

WESTERN HEALTH AND SOCIAL CARE TRUST
ANNUAL REPORT AND ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2016

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

26th August 2016

CONTENTS

SECTION		PAGE
1.0	PERFORMANCE REPORT	3
	1.1 Performance Overview	3
	1.1.1 Purpose and activities	3
	1.1.2 Chief Executive overview of performance	5
	1.1.3 Key issues and risks affecting achievement of the Trust's objectives	7
	1.1.4 Outline of organisational performance	8
	1.1.5 Other performance issues	11
	1.2 Performance Analysis	13
	1.2.1 Directorate analysis	13
	1.2.2 Environmental Issues (sustainability Report)	36
	1.2.3 Essential business relationships	37
2.0	ACCOUNTABILITY REPORT	39
	2.1 Governance Report	39
	2.1.1 Directors' Report	39
	2.1.2 Statement of Accounting Officer Responsibilities	40
	2.1.3 Governance Statement	41
	2.2 Remuneration and Staff Report	72
	2.2.1 Remuneration Report	72
	2.2.2 Staff Report	76
	2.3 Assembly Accountability and Audit Report	80
	2.3.1 Funding report	80
	2.3.2 Complaints	83
	2.3.3 Audit Certificate - NI Audit Office	85
3.0	ANNUAL ACCOUNTS	88
	Annual Accounts for the Year Ended 31 March 2016 including Patients' / Residents' Monies Accounts for the Year Ended 31 March 2016	88

1.0 PERFORMANCE REPORT

1.1 Performance Overview

1.1.1 Purpose and Activities

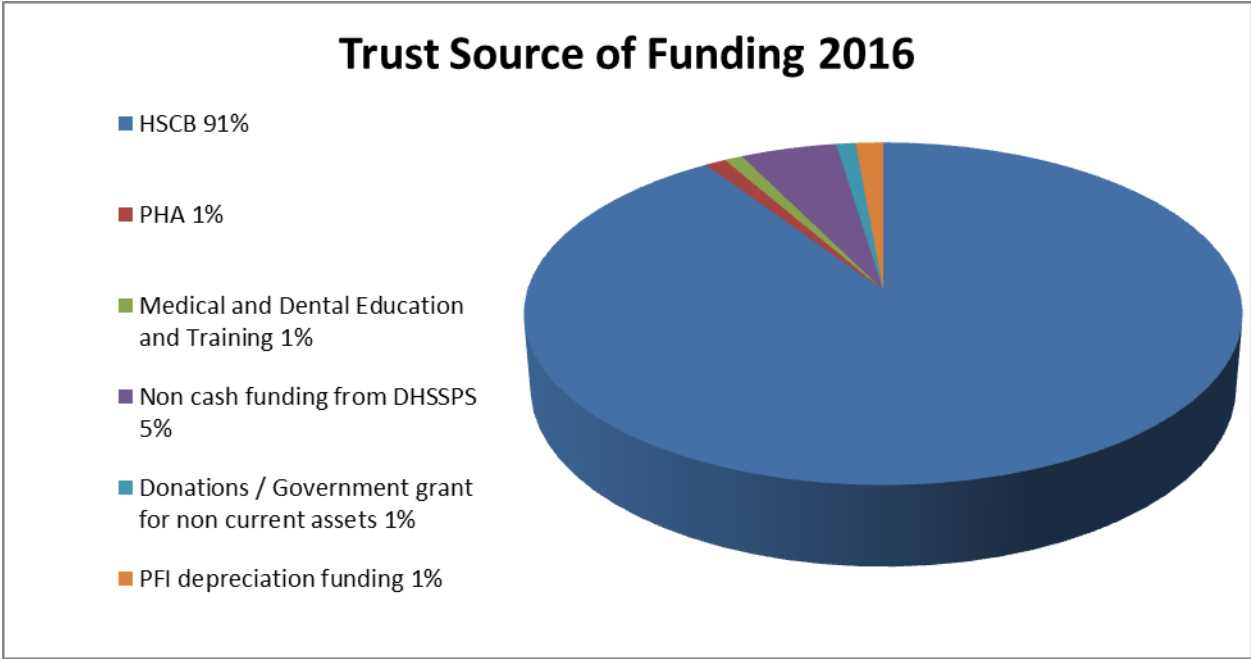
The Western Health and Social Care Trust is a statutory body that was established on 1 April 2007 following the Review of Public Administration. The Trust brought together the delivery of Health and Social Care that was previously provided by three separate Trusts: Altnagelvin Hospitals Trust, Foyle 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 almost 300,000 people.

The Western Trust employs approximately 12,000 staff from across the following professional disciplines:

- Medical and dental;
- Nursing and midwifery;
- Social services;
- Professions allied to medicine (PAMS);
- Ancillaries;
- Administrative and clerical;
- Works;
- Other professional and technical.

The Trust spends almost £600 million annually on the delivery of health and social care services to its resident population. The chart below shows the various sources from which the Trusts receives its funding.



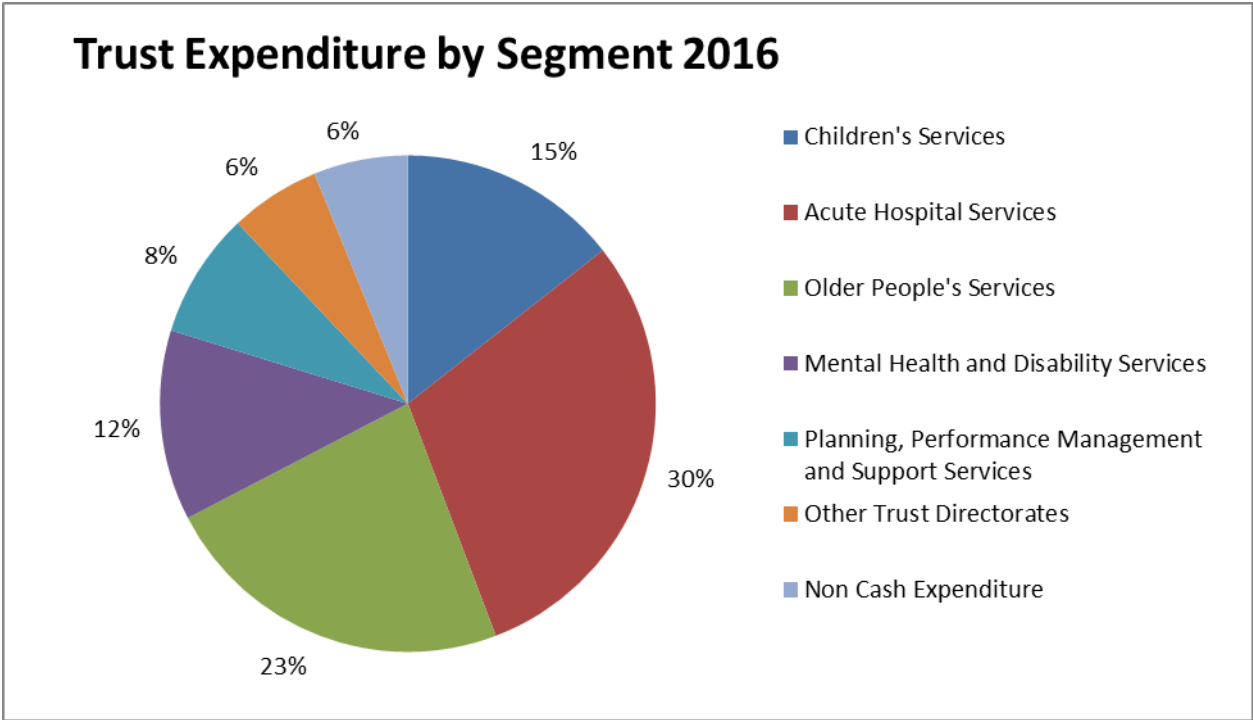
The Trust provides services across 4,842 sq. km of landmass and delivers services from a number of hospitals, community based settings and in some cases directly in individuals' homes. This comprehensive range of services is provided through the following Directorates:

- 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 services are delivered in Altnagelvin Hospital, Londonderry and the South West Acute Hospital (SWAH), Enniskillen. Tyrone County Hospital, Omagh is a local enhanced hospital providing a range of rehabilitation and palliative care services. Psychiatric hospitals are located in Londonderry and Omagh. In addition, Lakeview, a learning disability hospital, and Waterside Hospital, a rehabilitation facility are both based in Gransha Park, Londonderry.

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.

The Trust vision is: “**to provide high quality patient and client-focused Health and Social Care services through well trained staff with high morale**”. This vision is underpinned by the following 6 core values:

1. High quality and safe services;
2. Enabling staff;
3. Integrity;
4. Equality;
5. Partnerships;
6. Employing resources efficiently and effectively.

The Trust has developed 7 strategic core objectives to assist in the achievement of its vision. These are:

1. To provide safe, high quality and accessible patient and client focused services;
2. To improve and modernise our services in line with evidence-based practice and research;
3. To ensure probity and safety of our processes and systems through active governance arrangements;
4. To promote public confidence in our services;
5. To create a culture and an environment which will attract and retain high quality staff;
6. To build effective relationships with service users, communities and our strategic partners to promote the health and social wellbeing of our population;
7. To secure and manage resources effectively and efficiently in order to achieve best outcomes, demonstrate value for money and ensure financial viability.

1.1.2 Chief Executive Overview of Performance

In 2015/16 the Trust continued its strong performance within elective care, particularly given the increased demand placed on services from unscheduled care and medical staff recruitment difficulties.

The Trust continues to be dependent on the recruitment of middle grade (non-training) medical staff posts in some specialities and there is significant, on-going reliance on the use of locum staff in a number of specialities to support the staffing deficit. Discussion with the HSC Board and the Northern Ireland Medical and Dental Training Agency has resulted in agreement on 11 additional F1 posts, 4 GP trainees and 3 ST3 posts to be allocated to the Trust by August 2016, with an additional 15 F2 posts to be in place by August 2017. The Radiotherapy Centre will also be allocated 5 F2 posts in August 2016.

The Trust has achieved an excellent out-turn performance for the year in Cancer Services and in a number of key elective care areas, including imaging services, endoscopy and diagnostics. The Trust has delivered a very good out-turn performance against specialties for core In Patient and Day Case work, despite the

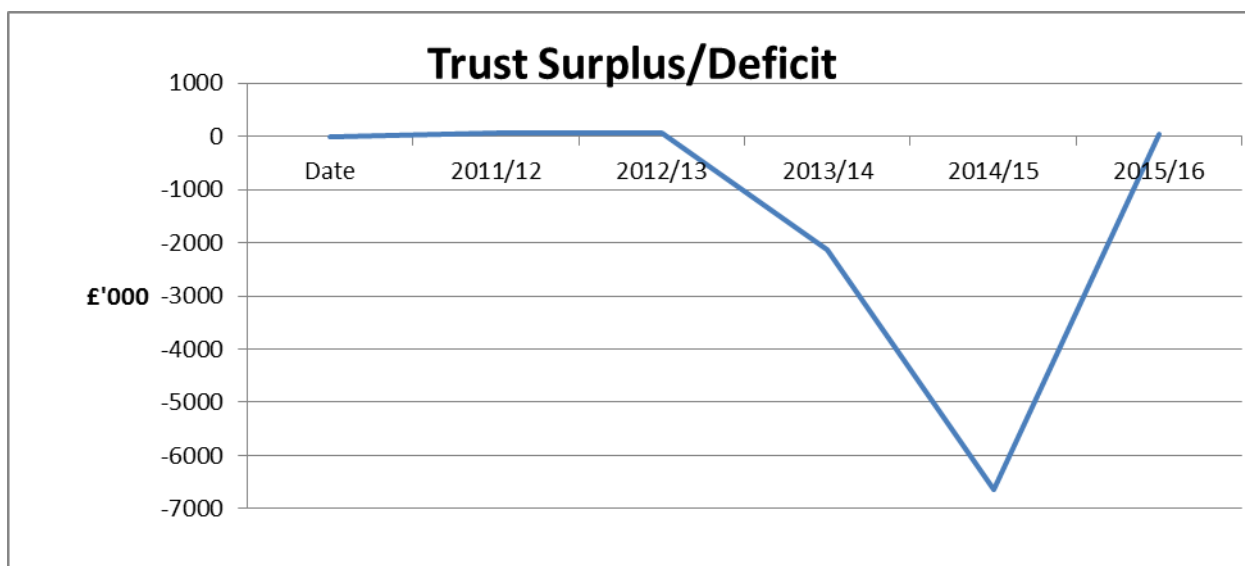
impacts of the considerable surge in demand over the winter period, and its impact on bed capacity.

The Trust received confirmation of Waiting List Initiative (WLI) funding for In House additional activity in November 2015, and for Independent Sector activity in December 2015. As a result the Trust was able to undertake over 4,700 In House interventions to assess or treat patients on waiting lists, and another 2,012 were undertaken by the Independent Sector (IS). The Trust worked closely with the HSCB and the IS providers to maximise available capacity, but despite this delivery fell short and this was especially felt in orthopaedics treatments, where the IS provider was unable to treat all the potential patients before year end.

Nevertheless the WLI additional funding enabled the Trust to address some capacity gaps which arrested the deterioration in performance overall, and reduced the numbers of patients breaching the ministerial standards in the final months of 2015/16. Importantly, the Trust was able to prioritise Review patients utilising WLI funding, and was able to complete around 1500 reviews of patients who had been waiting in excess of 6 months, thus reducing the clinical risk for the Trust considerably.

The Trust has achieved strong performance in a number of non-acute areas including mental health discharges, access to Dementia services, community care assessments, telemonitoring and telecare services and direct payments. All child protection referrals were allocated within 24 hours of receipt and all initial assessments were completed within ten working days. However the Trust has continued to be challenged in meeting its targets in areas such as AHP services, psychological therapies, autism and child and adolescent mental health services due to a range of factors including workforce pressures and increasing demand for these services.

In common with the rest of the Public Sector and with the Health and Social Care system, 2015/16 has been another year of significant financial challenge with the Trust required to make additional recurring savings of £11.4m. The Trust agreed a Financial Plan with HSCB at the start of the year which documented a deficit of £3.8m due to the exceptional cost pressures which the Trust faces particularly in relation to the cost of medical locums and looked-after children. During the year the HSCB provided one-off non-current support of £3.8m to allow the Trust to breakeven. Within this context the Trust has reported a small surplus of £37k for 2015/16. The Trust's breakeven performance over the past 5 years is shown in the chart below.



The Trust benefited from £64m of capital investment during 2016/17 with a significant amount of this expenditure being allocated to the new Radiotherapy Unit at Altnagelvin Hospital and development of the new Local Enhanced Hospital in Omagh. Further details of the Trust's capital structure can be found in Note 5 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 Trust continues to experience recruitment and retention difficulties for consultant and middle grade staff in a number of specialties including care of the elderly, medicine, palliative care, radiology and general surgery. This has resulted in the need to maintain viable emergency rotas by the use of locums. The Trust has engaged in an international recruitment initiative which has to date resulted in the appointment of 18 doctors into hard to fill vacancies.

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.

The Trust has continued to monitor its performance through robust performance management arrangements, but has had reduced flexibility to address performance shortfalls which were caused by gaps in workforce (e.g. recruitment delays or sickness absence), due to the requirement to deliver a considerable financial in-year Contingency Plan. This constraint will be a feature of 2016/17 given the financial outlook, although modest in year funding has been applied to areas which will have greatest impact on performance.

Looking ahead, 2016/17 will be another year of financial challenge particularly within the context of significant increasing demand across a range of services as well as an increase in employer national insurance contributions as a result of changes to pension regulations. The Trust will continue to work with all stakeholders to strive to meet its financial responsibilities while providing safe and effective care for patients and clients.

1.1.4 Outline of Organisational Performance

Key Achievements during 2015/16:

Cancer Services

- During 2015/16, 99.2% of urgent breast cancer referrals were seen within 14 days, against a target of 100%.
- During 2015/16, 99.8% of patients diagnosed with cancer received their first definitive treatment within 31 days of a decision to treat, against a target of 98%.
- During 2015/16, 91% of patients urgently referred with a suspected cancer began their first definitive treatment within 62 days, against a target of 95%.

Fractures

- During 2015/16, 99.9% of patients, where clinically appropriate, waited no longer than seven days for inpatient fracture treatment, against a target of 95%.

Specialist Therapies

- During 2015/16, no patient was waiting longer than three months to commence NICE approved specialist therapies for arthritis or psoriasis.

Elective Access

The Trust achieved the following outcomes against the core contract with the Commissioner from 1 April 2015 to 31 March 2016:

- 37119 Elective Inpatients (Admissions) & Day Case patients.
- 66845 New Outpatient Attendances.
- 124183 Review Outpatient Attendances.

- 21525 Fracture Outpatient Attendances.

Diagnostics

- During 2015/16, 92% of urgent diagnostic tests were reported on within 2 days of the test being undertaken.
- During 2015/16, 99.9% of routine diagnostic tests were reported on within 4 weeks of the test being undertaken.
- As at 31st March 2016, only 17 patients were waiting longer than 9 weeks for an imaging test; no patients were waiting more than 9 weeks for a cardiac MRI, a CT, a Barium Enema, a Dexa Scan, for Radio-Nuclide Imaging or Plain Film X-rays.

Delayed Discharges

- During 2015/16, 82% of complex discharges from an acute setting took place within 48 hours, against a target of 90%. During 2015/16, 98% of all mental health discharges took place within 7 days of the patient being assessed as medically fit for discharge with 2% of taking more than 28 days.

Childrens Services

- By the end of March 2016, 77% of care leavers aged 18-20 were in education, training or employment
- During the year, all child protection referrals were allocated within 24 hours of receipt and all initial assessments were completed within ten working days. This was achieved throughout 2015/16 against a backdrop of increasing levels of demand for these services.

Mental Health Services

- At the end of March 2016, only 8 patients waited longer than 9 weeks to access Adult Mental Health Services. Cumulatively in 2015/16, 95% of patients waited less than 9 weeks.
- At the end of March 2016, only 10 children/adolescents waited longer than 9 weeks for assessment against an increase in demand of 32% over the last 2 years for this service. Cumulatively in 2015/16, 83% of patients waited less than 9 weeks.

Learning Disability

- Cumulatively in 2015/16, 96% of patients waited less than 9 weeks for a first outpatient appointment with a Learning Disability Consultant against a target of 60%. In total, only 8 patients waited longer than 9 weeks and no patients waited longer than 18 weeks, during 2015/16.

Dementia Services

- Throughout 2015/16, 99% of patients waited less than 9 weeks to access Dementia Services.

Community Care

- During 2015/16, 95% of patients with continuing care needs were assessed within 5 weeks and 99% had the main components of their care needs met within 8 weeks of the end of their assessment.

- From April 2015 to March 2016, the Trust significantly exceeded the target to deliver Tele monitoring Services and Telecare monitored patient days, with over 115,000 telehealth patient days delivered against a target of 86,000 and over 400,000 telecare monitored patient days delivered against a target of 236,000.

Stroke Services

- By the end of March 2016, the target of 13% was exceeded with over 15% of all ischaemic stroke admissions receiving thrombolysis.

Direct Payments

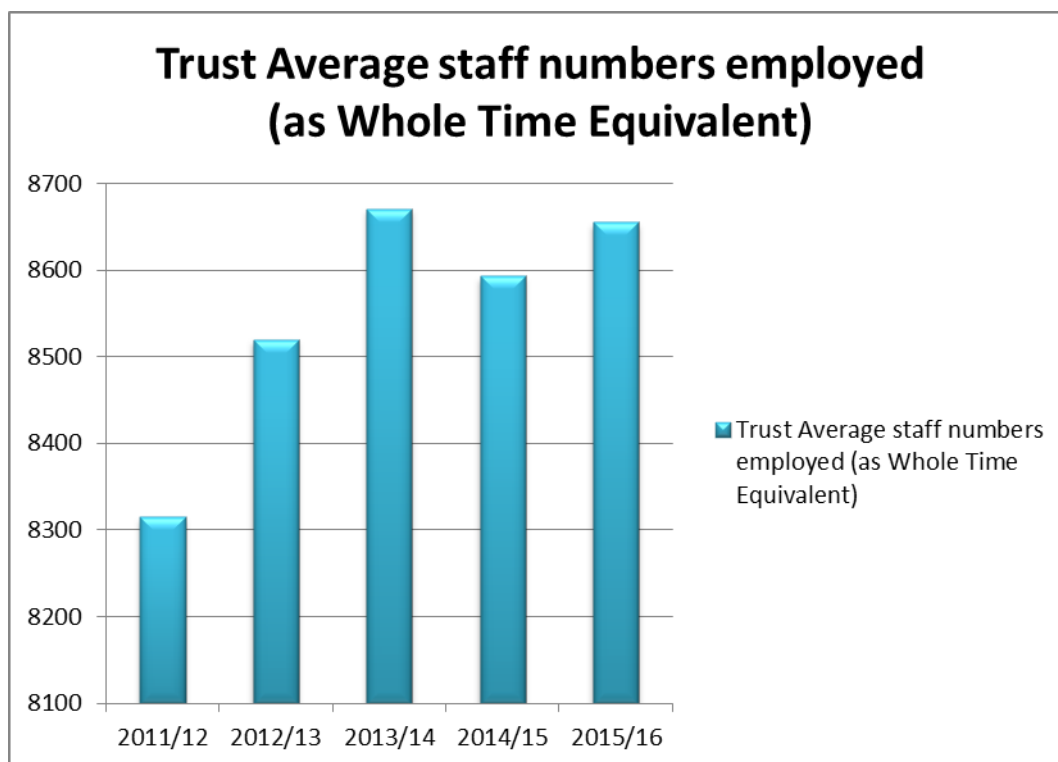
- By the end of March 2016, the number of Direct Payment cases increased by 14%, against a target increase of 10%. A total of 501 direct payment arrangements are in place.

Financial Performance

- The Trust income during the year was £574m and it remained within its budget by £37,000.
- The Trust paid 93.8% of its creditors within 30 days and 85.0% within 10 days.
- The Trust remained within its capital budget for the year expending £64m on equipment, vehicles and capital schemes.
- Trust management costs during 2015/16 were 3.3% of its income.

Statistics

- In 2015/16, there were 63,099 attendances at Altnagelvin's Accident and Emergency Department (ED); 32,240 attendances at the South West Acute Hospital's Emergency Department and 18,240 attendances at the Urgent Care and Treatment Centre at the Tyrone County Hospital;
- During 2015/16, the Trust experienced an unprecedented demand for ED services within Altnagelvin with a 9% increase in attendances and a 5% increase in attendances in SWAH;
- Allied Health Professionals (AHP) services provided over 383,401 face to face contacts with clients during 2015/16;
- District nursing services provided approximately 192,656 contacts with clients during 2015/16;
- There were 4,101 births at Altnagelvin Hospital and the South West Acute Hospital;
- The number of compliments received during the year was 3,379. The total number of formal complaints received was 452, two of which were Children Order Complaints.
- The average number of whole time equivalent staff employed by the Trust during the year was 8,655. The trend over the previous five 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 DHSSPS 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 earn 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 2016 was £131m. 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 £224m as at 31 March 2016.

