust.

	2018 Total £000	2017 Total £000
Monetary assets such as bank balances and monies on deposit	2,169	2,974
Total	<hr/> 2,169	<hr/> 2,974

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2018

NOTE 24 FINANCIAL PERFORMANCE TARGETS

24.1 Revenue Resource Limit

The Trust is given a Revenue Resource Limit which it is not permitted to overspend.

The Revenue Resource Limit (RRL) for Western HSC Trust is calculated as follows:

	2018	2017
	Total	Total
	£000	£000
Health and Social Care Board	591,259	560,107
Public Health Authority	7,015	6,779
Supplement for Undergraduate Medical and Dental Education & NI Medical and Dental Training Agency	6,179	5,848
DoH (excludes non cash)	0	0
Other Government Departments	0	0
Non cash RRL (from DoH)	71,406	37,703
Total Agreed RRL	675,859	610,437
Adjustment for income received re donations / government grant / lottery funding for non-current assets	(879)	(7,891)
Adjustment for PFI and other service concession arrangements/IFRIC12	(4,819)	448
Adjustment for Research and Development under ESA10	0	(79)
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	670,161	602,915

24.2 Capital Resource Limit

The Trust is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2018	2017
	Total	Total
	£000	£000
Gross Capital Expenditure	41,334	69,956
Less IFRIC 12/PFI and other service concession arrangements spend (Receipts from sales of fixed assets)	(522)	(699)
Net capital expenditure	40,702	69,169
Capital Resource Limit	40,702	69,169
Overspend/(Underspend) against CRL	0	0

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2018

NOTE 24 FINANCIAL PERFORMANCE TARGETS

24.3 Financial Performance Targets

The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of RRL limits.

	2017/18 £000	2016/17 £000
Net Expenditure	(670,088)	(602,840)
RRL	670,161	602,915
Surplus / (Deficit) against RRL	73	75
Break even cumulative position (opening)	(8,364)	(8,439)
Break even cumulative position (closing)	(8,291)	(8,364)

Materiality Test:

	2017/18 %	2016/17 %
Break even in year position as % of RRL	0.01%	0.01%
Break even cumulative position as % of RRL	-1.24%	-1.39%

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2018

NOTE 25 EVENTS AFTER THE REPORTING PERIOD

There are no post balance sheet events having a material effect on the accounts.

NOTE 26 DATES AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 14 June 2018.

WESTERN HEALTH AND SOCIAL CARE TRUST
PATIENTS'/RESIDENTS' MONIES ACCOUNTS
YEAR ENDED 31 MARCH 2018

STATEMENT OF TRUST'S RESPONSIBILITIES IN RELATION TO PATIENTS' / RESIDENTS' MONIES

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Trust is required to prepare and submit accounts in such form as the Department of Health may direct.

The Trust is also required to maintain proper and distinct accounting records and is responsible for safeguarding the monies held on behalf of patients/residents and for taking reasonable steps to prevent and detect fraud and other irregularities.

WESTERN HEALTH AND SOCIAL CARE TRUST – PATIENTS’ AND RESIDENTS’ MONIES

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on account

I certify that I have audited the Western Health and Social Care Trust’s account of monies held on behalf of patients and residents for the year ended 31 March 2018 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

In my opinion the account:

- properly presents the receipts and payments of the monies held on behalf of the patients and residents of the Western Health and Social Care Trust for the year ended 31 March 2018 and balances held at that date; and
- the account has been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the financial transactions recorded in the account statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 ‘Audit of Financial Statements of Public Sector Entities in the United Kingdom’. My responsibilities under those standards are further described in the Auditor’s responsibilities for the audit of the account section of this certificate. My staff and I are independent of the Western Health and Social Care Trust in accordance with the ethical requirements of the Financial Reporting Council’s Revised Ethical Standard 2016, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Responsibilities of the Trust for the account

As explained more fully in the Statement of Trust’s Responsibilities in relation to patients’/residents’ monies, the Trust is responsible for the preparation of the account.

Auditor’s responsibilities for the audit of the account

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

I am required to obtain evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council’s website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the financial transactions recorded in the account conform to the authorities which govern them.

Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the account is not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or

Report

I have no observations to make on this account.


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

22 June 2018

WESTERN HEALTH AND SOCIAL CARE TRUST

YEAR ENDED 31 MARCH 2018

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

Previous Year	<u>RECEIPTS</u>			
£	Balance at 1 April 2017		£	£
1,977,923	1. Investments (at cost)		2,034,160	
142,646	2. Cash at Bank		254,038	
9,350	3. Cash in Hand		9,750	2,297,948
1,301,224	Amounts received in the year			812,071
3,237	Interest Received			2,316
3,434,380	TOTAL			3,112,335

<u>PAYMENTS</u>			
1,136,432	Amounts paid to or on behalf of Patients/Residents		942,950
	Balance at 31 March 2018		
2,034,160	1. Investments (at cost)	2,003,476	
254,038	2. Cash in Bank	156,109	
9,750	3. Cash in Hand	9,800	2,169,385
3,434,380	TOTAL		3,112,335

Cost Price	Schedule of investments held at 31 March 2018	Nominal Value	Cost Price
£	Investment	£	£
2,034,160	Bank of Ireland	2,003,476	2,003,476

I certify that the above account has been compiled from and is in accordance with the accounts and financial records maintained by the Trust.

Louise Mitchell

Director of Finance:

Date: 14 June 2018

I certify that the above account has been submitted to and duly approved by the Board.

David Wilgus

Chief Executive:

Date: 14 June 2018

I have audited the above Account of Monies Held on Behalf of Patients/Residents and in my opinion it is in accordance with the accounts and financial records maintained by the Trust.

Appointed Auditor:

Date:

ISBN: 978-0-9930052-7-5