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 2016 the Trust has provided for potential future legal liabilities of £16m. These costs are met in full as they arise by funding from DHSSPS.

Employee issues

The cumulative rate of absence for all Trust staff during 2015/16 was 7.37%.

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 DDA 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 2016 which have been prepared in accordance with Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety. The 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 KPMG for 2015/16. The Trust was charged £64,000 for the statutory audit of the accounts (Public Funds and Endowments and Gifts).

1.2 Performance Analysis

1.2.1 Directorate Analysis

1.2.1.1 Acute Services

Emergency Care & Medicine

The Diabetes team has redesigned the service to meet the needs of the patients. The development of specialist gestational diabetes clinics and the multi-disciplinary approach to diabetes has transformed the outlook for this patient group.

The infusion unit is advancing with new treatment regimes developing for patients with MS, Arthritis, Irritable Bowel and skin conditions reducing the need for overnight stays.

Cardiology has undertaken pacemaker insertion alongside the primary Percutaneous Cardiology Investigations (PCI) service preventing delay in their care or requiring transfer to Belfast hospitals.

Transforming Your Care programmes for respiratory care, renal transplant and home therapies teams continued and plans to mainstream are ongoing offering better patient choice.

Unscheduled Care

As part of winter 2015/16 planning, the Trust analysed demand from November to March for the previous 3 years to estimate its requirements in preparation for a funding bid to the HSC Board (HSCB). This analysis identified the need for an additional 14 escalation beds on the Altnagelvin site with AHP, OT, social work and pharmacy support to provide additional resources commensurate with the anticipated increase in demand. Demand significantly exceeded the Trust's projections from November to date, and the Trust has experienced an increase in Emergency Department (ED) attendances of a further 16% over and above the demand in the winter period of 2014/15. This increase in ED presentations has also resulted in an increase in admissions. The conversion rate has remained constant and length of stay reduced as compared to last year. The Trust remains in negotiations / communication with the HSCB in regards to the management of this demand.

Clinical Decision Unit

The Clinical Decision Unit (CDU) will open in May 2016, co-located beside the Emergency Department at Altnagelvin. The Unit will see and treat patients within 23 hours. Each patient will have a clear definitive care pathway ensuring patients receive the highest standard of care. The CDU will facilitate in alleviating the pressures within the Emergency Department and create an improved focus on the four hour standard.

Cancer Services

Development of the Radiotherapy Centre remains on track for opening in Autumn 2016. The focus is now turning from construction towards the design and delivery of high quality safe patient services.

Two areas within the new facility have already been completed. The refurbished Chemotherapy Unit is open and operational. It is a well-designed spacious facility

receiving positive feedback from patients, carers and staff. The treatment areas within the Radiotherapy Centre, which contain the Linear Accelerators (treatment machines), have been completed. The equipment is installed and is currently being commissioned.

There have also been significant developments in staffing across all of the professional groups including Consultant Oncologists, Medical Physics staff and Therapeutic Radiographers. Work is ongoing across the Western, Northern and Belfast Health Trusts and with our colleagues in Donegal, Dublin and Galway to develop safe and deliverable patient pathways.

Diagnostics

The Western Trust performed very well in the National Keele Benchmark for Pathology services. Microbiology, Cytology and Andrology laboratories were approved for accreditation during the year. Also during 2015/16 the first managed service contract was tendered and awarded for equipment and consumables within the Cellular Pathology Department. Spa Plus analyser for the measurement of proteins used in myeloma diagnosis was introduced at Altnagelvin.

Radiology continues to deliver the best performance in NI in relation to waiting times and access to services, despite continued recruitment challenges, including a 43% gap in permanent radiologists. The Trust risk register has been updated to also include interventional and breast radiology. The service continues to progress radiographer role extension, extended day and seven day working.

The majority of endoscopy patients waited less than nine weeks for a diagnostic test. This target was challenging to maintain and will remain a challenge throughout 2016/17. Altnagelvin Endoscopy Unit continues to deliver the Bowel Cancer Screening Programme for the WHSCT and has seen an increase in demand for this service in 2015/16.

Altnagelvin Endoscopy Unit successfully retained JAG accreditation in June 2015 and has been registered as a National JAG Accredited Colonoscopy Training Centre.

Pharmacy

The Pharmacy Service provided a range of services during the year including ward-based clinical pharmacy, dispensing and aseptic services. A number of new pharmacy services were provided e.g. to the ICU/Theatres in the South West Acute Hospital and to Urology in Altnagelvin. The development of pharmacist prescribers allowed us to further develop new ways of working.

A Specialist Respiratory Pharmacist, ran outreach clinics in GP practices for patients with COPD. This innovative new work ensured that patients were on the most appropriate medicines and knew how to take them. It also reduced COPD exacerbations leading to reduced numbers of GP presentations and unplanned hospital admissions. This project has been shortlisted for the Health Services Journal Value in Healthcare Awards 2016 and the pharmacist was shortlisted for the NI Hospital Pharmacist of the Year.

The Antimicrobial Pharmacist, worked as part of the Trust's Rapid Response Nursing Team to prescribe antibiotics and monitor patients. This allowed patients to be seen in a more timely way, in the most appropriate place as well as reducing nursing time and length of patient stay in hospital.

The DHSSPSNI Change Fund allowed us to develop pharmacy services in the Waterside Hospital and to Care Homes across the Trust. As well as direct benefits in relation to the appropriate use of medicines, the work received positive stakeholder feedback as evaluated independently by Age NI. This work was shortlisted for the Health Services Journal and Nursing Times Patient Safety Awards 2015. Outcomes were accepted for publication in the European Journal for Person Centred Healthcare.

A Specialist Diabetes Pharmacist continued to work in SWAH Outpatients and with GPs to support the treatment of patients with diabetes and help patients to be treated in the most appropriate place.

Our Oncology Pharmacist and Nurse-Led Clinics were finalists at the Health Services Journal Awards in September 2015.

Surgery & Anaesthetics

The Review of Adult Urology, 2009, recommended the formation of Team Northwest Urology as one clinical integrated team. It was envisaged that this Team, under the management of the WHSCT, will provide a full range of high quality, effective and safe urological services which are wholly sustainable and future proofed for a population of 480,000. The Team Northwest Project was delivered within the defined project timescales on the 31st March 2016. Team Northwest Urology was formed on a permanent basis following a sustained interim planning arrangement between the respective Trusts, from December 2014, which culminated in the transfer of NHSC clinical and administrative staff to the employment of the WHSCT on the 1st April 2016.

The Trust has been successful in securing consultant appointments within a number of specialties across both Northern and Southern sectors.

1.2.1.2 Adult Mental Health and Disability Services

Adult Disability, Sensory and ASD Services

The Western Adult Autism Advice Service (WAAAS)

The Western Adult Autism Advice Service is a new service available to people aged 16 years and over with an Autism Spectrum Condition (ASC), who live in the Western Health and Social Care Trust area. Their function is to provide advice, information and support for people with ASCs and their carers. They operate a drop-in service which will be available in four venues across the Trust.

This multi-agency partnership initiative includes input from the Careers Service Northern Ireland, The Cedar Foundation, the Disability Employment Service, the Educational Authority (Western Region), Libraries NI, Northern Ireland Housing

Executive, local Regional Colleges, the Social Security Agency and the Western Trust.

The Western Trust has commissioned the Cedar Foundation to deliver this service.

Daycare Review

A draft adult disability daycare review paper was signed off by the steering group in December. The Programme is about to undertake a consultation process on the future model of daycare/day opportunities provision.

Safeguarding People's Finances

During the last year the Trust updated and implemented a new financial assurance process as part of its role in safeguarding service users' finances in residential and nursing homes and supported living services within the statutory and independent sectors. The Trust participated within a regional working group to implement new standards for safeguarding service users' finances as detailed in the DHSSPSNI circular HSC(F) 08-2015 — 'Safeguarding of Service Users' Finances within Residential and Nursing Homes and Supported Living Settings'. The Trust is implementing additional support to service users in keeping with the recommendations made as part of the Regional Review undertaken by the RQIA 'Oversight of Services Users' Finances in Residential and Supported Living Settings 2014'.

Developments of Supported Living for Adults with Physical and Sensory Disability

Over the last year the Trust has been working closely with Supporting People and FOLD Housing to develop independent housing opportunities for people aged under 65 years who have a physical disability. This work has culminated in the development of an existing Housing Support facility, 'Gnangara' in Enniskillen, to support up to 7 young people with physical and sensory disability to gain their own tenancy within a new facility. Each person has his/her own independent bungalow and has access to communal areas within the facility which are adapted to provide disability access. In addition the facility offers support with housing and care needs.

Tinnitus

The Sensory Services across the Trust have been working with audiology, ENT and community/voluntary groups to develop a range of supports to meet the needs of those people who develop Tinnitus. An integrated pathway has been developed in keeping with UK national standards and evidence-based practice. The Trust has been able to access additional resources from the HSC Board to provide additional training for staff, specialised innovative interventions and a range of specialised equipment.

Social work innovation

The Adult Disability, Sensory and ASD Programme of Care were successful in completing a piece of innovative work around supporting those people who are currently in receipt of day care service with challenging behaviour. The project, partially funded by the Social Work Strategy Innovation Fund, aims to build and enhance service capacity by increasing staff knowledge of client specific conditions, building on staff resilience and a repertoire of intervention skills. This will involve client specific and targeted training to staff, families, carers and service users.

Adult Mental Health Services

Holly Lane

Adult Mental Health Services are working with their partners, Apex Housing and NIHE Supporting People, to provide an innovative accommodation facility comprising of 16 single flatlets for individuals who have been resettled after long-term mental health difficulties. The flatlets are designed in such a way to improve recovery, independence and a sense of community. There will be a staff support base for a peripatetic team who will provide some support into each of the 16 units based on identified need. There have been several panels identifying appropriate individuals for these tenancies and we are optimistic that these will be fully allocated when it opens in late May 2016.

IROC (Implementing Recovery through Organisational Change)

The Recovery College was effectively launched through three successful Health Fairs in Omagh, Enniskillen and Londonderry and is now active Trust wide. This year's theme is entitled: "A Life Beyond Illness" and will be promoted by a number of workshops and courses throughout the year. The new Spring 2016 prospectus offers 44 courses with 16 new titles with input from a number of Specialist Teams. Service users continue to be pivotal in progressing the recovery ethos through the "Reflection on Recovery" booklet of short recovery stories, the development of a short video about the Recovery College for the Trust website, the establishment of a Recovery Café in Omagh as well as a Recovery Book Club to meet, discuss and review self-help books. The SMILE service user group also continues to meet monthly.

The Western Region Alcohol Prevention Programme

The Western Regional Alcohol Prevention Programme's showcase event was held on the 10th November 2015 in the City Hotel, showcasing the various projects across the Trust. A presentation was made by Professor Ken Wilson from the University of Liverpool and Director of the Clinical Research Network, North West Coast, England. A key objective of the event was to launch a report by the WHSCT's Alcohol Related Brain Damage (ARBD) Project Team. The ARBD Report explored the challenges to ARBD management in the WHSCT and making recommendations to improve service delivery. Approximately 150 delegates attended the event, most of whom were staff and service users from across the participating projects.

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 has indicated that Adult Learning Disability Services in the West has a significant differential in terms of investment. This will be reviewed with the commissioner over the coming year.

Community Team Investment

There has been investment in Community Teams within 2015/16 to meet demand, however, further investment is required to ensure the Community Social Work Teams can deliver on requirements around good governance and meet assessed needs of service users and carers.

Short Breaks Review

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.

Day Care Review/Strategy

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 WHSCT has established a project structure to support the local review and it is anticipated that a full report will be produced in 2016/17.

Completion of Resettlement Project

In 2015/16 the Programme has 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 8 assessment and treatment beds as well as 2 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 Transforming Your Care.

1.2.1.3 Primary Care and Older People's Services

Visit by the Health Minister to the Rapid Response Nursing Service

The Health Minister commended the work of the Rapid Response Nursing Service during a visit to the Western Trust in July 2015. The Rapid Response Nursing Service is a community based Acute Nursing Service that operates from 8.00am to 12 midnight, seven days per week to provide acute nursing care to patients in their local area and where required, in their own home.

The Health Minister said: "The Rapid Response nursing team is an invaluable service which aims to prevent admission to hospital and to facilitate early discharge, which are both key to the delivery of Transforming Your Care. This approach also helps reduce our hospital acquired infections by ensuring that patients with infections who do not need to be hospitalised can be treated in their home/local community."

Philip Goodeve-Docker Memorial Award

Community Staff Nurse Alison Robb from Castleberg, Co Tyrone received the Philip Goodeve-Docker Memorial Award by the Queen's Nursing Institute. This prize is an educational award for the most outstanding student within the Specialist Practice District Nursing Programme.

Older People's Mental Health Service Improvement Project

The Trust's Older People's Mental Health Service continues to take forward its service improvement project. A result of this has been the recognition by a number of regional bodies of the high quality service improvements produced by the project, which included the following:

- Majella Magee, Service Improvement Lead for Older People’s Mental Health, received a special Dementia Award at the Northern Ireland Dementia Achievement Awards Ceremony
- The Older People’s Mental Health Service Improvement project board won the “Northern Ireland Best Dementia Friendly Partnership Working” award at a ceremony held by the Alzheimer’s Society in the Titanic buildings in September 2015. The multi-agency Service Improvement Project Board demonstrates the importance and benefits of partnership working through ongoing meaningful and effective engagement with other services and disciplines within the Trust, other statutory partners, voluntary and community partners.
- The Older People’s Mental Health Memory Assessment Service won the “Service Innovation Team Award” at a ceremony held by the University of Stirling International Dementia Conference in November 2015 for its commitment to involving users and carers in the design, delivery and evaluation of services in detecting and assessing dementia at the earliest possible stage, making treatment recommendations and providing information and support to patients and care givers.

Part of the service improvement project included the launch of the ‘Dementia Friendly Hospital’ at Altnagelvin Hospital, part of the regional Dementia Friendly Communities Initiative being led by the Alzheimer’s Society. Altnagelvin Hospital is the first hospital in Northern Ireland to sign up to the initiative. Ultimately, the project will improve the quality of life for patients who have dementia whilst in hospital and achieved by ensuring that all staff within the hospital are aware of and have an understanding of dementia.

Leckey Award for Allied Health Professionals

Trust Occupational Therapist Lisa Campbell was awarded the first Leckey Award for AHPs in Children’s Services at the 2016 Advancing Healthcare Awards NI. Lisa, who is a Principal Paediatric Occupational Therapist, won the award for her pioneering work in the Neonatal Intensive Care Unit at Altnagelvin Hospital to embed a role for occupational therapy, with a follow-on therapy service in the community.

Financial and Service Pressures

The Directorate continued to face a challenging year in light of the increasing +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; access to community equipment; impact on performance management targets; and an increased requirement for risk management.

Reform of Day Care Services for Older People

The Trust Board took the decision on 6 August 2015 to move forward with the recommendations contained within the Reform of Day Care Services Consultation Feedback Report. The 20 recommendations included proposals that day care

services in Gortin, Dromore and Roslea Centres would be transferred to alternative day centres within the local area

The Trust consulted widely with a range of stakeholders on the proposals and the consultation process attracted 1,268 responses before the closing date of 22 May 2015. On 29 January 2016, the Trust received Health and Social Care Board endorsement to proceed with the recommendations on the reform of day care services for older people.

Proposed Changes to the Provision of Statutory Residential Care

The Western Trust conducted a consultation exercise on the possible implementation of proposals for the future of statutory residential care provision within the Trust, which included the proposals to cease admissions at Rectory Field and William Street Homes, which would result in these homes eventually closing, whilst Greenfield and Thackeray Place Homes would remain open due to lack of current provision at present.

The consultation attracted 29 responses before the closing date of 30 October 2015. In November 2015, the Health Minister, instructed the Health and Social Care Board (HSCB) to halt and review the proposed closures of Statutory Residential Care Homes to take account of other developments in community care.

1.2.1.4 Women & Children's Services

Looked After Children's Services

During the year the Trust completed phase one of the childcare reform process. It re-designated the use of one of the Trust Children's homes and staff were deployed to support young people who are in foster placements. The vast majority of Looked After Children within the Trust are placed in foster homes and it is a priority for the Trust to develop a support package to ensure that young people's placements are stable and promote positive outcomes for them.

MAP

The Model of Attachment Practice (MAP) continues to flourish within the Trust residential childcare arena. The second stage of MAP implementation is now beginning within the fostering arena.

Safeguarding

The Trust organised a regional safeguarding event in March 2016. The conference focused on the myths and behaviours associated with sexual offending and sexual abuse. It was extremely well attended and the feedback was positive.

The Trust continues to roll out the Safety in Partnership model of practice and the Safety In Partnership Implementation Officer has developed a practice manual which has been distributed widely.

Disabled Children's Services

Western Education Support Team (WEST) initiated their first Solihull Parenting Programme in April 2015, followed by a second group in October 2015, resulting in a

total of 18 parents completing the course. Feedback from the parents was extremely positive and they reported that they felt they had more understanding of their children's needs and felt more confident in implementing positive behaviour strategies. The second group of parents set up their own Facebook page – 'Our kids and us' as a means of supporting each other. One father attending the group said 'I wish that all services could be like this group as I can rate this group a 5 star, the facilitators go out of their way to support us.'

This Programme helps drive the WHSCT Infant Mental Health and Emotional and Wellbeing Strategies. Parents were assisted to tune in to their children's needs and understand how their child's current level of development had a direct impact on their child's ability to control their emotions. By understanding this parents could then be more effective in supporting their children.

Paediatric Psychology

The Paediatric Psychology Service has developed a leaflet that provides information about the service for children and young people. The leaflet was designed by young people who have used the service. This leaflet will help provide young people with a better understanding of the Paediatric Psychology Service.

Children's Mental Health

The CAMHS Primary Mental Health Team facilitated a six week group programme on Raising Awareness on Mental Health and Emotional Wellbeing. The programme was aimed at year 14 pupils to equip them with the necessary skills and knowledge to enable them to cope with issues pertaining to Emotional Well Being that could present as they transitioned into the world of third level education, training or indeed employment. A baseline questionnaire was distributed pre and post-delivery of the programme and the post-delivery questionnaires showed a marked increase in knowledge following educational input from Primary Mental Health.

Public Health

Health Visiting staff have received training on the Electronic Caseload Weighting system (Ecats). This became operational in January 2016. Electronic caseload weighting is a system which measures the workload within each specific caseload. There is recognition that caseload numbers alone do not equate to the amount of work generated within the caseload; it is the level of need which accurately determines the workload. This is an innovative regional development which will facilitate workforce planning and capacity analysis to inform normative staffing.

Community Dentistry

A Personal Public Involvement project took place with the parents of pupils attending Ardnashee School and Community Dental staff. This involved the parents giving feedback regarding service improvements through questionnaires and a focus group. Oral health information was made available on the school website and this was launched in the school with pupils and parents attending in May 2015. This project has now been extended to Arvalee School.

2015 also saw the Community Dental Service implement tooth brushing programmes within some crèches as part of the Life-Start programme. This will be rolled out across the Trust area over the next year.

Community Paediatrics and Neonatal Services: - Moving of the Transitional Care Unit (TCU) to a new facility within the Altnagelvin Hospital Site

The TCU was originally opened in Ward 16 as an inpatient facility for children transferring from acute hospital to community. It is now used mainly for short break provision for children with complex healthcare needs who are being cared for at home. This facility is to move from Ward 16 to Spruce House on the Altnagelvin site. The relocation of the TCU will reduce pressure on acute paediatric beds as the area will be used as an overflow from the main acute ward or for children attending the Paediatric Assessment Unit.

The children requiring short breaks and their families will be able to access care in a more appropriate, relaxed and calm setting than the care currently provided adjacent to the acute Children's Ward in Altnagelvin. It was also reduce the risk of short breaks being cancelled at short notice. Parents were involved in choosing the interior décor for the Unit. They were also asked their views on the name of this Unit and it has been agreed that the Unit will be called Butterfly Lodge. It is hoped that this move will take place by the end of May 2016.

Investment in services for children with complex needs

Funding has been received by all Trusts to help meet the needs of children with complex physical healthcare needs. The investment also allows:

- AHP therapists to input to Neonatal Services.
- Appointment of a Discharge/Transition Co-ordinator (Band 7).
- Appointment of a Nurse with a responsibility for overseeing the education and competency of the healthcare staff caring for this group of children.
- Appointment of additional Children's Health Care Assistants.

PARIS Live from May 2015

The PARIS system went live in May 2015 within the Children's Community Nursing (CNN) Service. All referrals are now electronic and can be accessed by all staff who were issued with mini laptops as part of the project. The introduction of this system has improved communication and outcomes for patient care and will continue to strengthen as this is rolled out to other community staff.

Maternity, Gynaecology and Family Nurse Partnership (FNP) Services

1. The Early Intervention Transformation Programme is being implemented to:
 - a) equip all parents with skills needed to give their child the best start in life;
 - b) support families when problems first emerge, outwith the statutory system;
 - c) positively address the impact of adversity on children by intervening both earlier and more effectively to reduce the risk of poor outcome later in life.
2. OASIS project
Professor Pirhonen from Norway delivered 2 sessions in MDEC Building to over 100 midwives and obstetric staff from across Ireland on how a bespoke intervention project decreased the number of anal sphincter tears in 3 countries in Scandinavia. Dr Pirhonen has documented much research on this subject. The WHSCT plans to introduce a project based on this teaching involving

midwives, obstetricians and women to reduce anal sphincter tears at vaginal delivery; primarily 3rd and 4th degree tears.

3. An Antenatal pathway agreed regionally is now adopted in WHSCT and this will ensure equity of care for all women in the antenatal period.
4. Gain guidelines for admission to Midwifery Led Units in N. Ireland has been introduced for low risk women in WHSCT.

1.2.1.5 Medical Directorate

Appraisal and Revalidation

Since the implementation of revalidation the Trust Responsible Officer role has submitted over 320 recommendations and all recommendations have been upheld by the General Medical Council (GMC). 117 these recommendations were submitted during 2015/2016.

The Trust continues to support doctors through appraisal and revalidation developing and delivering on colleague and patient feedback, appraisal training, essential training days, policies and guidance documentation and local support, all essential for the continued engagement of doctors as required by the GMC and legislation.

Trust Library Services

The Trust Library Service continues to make information resources available that support the provision of patient care, teaching and education and research & development throughout the Western Trust, in what are challenging times of austerity and changing user needs.

Moving forward, the Trust, working closely with regional library service partners, plans to exploit new technologies to address current challenges and continue to meet the needs of the multidisciplinary service user group,

Quality & Safety

'Risk Management' - The Trust uses the DATIX risk management system to co-ordinate the risk register and assurance framework. Within the Corporate Governance Team two key posts, the Corporate Risk Manager (custodian of the Corporate Risk Register) and the DATIX Administrator, which had been vacant, were appointed to during the year. This has allowed work to be taken forward to review the DATIX Incident Reporting and Management module to ensure it is more user-friendly for staff to encourage incident reporting and enhance the ability to share learning and provide staff feed-back.

To ensure that the DATIX system can achieve its full potential work is ongoing to realign the system for ease of upgrade within existing processes, through working in partnership with Datix and our Trust IT colleagues.

'Quality Improvement Plan 2015-2017' - In order to progress with building staff quality improvement knowledge and capability, a two year Quality Improvement Plan has been developed. This plan supports the Regional Quality 2020 Strategy Attributes

Framework for 'Supporting Leadership for Quality Improvement and Safety'. It will drive awareness and training to allow individuals and teams to get involved in quality improvement activities. A Steering Group has been set up to oversee the implementation of the plan and to promote and enable a culture within the Trust which reflects the desire and need to continuously improve the quality of services we provide.

Infection Prevention and Control

'Surveillance Systems' -The Infection Prevention Control team have further developed local surveillance systems for wards with triggers or thresholds that require action and from this an Improvement Programme has been developed for enhanced ward based support for staff at the bedside.

This approach will now form the basis for all infection Prevention Control work and the Trust has now engaged in exploring the use of information technology to support these surveillance systems even further.

'Antimicrobial Stewardship' - The Trust Antimicrobial Management Team have reviewed the NICE guideline "Antimicrobial Stewardship: Systems and Processes for Effective Antimicrobial Medicine Use", with a view to improving the quality of prescribing, identifying any resistance patterns and to steward antimicrobials that are prescribed.

A pilot ward has been identified and progress will be monitored against a number of agreed Key Performance Indicators.

Research and Development

'Research Projects and Progress'

Research activity continues to thrive with 43 new research project applications received during 2015/2016. To support ongoing and new projects the Trust, as part of the NI Clinical Research Network, continues to invest in research staff with the appointment of an additional multidisciplinary research nurse.

Dr P Gardiner, WHSCT, in collaboration with Ulster University has lead a consortium of European partners which has procured substantial research funding to develop new technology to assess joint mobility in patients with arthritis.

'Translational Medicine Conference' - The seventh annual Translational Medicine Conference, organised by C-TRIC, was held on 26 and 27 October in the City Hotel. The conference theme was "*Big data and data analytics in precision medicine*" bringing together international delegates from academia, business and the clinical sector to explore opportunities and challenges on healthcare.

'Health and Life Sciences Industry Liaison' - C-TRIC continues to engage with the health and life sciences industry and new C-TRIC tenants include a respiratory health medical devices company, a clinical trial organization and a cord blood banking start-up company. C-TRIC has undertaken further commissioned research for a US based point-of-care diagnostics company. A dedicated cell culture lab has been established in C-TRIC.

Medical & Dental Education and Training 2015/16

Trainer Roles

The General Medical Council has set the deadline of 31 July 2016 for the recognition and approval of all trainers. Any consultant with responsibility as an Undergraduate Co-ordinator or Clinical Supervisor to NIMDTA trainees will have to have completed a specified portfolio of training in order for the GMC to accredit them in the role.

To prepare for this requirement the Medical & Dental Education has developed a teaching faculty to deliver 'Trainer' courses.

Medical Training

The Trust is delighted to announce that the intensity of workload and the quality of training provided within the WHSCT has been acknowledged by NIMDTA and the Department of Health. As a result, to maintain an appropriate training environment, the Trust is pleased to announce agreement for additional trainee posts. There will be an additional 11 x F1 trainees, 2 x ST3 trainees and 4 GP trainees starting in August 2016. Another 15 F2 trainees will start in August 2017.

In addition, there has been agreement on additional trainee posts to support the medical training environment and the opening of the new Radiotherapy and Cancer Centre, on the Altnagelvin site, later in 2016.

Simulation

'Simulation' is a recognised learning methodology allowing participants to 'LEARN BY DOING' in a training environment that does not expose patients or staff to risk. In 2015/2016 Medical & Dental Education recruited simulation leads and has invested in equipment to facilitate this learning approach. Further investment will be required to continue delivery of this innovative training approach.

QUB Placement Visits

The annual visits by Queen's University Belfast to the WHSCT took place and focused on four areas of undergraduate education:

- Induction and orientation for students on arrival for clinical placements
- Opportunities for interviewing patients
- Opportunities for examining patients
- Arrangements for ensuring students receive feedback on performance

The QUB team, having met with Trust staff and year 3 to 5 students, returned positive feedback regarding the student experience and teaching within the WHSCT.

Mobile Apps

The '*Medical Education APP*' has been developed for use by doctors in training providing access to training information resources.

'*UpToDate Anywhere*' has been implemented by the Medical & Dental Education. 'UpToDate Anywhere' is an evidence based clinical support resource for all medical staff that can provide clinical answers at the point of care. Previously access was

restricted but is now available for registered users in the office, the home or via mobile devices.

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 £551m revenue and £64m capital spend in such a way that enabled the organisation to reach its capital resource limit target in 2015/16 and report a revenue surplus of £37k.

The Directorate has prepared the statutory accounts which confirm the Western Trust's financial position for 2015/16.

The Financial Management Division supported the development of the Financial Plan during 2015/16 and the monthly financial performance reporting to Trust Board, HSC Board and DHSSPS. The division is currently working on the 2016/17 Financial Plan with the HSC Board and DHSSPS.

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 Radiotherapy Unit 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 2015/16 Productivity and the Quality Improvement Cost Reduction (QICR) Programmes.

The Trust transferred payroll, payments and income to the Business Services Organisation (BSO) in 2014, which manages a shared service arrangement for delivery of these functions. A key role of the Finance Department within the Trust is to ensure that these services are delivered in accordance with the agreed Service Level Agreement with the BSO. The Department manages the interface between the Trust and the BSO in relation to these services and it appointed a dedicated Payroll resource during 2015/16 to support Trust staff in securing from BSO the resolution of queries and problems they might have with their pay.

Improvement in Prompt Payment Performance

One of the key performance indicators of the Trust is prompt payment performance. A monitoring team within the Finance & Contracting Directorate is in regular contact with Trust managers reminding them to approved invoices on their workbench and directors receive fortnightly reports on their staff's performance. These actions have helped improve annual prompt payment performance against the 30-day target from

83.3% in 2014/15 to 93.8% in 2015/16 and against the 10-day target from 65.1% in 2014/15 to 85.0% in 2015/16. It is anticipated that the continued support from the Trust's monitoring team will result in a further improvement in performance in 2016/17.

Extension of the Financial Assessment function

The Trust piloted and began a phased implementation of a new business process in respect of the financial assessment of service users whose care assessment results in a residential or nursing home placement. The new process primarily involves the transfer from social care to Finance of the responsibility for the initial discussion and collection of information from service users or their representatives regarding the service user's financial circumstances and how they might impact on the financial contribution by the service user towards his/her care. The new process will improve the efficiency and effectiveness of the financial assessment process and should provide service users and their families with more timely and up-to-date information. Importantly it will allow social care staff to focus entirely on the care aspects of the placements, with Finance supporting the financial aspects.

The new process was piloted in the Fermanagh sector of the Primary Care and Older People's Directorate (PCOP) from November 2015. Following successful completion of the pilot, the process was implemented in the Omagh, Fermanagh & Castlederg PCOP Teams at the end of February 2016. A further phase will commence in May 2016 when the new process will be rolled out to the Cityside, Waterside & Limavady PCOP Teams. Full implementation will be completed during 2016/17.

Investment in the function for charging Paying Patients

A full time Paying Patients Officer was appointed during the year in the South West Acute Hospital to help ensure that all chargeable paying patient activity is identified in Omagh and Enniskillen hospitals and increase the number of upfront payments for chargeable treatment.

The Directorate also took part in an Access to Healthcare pilot which trialled an alternative approach to checking patient entitlement to free health care treatment before care is provided. The pilot looked at Acute Hospital outpatients as this is the first point of patient contact for most Acute Hospital services. The results showed that most patients were entitled to free treatment but the pilot did lead to some invoices being raised and a number of patients cancelling or not attending their appointments. The Trust will shortly discuss the results of the pilot with the HSC Board.

Full time opening of Altnagelvin Cash Office

The Finance & Contracting Directorate has recently consulted on a revised staffing structure. One of the changes that will now be put in place is increased opening hours of the Altnagelvin Cash Office. One of the key roles of the Cash Office is to reimburse patients who are entitled to reclaim the cost of attending consultant led clinics at the hospital. Additional opening hours will mean a much more timely and efficient process for those patients who are entitled to reimbursement. The increased opening hours will also facilitate introduction of more widespread payment in advance arrangements for some services that are currently invoiced in arrears. The new arrangements should reduce bureaucracy and reduce the possibility of bad debts.

Contracting for Social Care Services

The Directorate's Contracting Department provided information, support and guidance to a number of Trust Directorates during the year as part of a drive to reduce expenditure on a range of social care contracts with the community and voluntary sector. The outcome of this project was an in-year saving of approximately £226,000, with a recurring annual saving of £318,000. The Directorate is now supporting the Service Directorates in the second phase of the project which seeks to increase productivity by more robust contract performance management.

New legislation came into effect late in the 2014/15 financial year which introduced stringent requirements on Trusts in relation to contracting for social care services. In essence, services that were previously exempt from the full rigours of procurement rules are no longer exempt, with the result that service directorates who wish to contract for social care services now have to embark on a tender process. The Contracting Department is assisting the Directorates in preparation for this new requirement and is liaising with the other Trusts and BSO PaLS to determine what elements of this work should be carried out centrally by BSO and locally by Trusts. During 2015/16 the Contracting Department appointed a Procurement Officer as the first step in tailoring its structure to support the Directorates. The Department plans to further review its staffing structures, infrastructure and operating procedures to assist the service directorates in meeting their obligations in this area.

During the year, the Contracting Department also secured the delivery of social care procurement training by the BSO Social Care Procurement Unit for 39 Trust managers to raise knowledge and awareness of the change in regulations. Further training sessions are planned for 2016/17.

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 during 2015/16 was the development of a Trust Procurement Strategy which sets out the Trust's procurement vision and objectives for the 3-year period 2015 to 2018.

Did you know that during 2015/16 the Finance and Contracting Directorate...

- Made over 6,000 payments to clients who chose to receive Direct Payments to enable them to purchase their own care;
- Managed 436 social care contracts with the community and voluntary sector on behalf of the Trust's Service Directorates;
- Managed a fleet of over 600 leased car vehicles that are used by Trust employees;
- Dealt with over 4,800 queries from Trust managers and staff about the Finance, Procurement and Logistics (FPL) system;
- Supported the Service Directorates in 96 formal contract review meetings with providers.

1.2.1.7 Human Resources Directorate

Human Resources, Payroll, Travel and Subsistence (HRPTS) System

In 2015/16, HRPTS was deployed to a further 3516 staff (including bank staff), taking the total number of staff who now have access to the system to over 10,000. Staff who are “live” use the system to view their monthly pay advice. The Organisation Management team is working to finalise management structures following roll out of HRPTS to ensure that all workflows are correct and approval levels reflect the Directorate structure.

Recording and Reporting of Mandatory Training

The deployment of HRPTS to all Directorates has improved our ability to record and monitor mandatory training activity. Development of our staff is an essential ingredient to meeting our aim of providing *“high quality patient and client-focused Health and Social Care services through well trained staff with high morale”*. HRPTS has provided us with the tools to get a much clearer view of the breadth of learning and development activity that goes on behind the scenes on a daily basis. An example of our investment in mandatory training in the year to March 2016, is that there were 9,000 attendances at mandatory training sessions. Work will continue in 2016/17 to widen our monitoring capability with the inclusion of compliance figures for attendance at mandatory training in reports to senior managers and the Trust’s Governance Committee.

Absence Management

The HR Directorate provides focused support on attendance management to the other Directorates. The case management approach, together with the overall corporate changes to processes to assist managers, forms the Quality Improvement & Cost Reduction (QICR1) Project.

In July 2015 a team with responsibility for absence recording was established. The absence team has successfully addressed gaps in absence information records, late notification of absence by managers and has standardised absence timesheets. It has also proved to be very effective in stabilising and preventing variances in absence information. Directors and Assistant Directors now receive comprehensive monthly absence reports to facilitate more effective absence management.

Medical Workforce Recruitment, Reform and Job Planning

Significant progress has been made in the Medical Workforce Recruitment & Reform Project (QICR 3) with 18 Trust employed doctors on standard HSC/NHS pay rates commencing duty in 2015/16, providing £860,000 in cash savings and cost prevention (nett of the investment in the project team). Work on the project continues and is essential to drive further quality and cost improvements as the overall trend for agency locum doctors continues to rise.

Following completion of the ALLOCATE e-job planning pilot in 2015/16, work has begun to roll out the system to all consultants across all specialties. Medical HR has provided training and support to consultants and service/clinical managers across all specialties and sites and continues to work with them to ensure the transition from paper to electronic job plans. Ultimately, e-job planning will provide essential assurances to the Trust that it can report on the current and historic allocation of work

at an individual, departmental or organisational level, thus presenting a valuable opportunity to maximise efficiency of clinical time.

Reform and Modernisation of Domiciliary Care Services

The Trust has been implementing the Reform and Modernisation of its Domiciliary Care Services as part of the wider Transforming Your Care Programme. The completion of the reform process will result in a single Western Trust homecare service working to a standard model of service delivery. The HR Directorate has provided support in the reform of the service in the northern sector of the Trust which is now completed.

The southern sector implementation commenced in September 2015. HR has supported home care managers in conducting one-to-one meetings with affected staff to discuss proposed changes, explain processes and gauge personal opinion and early preferences. 97% of these meetings have taken place. Further meetings will be scheduled from May 2016 to discuss suitable alternative employment.

Access to Success, Progression, Inclusion, Recognition, Employment (ASPIRE Programme) - Supporting people into paid employment

ASPIRE is the Fermanagh & Omagh District Council led employability programme supporting people into paid employment. The Trust, in partnership with the Education Authority for the Western Region and delivery partner Fermanagh Rural Community Initiative, is committed to providing a range of work placement opportunities to support those on the programme to gain much needed work experience to develop the necessary experience and skills to improve their opportunities for sustained employment.

The Trust will facilitate 20-30 placement opportunities per year during the 3-year life of the programme: 2015-2018.

1.2.1.8 Performance and Service Improvement Directorate

Information Communications Technology

CIS – Community Information System

The Trust have progressed the implementation of the PARIS Community Information system to support healthcare professionals in community settings. This system is currently live in Community Brain Injury Service, Treatment Rooms, CAMHS and Community Children's Nursing services. Community Respiratory Services and Autism services are preparing for go-live with a significant number of mental health services working towards a coordinated go-live later this year. An interface has recently been implemented between PARIS and the NIECR system to share key community information details regionally.

Mobile working

The Trust is continuing to develop our Mobile Infrastructure with the roll out of devices to community professionals, coupled with a significant investment in Wi-Fi provision in community facilities. This not only supports the access of key

information at the point of care but is also in line with the Regional eHealth Strategy on using mobile technology to help staff who move about between hospitals or work in the community, and is a key enabler for the Community Information System Project above.

Single Sign On

Many of our clinicians and nursing staff regularly need to manage 10 or more usernames and passwords for a range of clinical and administrative ICT systems. ICT security policy and best practice require passwords to be unique, strong and regularly changed, which presents staff with significant challenges. The Trust has invested in a Single Sign-On (SSO) solution aimed at allowing staff to quickly and securely access ICT systems while significantly reducing the need to remember usernames and passwords.

The first phase of the SSO deployment has targeted clinical and nursing staff at the Acute Hospital sites with 600 users enrolled at South West Acute (including Tyrone County Hospital) and 450 users enrolled at Altnagelvin so far.

Public Access to Wi-Fi

Patients and visitors, along with medical students and staff who reside in Altnagelvin and SWAH accommodation, are currently availing of free wireless internet access. Inpatients and outpatients attending both Altnagelvin and SWAH Hospitals have access to a free guest internet service, which was introduced in 2015/16. This is currently available in all inpatient wards as well as in the hospital conservatories, libraries, resource rooms, coffee shops, restaurants, meeting rooms, waiting areas and living accommodation on both sites. Rollout to community facilities such as health centres, residential homes and other patient based facilities was completed in April 2016.

Barcoded Wristbands

New patient ID wristbands have been developed for adults, children, and infants by the Trust ICT Department. A project to introduce bar-coded patient identification wristbands in all the Trust's acute hospitals has commenced which will bring benefits for nursing staff on the ward, in terms of increased quality and safety.

Capital Development Projects

The ICT Department continues to be a key service in supporting the delivery of major capital development projects within the Trust, including:

- Radiotherapy Unit Altnagelvin
- Altnagelvin North Block
- Omagh Hospital and Primary Care Complex

Equality & Involvement Team

The Western Trust's Equality and Involvement (E&I) Team continue to work with the Trust's Service Directorates to support the Personal and Public Involvement (PPI) Equality and Human Rights, and Disability training and awareness.

During 2015-2016, the Equality & Involvement Team revised the Trust PPI Strategy and Action Plan (2015-2017) and developed Interim Service User, Carer and Stakeholder Reimbursement Guidelines and Procedures.

The Trust hosted its third 'Engage' Event on 11 March 2016. The event, which was funded by the Public Health Agency (PHA), was 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 Health and Social Care Services in the Trust and to learn of further opportunities for involvement.

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 1,600 visitors per day and 25,000 unique visitors each month. The Trust's Facebook page has now attracted over 10,400 Facebook followers with up to 47,618 people engaging in posts. Posting approximately 35 articles per month, tailored with enriched content for the local audience. Through rapid growth in 2016, the Trust now has 2,376 followers on its Twitter page.

Corporate Communications has supported over 1,000 media queries in 2015/16. Issuing approximately twelve press releases/good news stories to local, regional and cross border media each month, with an average of 65 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 is currently focusing on developing its public affairs function. At present the Trust engages with local MLAs quarterly through face-to-face all party briefings. An email newsletter, eBrief, is also issued to MLAs and public representatives monthly and contains pertinent information on Trust business, announcements and good news stories.

Emergency Preparedness & Business Continuity

A comprehensive review of the Trust's Major Emergency Plan has been completed. A small working group was established comprising nominations from Directors and the group reviewed all the learning which has come out of all the incident debriefs that have taken place following major incidents in both acute and community over the last 3-4 years. The outcome of this review was the need to replace the Trust's Major Incident Plan with two separate plans; one for Acute Major Incidents and one for Community Incident Responses. Workshops are planned for June 2016 to finalise the plans prior to CMT and Trust Board approval.

Facilities Management

Estate Strategy

The Western Health and Social Care Trust's Estates Strategy was approved at Trust Board in February 2016. The Strategy sets out the current position in relation to buildings, plant and installed equipment, and details the Trust's aims and objectives for developing an estate that supports service delivery in a high quality environment.

The strategy is informed by the Trust's strategic direction for reform and modernisation of its services, as well as relevant DHSSPS NI and HSCB strategies and standards.

The Strategy covers a 5 year period from 2015/16 to 2020/21 and will be subject to an annual review in order to assure align with annual capital and maintenance plans. The Estates Strategy will secure improvement on the following indicators:

- Physical Condition – to maintain or improve the physical condition of our facilities
- Statutory Standards – improve compliance with all relevant statutory standards including Health and Safety and Fire code.
- Functional Suitability – provide an estate that is fit for purpose and effectively support service delivery.
- Space Utilisation – to ensure the Trust estate is fully and appropriately utilised to maximise efficiencies and where possible rationalise estate.
- Energy Conservation – to implement energy conservation into every scheme, repair or upgrade to ensure our buildings as energy efficient and environmentally friendly as possible.

Monitoring of Cleaning Services

The Trust Support Services team have fully implemented a new Environmental cleanliness (EC) monitoring system (C4C–Credits for Cleaning) which is part of the implementation of the Trusts Environmental Cleanliness Strategy. The system also supports the Trust EC Audit program and provides a range of comprehensive performance reports for monitoring purposes.

Healthy Meal Options

As part of “A Fitter future for all – Framework for addressing overweight and obesity in Northern Ireland” the Support Services team, Health Improvement Department and the Dietetics Department have developed a pilot project in the South West Acute Hospital. The aim of the project is to provide the calorie value of all food served within the staff restaurant to enable staff and visitors to make healthier choices. To date all recipes and menus have been reviewed. The Saffron catering information system has the capacity to display the calorie count for all food items and meals produced and sold. The layout and design of the food service area has also being reviewed in order to promote healthy options”.

Health Improvement Department

During 2015-2016 the Health Improvement Department strengthened its focus on reducing health inequalities, strengthening its prevention and early

intervention role to support the Trust's Reform Agenda and promoting the WHSCT's staff's health and wellbeing. Throughout 2015-16 the Department prioritised work with people living with a Learning Disability, Travellers, BME communities and the Looked after Children. It developed a new role in support of the WHSCT's reform agenda-in Chronic Conditions Management and prioritised the promotion of the health and wellbeing of WHSCT staff.

Travellers Health and Wellbeing Project

This project engages with the Traveller community. Its priority in 2015-2016 was engagement with female Travellers through delivery of health and wellbeing programmes targeted to the needs of the Traveller woman and family.



Adult Learning Disability

Health Improvement works in partnership with the Health Facilitation Service, as well as voluntary and community groups across the Western Trust to deliver health improvement programmes focusing on healthy eating, exercise and the promotion of mental health & emotional wellbeing.

Long term Chronic Conditions

This new post provides Health Improvement support for the Integrated Care Partnership (ICP) Respiratory Conditions Pathway, supporting respiratory nurses, service users, families and helping to build a resilient caring community infrastructure. Effective targeted health promotion, prevention and self-care approaches are integral to improving the management of chronic conditions

Investing in Your Health (IIYH)

The Investing in Your Health Staff Programme has grown this year to include a number of new initiatives and opportunities for staff to help improve their health and wellbeing. Emphasis has been placed on the staffs physical and emotional wellbeing and communicating the health message to staff.

1.2.1.9 Strategic Capital Development

Altnagelvin Hospital Redevelopment

The strategic redevelopment programme for Altnagelvin Hospital continued in 2015/16 with the achievement of two significant milestones; the completion of the design for the new North Wing of the hospital and the subsequent granting of planning permission for the development in January 2016. This new building when completed will deliver new accommodation for 6 inpatient wards located in the existing Tower Block and provide a new main entrance for the hospital. Tendering for the construction phase will commence in spring 2016 with an anticipated award of contract and start on site in autumn 2016 (subject to Departmental funding approval).

In advance of the North Wing extensive site clearance works were also completed in 2015, these works included the construction of a new multi storey car park which

became operational in October 2015. This car park provides 350 car parking spaces and will accommodate car parking spaces relocated due to the new North Wing.

New Theatres

The Trust appointed a design team in November 2015 to develop the design for two new day case theatres on the Altnagelvin Hospital site. Preliminary design proposals have been agreed which will allow the project to move on to the next stage. The final design is currently being progressed and it is expected that works on site will start in Autumn 2016.

Altnagelvin Radiotherapy Unit

Construction of the new Radiotherapy Unit and associated infrastructure are progressing on site. These works included the refurbishment of the existing Cancer Unit which is now complete and operational. A further milestone was achieved in March 2016 with the completion of the radiotherapy treatment area within the Unit which in turn enabled the delivery and installation of the state of the art treatment machines which will be a critical component in this cross border facility.

Detailed work continued throughout the year across a number of key work streams to ensure plans are in place for cross border services, I.T systems connections and interfaces as well as patient pathways and service implementation planning.

Advance recruitment of staff across a range of key disciplines is progressing in accordance with the planned profiles.

Health and Wellbeing Centre

January 2016 saw work commencing on the new Health and Wellbeing Campus on the Altnagelvin site. Working in partnership with Macmillan Cancer Support, this joint development includes the construction of a new purpose-built Macmillan Cancer Information and Support Centre together with the refurbishment of the adjacent Agnes Jones House to support long term management of chronic conditions. The facilities are expected to be operational in early 2017.

South West Acute Hospital

The South West Acute Hospital which opened in June 2012 is now approaching the 4th anniversary of completion of this Capital Development project with patients and staff continuing to enjoy the benefits of a new facility built to the latest modern standards for acute healthcare. The hospital is therefore now within the normal operational phase and is being maintained to a high standard by Northern Ireland Health Group and their Facilities Management Provider, Interserve FM. The hospital continues to host a large number of visits from other Healthcare Facilities throughout Europe in order to share key lessons learned and the best practice identified in the Post Project Evaluation.

De-Commissioning and site disposal of the former Erne Hospital Site

Following decommissioning and demolition of the former Erne Hospital, the majority of the site was sold in 2015/16 to Fermanagh and Omagh District Council. The remainder of the site will be transferred to the Northern Ireland Ambulance Service in 2016/17 for the construction of a new Ambulance base for Enniskillen.

Omagh Hospital and Primary Health Care Complex

Construction work continued throughout 2015/16 on the site of the new Omagh Hospital and Primary Care Complex adjacent to the Tyrone and Fermanagh Hospital. The works are now at an advanced stage that allows the scale and layout of the facility to be clearly viewed.

The 13.8 hectare site comprises a new 27,882m² building which provides 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 will include in-patient rehabilitation, recovery and palliative care services delivered from single en-suite 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.

The construction phase is currently programmed to be completed in December 2016 which will be followed by a period of commissioning to allow services in the new hospital to commence in spring 2017.

Omagh Mental Health Unit

The Health Minister announced in March 2016 that subject to the completion of a satisfactory business case the preferred location for the planned second mental health facility is Omagh.

The new facility in Omagh will ensure that high quality, effective and accessible mental health services are available for residents from across Northern Ireland, and in particular the residents of the Western Trust area.

The Trust is working alongside the Department of Health, Social Services and Public Safety (DHSSPS) to finalise the business case and for a final decision on the proposed new unit.

Rathview Mental Health Extended Recovery and Rehabilitation Unit

2015/16 saw the completion of the design and subsequent planning approval for the new Rathview Mental Health Extended Recovery and Rehabilitation Unit located at Cranny near to the Tyrone & Fermanagh Hospital. This facility will provide support to clients encountering difficulty sustaining community placements due to severe and enduring mental illness and related difficulties.

The project is currently at the tender stage and work is expected to start on site early autumn 2016 (subject to Departmental funding approval).

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 practicable, 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 has significantly reduced the amount of waste sent to landfill and in 2015/16, 90% of the Trust's waste was reused or recycled.

A Biodiversity Plan has been developed by Estates, and continues to be implemented across the Trust. The Plan details various methods to promote land management and biodiversity

The Trust continues to invest in an Energy Management Team which is tasked with delivering on the Trust's sustainability agenda. This team has assisted in achieving approximately 12.5% reduction in utility consumption since 2009.

The Trust have recently completed a tendering exercise for the supply of natural gas and electricity, for a 4-year period, until March 2020. This innovative procurement was delivered through a combination of cost and quality award criteria, with the quality element linked to the DHSSPSNI Making Life Better framework in order to deliver added contract value with a focus on health and well-being.

The Trust has identified additional investment of £1.9 million which would lead to a carbon reduction of 600 tonnes per annum subject to securing funding for the initial capital requirements. A significant portion of this investment is directly attributable to the provision of on-site renewable energy generation in the form of Photovoltaic Solar Panels. Other elements include planned strategies to increase both operating and fuel efficiencies at individual Trust facilities and central plant areas.

Workforce Travel Plans for the New Omagh Hospital and Primary Care Complex are currently being prepared in conjunction with the relevant stakeholders and are due to be completed before the hospital opens in 2017.

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:

- DHSSPS 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 and payroll;
- Private sector bodies as well as community and voluntary sector bodies who deliver services on behalf of, or in support of, the Trust.
- NI Audit Office and any sub-contracted external audit provider.



Elaine Way
Chief Executive & Accounting Officer

28/06/2016

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
Gerard Guckian	Chairman
Niall Birthistle	Non-Executive Director and Chair of the Audit Committee
Sally O'Kane	Non-Executive Director
Ciaran Mulgrew	Non-Executive Director (stood down 31 July 2015)
Joan Doherty	Non-Executive Director
Stella Cummings	Non-Executive Director
Brendan McCarthy	Non-Executive Director (stood down 31 July 2015)
Barbara Stuart	Non-Executive Director (stood down 31 July 2015)
Joe Campbell	Non-Executive Director (from 1 October 2015)
George McIlroy	Non-Executive Director (from 7 December 2015)
Mary Woods	Non-Executive Director (from 1 October 2015)
Elaine Way	Chief Executive
Joe Lusby	Deputy Chief Executive
Kieran Downey	Director of Women and Children's Services and Executive Director of Social Work
Alan Corry Finn	Director of Primary Care and Older People's Services and Executive Director of Nursing
Trevor Millar	Director of Adult Mental Health and Disability Services
Alan McKinney	Medical Director (until 31 July 2015)
Dermot Hughes	Medical Director (from 1 August 2015)
Lesley Mitchell	Director of Finance and Contracting
Ann McConnell	Director of Human Resources
Teresa Molloy	Director of Performance and Service Improvement
Alan Moore	Director of Strategic Capital Development
Geraldine McKay	Director of Acute Services

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. DHSSPS 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 reported one data related incident to the Information Commissioner's Office in 2015/16. The details can be found in the Trust's Governance Statement at Section 2.1.3 of this document.
6. The Trust has an Audit Committee which is a formal Committee of the Board and membership is as follows:-
 - Niall Birthistle – Non-Executive Director (Chair)
 - Joe Campbell – Non-Executive Director (from 1 October 2015)
 - Ciaran Mulgrew – Non-Executive Director (until 31 July 2015)
 - Barbara Stuart – Non-Executive Director (until 31 July 2015)
 - Sally O'Kane – Non-Executive Director (from 1 October 2015)
 - Stella Cummings – Non-Executive Director (from 1 October 2015)

The Audit Committee has adopted the handbook issued by the DHSSPS 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 (FREM) and in particular to:

- observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety 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.
- 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, Social Services and Public Safety as Principal Accounting Officer for health and personal social services resources in Northern Ireland has designated Elaine Way 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, Social Services and Public Safety.

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, Social Services and Public Safety (DHSSPS).

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, Social Services and Public Safety and the Minister of Health.

Trust senior executives meet regularly throughout the year with colleagues in DHSSPS and the HSC Board / Public Health Agency. They participate in a wide range of meetings including accountability meetings with the DHSSPS and performance management meetings with the HSC Board. They also take part in regional meetings such as Quality 2020, Financial Stability Programme Board, TYC Programme Board 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 and format used by the Department of Health in the NHS. In 2015/16 the Trust appointed 3 new Non-Executive Directors (NEDs) which helped to address the requirement to stagger appointments and ensure an appropriate balance of NEDs that are new to the Board and those that have served on the Board for longer. One of the new NEDs has been appointed as the Finance Non-Executive Director as he is a qualified Accountant and will take over as Chair of the Audit Committee in April 2016.

Internal Audit undertook an audit of Board Effectiveness 2013/14 assessment, which 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 further internal audit of Board Effectiveness is planned as part of the 2016/17 audit programme.

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 13 times in the 2015/16 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, Corporate Risk Register, Assurance Framework, Performance Management and Financial Performance. The Board assesses its performance using the Board Governance Self-Assessment Tool. The Board developed an action plan following its review in 2014 and progress is monitored at Trust Board. The Board also commissions Internal Audit to review its effectiveness. The last Internal Audit review was carried out in 2013/14 and the Head of Internal Audit provided satisfactory assurance on the Board's arrangements.

Name	Title	Meetings when in post	Meetings attended
G Guckian	Chairman	13	13
E Way	Chief Executive	13	13
S Cummings	Non-Executive Director	13	12
S O'Kane	Non-Executive Director	13	11
N Birthistle	Non-Executive Director	13	9
J Doherty	Non-Executive Director	13	12
J Campbell	Non-Executive Director	7	6
M Woods	Non-Executive Director	7	5
G McIlroy	Non-Executive Director	5	3
B McCarthy	Non-Executive Director	3	1
C Mulgrew	Non-Executive Director	3	3
B Stuart	Non-Executive Director	3	2
J Lusby	Deputy Chief Executive	13	11
G McKay	Director Of Acute Services	13	12
K Downey	Director of Women & Children's Services	13	12
A Corry-Finn	Director of Primary Care and Older People's Services	13	11
T Millar	Director of Adult Mental Health and Disability Services	13	10
A McKinney	Medical Director	3	3

D Hughes	Medical Director	10	9
T Molloy	Director of Performance & Service Improvement	13	13
A McConnell	Director of Human Resources	13	13
L Mitchell	Director of Finance & Contracting	13	12
A Moore	Director of Strategic Capital Development	13	10

- **Audit Committee** - The Audit Committee is a formal Sub Committee of the Board comprised of 3 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;
 - Oversee the adequacy of the Trust's arrangements for securing value for money.

The Committee fulfilled the requirements of its terms of reference during 2015/16.

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 4 times during 2015/16 and all meetings were quorate. Attendance was as follows:

Name	Title	Meetings when in post	Meetings attended
N Birthistle	Non-Executive Director (Chair)	4	4
B Stuart	Non-Executive Director	2	1
C Mulgrew	Non-Executive Director	2	1
S O'Kane	Non-Executive Director	2	2
S Cummings	Non-Executive Director	2	1
J Campbell	Non-Executive Director	2	2
E Way	Chief Executive	4	4
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 was reviewed and approved by Governance Committee in March 2015. The Committee fulfilled the requirements of its terms of reference during 2015/16. The organisational reporting arrangements were amended and approved in March 2016 to include the merger of the Complaints Forum and the Patient/Client Experience Group.

The Governance Committee met 4 times during 2015/16 and attendance by members was as follows:

Name	Title	Meetings when in post	Meetings attended
G Guckian	Chairman	4	4
E Way	Chief Executive	4	4
S Cummings	Non-Executive Director	4	2
S O'Kane	Non-Executive Director	4	3
N Birthistle	Non-Executive Director	4	4
J Doherty	Non-Executive Director	4	4
J Campbell	Non-Executive Director	2	2
M Woods	Non-Executive Director	2	2
G McIlroy	Non-Executive Director	2	2
B McCarthy	Non-Executive Director	1	0
C Mulgrew	Non-Executive Director	1	0
B Stuart	Non-Executive Director	1	1
J Lusby	Deputy Chief Executive	4	1
G McKay	Director Of Acute Services	4	2
K Downey	Director of Women & Children's Services	4	4
A Corry-Finn	Director of Primary Care and Older People's Services	4	2
T Millar	Director of Adult Mental Health and Disability Services	4	3

D Hughes	Medical Director	4	3
T Molloy	Director of Performance & Service Improvement	4	0
A McConnell	Director of Human Resources	4	4
L Mitchell	Director of Finance & Contracting	4	3
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 met quarterly and provided a quarterly report 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.
- **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 2015/16 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 3 Non-Executive Directors. The Committee met on 29 July 2015 and was fully quorate. Details of members' attendance are given in the table below. The Chairman brings the recommendations of the Remuneration Committee following each meeting to Trust Board and this is discussed under Confidential Items. The Committee therefore met the requirements of its terms of reference for 2015/16.

Name	Title	Meetings when in post	Meetings attended
G Guckian	Chairman	1	1
E Way	Chief Executive	1	1
S Cummings	Non-Executive Director	1	1
S O'Kane	Non-Executive Director	1	0
J Doherty	Non-Executive Director	1	1
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 2 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 9 times during the year and on all but two occasions 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
S Cummings	Non-Executive Director (Chair)	9	9
J Doherty	Non-Executive Director	9	7
C Mulgrew	Non-Executive Director	2	1
T Molloy	Director of Performance & Service Improvement	9	9
L Mitchell	Director of Finance & Contracting	9	8

- 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 2 Non-Executive Directors and is supported by a number of Trust officers. The Committee met on 4 occasions during 2015/16 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 2015/16.

Name	Title	Meetings when in post	Meetings attended
J Doherty	Non-Executive Director (Chair)	4	4
B McCarthy	Non-Executive Director	1	0
C Mulgrew	Non-Executive Director	1	0
J Lusby	Deputy Chief Executive	4	3
G McKay	Director Of Acute Services	4	2
A McConnell	Director of Human Resources	4	3
L Mitchell	Director of Finance & Contracting	4	4

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.

Normally, in accordance with DHSSPS requirements, the Trust produces an annual business plan, which incorporates the Department's Business Objectives for ALBs, and the Trust Delivery Plan in response to the Commissioning Plan. In 2015/16, in order to reflect the changes to the business planning process, the annual business plan consists of the Trust Delivery Plan which was approved by Trust Board in June 2015 and the HSCB in August 2015.

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 was also regularly reviewed by the HSC Board and ultimately by the Accountability Review process established by the DHSSPS.

Key exceptions against the Trust's business plan (Trust Delivery Plan 2015/16) as approved by the Commissioner in August 2015 are as follows:-

- **From April 2015, 95% of patients attending any Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted, within 4 hours of their arrival in the Department; and no patient attending any Emergency Department should wait longer than 12 hours.**

As at 31 March 2016 the Trust has ensured that 78% of patients attending its Type 1 Emergency Departments completed their unscheduled care pathway within 4 hours of arrival, (70% in Altnagelvin and 82% in South West Acute Hospital). For the period until the end of March 2016, 172 patients waited in excess of 12 hours (114 in Altnagelvin and 58 in South West Acute Hospital). The Trust recognises that substantial work is required to achieve an improved

position against the Ministerial standards. During 2015/16 the Trust experienced an unprecedented demand for ED services within Altnagelvin with a 9% increase in attendances and a 5.8% increase in attendances in SWAH. This was particularly pronounced during the winter period. From November 2015 to March 2016, there was a sharp increase in ED attendances with a 16% increase on the Altnagelvin site compared to the same period last year. This surge in demand included a 38% increase in category 2 (very urgent) cases and a 14% increase in patients attending aged over 65 years old.

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

In its Trust Delivery Plan, the Trust outlined that these standards were not achievable due to a number of factors including capacity gaps, increase in red flag referrals and impact of unscheduled care on elective care, especially bed availability during periods of increased activity.

- **From April 2015, 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 2015/16. Recurring funding has been secured to address the identified capacity gap which will allow the service to put in place the required staffing complement to meet service demand moving ahead in 2016/17. A service improvement plan is being developed to address the backlog as a result of the capacity gap which will improve overall AHP waiting times.

- **From April 2015 no patient waits longer than 9 weeks to access Child and Adolescent Mental Health Services; 9 weeks to access Adult Mental Health Services; 9 weeks to access Dementia Services; 13 weeks to access Psychological Therapies (any age).**

During 2015/16 waiting times were exceeded within the CAMHS service where there continued to be a significant increase in demand, the service has experienced a 32% increase in demand since 2013/14, particularly in emergency referrals and the service also experienced high levels of sickness absence. By the end of March 2016, the service achieved a significant improvement in overall waiting times with only 10 patients waiting longer than 9 weeks with the longest wait at 10 weeks compared to 282 patients waiting longer than 9 weeks with longest wait of 18 weeks at the end of January 2016.

The number of patients waiting longer than the maximum waiting time for Autism Assessment Services continued to increase in 2015/16 due to an increase in referrals and a capacity gap. Work is ongoing with the HSCB to develop a regional model to deliver autism services. Additional recurring funding has been made available regionally which the Trust will incorporate into its 2016/17 service improvement plan to deliver overall improved waiting times.

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 81 DACs were completed by the Trust in 2015/16. COPE advice was obtained from BSO PALs in respect of 36 of these and from CPD in relation to 5. The remaining 40 DACs were approved locally by Pharmacy. 9 of the 81 DACs processed in 2015/16 required approval from the Permanent Secretary. Publication returns have been completed throughout the year (to BSO Pals) in respect of DACs with a value in excess of £30,000 and returns to DHSSPS 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 are 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. A further review is due in March 2017. 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 systems, 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. Within the Corporate Governance Team two key posts, the Corporate Risk Manager (custodian of the Corporate Risk Register) and the DATIX Administer, which had been vacant, were appointed to during the year. This has allowed work to be taken forward to review the DATIX form to ensure it is more user-friendly for staff to encourage incident reporting.

The Risk Management Policy makes it clear at paragraph 7 that consideration must also be given to risks which are managed from outside the Trust and are owned elsewhere (e.g by the DHSSPSNI, 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.

Paragraph 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 Corporate Risk Register is reviewed on a monthly basis by the Corporate Management Team which considers progress on existing risks and identifies new risks for inclusion on the Register. The Corporate Risk Register is then reviewed quarterly by the Governance Committee for agreement and approval, and is shared at the next Trust Board meeting for information and posted on the Trust intranet for access by employees. A Trust Board workshop was held in April 2016 for the newly appointed Non-Executive Directors to inform them of the Risk and Assurance Process and the system for identifying and managing risk.

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'*.

The Quality and Safety Team developed a quarterly report during 2015/16 for Directorate Governance Groups. This includes information on SAls, incidents, complaints, litigation, health and safety, NICE guidance, RQIA reviews and other quality and safety indicators for discussion and associated by the groups.

A corporate incident reporting dashboard highlighting trends is also considered by the Governance Committee quarterly.

Information Risk

The information held and used by the Trust can be divided into 2 broad categories: namely information retained within the Trust and information sent outside the organisation. The latter category of information is viewed as carrying an inherently

higher level of risk and Trust efforts to improve the management of information risks during 2015/16 have continued to focus on this area.

For the period 1 April 2015 to 31 March 2016 the Western Trust had 1 information breach to report to the Information Commissioner's Office (ICO). This breach related to a 3rd party organisation that the Trust has a contract with to facilitate provision of support and respite to Western Trust clients. A member of staff reported the theft of a briefcase following a car break-in which contained personal information. The ICO reviewed the case and following its investigation, did not take any further enforcement action against the Trust.

However, as a result of 3 data breach incidents reported to the Information Commissioner during 2014/15, the Chief Executive signed an undertaking with the ICO to provide an assurance that personal data will be processed in line with the 7th Data Protection Principle ('appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data').

The ICO made 6 recommendations to the Trust to address as follows:

- Maintain & assess systems for folder redirections to ensure personal data retained is secure;
- Review asset control processes to ensure equipment redistributed to new staff is appropriately cleared of personal data;
- Physical security measures are adequate to prevent unauthorised access to personal data;
- Review Subject Access Request process, guidance and policies to remove inappropriate 3rd party data to provide unauthorised access to personal data; Provide additional support and training to staff involved;
- Mandatory annual refresher training on DPA provided to all staff involved in processing of personal data;
- Implement additional security measures to ensure compliance with 7th Data Protection Principle.

The Trust submitted initial evidence to the ICO to provide assurance that these recommendations have been addressed. On 8 October 2015 the Trust hosted a discussion event between the ICO staff and the Trust's Directors and senior managers to obtain further clarity, advice and guidance on a number of Data Protection and Freedom of Information issues.

Following the submission of further evidence, in February 2016 the ICO issued a follow up report stating that it is satisfied with the steps the Trust is taking in terms of meeting these recommendations. However, it has requested that the Trust should aim to have all members of staff, whose role involves the routine processing of personal data, appropriately trained as soon as possible.

Information risks are recorded on the Information, Finance and IT Departments Risk Registers.

A Trust Information Governance Steering Group (IGSG) is in place to oversee the Trust's information governance arrangements.

Serious Adverse Incidents (SAIs)

During the calendar year 2015 the Trust reported 85 SAIs to the Health and Social Board which was a decrease from 105 in the calendar year 2014.

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.

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 Serious Adverse Incidents, complaints and claims. The Trust has been working to reduce the number of outstanding SAI reports and has made significant progress in this regard 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.

SAI reports are considered at Directorate Governance meetings and implementation of recommendations is monitored by the Governance Committee. Learning letters issued by the HSCB/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.

Due to changes in the requirement to report expected child deaths as SAIs, the Trust has, with the involvement of clinicians, developed a flowchart to ensure compliance with the child death notification process.

Regional learning from Serious Adverse Incidents, 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.

Public Stakeholder Involvement

The Western Trust monitored the implementation of actions within its Personal and Public Involvement (PPI) Strategy and Action Plan 2012 - 2015, reporting on this annually through the PPI Annual Progress Report. The Trust reviewed progress on the previous Plan (2012 – 2015) and developed a new PPI Action Plan for the period 2015 – 2017, which details how the Trust will comply with the new Standards for PPI which were developed by the Public Health Agency (PHA).

The Trust has a Personal and Public Involvement Forum which comprises of Trust staff, voluntary and community and service user and carer representatives. The Forum has two sub-groups to support PPI, one focused on Training and the other on Supporting Involvement. The PPI Forum is also supporting the development of a PPI Service-User-Led Panel for the Western Trust.

The Trust hosted its third 'Engage' Event on 11 March 2016. The event, which was funded by the PHA, was an opportunity for the Trust to highlight 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 Health and Social Care Services in the Trust and to learn of further opportunities for involvement. Post event evaluations have been extremely positive.

The Trust continues to work with the PHA on the implementation of PPI Engage and Involve Training: an e-Learning module has already been made available to Trust staff.

Assurance

The Board Assurance Framework which was developed in accordance with the DHSSPS guidance 'An Assurance Framework: a Practical Guide for Boards of DHSSPS 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 2015/16 assessment resulted in an assurance mechanisms relating to Trust Board as having a green rating.

In February/March 2014 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 further internal audit of Board Effectiveness is planned as part of the 2016/17 Internal Audit programme.

The Board recognises, particularly post-Francis report publication, the need for Non-Executive Directors to secure assurance as to the reliability of and their understanding of the data provided by Executives, as part of their role in providing effective oversight of the Trust. An example of this is a review of the information provided to Trust Board on quality improvement initiatives, conducted by the Medical Director, which resulted in information being provided in run charts to allow progress to be easily monitored.

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.

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 2015/16 audit programme in Internal Audit carried out a review of Risk Management and the Assurance Framework in the WHSCT and provided satisfactory assurance on the risk management systems in place. It was noted that overall there is an adequate and effective system of governance, risk management and control. 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.

The Western Health and Social Care Trust assessed its compliance with the applicable Controls Assurance Standards, which were defined by DHSSPS and against which a degree of progress was expected in 2015/16.

The Trust achieved the following levels of compliance for 2015/16:

Standard	DHSSPS 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)	93% (Substantive)	Not Verified
Emergency Planning	75%-99% (Substantive)	93% (Substantive)	Not Verified
Environmental Cleanliness	75%-99% (Substantive)	90% (Substantive)	Not Verified
Environmental Management	75%-99% (Substantive)	93% (Substantive)	Not Verified
Financial Management (Core Standard)	75%-99% (Substantive)	91% (Substantive)	Confirmed as Substantive
Fire Safety	75%-99% (Substantive)	93% (Substantive)	Not Verified
Fleet and Transport Management	75%-99% (Substantive)	83% (Substantive)	Not Verified

Food Hygiene	75%-99% (Substantive)	92% (Substantive)	Not Verified
Governance (Core Standard)	75%-99% (Substantive)	90% (Substantive)	Confirmed as Substantive
Health & Safety	75%-99% (Substantive)	86% (Substantive)	Not Verified
Human Resources	75%-99% (Substantive)	81% (Substantive)	Not Verified
Infection Control	75%-99% (Substantive)	97% (Substantive)	Not Verified
Information Communication Technology	75% - 99% (Substantive)	83% (Substantive)	Not Verified
Management of Purchasing and Supply	75%-99% (Substantive)	84% (Substantive)	Not Verified
Medical Devices and Equipment Management	75%-99% (Substantive)	85% (Substantive)	Not Verified
Medicines Management	75%-99% (Substantive)	82% (Substantive)	Confirmed as Substantive
Information Management	75%-99% (Substantive)	80% (Substantive)	Confirmed as Substantive
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)	90% (Substantive)	Not Verified
Waste Management	75%-99% (Substantive)	93% (Substantive)	Not Verified

Sources of Independent Assurance

Internal Audit

The Western Health and Social Care 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 2015/16 Internal Audit reviewed the following systems:

Reports Issued 2015/16	Assurance Provided
Laboratory Procurement & Contract Management	Limited
Payment of Staff	Limited
Non-Pay Expenditure	Overall Satisfactory Limited – Management of Petty Cash Floats
Budgetary Control	Satisfactory
Client Monies and Cash & Valuables Handling – Social Services	Satisfactory
Management of Client Monies in Independent Sector Homes	Satisfactory at all facilities visited apart from one.
Mid-Year Follow Up	N/A
Allocation of Bank Nursing Staff at Tyrone & Fermanagh Hospital	Satisfactory
Income: General Debt Management Provision of Health Services to Persons not Ordinarily Resident	Satisfactory Limited
Adult Mental Health & Disability Services – Directorate Risk Based Audit	Satisfactory
E-Rostering	Satisfactory
Management of Waiting Lists	Satisfactory – Orthopaedic Waiting Lists Limited – Authorisation and Approval of Additional Core Work
Kinship Placements and Fostering Payments	Substantial – Fostering Payments Limited – Kinship Placements

Absence Management	Limited
Risk Management	Satisfactory
Management of Business Cases	Satisfactory
Management of Standards and Guidelines / Alerts	Satisfactory
Discharge of Statutory Functions by Social Workers	Satisfactory
Year-End Follow Up	N/A
Whitehill Domestic Violence Team Review	N/A
32 Knockmore Road Review	N/A
Review of Potentially Inappropriate Spend By Social Worker	N/A
Review of Whistleblower Allegation	N/A
Locum Consultant Workload	N/A
Cranny Close Review	N/A
Controls Assurance Standards	N/A

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 a limited assurance rating 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.

Laboratory Procurement & Contract Management - Limited assurance was provided on the basis that effective controls were not in place within the Trust to monitor and verify over 50% of annual laboratory expenditure.

Payments to Staff - Limited assurance was provided on the basis that controls over the payments to staff were not operating effectively. Specific weaknesses were noted in respect of controls surrounding payments to hospital consultants,

lack of segregation of duties in respect of HRPTS system core user roles, overpayments to leavers and inappropriate approval of travel claims.

Management of Petty Cash Floats – Limited assurance was provided on the basis that insufficient scrutiny of reimbursement claims was carried out, claims forms were not always appropriately signed and authorised, there were some discrepancies between float balances on the Finance systems and the reimbursement claims and the BSO had not been given formal details of the staff authorised to make amendments to Direct Payment / Foster Payment recipients.

Management of Client Monies in Independent Sector Homes- Limited assurance was provided on the basis that a substantial amount of residents' monies was held in a business account rather than a residents' account, there was no written authorisation on file for some residents permitting the Home to spend monies on the residents' behalf and signed agreements were not in place for all residents.

Income: Provision of Health Services to Persons Not Ordinarily Resident –Significant reliance is placed by the Trust on the primary care control arrangements to ensure that all patients who register with a NI GP are entitled to health services. Limited assurance was provided on the basis that the Trust receives no formal assurance on the robustness of these arrangements and the Trust does not seek proof of entitlement directly.

Management of Waiting Lists (Additional Core Activity) – Limited assurance was provided on the basis that controls over the approval of additional core out-patient clinics / in-patient theatre sessions were not operating effectively. Only 52% of out-patient clinics reviewed by Internal Audit and none of the in-patient theatre sessions were approved as required.

Kinship Placements - Internal Audit provided limited assurance on the basis that a significant number of elements of the Minimum Kinship Care Standards were not being complied with.

Absence Management - Limited assurance was provided on the basis that absence figures recorded on HRPTS for WHSCT nursing staff did not correspond to source records in 70% of the audit sample reviewed. The reasons were that staff were not always utilising the MSS system to populate absences and staff working patterns had not all been updated on HRPTS meaning that absence figures were not being accurately recorded.

A total of 25 Priority One findings (weaknesses that could have a significant impact on the system under review) were identified during 2015/16. 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 2016 showed that 84% of agreed actions have been fully implemented and a further 14% partially implemented. Of the

recommendations that have not been fully implemented, 20% are outside the control of the Trust as they require action by one or more other HSC bodies.

The Trust takes seriously all issues highlighted by Internal Audit where less than satisfactory assurance is provided and actions will be taken during 2016/17 to address the deficiencies.

BSO Shared Services Audits

A number of audits (summarised below) were conducted in BSO Shared Services during 2015/16, 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 & Audit Committee. 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.

Shared Service Audit	Assurance
Payroll Shared Service (as at September 2015)	Limited
Payroll Shared Service (as at March 2016)	Limited
Payments Shared Service (as at September 2015)	Satisfactory
Payments Shared Service (as at March 2016)	Satisfactory
Income Shared Service	Satisfactory
Business Services Team	Satisfactory
Benefits Realisation	Satisfactory

Limited assurance was provided in respect of the Payroll Shared Service Centre. A significant number of priority one findings and recommendations were reported. The Internal Auditors reported that improvements were required particularly in the following areas: management of overpayments; authorisation and processing of manual payments; accuracy of maternity payments; variance monitoring; payroll information relating to pension calculations; and system access controls.

External Audit

The Report to those Charged with Governance in relation to the audit of the 2014/15 accounts was issued to the Trust on 3 August 2015. There were 4 recommendations of which 2 were classified as Priority One and 2 as Priority Two. The Audit Committee oversees the implementation of these recommendations.

Business Services Organisation

The Chief Executive of the Business Services Organisation has provided assurance regarding a range of services provided to the Trust. It is noted that limited assurance was provided by Internal Audit to the BSO in relation to Payroll Shared Services and the assurance letter from BSO highlights that significant weaknesses in control were identified.

All BSO Internal Audit reports relating to Payroll, Payments and Income continue to be discussed at Audit Committee and are followed up through the regional Shared Services Assistant Director Forum which is attended by the Trust's Assistant Director of Finance.

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.

The Trust received a number of failures to comply notices in relation to the infringement of the 90 day rule in respect of respite provision for one child. The child remained in the Cottages as the Trust worked to provide an appropriate placement that could safely manage his complex needs. The child's placement subsequently broke down and it has been agreed to place him in Avalon House to enable the care planners to consider a suitable permanent placement.

Fire Enforcement

The Trust has not received any Fire Enforcement Notices during 2015/16.

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 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 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 – 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. 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 DHSSPS;
- HSDU Surveillance Assessment Reports – Independent assessment of the quality of service provided by HSDU;
- 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. 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

Serious Adverse Incidents (SAI) – Look Back Exercise

The Trust reported at the end of the 2014/15 year on the work undertaken to comply with the SAI Look Back Exercise. In order to provide independent assurance the Minister asked RQIA to quality assure the work each HSC Trust undertook as part of

this Look Back Exercise. The RQIA report has now been published and the findings within the report have been considered by the Trust and changes have been made to the systems for recording involvement of service users/relatives/carers in investigations.

When considering responses to the survey on the Donaldson review the Trust was reassured that staff reported a high level of understanding and commitment to the process of reporting of adverse incidents. The Trust continues to monitor performance of SAI report timescales and learning action plans. In April 2015 Trust staff participated in the regional SAI learning event and presented on learning from Trust SAI investigations. The Trust held an SAI learning event on 9th September 2015. The event was attended by clinical and professional staff from across the Trust and focussed on learning which could be applied across Directorates and professional groups. It also included a presentation from a family member who described her experience in being involved in an SAI from a family perspective, the opportunity for her views to be taken into account and the support offered to her throughout.

Reporting of Babies' Hip X-Rays

In July 2014, a Trust orthopaedic consultant raised a concern around the accuracy of radiological reporting on hip x-rays for the Trust by an independent sector provider. The Trust immediately undertook a review of the x-rays reported by this company and subsequently contacted the provider's Medical Director and highlighted a concern regarding 30 cases. Following an audit by the provider, the provider's Medical Director advised the Trust as follows: "...the audit demonstrates that the reporting of these films falls seriously below an acceptable standard". The provider confirmed that all cases were reported on by the same doctor and that he no longer worked for the provider.

The Trust raised an early alert so that other Trusts could be advised of the matter and subsequently reported the issue as a serious adverse incident. Subsequent investigations by the Trust indicate that there is no evidence that any child suffered harm as a result of these errors.

The Trust compiled an action plan following the review. The reporting radiographer has now been appointed and two others are in training. This incident was formally closed by the HSC Board on 19th January 2015.

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

Child Care Services

The HSC Board and the Trust embarked on a joint review of Family and Child Care services under the auspices of the Service Reform and Financial Accountability Group (SRaFA). The work conducted has been a comprehensive review of all services contained within Family and Child Care and looks particularly at demand and capacity issues in line with the available resources. The report on the outcome of the review was presented at the SRaFA meeting held on 3 May 2016 and identified that there is a gap in funding of £690k to meet demand mainly associated with Kinship care. No funding has been confirmed at this stage to address this issue.

Medical Staffing

The Trust continues to be dependent on the recruitment of middle grade (non-training) medical staff posts in some specialities and there is on-going reliance on the use of locum staff in a number of specialities to support the staffing deficit. Discussion with the HSC Board and the Northern Ireland Medical and Dental Training Agency (NIMTDA) has resulted in agreement on 11 additional F1 posts, 4 GP trainees and 3 ST3 posts to be allocated to the Trust by August 2016, with an additional 15 F2 posts in place by August 2017. The Radiotherapy Centre will also be allocated 5 F2 posts in August 2016. The Trust continues to experience recruitment and retention difficulties for consultant and middle grade staff in a number of specialties including care of the elderly, medicine, palliative care, radiology and general surgery. This has resulted in the need to maintain viable emergency rotas by the use of locums. The Trust has engaged in an international recruitment initiative which has to date resulted in the appointment of 20 doctors into hard to fill vacancies.

Domiciliary Care Re-tendering

The Trust re-tendered its contracts for the provision of domiciliary care services in July 2015. The Trust announced its intention to award contracts on 1st March 2016. Subsequent to this announcement the Trust received a number of legal challenges against its decision. Currently the Trust is considering the position in consultation with the Directorate of Legal Services.

Business Services Transformation Programme (BSTP)

The FPL system is now embedded in the Trust and this element of the BSTP project is at the benefits realisation phase. The Trust is working with the Business Services Organisation (BSO) and the systems supplier to implement the few remaining pieces of system functionality. A number of business processes have been streamlined during the year to increase efficiencies from the system.

Work continues to achieve stability of the HRPTS system. The e-Recruitment functionality was implemented during the year, however it has still not been possible for the Trust to implement management of annual leave on HRPTS as this requires all Trusts to implement at the same time and a number of other Trusts are not yet in a position to do so.

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 8,000 Trust staff can now access HRPTS.

Stability has now been achieved in relation to the processing of invoice payments following the transfer of the Trust's Payments function to the BSO Accounts Payable Shared Services Centre. Significant efforts are ongoing in an attempt to secure stability of the Payroll process following transfer of the function to the BSO and additional, unfunded Human Resources Department and Finance Department resources continue to be deployed to ensure business continuity. The transfer of the Trust's Recruitment function to the BSO is currently suspended pending resolution of a number of challenges being experienced by other Trusts.

Full realisation of the benefits of new systems and the shared services delivery model are not expected to be achieved before the end of the 2017/18 year.

Trust Breakeven Position

The Trust had agreed a Financial Plan for 2015/16 with the HSC Board, which reported a projected year-end deficit of £3.8m. This deficit has arisen primarily due to the increasing medical costs which the Trust has been experiencing since 2014/15. The HSC Board advised the Trust on 17 November 2015 that it would provide £3.8m funding as one-off temporary support to allow the Trust to report a breakeven position. The annual accounts for 2015/16 have confirmed a breakeven with a reported surplus of £37k. The Trust had a savings plan for 2015/16 amounting to £11.4m which was delivered in full by a combination of recurring and non-recurring measures. The plan delivered £4.8m on a recurring basis leaving a gap of £6.8m which the Trust will continue to address in 2016/17.

Learning Disabled Clients

The Trust continues to work with NI Housing Executive to develop a resettlement strategy for two individuals who were treated by the Trust under a Supervision and Treatment Order between June 2010 and June 2012. No firm plans have been presented by either the PSNI or the Housing Executive to the Trust. This situation continues to be difficult given the number of complaints received from local residents and from parents whose children attend the nearby school.

Historical Institutional Abuse Inquiry

The Trust continues to support the Historical institutional Abuse Inquiry and to co-operate fully with all relevant partners in relation to the Inquiry.

Child Sexual Exploitation

The Safeguarding Board for Northern Ireland Thematic Review has now been published and the Western Trust will work in partnership with the HSC Board and other Trusts and key stakeholders to ensure all of the recommendations are fully implemented. The Trust also continues to work with DHSSPS and the HSC Board to implement the recommendations of the Marshall Review. In relation to both of the above, the Trust will continue to participate in regional and local discussions to ensure compliance is achieved in respect of multi-agency approaches as well as ongoing internal recalibration of services. Both action plans are monitored by the Trust's Child Protection Forum and co-ordinated by a designated lead for Child Sexual Exploitation (CSE) at Assistant Director level. The Trust also has a CSE-specific post to enable effective implementation and consolidation of practice.

Oral Maxillofacial Services (OMFS)

The HSCB has indicated to the Trust to proceed to recruit an additional two speciality doctors to this service to assist with closing the capacity gap. In addition, the Trust has appointed a new OMFS Consultant to commence in summer 2016 as the result of a resignation. A locum doctor is currently in post. No further incidents or Serious Adverse Incidents occurred in this service during 2015/16.

Unregulated Placements for Young People

The number of unregulated placements has decreased due to the application of year end non-recurring funds. The Director of Social Work has asked the Fostering Service for an action plan particularly in relation to its ongoing non-compliance with the Kinship standards. On receipt, the Trust will work closely with the HSCB and DHSSPS to further mitigate any risks that are identified.

Increased Waiting Times

During 2015/16 the Trust was allocated WLI funding in order to reduce the number of breaches and where possible reduce the numbers of long waiting patients. With this funding, the Trust was able to undertake 4,700 additional In House interventions to assess or treat patients on waiting list, and another 2,012 were undertaken by the Independent sector. This WLI additional funding enabled the Trust to address capacity gaps in some specialties which arrested the deterioration in performance overall, and reduced the numbers of patients breaching the ministerial standards in the final months of 2015/16.

Importantly, the Trust was able to prioritise Review patients utilising WLI funding, and was able to complete around 1500 of reviews of patients who had been waiting in excess of 6 months, thus reducing the clinical risk for the Trust considerably. However, within a number of specialties there remain a number of routine patients who are not being reviewed within their clinically indicated time as there is insufficient capacity to meet all the presenting demand, even with the additional WLI funding applied, especially in Gastroenterology where the longest wait for patient review appointments goes back to June 2013. The Trust will continue to work to address this issue in 2016/17 with the WLI funding allocated.

Compliance with DHSSPS Prompt Payment Target

DHSSPS 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 93.8% by number and 94.5% by value for 2015/16. This is a significant improvement in performance compared with the previous year, albeit marginally short of the DHSSPS target. 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 DHSSPS target.

Potential closure of Private Nursing Homes

A further nursing home has indicated its intention to close within the next 2 years. Now that this information is known it may be difficult for them to retain permanent staff which could result in an earlier closure. The Trust has a contingency plan in place and will work with patients and families to secure suitable alternative accommodation and care.

Resettlement of patients with a learning disability and those with a mental illness

The Western Health and Social Care Trust has over the past 30 years, been committed to the resettlement of patients with a learning disability and those with a mental illness who have resided in institutional care.

In relation to learning disability, all planned resettlements have now taken place. This completes the resettlement of the long-stay population in the Western Trust for this client group. This has been a tremendous achievement for all involved and has transformed the lives of both service users and their families.

In relation to Mental Health Services, there are still 6 service users from the original cohort who require resettlement. These individuals are resident in both the Grangewood and Tyrone Fermanagh Hospital sites. However, the residential needs of this group along with other service users will be met by the construction of two new

purpose built facilities one in Omagh and the other in Londonderry. The Omagh development has been approved and tendered. This will provide a 6-bedded nursing home facility as a step down to acute care and 12 individual flat lets operated under Supporting People standards. The remaining cohort in Londonderry will be accommodated in a 16-bedded new build and operated under Supporting People standards which will open in May 2016.

The Trust has identified a small number of patients who currently are required to remain in hospital due to their on-going treatment and clinical conditions, some of whom are detained under the Mental Health Order.

All of these initiatives and developments will complete the long-stay resettlement for both Mental Health and Learning Disability clients in the Western Trust.

Elective Care Performance

In 2015/16 the Trust continued to deliver a strong performance within elective care, particularly given the increased demand placed on services from Unscheduled Care.

The Trust has achieved an excellent out-turn performance for the year in Cancer Services and in a number of key elective care areas, including imaging services, endoscopy and diagnostics. The Trust has delivered a very good out-turn performance against specialties for core In Patient and Day Case work, despite the impacts of the considerable surge in demand over the winter period and its impact on bed capacity. 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 (Out Patients), Neurology, Orthopaedics (In Patient and Day Case) and General Surgery. The Trust received confirmation of WLI funding for In House additional activity in November 2015 and for Independent Sector activity in December 2015 and has worked to maximise the impact of this funding on New Outpatient, Review Outpatient, In Patient and Day Case patients waiting.

The Trust worked closely with the HSC Board and the independent sector providers to maximise available capacity, but despite this delivery fell short and this was especially felt in orthopaedics treatments, where the independent sector provider was unable to treat all the potential patients allocated to them by the Trust before year end. The late allocation of WLI funding was undoubtedly a factor.

The Trust has continued 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 (e.g. recruitment delays or sickness absence), due to the requirement to deliver a considerable financial in-year Contingency Plan for Acute Services. This constraint will be a feature of 2016/17 given the financial outlook, although modest in year funding has been applied to areas which will have greatest impact on performance.

Information Breaches

For the period 1 April 2015 to 31 March 2016 the Western Trust had 1 information breach to report to the Information Commissioner's Office (ICO). This breach related to a 3rd party organisation that the Trust has a contract with to facilitate provision of support and respite to Western Trust clients. A member of staff reported the theft of a briefcase following a car break-in which contained personal information. The ICO reviewed the case and following its investigation, did not take any further enforcement action against the Trust.

However, as a result of 3 data breach incidents reported to the Information Commissioner during 2014/15, the Chief Executive signed an undertaking with the ICO to provide an assurance that personal data will be processed in line with the 7th Data Protection Principle ('appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data').

The ICO made 6 recommendations to the Trust to address as follows:

- Maintain & assess systems for folder redirections to ensure personal data retained is secure;
- Review asset control processes to ensure equipment redistributed to new staff is appropriately cleared of personal data;
- Physical security measures are adequate to prevent unauthorised access to personal data;
- Review Subject Access Request process, guidance and policies to remove inappropriate 3rd party data to provide unauthorised access to personal data. Provide additional support and training to staff involved;
- Mandatory annual refresher training on DPA provided to all staff involved in processing of personal data;
- Implement additional security measures to ensure compliance with 7th Data Protection Principle.

The Trust submitted initial evidence to the ICO to provide assurance that these recommendations have been addressed. On 8 October 2015 the Trust hosted a discussion event between the ICO staff and the Trust's Directors and senior managers to obtain further clarity, advice and guidance on a number of Data Protection and Freedom of Information issues.

Following the submission of further evidence, in February 2016 the ICO issued a follow up report stating that it is satisfied with the steps the Trust is taking in terms of meeting these recommendations. However, it has requested that the Trust should aim to have all members of staff, whose role involves the routine processing of personal data, appropriately trained as soon as possible.

Significant Internal Control Issues arising during 2015/16:

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

The Trust has been concerned by the staffing levels in the Emergency Department in SWAH for some time and submitted a business case to the HSC Board in September 2015 and discussions were ongoing. However, on 4 January 2016 the Trust received an email from nursing and medical staff in the SWAH ED highlighting their concerns about the pressures they were under. They advised of their view that for prolonged periods the Department is unsafe. An internal assessment of the safety issues was conducted by the Assistant Director of Nursing and Associate Medical Director.

There are workforce challenges including the Trust's inability to recruit recurrently to the staffing complement within the SWAH ED Department. Posts are filled by locum medical and bank nursing staff of variable experience. As part of the Quality Improvement Cost Reduction programme, the Trust has endeavoured to recruit speciality doctors for SWAH ED through international recruitment. However, efforts to date through this process have been unsuccessful. In relation to maintaining service sustainability and in the absence of training grade doctors, the SWAH ED has increased locum middle grade cover from, on average, 200 to 400 hours per week over the past year.

At a meeting on 13 January 2016 with relevant Trust Directors, LCG, PHA and HSCB, agreement was secured to recruit 2 additional Emergency Department Consultants and to recruit an additional 10 speciality doctors, bringing the medical workforce to 5 Consultants, 1 Associate Specialist and 16 Speciality Doctors. In addition, it was agreed that the nursing complement should increase from 25 wte to 40wte.

The consultant and middle grade posts have been advertised with closing dates in June 2016.

Recruitment is ongoing with regard to nursing staff. The candidates have been interviewed, posts have been offered to the successful candidates and a waiting list has been established.

At a meeting with the HSC Board and DHSSPS held on 28 April 2016 the Trust was advised that there has been no funding provision for this in 2016/17, the in-year cost of which the Trust has assessed at £1.2m. The Trust continue to have discussions with the HSC Board/PHA and if no funding is made available the Trust will be required to constrain services elsewhere to fund this issue.

Emergency Department (ED), Altnagelvin Hospital

The Trust has had long running discussions with the HSCB in relation to the capacity of ED department at Altnagelvin Hospital. In recent months the pressure on the department has been so severe (increase of 16% in attendances from November 15 to March 16 and an overall increase of 9% during the 2015/16 financial year) that the Trust alerted the HSCB of its concerns about safety. Within this context the Trust has submitted a paper to the HSCB for additional resources. As with the SWAH ED issue above the Trust has been advised that there is no funding to address this issue and due to the safety concerns the Trust has no alternative but to uplift the level of staffing within the department. The Trust has assessed the in-year cost of this at £2.5m. The

Trust continues to have discussions with the HSC Board/DHSSPS and if no funding is made available the Trust will be required to constrain services elsewhere to fund this issue

Failure to Comply Notice

The Trust has been experiencing challenges in generating a specialist fostering placement for a child with particular and complex needs. The Trust, as a consequence, received a Failure to Comply Notice for infringing the 90 day rule, in maintaining a safe interim placement, thus contravening current regulations. A suitable placement was identified and after a period of intensive training and support for the foster mother the child was discharged from the respite placement. The fostering placement subsequently broke down and the care planners are currently considering permanency options to best meet the needs of this child with complex needs. The Trust will, as a consequence, in all likelihood again infringe the 90 day rule to sustain a safe interim placement. It is anticipated that the Trust will resolve the issue within a three-month period.

Open Episodes on the Patient Administration System

The Trust has completed a validation exercise on the high number of outpatient episodes listed as “open” on the Patient Administration System (PAS). Clinical assessment of the validation patients has been completed and a small number of patients have been brought back for routine review. The Trust is now working on changes to its systems and processes to prevent a reoccurrence. This will include the need to modify duties and introduce additional data quality checks for all open episodes. A programme of work to make these changes will be completed by 31 March 2017.

Patient Discharges

The Trust became aware, through GP alert, that some patients may have been discharged from outpatient review waiting lists by a general manager (who is a nurse by profession) out-with the Trust’s normal processes. The patients were for OMFS and ENT review. A desktop review was undertaken by Consultant Medical staff who determined that 26 OMFS and 49 ENT patients required a routine review outpatient appointment. All of the OMFS and ENT patients have since attended for review and none were deemed to have suffered any adverse clinical outcome.

Adult Learning Disability Services - Capitation Underfunding

Over the past couple of years the extent of a deficit in investment in adult learning disability services in the Western Trust has been confirmed by both RQIA and the Health and Social Care Board (HSCB).

Whilst it has been confirmed that the Trust receives its capitation share of funding the Adult Learning Disability Programme of Care has an under-investment quantified at £8m. Since this was confirmed the Western Trust has worked with the commissioner of services at the HSCB to address this issue. In order to redress the imbalance the Trust allocated an additional £350k to Adult Learning Disability Services last year. The Trust is pleased that the HSC Board has confirmed an additional investment of £2.3 million in 2016/17.

The Trust had agreed to work in partnership with families, carers and advocate groups to develop plans to address the funding gap and to ensure they are involved in service planning and delivery going forward.

Locum Expenditure – Off Contract

Due to the difficulties that 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. During 2015/16 the Trust has started to experience similar difficulties in relation to recruiting nurses and has had to on occasions go off contract. The Trust has an approval process at Director level which controls this usage. BSO Pals have advised that this form of expenditure does not require a Direct Award Contract authorisation to be completed.

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 2015 to 31 March 2016.



28/06/2016

Elaine Way
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, Social Services and Public Safety.

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

- Mr Gerard Guckian, Chairman
- Mrs Joan Doherty, Non Executive Director
- Mrs Sally O’Kane, Non Executive Director *
- Mrs Stella Cummings, 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 and Social Services and Public Safety 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.

* It is recognised that members of the Remuneration and Terms of Service Committee should not sit on the Audit Committee. However, due to the release of 3 Non-Executive Directors earlier in the year the Trust had no alternative but to place these two Non-Executive Directors on the Audit Committee.

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 2015	CETV at 31 st March 2016	Real increase in CETV
	2015/16 £'000	2015/16 £'000	2015/16 £	2015/16 £'000	2015/16 £'000	2014/15 £'000	2014/15 £'000	2014/15 £	2014/15 £'000	2014/15 £'000	2015/16 £'000	2015/16 £'000	£'000	£'000	£'000
Non-Executive Directors															
Mr G Guckian	25-30	0	0	0	25-30	25-30	0	0	0	25-30	0	0	0	0	0
Mrs J Doherty	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mrs S Cummings	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mrs S O'Kane	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mr C Mulgrew (stood down 31 July 2015)	0-5	0	0	0	0-5	5-10	0	0	0	5-10	0	0	0	0	0
Mr B McCarthy (stood down 31 July 2015)	0-5	0	0	0	0-5	5-10	0	0	0	5-10	0	0	0	0	0
Mr N Birthistle	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mrs B Stuart (stood down 31 July 2015)	0-5	0	0	0	0-5	5-10	0	0	0	5-10	0	0	0	0	0
Ms Mary Woods (from 1 October 2015)	0-5	0	0	0	0-5	0	0	0	0	0	0	0	0	0	0
Mr Joe Campbell (from 1 October 2015)	0-5	0	0	0	0-5	0	0	0	0	0	0	0	0	0	0
Mr George McLroy (from 7 December 2015)	0-5	0	0	0	0-5	0	0	0	0	0	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 2016	CETV at 31 st March 2015	Real increase in CETV
		2015/16 £'000	2015/16 £'000	2015/16 £	2015/16 £'000	2015/16 £'000	2014/15 £'000	2014/15 £'000	2014/15 £	2014/15 £'000	2014/15 £'000	2015/16 £'000	2015/16 £'000	£'000	£'000	£'000
Mrs E Way	Chief Executive	130-135	0	2,000	N/A	130-135	130 -135	0	2,400	2	135-140	N/A	N/A	N/A	1,378	N/A
Mrs L Mitchell	Director of Finance and Contracting	95-100	0	3,400	26	125-130	90-95	0	1,400	25	115-120	7	139	647	596	51
Mr K Downey	Director of Women and Children's Service	75-80	0	2,800	35	110-115	75-80	0	2,400	38	110-115	7	169	916	849	67
Mr A Corry Finn	Director of Primary Care & Older Peoples Service	95-100	0	0	31	125-130	95-100	0	0	30	120-125	8	190	1,049	974	75
Dr A Kilgallen	Medical Director	N/A	N/A	N/A	N/A	N/A	25-30	0	0	(28)	0-5	N/A	N/A	N/A	317	N/A
Mr A McKinney (left 31 July 2015)	Acting Medical Director	40-45	0	0	0	40-45	200-205	0	0	N/A	200-205	0	0	N/A	1,449	N/A
Dr Dermot Hughes (from 1 st August 2015)	Medical Director	100-105	0	0	11	110-115	N/A	N/A	N/A	N/A	N/A	5	201	1,078	N/A	N/A
Mr J Pentland (from 10 April 2014 to 25 July 2014)	Acting Director of Finance and Contracting	0	0	0	0	0	20-25	0	0	0	20-25	0	0	0	0	0
Other Board Members																
Mr J Lusby	Deputy Chief Executive	95-100	0	1,100	0	90-95	95 - 100	0	1,800	3	100-105	0	195	1,117	1,079	38
Mrs N Sheerin (In 2014-2015, left 30 June 2014)	Director of Human Resources	0	0	0	0	0	20-25	0	500	N/A	20-25	0	0	0	0	0
Mr T Millar	Director of Adult Mental Health and Disability Services	80-85	0	4,800	23	105-110	80-85	0	4,440	15	95-100	6	121	615	567	48
Mrs G McKay	Director of Acute Services	70-75	0	700	15	85-90	70-75	0	1,200	14	85-90	3	94	448	419	29
Mr A Moore	Director of Strategic Capital Development	70-75	0	0	0	70-75	70-75	0	0	15	85-90	0	N/A	N/A	734	N/A
Mrs T Molloy	Director of Performance & Service Improvement	90-95	0	600	16	105-110	90-95	0	25	16	105-110	5	78	353	319	34
Mrs A McConnell (In 2014-2015, started 9 June 2014)	Director of Human Resources	75-80	0	100	26	100-105	75-80	0	0	55	125-130	3	115	498	462	36

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.

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

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.

Mrs Way and Mr Lusby opted out of the Pension Scheme during 2014/15. Mr Downey and Mrs McKay opted out of the scheme during 2015/16. Mrs Way and Mr Moore are beyond the threshold for calculation of CETV and so this is not applicable in the 2015/16 year.

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 2014/15 the highest paid Director was the Medical Director who left the Trust on 31 July 2015. In 2015/16 the highest paid Director was the Chief Executive.

	2016	2015
Highest Earner's Total Remuneration (£'000)	130-135	200-205
Median Total Remuneration (£)	23,825	23,825
Ratio of Highest Earner to Median Remuneration	5.5 : 1	8.5 : 1

2.2.2 Staff Report

Details of the Senior Trust staff as at 31 March 2016 are as follows. For the purposes of this note, Senior staff is taken to include staff at Tier 3 in the Trust.

LEVEL	POST	GRADE	NUMBER
Tier 1	Chief Executive	Senior Executive Payscale	1
Tier 2	Director	Senior Executive Payscale	9
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	31
Tier 3	Associate Director	Consultant Contract	1
		Total	44

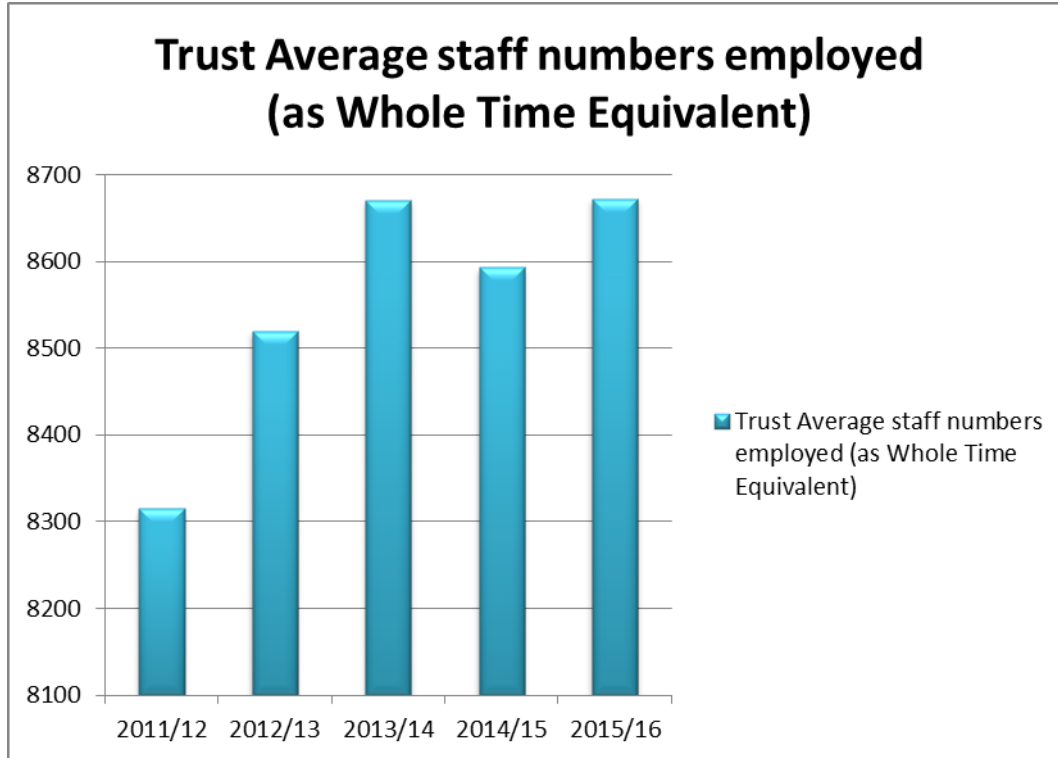
The gender split of Senior Trust Staff was 26 females and 18 males.

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

	2016 Permanently Employed Staff Number	2016 Others Number	2016 Total Number	2015 Total Number
Medical and dental	491	59	550	533
Nursing and midwifery	3,131	68	3,199	3,231
Professions allied to medicine	461	2	463	442
Ancillaries	781	50	831	824
Administrative and clerical Works	1,479	13	1,492	1,476
Other professional and technical	131	0	131	135
Social services	398	0	398	377
Other	1,413	47	1,460	1,441
	188	0	188	196
Total average number of persons employed	8,473	239	8,712	8,655
Less average staff number relating to capitalised staff costs	36	0	36	56
Less average staff number in respect of outward secondments	4	0	4	6
Total net average number of persons employed	8,433	239	8,672	8,593

Staff numbers relate to Western Health and Social Care Trust only. There are no staff employed by the Western Trust Charitable Trust Funds.

The trend over the last 5 years is shown in the chart below.



Staff costs incurred by the Trust during 2015/16 comprise the following:

	Permanently Employed Staff £000s	2016 Others £000s	2016 Total £000s	2015 Total £000s <small>(** See Note 26)</small>
Wages and salaries	283,841	18,423	302,264	291,998
Social security costs	23,727	0	23,727	23,468
Other pension costs	36,374	0	36,374	28,937
Sub-Total	343,942	18,423	362,365	344,403
Capitalised staff costs	(1,320)		(1,320)	(2,138)
Total staff costs reported in Statement of Comprehensive Net Expenditure	342,622	18,423	361,045	342,265
Less recoveries in respect of outward secondments			(321)	(434)
Total net costs			360,724	341,831

Total Net costs of which:

	£000s	£000s
Western HSC Trust	361,045	342,265
Charitable Trust Fund	0	0
Consolidation Adjustments	0	0
Total	361,045	342,265

Staff costs exclude £1,320k charged to capital projects during the year (2015 £2,138k)

The Trust participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

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. A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2015/16 accounts.

The Trust made no off payroll payments to staff during 2015/16.

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

The gender split of the Trust's workforce is currently 81.68% female, 18.32% male.

The cumulative rate of absence for all Trust staff during 2015/16 was 7.37%.

The Trust does not have any staff benefit schemes.

Trust Management Costs

	2016 £000s	2015 £000s (* See Note 26)
Trust Management Costs	19,689	19,361
Income:		
RRL	551,187	571,796
Income per Note 4 to the Accounts (Section 3 of this document)	32,481	31,042
Non cash RRL for movement in clinical negligence provision	(3,197)	(5,280)
Total Income	580,471	597,558
% of total income	3.4%	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 2015/16. 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

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2016	2015	2016	2015	2016	2015
<£10,000	0	0	11	0	11	0
£10,001 - £25,000	0	0	10	0	10	0
£25,001 - £50,000	0	0	8	0	8	0
£50,001 - £100,000	0	0	7	1	7	1
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	1	0	1
£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	36	2	36	2
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	0	0	1,095	246	1,095	246

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 to the Accounts at Section 3 of this document. 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 2015/16 there were 43 early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £70k. 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 DHSSPS;
- 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

WHSCT, in common with other HSC Trusts, draws down cash directly from DHSSPS 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 DHSSPS. 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 2016 was £131m. 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 £224m as at 31 March 2016.

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 2016 the Trust had £12.2m of non-current provisions.

Losses and Special Payments

Type of loss and special payment		2015-16		2014-15
		No of Cases	£	£
Cash losses				
	Cash Losses - Theft, fraud etc	0	0	190
	Cash Losses - Overpayments of salaries, wages and allowances	2	965	0
	Cash Losses - Other causes	16	588	0
		18	1,553	190
Claims abandoned				
	Waived or abandoned claims	0	0	0
Administrative write-offs				
	Bad debts	102	58,965	105,376
		102	58,965	105,376
Fruitless payments				
	Late Payment of Commercial Debt	2	385	1,456
	Other fruitless payments and constructive losses	1	400	0
		3	785	1,456
Stores losses				
	Losses of accountable stores through any deliberate act	37	23,500	15,770
	Other stores losses	65	79,192	81,855
		102	102,692	97,625
Special Payments				
	Compensation payments:			
	- Clinical Negligence	31	1,159,601	1,264,706
	- Public Liability	4	18,550	16,500
	- Employers Liability	13	155,418	366,944
		48	1,333,569	1,648,150
	Ex-gratia payments	28	13,656	1,500
	Extra contractual payments	1	19,469	19,986
Subtotal		302	1,530,689	1,874,283

Special Payments

There were no other special payments or gifts made during the year.

Other Payments

There were no other payments made during the year.

Losses and Special Payments over £250,000

Losses and Special Payments over £250,000	Number of Cases	2015-16 £	2014-15 £
Clinical Negligence cases (see below)	2	900,675	0
Other (see below)	1	1,000,000	0
Subtotal	3	1,900,675	0
Grand Total	305	3,431,364	1,874,283

Clinical Negligence Settlements Over £250,000	£
Allegations relate to general surgery	300,675
Allegations relate to gynaecological treatment	600,000

Other	£
Contractual dispute	1,000,000

Bad Debt requiring DHSSPS approval	£
Commercial – Disputed charges	14,703

Remote Contingent Liabilities

All contingent liabilities that 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. The following principles underpin the Trusts' 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:

- seeking assurance that the Trust's procedures comply with best practice in complaints management;
- reviewing analysis of complaints and enquiries to identify trends, emerging issues and potential risks, and seeking assurance that these are being considered in the Trust's planning processes;
- seeking evidence of learning and service improvement from service user feedback;
- monitoring service user feedback and the Trust's performance against the Department of Health, Social Services and Public Safety's timeframes for complaints management;
- contributing to annual reports for Trust Board;
- providing regular assurance to the Trust's Governance Committee regarding the management of complaints.

During 2015/16, the Trust received 452 complaints and 3,379 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.



28/06/2016

Elaine Way
Chief Executive & Accounting Officer

Date

2.3.3 Audit Certificate

WESTERN HEALTH AND SOCIAL CARE TRUST

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

I certify that I have audited the financial statements of the Western Health and Social Care Trust and its group for the year ended 31 March 2016 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise the Consolidated Statements of Comprehensive Net Expenditure, Financial Position, Changes in Taxpayers' Equity, Cash Flows, 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 Remuneration and Staff Report and Accountability and Audit Report within the Accountability Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. 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 conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining 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. This includes an assessment of: whether the accounting policies are appropriate to the group's and Western Health and Social Care Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Western Health and Social Care Trust; and the overall presentation of the financial statements. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

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 the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

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.

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the group's and of Western Health and Social Care Trust's affairs as at 31 March 2016 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health (formerly Department of Health, Social Services and Public Safety) directions issued thereunder.

Opinion on other matters

In my opinion:

- the parts of the Remuneration and Staff Report and the Accountability and Audit 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 for the financial year for which the financial statements are prepared is consistent with the financial statements.

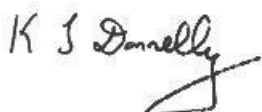
Matters on which I report by exception

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 Remuneration and Staff Report and Accountability and Audit 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 Department of Finance's (formerly Department of Finance and Personnel) 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

30th June 2016

This page is not required.

3.0 ANNUAL ACCOUNTS

Annual Accounts for the Year Ended 31 March 2016 including Patients' / Residents' Monies Accounts for the Year Ended 31 March 2016.

WESTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

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 95 to 140) 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 DHSSPS.



.....Director of Finance

.....28/06/2016.....Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (page 95 to 140) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



.....Chairman

...28/06/2016.....Date



.....Chief Executive

...28/06/2016.....Date

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2016

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.

		2016 £000s			2015 £000s			
	NOTE	Trust	CTF	Consolidated	Trust (* See Note 26)	CTF	Consolidated (* See Note 26)	
Income								
	Income from activities	4.1	18,893	0	18,893	19,578	0	19,578
	Other operating income	4.2	13,588	382	13,970	11,464	398	11,862
	Deferred Income	4.3	0	0	0	0	0	0
Total operating Income			32,481	382	32,863	31,042	398	31,440
Expenditure								
	Staff costs	2.1	(361,045)	0	(361,045)	(342,265)	0	(342,265)
	Purchase of goods and services	3	(114,579)	0	(114,579)	(114,235)	0	(114,235)
	Depreciation, amortisation and impairment charges	3	(10,282)	0	(10,282)	(57,098)	0	(57,098)
	Provision expense	3	(4,005)	0	(4,005)	(5,815)	0	(5,815)
	Other expenditures	3	(77,059)	(576)	(77,635)	(73,328)	(532)	(73,860)
Total operating expenditure			(566,970)	(576)	(567,546)	(592,741)	(532)	(593,273)
Net operating Expenditure			(534,489)	(194)	(534,683)	(561,699)	(134)	(561,833)
	Finance income	4.2	0	85	85	0	83	83
	Finance expense	3	(16,661)	0	(16,661)	(16,741)	0	(16,741)
Net expenditure for the year			(551,150)	(109)	(551,259)	(578,440)	(51)	(578,491)
	Revenue Resource Limit (RRL)	24.1	551,187		551,187	571,796		571,796
	Add back charitable trust fund net expenditure			109	109	0	51	51
Surplus / (Deficit) against RRL			37	0	37	(6,644)	0	(6,644)

WESTERN HEALTH AND SOCIAL CARE TRUST

OTHER COMPREHENSIVE EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2016

	NOTE	2016			2015		
		£000s			£000s		
		Trust	CTF	Consolidated	Trust	CTF	Consolidated
Items that will not be reclassified to net operating costs:							
Net gain/(loss) on revaluation of property, plant and equipment	5.1/8/5.2/8	17,178		17,178	23,062	0	23,062
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/8	0		0	0	0	0
Net gain/(loss) on revaluation of charitable assets		0	(137)	(137)	0	132	132
Items that may be reclassified to net operating costs:							
Net gain/(loss) on revaluation of available for sales financial assets		0		0	0	0	0
Total comprehensive expenditure for the year ended 31 March 2016		(533,972)	(246)	(534,218)	(555,378)	81	(555,297)

The notes on pages 95 to 140 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 the Trust 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 2016

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	2016		2015	
		Trust £000s	Consolidated £000s	Trust (* See Note 26) £'000	Consolidated (* See Note 26) £'000
Non Current Assets					
Property, plant and equipment	5.1/5.2	663,574	663,574	587,619	587,619
Intangible assets	6.1/6.2	2,036	2,036	2,394	2,394
Financial Assets	7	0	2,107	0	2,244
Trade and other receivables	12	2	2	1	1
Other current assets	12	0	0	0	0
Total Non Current Assets		665,612	667,719	590,014	592,258
Current Assets					
Assets classified as held for sale	9	470	470	1,225	1,225
Inventories	10	4,940	4,940	4,930	4,930
Trade and other receivables	12	15,104	15,088	15,822	15,807
Other current assets	12	703	703	1,438	1,438
Intangible current assets	12	0	0	0	0
Financial assets	7	0	0	0	0
Cash and cash equivalents	11	4,973	6,411	692	2,227
Total Current Assets		26,190	27,612	24,107	25,627
Total Assets		691,802	695,331	614,121	617,885
Current Liabilities					
Trade and other payables	13	(84,451)	(84,477)	(65,434)	(65,449)
Other liabilities	13	(3,013)	(3,013)	(2,767)	(2,767)
Intangible current liabilities	13	0	0	(255)	(255)
Provisions	15	(4,309)	(4,309)	(8,828)	(8,828)
Total Current Liabilities		(91,773)	(91,799)	(77,284)	(77,299)
Total Assets less Current Assets		600,029	603,532	536,837	540,586
Non Current Liabilities					
Provisions	15	(12,195)	(12,195)	(9,310)	(9,310)
Other payables > 1 year	13	(128,013)	(128,013)	(131,022)	(131,022)
Financial liabilities	7	0	0	0	0
Total Non Current Liabilities		(140,208)	(140,208)	(140,332)	(140,332)
Total assets less total liabilities		459,821	463,324	396,505	400,254
Taxpayers' equity					
Revaluation Reserve		87,763	87,763	70,585	70,585
SoCNE Reserve		372,058	372,058	325,920	325,920
Other Reserves – Charitable Funds		0	3,503	0	3,749
Total equity		459,821	463,324	396,505	400,254

The notes on pages 95 to 140 form part of these accounts.

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



Signed (Chairman):

Date: 28/06/2016



Signed (Chief Executive):

Date: 28/06/2016

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2016

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	2016 £000s	2015 £000s (* See Note 26)
Cash flows from operating activities			
Net surplus after interest/Net operating cost		(551,259)	(578,491)
Adjustments for non cash costs		8,364	60,361
(Increase)/decrease in trade and other receivables		1,453	(1,065)
Less movements in receivables relating to items not passing through the NEA			
Movements in liabilities relating to the purchase of property, plant and equipment		0	0
Movements in receivables relating to the sale of intangibles		0	0
Movements in receivables relating of finance leases		0	0
Movements in receivables relating to PFI and other services concession arrangement contracts		0	0
(Increase)/decrease in inventories		(10)	(244)
Increase/(decrease) in trade payables		16,010	(11,737)
<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>		(4,088)	5,914
<i>Movements in payables relating to the purchase of intangibles</i>		0	0
<i>Movements in payables relating to finance leases</i>		0	0
Movements in payables relating to PFI and other services concession arrangement contracts		(92)	0
Use of provisions	15	(5,639)	(2,980)
Net cash outflow from operating activities		(535,261)	(528,242)
Cash flows from investing activities			
(Purchase of property, plant and equipment)		(59,364)	(47,718)
(Purchase of intangible assets)		(152)	(2,203)
Proceeds on disposal of property, plant and equipment		1,361	47
Proceeds on disposal of intangibles			
Proceeds on disposal of assets held for resale			
Drawdown from investment fund			
Share of income reinvested			
Net cash outflow from investing activities		(58,155)	(49,874)
Cash flows from financing activities			
Grant in aid		597,600	575,400
Capital element of payments – finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		0	0
Net financing		597,600	575,400
Net increase / (decrease) in cash and cash equivalents in the period		4,184	(2,716)
Cash and cash equivalents at the beginning of the period	11	2,227	4,943
Cash and cash equivalents at the end of the period	11	6,411	2,227

The notes on pages 95 to 140 form part of these accounts.

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2016

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

	NOTE	SoCNE Reserve	Revaluation Reserve	Charitable Fund	Total
		£000s	£000s	£000s	£000s
Balance at 31 March 2014		308,436	67,990	3,668	380,094
Reanalysis between reserves (* see Note 26)		20,467	(20,467)	0	0
Restated balance at 1 April 2014		328,903	47,523	3,668	380,094
Changes in taxpayers' equity 2014-15					
Grant from DHSSPS		575,400	0	0	575,400
Transfers between reserves		0	0	132	132
(Comprehensive expenditure for the year)		(588,466)	33,088	(51)	(555,429)
Reanalysis between reserves (* see Note 26)		10,026	(10,026)	0	0
Non cash charges – auditors' remuneration	3	57	0	0	57
Movement - other		0	0	0	0
Balance at 31 March 2015 (* See Note 26)		325,920	70,585	3,749	400,254
Changes in taxpayers' equity 2015-16					
Grant from DHSSPS		597,600	0	0	597,600
Transfers between reserves		0	0	0	0
(Comprehensive expenditure for the year)		(551,150)	17,178	(246)	(534,218)
Transfer of asset ownership		(371)	0	0	(371)
Non cash charges – auditors' remuneration	3	59	0	0	59
Balance at 31 March 2016		372,058	87,763	3,503	463,324

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

STATEMENT OF ACCOUNTING POLICIES

1. Authority

These accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety based on guidance from the Department of Finance and Personnel'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 Trusts. 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 Trust for the purpose of giving a true and fair view has been selected. The Trust's 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 cost of at least £1,000; or
- collectively, a number of items have a cost of at least £1,000 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 Trust.

A 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 and Personnel. 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 Trusts’ 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
- 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

DFP 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 5 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 5 years, suitable indices will be applied each year and depreciation will be based on the 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 an unlimited or a very long established useful life. Assets 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 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 including Plant and Machinery, Transport and Furniture and Fittings 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 Trust'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. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. 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

- 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.

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 all categories of income are measured at the fair value of the consideration receivable.

Grant in aid

Funding received from other entities, including the Department 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 of 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.

1.15 Private Finance Initiative (PFI) transactions

DFP 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 assets

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust'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 assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets 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 Net Expenditure.

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.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

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 derecognised 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 Trust has 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 DFP's discount rate of 2.2% in real terms (2.8% for employee early departure obligations.)

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 affect 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 IAS37 are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS37 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 31st March 2016. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is also included in the estimated cost.

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 DHSSPS. The Trust is unable to identify its share of the

underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Pension Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

The costs of early retirements are met by the Trust and charged to the Statement of Comprehensive Net Expenditure 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 2012 valuation for the HSC Pension Scheme will be used in the 2015/16 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.

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

Government assistance for capital projects, whether from UK, or Europe, were treated as a government grant even where there were no conditions specifically relating to the operating activities of the entity other than the requirement to operate in certain regions or industry sectors. Such grants (does not include grant-in-aid) were previously credited to a government grant reserve and were released to income over the useful life of the asset.

DFP has issued new guidance effective from 1 April 2011. Government grant reserves are no longer permitted. Income is generally recognised when it is received. In exceptional cases where there are conditions attached to the use of the grant, which, if not met, would mean the grant is repayable, the income should be deferred and released when obligations are met. 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 Trusts 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

In 2012-13, HM Treasury/DFP agreed a one year extension to the exemption granted by HM Treasury from the FReM consolidation accounting policy which otherwise would have required the HSC Trusts and ALBs financial statements to consolidate the accounts of controlled charitable organisations and funds held on trust. This exemption no longer applies and as a result the financial performance and funds have been consolidated. The HSC Trusts and ALBs has accounted for these transfers using merger accounting as required by the FReM. Prior year figures have been restated to reflect the change in accounting policy and three Statements of Financial Position have been presented.

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/Charitable Trust Fund 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 that that intended by the benefactor”.

1.26 Accounting standards that have been issued but have not yet been adopted

Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted.

The IASB have 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 have an effective date of January 2013, and EU adoption is due 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 review of the NI financial process is currently under discussion with the Executive which will bring NI departments under the same adaptation. Should this go ahead, the impact on DHSSPS and its Arm’s Length Bodies is expected to focus around the disclosure requirements under IFRS 12, “Disclosure of Interests in other entities”.

The impact on the consolidation boundary of NDPB’s and trading funds will be subject to review, in particular, where control could be determined to exist due to exposure to variable returns (IFRS 10), and where joint arrangements need reassessing.

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.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2016

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 £000s	2016 Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	2015 Other Expenditure £000s	Total Expenditure £000s (* See Note 26)
Children's Services	65,563	21,830	87,393	62,487	21,560	84,047
Acute Hospital Services	136,181	44,748	180,929	125,392	43,135	168,527
Older People's Services	70,501	70,042	140,543	68,999	66,800	135,799
Mental Health and Disability Services	45,022	30,096	75,118	43,595	29,685	73,280
Planning, Performance Management and Support Services	31,945	17,737	49,682	30,312	20,489	50,801
Research and Development	0	0	0	0	0	0
Other Trust Directorates	11,832	23,918	35,750	11,726	22,355	34,081
Expenditure for Reportable Segments net of Non Cash Expenditure	361,044	208,371	569,415	342,511	204,024	546,535
Non Cash Expenditure			14,216			62,947
Total Expenditure per Net Expenditure Account			583,631			609,482
Income Note 5			(32,481)			(31,042)
Net Expenditure			551,150			578,440
Revenue Resource Limit			551,187			571,796
Surplus / (Deficit) against RRL			37			(6,644)

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 2 STAFF NUMBERS AND RELATED COSTS

2.1 Staff Costs

Staff costs comprise:

	Permanently Employed Staff £000s	2016		2015
		Others £000s	Total £000s	Total £000s (** See Note 26)
Wages and salaries	283,841	18,423	302,264	291,998
Social security costs	23,727	0	23,727	23,468
Other pension costs	36,374	0	36,374	28,937
Sub-Total	343,942	18,423	362,365	344,403
Capitalised staff costs	(1,320)	0	(1,320)	(2,138)
Total staff costs reported in Statement of Comprehensive Net Expenditure	342,622	18,423	361,045	342,265
Less recoveries in respect of outward secondments			(321)	(434)
Total net costs			360,724	341,831
Total Net costs of which:				
	£000s	£000s		
Western HSC Trust	361,045	342,265		
Charitable Trust Fund	0	0		
Consolidation Adjustments	0	0		
Total	361,045	342,265		

Staff costs exclude £1,320k charged to capital projects during the year (2015 £2,138k).

The Trust participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

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. A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2015/16 accounts.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 3 OPERATING EXPENSES

3.0 Operating Expenses are as follows:-	2016			2015		
	Trust £000s	CTF £000s	Consolidated £000s	Trust £000s (* See Note 26)	CTF £000s	Consolidated £000s (* See Note 26)
Purchase of care from non-HPSS bodies	59,732		59,732	59,746		59,746
Revenue grants to voluntary organisations	8,937		8,937	9,160		9,160
Personal social services	33,622		33,622	31,174		31,174
Recharges from other HSC organisations	1,441		1,441	2,111		2,111
Supplies and services – Clinical	43,337		43,337	41,151		41,151
Supplies and services - General	6,230		6,230	7,013		7,013
Establishment	9,381		9,381	9,268		9,268
Transport	1,468		1,468	1,640		1,640
Premises	18,119		18,119	18,086		18,086
Bad debts	147		147	(98)		(98)
Interest charges	12,471		12,471	12,627		12,627
PFI and other service concession arrangements service charges	4,190		4,190	4,114		4,114
Research & development expenditure	0		0	5		5
BSO services	3,839		3,839	4,214		4,214
Training	1,168		1,168	899		899
Patients travelling expenses	600		600	624		624
Costs of exit packages not provided for	1,095		1,095	246		246
Other Charitable Expenditure	0	576	576	0	532	532
Miscellaneous expenditure	2,468		2,468	2,290		2,290
Non-cash items						
Depreciation	23,113		23,113	22,313		22,313
Depreciation – On Balance sheet PFI (funded by notional non cash RRL)	8,284		8,284	5,464		5,464
Amortisation	510		510	73		73
Impairments	(21,625)		(21,625)	29,248		29,248
(Profit) on disposal of assets (excluding profit on land)	(11)		(11)	(37)		(37)
Loss on disposal of property, plant & equipment (including land)	6		6	14		14
Provisions provided for in year	4,293		4,293	5,984		5,984
Cost of borrowing of provisions (unwinding of discount on provisions)	(288)		(288)	(169)		(169)
Auditors' remuneration	59	5	64	57	6	63
Add back of notional charitable expenditure	0	(5)	(5)	0	(6)	(6)
Total	222,586	576	223,162	267,217	532	267,749

The Trust purchased no non audit services from its external auditor during 2015/16.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 4 INCOME

4.1 Income from Activities

	2016			2015		
	Trust £000s	CTF £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidated £000s
GB/Republic of Ireland Health Authorities	1,000		1,000	867		867
HSC Trusts	438		438	291		291
Non-HSC – Private Patients	433		433	361		361
RTA	323		323	1,403		1,403
Clients contributions	16,699		16,699	16,656		16,656
Total	18,893	0	18,893	19,578	0	19,578

4.2 Other Operating Income

	2016		2015	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Other income from non-patient services	6,016	6,016	6,905	6,905
Supporting people	1,167	1,167	1,206	1,206
Seconded staff	321	321	434	434
Charitable and other contributions to expenditure by core trust	107	107	333	333
Donations / Government grant / Lottery funding for non-current assets	5,852	5,852	2,586	2,586
Charitable Income received by Charitable Trust Fund	0	382	0	398
Investment Income	0	85	0	83
Profit on disposal of land	125	125	0	0
Total	13,588	467	11,464	481

4.3 Deferred Income

	2016		2015	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Income released from conditional grants	0	0	0	0
Total	0	0	0	0
Total income	32,481	467	31,042	481

WESTERN HEALTH AND SOCIAL CARE TRUST
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016
NOTE 5.1 Consolidated Property, Plant and Equipment – Year Ended 31 March 2016

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2015	42,352	426,069	14,847	60,389	80,659	7,689	35,580	4,359	671,944
Indexation	1,294	15,841	1,125		959	45		23	19,287
Additions	0	2,944		45,706	10,000	253	3,075	1,566	63,544
Donations/ Government grant/Lottery funding				5,694	111			47	5,852
Reclassifications		6,841		(6,841)					0
Transfers	(325)	(526)			73				(778)
Reversal of impairments (indexn)	803	22,106	187						23,096
Disposals					(3,785)	(477)	(141)		(4,403)
At 31 March 2016	44,124	473,275	16,159	104,948	88,017	7,510	38,514	5,995	778,542

At 1 April 2015	0	2,618	90	0	55,238	4,776	19,332	2,271	84,325
Indexation	0	1,302	45		719	30		13	2,109
Transfers					63				63
Impairment charged to the SoCNE		1,471							1,471
Disposals					(3,779)	(477)	(141)		(4,397)
Provided during the year		16,546	564		7,821	663	5,428	375	31,397
At 31 March 2016	0	21,937	699	0	60,062	4,992	24,619	2,659	114,968

Carrying Amount									
At 31 March 2016	44,124	451,338	15,460	104,948	27,955	2,518	13,895	3,336	663,574
At 31 March 2015	42,352	423,451	14,757	60,389	25,421	2,913	16,248	2,088	587,619

Asset financing									
Owned	44,124	226,914	15,460	104,948	27,955	2,518	13,895	3,336	439,150
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (So FP) PFI and other service concession arrangements contracts	0	224,424	0	0	0	0	0	0	224,424
Carrying Amount	44,124	451,338	15,460	104,948	27,955	2,518	13,895	3,336	663,574

Of which:
Trust 663,574
Charitable Trust Fund 0

Any fall in value through negative indexation or revaluation is shown as impairment
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 £5,792k (2014: £8,875k).

The fair value of assets funded from the following sources during the year was:

	2016 £000s	2015 £000s
Donations	158	130
Government grant	5,694	2,456
Lottery funding	0	0
	5,852	2,586

WESTERN HEALTH AND SOCIAL CARE TRUST
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016
NOTE 5.2 Consolidated Property, Plant and Equipment – Year Ended 31 March 2015

	Land £000s	Buildings (excluding dwellings) £000s (* See Note 26)	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s (* See Note 26)
Cost or Valuation									
At 1 April 2014	41,620	470,649	19,974	37,243	77,042	7,578	31,815	3,108	689,029
Indexation	0				1,304				1,304
Additions	667	8,239	182	23,330	4,175	505	3,578	1,128	41,804
Donations/ Government grant/Lottery funding				2,331	216		8	28	2,583
Reclassifications		(700)			(572)				(870)
Transfers	(1,225)	2,515		(2,515)		4	277	121	(1,225)
Revaluation	6,310	33,082	1,575						40,967
Impairment charged to the SoCNE	(4,944)	(80,961)	(5,431)						(91,336)
Impairment charged to the revaluation reserve	(76)	(16,781)	(1,453)						(18,310)
Reversal of impairments (indexn)		10,026							10,026
Disposals					(1,506)	(398)	(98)	(26)	(2,028)
At 31 March 2015	42,352	426,069	14,847	60,389	80,659	7,689	35,580	4,359	671,944

Depreciation									
At 1 April 2014	0	38,974	2,424	0	48,379	4,400	14,384	2,019	110,580
Indexation					899				899
Reclassifications		(702)			(74)	(3)	(86)		(865)
Impairment charged to the SoCNE		(49,102)	(2,960)		(1,494)	(392)	(98)	(20)	(52,062)
Disposals				0	7,528	771	5,132	272	(2,004)
Provided during the year		13,448	626						27,777
At 31 March 2015	0	2,618	90	0	55,238	4,776	19,332	2,271	84,325

Carrying Amount									
At 31 March 2015	42,352	423,451	14,757	60,389	25,421	2,913	16,248	2,088	587,619
At 1 April 2014	41,620	431,675	17,550	37,243	28,863	3,178	17,431	1,089	578,449

Asset financing									
Owned	42,352	208,815	14,757	60,389	25,421	2,913	16,248	2,088	372,983
Finance leased									0
On B/S SoFP PFI and other service concession arrangements contracts		214,636							214,636
Carrying Amount	42,352	423,451	14,757	60,389	25,421	2,913	16,248	2,088	587,619

Asset financing									
Owned	41,620	222,238	17,550	37,243	28,663	3,178	17,431	1,089	369,012
Finance leased									0
On B/S SoFP PFI and other service concession arrangements contracts		209,437					0	0	209,437
Carrying Amount	41,620	431,675	17,550	37,243	28,663	3,178	17,431	1,089	578,449

Carrying amount comprises

Western HSC Trust at 31 March 2016	44,124	458,179	15,460	98,107	27,955	2,518	13,895	3,336	663,574
Western HSC Trust charitable trust fund at 31 March 2016									0
Western HSC Trust at 31 March 2015	44,124	458,179	15,460	98,107	27,955	2,518	13,895	3,336	663,574
Western HSC Trust charitable trust fund at 31 March 2015	42,352	423,451	14,757	60,389	25,421	2,913	16,248	2,088	587,619
									0
Western HSC Trust at 31 March 2014	42,352	423,451	14,757	60,389	25,421	2,913	16,248	2,088	587,619
Western HSC Trust charitable trust fund at 31 March 2014	41,620	431,675	17,550	37,243	28,663	3,178	17,431	1,089	578,449
									0
At 31 March 2015	41,620	431,675	17,550	37,243	28,663	3,178	17,431	1,089	578,449

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 6.1 Consolidated Intangible Assets – Year Ended 31 March 2016

	Software Licences £000s	Information Technology £000s	Development Expenditure £000s	Total £000s
Cost or Valuation				
At 1 April 2015	3,757	1	4	3,762
Indexations				0
Additions	6		146	152
Disposals	(48)			(48)
At 31 March 2016	3,715	1	150	3,866
Amortisation				
As at 1 April 2015	1,368	0	0	1,368
Indexation				0
Disposals	(48)			(48)
Provided during the year	510			510
At 31 March 2016	1,830	0	0	1,830
Carrying Amount				
At 31 March 2016	1,885	1	150	2,036
At 31 March 2015	2,389	1	4	2,394

Asset financing

Owned	0	0	0	0
Finance leased	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0
Carrying Amount				
At 31 March 2016	0	0	0	0

	2016 £000s	2015 £000s
Donations	0	0
Government grant	0	0
Lottery funding	0	0

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 6.2 Consolidated Intangible Assets – Year Ended 31 March 2015

	Software Licences £000s	Information Technolog y£000s	Development Expenditure £000s	Total £000s
Cost or Valuation				
At 1 April 2014	1,546	1	4	1,551
Indexation				0
Additions	2,203			2,203
Donations / Government grant / Lottery funding	3			3
Reclassifications	5			5
At 31 March 2015	3,757	1	4	3,762
Amortisation				
At 1 April 2014	1,295			1,295
Provided during the year	73			73
At 31 March 2015	1,368	0	0	1,368
Carrying Amount				
At 31 March 2015	2,389	1	4	2,394
At 1 April 2014	251	1	4	256
Asset financing				
Owned	2,389	1	4	2,394
Finance Leased				
On B/S (SoFP) PFI and other service concession arrangements contracts				
Carrying Amount				
At 31 March 2015	2,389	1	4	2,394
Asset financing				
Owned	251	1	4	256
Finance leased				0
On B/S (SoFP) PFI and other service concession arrangements contracts				0
Carrying Amount				
At 1 April 2014	251	1	4	256

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of NDPB Green are met through Grant-in-Aid provided by the Department of Health, Social Services and Public Safety, 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.

	Investments £000s	2016 Assets £000s	Liabilities £000s	Investments £000s	2015 Assets £000s	Liabilities £000s
Balance at 1 April	2,244	0	0	2,112	0	0
Additions						
Disposals						
Revaluations	(137)	0	0	132	0	0
Balance at 31 March	2,107	0	0	2,244	0	0
Trust Charitable Trust Fund	2,107			0 2,244		
Total	2,107	0	0	2,244	0	0

Note 7.1

The market value of the investments as at 31 March 2016

	Held in UK £000s	Held Outside UK £000s	2016 Total £000s	2015 Total £000s
Investment properties			0	0
Investment listed on Stock Exchange			0	0
Investments in CIF			0	0
Investments in a Common Deposit Fund or Investment Fund	2,107	0	2,107	2,244
Unlisted securities			0	0
Cash held as part of the Investments in connected			0	0
Other investments			0	0
Total market value of fixed asset investments	2,107	0	2,107	2,244

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 8 IMPAIRMENTS

	2016		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	(21,625)	0	(21,625)
Less Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0	0
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	(21,625)	0	(21,625)

	2015		
	Property, plant & equipment £000s (* See Note 26)	Intangibles £000s	Total £000s (* See Note 26)
Total value of impairments for the period	47,558	0	47,558
Less Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	18,310	0	18,310
Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	29,248	0	29,248

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

	Land		Buildings		Total	
	2016 £000s	2015 £000s	2016 £000s	2015 £000s	2016 £000s	2015 £000s
Cost						
At 1 st April	1,225	0	0	0	1,225	0
Transfers in	325	1,225	145	0	470	1,225
Transfers out	0	0	0	0	0	0
(Disposals)	(1,225)	0	0	0	(1,225)	0
Impairment	0	0	0	0	0	0
At 31st March	325	1,225	145	0	470	1,225
Depreciation						
At 1 April						
Transfers in	0	0	0	0	0	0
Transfers out	0	0	0	0	0	0
(Disposals)	0	0	0	0	0	0
Impairment	0	0	0	0	0	0
At 31st March	0	0	0	0	0	0
Carrying amount at 31st March	325	1,225	145	0	470	1,225

Non current assets held for sale comprise non current assets that are held for resale rather than for continuing use within the business.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 10 INVENTORIES

Classification	2016 £000s			2015 £000s		
	Trust	CTF	Consolidated	Trust	CTF	Consolidated
Pharmacy Supplies	2,456		2,456	2,500		2,500
Theatre Equipment	408		408	422		422
Building and Engineering Supplies	57		57	57		57
Fuel Community Care Appliances	103		103	107		107
	1,277		1,277	1,164		1,164
Laboratory Materials	387		387	422		422
Stationery	0		0	0		0
Laundry	0		0	1		1
X-Ray	30		30	44		44
Stock held for resale	8		8	9		9
Other	214		214	204		204
Total	4,940	0	4,940	4,930	0	4,930

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 11 CASH AND CASH EQUIVALENTS

	2016 £000s			2015 £000s		
	Core Trust	CTF	Consolidated	Core Trust	CTF	Consolidated
Balance at 1 st April	692	1,535	2,227	3,320	1,623	4,943
Net change in cash and cash equivalents	4,281	(97)	4,184	(2,628)	(88)	(2,716)
Balance at 31st March	4,973	1,438	6,411	692	1,535	2,227

The following balances were held at 31st March were held at

	2016 £000s			2015 £000s		
	Core Trust	CTF	Consolidated	Core Trust	CTF	Consolidated
Commercial banks and cash in hand	4,973	1,438	6,411	692	1,535	2,227
Balance at 31st March	4,973	1,438	6,411	692	1,535	2,227

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2016 £000s				2015 £000s			
	Trust	CTF	Consolidation Adjustment	Consolidated	Trust	CTF	Consolidation Adjustment	Consolidated
Amounts falling due within one year								
Trade receivables	4,308			4,308	3,800			3,800
Deposits and advances	0			0				0
VAT receivable	5,708			5,708	5,768			5,768
Other receivables – not relating to fixed assets	5,088	14	(30)	5,072	6,254	15	(30)	6,239
Trade and other receivables	15,104	14	(30)	15,088	15,822	15	(30)	15,807
Prepayments and accrued income	703			703	1,438			1,438
Other current assets	703	0		703	1,438	0		1,438
Amounts falling due after more than one year								
Trade receivables								
Deposits and advances								
Other receivables	2			2	1			1
Trade and other receivables	2	0		2	1	0		1
Prepayments and accrued income	0			0	0			0
Other current assets falling due after more than one year	0	0		0	0	0		0
TOTAL TRADE AND OTHER RECEIVABLES	15,106	14	(30)	15,090	15,823	15	(30)	15,808
TOTAL OTHER CURRENT ASSETS	703	0		703	1,438	0		1,438
TOTAL INTANGIBLE CURRENT ASSETS	0	0		0	0	0		0
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	15,809	14	(30)	15,793	17,261	15	(30)	17,246

The balances are net of a provision for bad debts of £1,862k (2015 £1,775k)

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 13 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

Note 13.1 Trade payables and other current liabilities

	2016 £000s				2015 £000s			
	Trust	CTF	Consolidation Adjustment	Consolidated	Trust (** See Note 26)	CTF	Consolidation Adjustment	Consolidated (** See Note 26)
Amounts falling due within one year:								
Other taxation and social security	12,845			12,845	11,658			11,658
VAT payable	0			0	0			0
Bank overdraft	0			0	0			0
Trade capital payables – property, plant and equipment	19,372			19,372	15,284			15,284
Trade capital payables - intangibles	0			0	0			0
Trade revenue payables	30,855	56	(30)	30,881	24,081	45	(30)	24,096
Payroll payables	19,209			19,209	12,385			12,385
Clinical negligence payables	875			875	0			0
RPA payables	0			0	0			0
BSO payables	1,295			1,295	2,026			2,026
Trade and other payables	84,451	56	(30)	84,477	65,434	45	(30)	65,449
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	3,013			3,013	2,767			2,767
Other current liabilities	3,013	0		3,013	2,767	0		2,767
Carbon reduction commitment	0			0	255			255
Intangible current liabilities	0	0		0	255	0		255
Total payables falling due within one year	87,464	56	(30)	87,490	68,456	45	(30)	68,471
Amounts falling due after more than one year								
Imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	128,013			128,013	131,022			131,022
Total non current payables	128,013	0		128,013	131,022	0		131,022
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	215,477	56	(30)	215,503	199,478	45	(30)	199,493

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 13 TRADE PAYABLES AND OTHER LIABILITIES

13.2 Loans

The Trust did not have any loans payable at either 31 March 2016 or 31 March 2015.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

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 the Better Payments Practice Code and Government Accounting Rules. The Trust's payment policy is consistent with the Better Payments Practice Code and Government Accounting Rules and its measure of compliance is:

	2016 Number	2016 Value £000s	2015 Number	2015 Value £000s
Total bills paid	171,191	437,672	122,279	192,772
Total bills paid within 30 day target or under agreed payment terms	160,593	413,450	101,859	166,972
% of bills paid within 30 day target or under agreed payment terms	93.8%	94.5%	83.3%	86.6%
Total bills paid within 30 days of receipt of an undisputed invoice	160,593	413,450		
% of bills paid within 30 days of receipt of an undisputed invoice	93.8%	94.5%		
Total bills paid within 10 day target	145,473	389,060	79,553	134,102
% of bills paid within 10 day target	85.0%	88.9%	65.1%	69.6%

14.2 The Late Payment of Commercial Debts Regulations 2002

	£
Amount of compensation paid for payment (s) being late	0
Amount of interest paid for payment(s) being late	385
Total	385

This is also reflected as a fruitless payment in the Losses and Special Payments note.

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2016

	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	Total £000s
Balance at 1 April 2015	257	8,473	9,408	18,138
Provided in year	12	6,304	1,208	7,524
(Provisions not required written back)	(54)	(2,842)	(335)	(3,231)
(Provisions utilised in the year)	(215)	(3,750)	(1,674)	(5,639)
Cost of borrowing (unwinding of discount)	0	(265)	(23)	(288)
At 31 March 2016	0	7,920	8,584	16,504

	2016 £'000s	2015 £'000s
Arising during the year	7,524	8,546
Reversed unused	(3,231)	(2,562)
Cost of borrowing (unwinding of discount)	(288)	(169)
Total charge within operating costs	4,005	5,815

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	0	2,871	1,438	4,309
Later than one year and not later than five years	0	5,049	1,323	6,372
Later than five years	0	0	5,823	5,823
At 31 March 2016	0	7,920	8,584	16,504

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2015

	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	Total £000s
Balance at 1 April 2014	294	5,068	9,941	15,303
Provided in year	19	5,835	2,692	8,546
(Provisions not required written back)	(54)	(416)	(2,092)	(2,562)
(Provisions utilised in the year)	(2)	(1,875)	(1,103)	(2,980)
Cost of borrowing (unwinding of discount)	0	(139)	(30)	(169)
At 31 March 2015	257	8,473	9,408	18,138

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	16	6,628	2,184	8,828
Later than one year and not later than five years	63	1,845	1,322	3,230
Later than five years	178	0	5,902	6,080
At 31 March 2015	257	8,473	9,408	18,138

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 16 CAPITAL COMMITMENTS

	2016 £000s	2015 £000s
Contracted capital commitments at 31 March not otherwise included in these financial statements		
Property, plant & equipment	44,171	93,507
Intangible assets	0	0
	44,171	93,507

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 17 COMMITMENTS UNDER LEASES

17.1 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	2016 £000s	2015 £000s
Land		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	0	0

Buildings	2016 £000s	2015 £000s
Not later than 1 year	354	713
Later than 1 year and not later than 5 years	1,250	1,146
Later than 5 years	437	543
	2,041	2,402

Other	2016 £000s	2015 £000s
Not later than 1 year	44	44
Later than 1 year and not later than 5 years	0	12
Later than 5 years	0	0
	44	56

17.2 Finance Leases

The Trust had no Finance Leases at 31 March 2016 or 31 March 2015.

17.3 Operating Leases

The Trust does not act as a lessor and as such does not anticipate any future income for operating leases.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

18.1 Off Statement of Financial Position PFI and other service concession arrangements schemes

The Trust has not entered into any off Statement of Financial Position PFI Schemes in 2014/15 or 2015/16.

18.2 On Statement of Financial Position 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 £4,190k (2014-15:£4,114k). 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:

	2016 £000s	2015 £000s
Minimum lease payments:		
Due within one year	14,788	14,799
Due later than one year and not later than five years	58,179	58,460
Due later than five years	245,000	259,617
Total	317,967	332,876
Less interest element	186,940	199,087
Present value	131,027	133,789
	2016 £000s	2015 £000s
Service elements due in future periods:		
Due within one year	4,308	4,193
Due later than one year and not later than five years	18,198	17,777
Due later than five years	129,179	133,957
Total service elements due in future periods	151,685	155,927
Total Commitments	282,712	289,716

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 19 OTHER FINANCIAL COMMITMENTS

The Trust did not have any other financial commitments at either 31 March 2016 or 31 March 2015.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

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 2016 or 31 March 2015.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

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.

	2016	2015
	£000s	£000s
Clinical negligence	1,290	1,209
Public liability	6	5
Employer's liability	20	0
Accrued leave	0	0
Injury benefit	0	0
Other	0	0
	<hr/>	<hr/>
Total	1,316	1,214

The Trust did not have any unquantifiable contingent liabilities as at 31 March 2016 or 31 March 2015.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 22 RELATED PARTY TRANSACTIONS

The Trust is an arm's length body of the DHSSPS and as such the DHSSPS is a related party from which the Trust has received income during the year of £574m.

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 2015/16. 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 2015/16 £000s	Amount paid by Trust during 2014/15 £000s
Mr Niall Birthistle (North West Play Resource Centre)	Non-Executive Director	14	16
Mrs Stella Cummings (British Red Cross)	Vice President	21	23
Mrs Joan Doherty (Londonderry Methodist City Mission)	Company secretary	20	21
Mr Joe Campbell (SEUPB)	Independent member of the Audit Committee	0	0
Mr Joe Campbell (WELB)	Chair of Board of Governors (Belmont Nursery School) Vice Chair of Board of Governors (Long Tower Primary School)	53	60
SEUPB owed £694,428 to WHSCT at 31/03/2016			
WELB owed £8,618 to WHSCT at 31/03/2016			
Mrs Barbara Stuart (EXTERN) Mrs Stuart stood down in 15/16 from WHSCT	Trustee	n/a	1,068
Mr Samuel George McIlroy (Dept of Agriculture)	Sits on Advisory Board to Agriculture Minister	1	n/a

Mr Gerard Guckian, Chairman

Mr Guckian's brother is the Director of Finance in the South Eastern HSC Trust. During 2015/16, the Western Health and Social Care Trust made payments of approximately £44k and received income of £58k from the South Eastern HSC Trust for the provision of goods and services. At 31st March 2016, the Trust is owed £18k by the South Eastern HSC Trust and owes £5k to the South Eastern HSC Trust .

During 2014/15, the Western Health and Social Care Trust made payments of approximately £10k and received income of £222k from the South Eastern HSC Trust for the provision of goods and services. At 31st March 2015, the Trust is owed £9k by and owes £71k to the South Eastern HSC Trust.

Executive Directors

Mrs Elaine Way, Chief Executive

Mrs Way is a Board Member of North West Play Resource Centre. During 2015/16, the Trust made payments of £14,400 to North West Play Resource Centre. During 2014/15, the Trust made payments of £15,566 to North West Play Resource Centre. Mrs Way had no involvement in the decisions to procure the services from North West Play Resource Centre.

Mr Alan Corry Finn, Director of Primary Care and Older People

Mr Corry Finn is Vice President of NI Hospice. During 2015/16 the Trust made payments of £178,777 to NI Hospice. During 2014/15 the Trust made payments of £130,447 to NI Hospice.

Mr Corry Finn is Chair of the Accreditation Panel of CHKS. During 2015/16 the Trust made payments of £64,450 to CHKS.

Other Board Members and Senior Managers

Some other Trust Board members and senior managers have disclosed interests in organisations from which the Trust purchased services in 2015/16. 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 WELB for St Patrick's School, Gortin.

Mr Seamus Wade, Assistant Director, Finance

Mr Wade is a member of the Board of Governors at St Columba's Long Tower Primary School. (WELB)

Mrs Michelle McMackin, Manager Strabane District Day Centre

Mrs McMackin is a member of the Board of Governors at Evisch School (WELB).

Mr Martin Quinn, Acting Assistant Director

Mr Quinn is Chairperson of the Board of Governors at St Oliver Plunkett School (WELB).

Mr Brendan McGrath , Assistant Director of Nursing

Mr McGrath is a member of the Board of Governors at Gortnagorn Primary School (WELB).

During 2015/16, the Trust made payments to WELB of £53,446 and received £28,585 from WELB. At 31st March 2016 the Trust was owed £8,618 from WELB.

During 2014/15, the Trust made payments to WELB of £60,015 and received £24,939 from WELB.

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 2015/16 the Trust made payments of £455,256 to Action Mental Health and owed £4,190 to Action Mental Health, New Horizons at 31/03/2016.

During 2014/15 the Trust made payments of £463,260 to Action Mental Health.

Ms Karen Meehan, TYC Programme Manager

Ms Meehan is a Board Member of Derry Well Woman. During 2015/16 the Trust made payments of £114,145 to Derry Well Woman.

During 2014/15 the Trust made payments of £118,074 to Derry Well Woman.

Ms Diana Cody, Consultant

Ms Cody is Chair of the Royal College of Psychiatrists. During 2015/16 the Trust made payments of £3,852 to The Royal College of Psychiatrists.

During 2014/15 the Trust made payments of £4,050 to The Royal College of Psychiatrists.

Mrs Vivien Coates, Assistant Director

Mrs Coates is a Professor of Nursing Research with the University of Ulster.

During 2015/16, the Trust made payments to University of Ulster of £112,134 and received income of £82,398 and was owed £35,430 as at 31 March 2016.

During 2014/15, the Trust made payments to University of Ulster of £193,325 and received income of £61,078 and was owed £35,430 as at 31 March 2015.

Mrs Deirdre Mahon, Assistant Director Safeguarding

Mrs Mahon is an Associate with Leonard Consultancy. During 2015/16, the Trust made payments to Leonard Consultancy of £1,250.

Mr Charles Mullan, Divisional Clinical Director Diagnostics

Mr Mullan is an honorary lecturer with Queens University Belfast. During 2015/16, the Trust made payments to Queens University Belfast of £997 and received income of £22,871.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 23 THIRD PARTY ASSETS

The Trust held £3,487k cash at bank and in hand at 31/3/16 which relates to monies held by the Trust on behalf of patients. 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.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

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 HSC Trust is calculated as follows:

	2016 Total £000s	2015 Total £000s
		(* See Note 26)
HSCB	531,044	500,022
PHA	6,282	6,131
SUMDE & NIMDTA	5,497	5,283
DHSSPS (excludes non cash)	0	0
Other Government Departments	0	0
Non cash RRL (from DHSSPS)	23,155	67,509
Total Agreed RRL	565,978	578,945
Adjustment for income received re donations / government grant / lottery funding for non-current assets	(5,852)	(2,587)
Adjustment for PFI and other service concession arrangements/IFRIC12	(8,939)	(4,562)
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	551,187	571,796

24.2 Capital Resource Limit

The Trust is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2016 Total £000s	2015 Total £000s
Gross Capital Expenditure	63,696	44,007
Less charitable trust fund capital expenditure	0	0
Less IFRIC 12/PFI and other service concession arrangements spend (Receipts from sales of fixed assets)	(92)	0
Net capital expenditure	(1,231)	(25)
Capital Resource Limit	62,373	43,982
Overspend/(Underspend) against CRL	62,374	43,982
	(1)	0

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

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.

	2015/16 £000s	2014/15 £000s (* See Note 26)
Net Expenditure	(551,150)	(578,440)
RRL	551,187	571,796
Surplus / (Deficit) against RRL	37	(6,644)
Break even cumulative position (opening)	(8,476)	(1,832)
Break even cumulative position (closing)	(8,439)	(8,476)

Materiality Test:

	2015/16 %	2014/15 % (* See Note 26)
Break even in year position as % of RRL	0.01%	-1.16%
Break even cumulative position as % of RRL	-1.53%	-1.48%

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 25 POST BALANCE SHEET EVENTS

There are no post balance sheet events having a material effect on the accounts.

NOTE 26 COMPARATIVE AMOUNTS

Comparative amounts have been reanalysed and reclassified as follows:

- * The revaluation reserve has reduced by £10,026k and the SoCNE reserve has increased by £10,026k in 2014/15 to reflect a reanalysis of an upward indexation adjustment on PFI assets which had been previously impaired through the SoCNE. There has also been a corresponding reduction in notional non-cash RRL that results in the overall net effect of this adjustment to the Trust in 2014/15 of £nil.

In addition, the revaluation reserve has reduced by £20,467k and the SoCNE reserve has increased by £20,467k in respect of 2013/14 and earlier years due to the reanalysis of upward indexation and revaluation adjustments on assets which have previously been impaired through the SoCNE.
- ** The split of staff costs between Salaries, Social Security Costs and Other Pension Costs has been amended for 2014/15 to reflect the employer's costs share of payroll creditors. This is a reclassification adjustment only and the overall total staff costs and total trade payables in 2014/15 remain unchanged.

NOTE 27 DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 28/06/2016.

WESTERN HEALTH AND SOCIAL CARE TRUST
PATIENTS'/RESIDENTS' MONIES ACCOUNTS
YEAR ENDED 31 MARCH 2016

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 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

I certify that I have audited Western Health and Social Care Trust’s account of Patients’ and Residents’ Monies for the year ended 31 March 2016 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

Respective responsibilities of the Trust and auditor

As explained more fully in the Statement of Trust Responsibilities in relation to Patients’ and Residents’ Monies, the Trust is responsible for the preparation of the account in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health (formerly Department of Health, Social Services and Public Safety) directions made thereunder. My responsibility is to audit, certify and report on the account in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board’s Ethical Standards for Auditors.

Scope of the audit of the account

An audit involves obtaining evidence about the amounts and disclosures in the account sufficient to give reasonable assurance that the account is free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Western Health and Social Care Trust’s circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Western Health and Social Care Trust’s ; and the overall presentation of the account. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited Patient’s and Resident’s Monies account and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

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.

Opinion on regularity

In my opinion, in all material respects the financial transactions recorded in the account conform to the authorities which govern them.

Opinion on account

In my opinion:

- the account properly presents the receipts and payments of the monies held on behalf of the patients and residents of Western Health and Social Care Trust for the year ended 31 March 2016 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.

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
- the Governance Statement does not reflect compliance with Department of Finance's (Department of Finance and Personnel) guidance.

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*

30th June 2016

WESTERN HEALTH AND SOCIAL CARE TRUST

YEAR ENDED 31 MARCH 2016

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

Previous Year	<u>RECEIPTS</u>			
£	Balance at 1 April 2015		£	£
1,919,406	1. Investments (at cost)		2,096,690	
105,584	2. Cash at Bank		110,951	
9,900	3. Cash in Hand		10,050	2,217,691
1,348,118	Amounts Received in the Year			1,263,216
8,097	Interest Received			5,733
3,391,105	TOTAL			3,486,640

<u>PAYMENTS</u>			
1,173,415	Amounts paid to or on behalf of Patients/Residents		1,356,722
	Balance at 31 March 2016		
2,096,689	1. Investments (at cost)	1,977,922	
110,951	2. Cash in Bank	142,646	
10,050	3. Cash in Hand	9,350	2,129,918
3,391,105	TOTAL		3,486,640

Cost Price	Schedule of investments held at 31 March 2015	Nominal Value	Cost Price
£	Investment	£	£
2,096,689	Bank of Ireland	1,977,922	1,977,922

I certify that the above account has been compiled from and is in accordance with the accounts and financial records maintained by the Trust.

Loddy Mitchell

Director of Finance:

Date: 28/06/2016

I certify that the above account has been submitted to and duly approved by the Board.

Aislinn Ugg

Chief Executive:

Date: 28/06/2016

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