

**WESTERN HEALTH AND SOCIAL CARE TRUST**  
**ANNUAL REPORT AND ACCOUNTS**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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

5<sup>th</sup> July 2019

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## 1.0 PERFORMANCE REPORT

### 1.1 Performance Overview

#### 1.1.1 Purpose and Activities

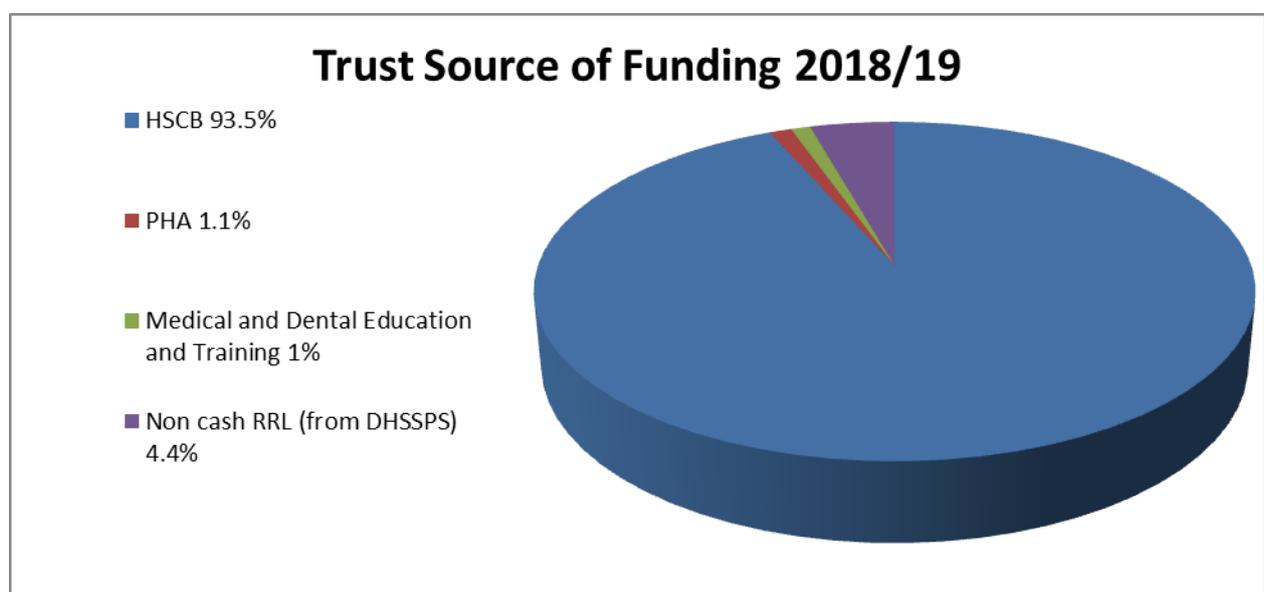
The Western Health and Social Care Trust is a statutory body established on 1 April 2007 following the Review of Public Administration. The Trust brought together the delivery of Health and Social Care that was previously provided by three separate Trusts: Altnagelvin Hospitals Trust, Foyle Trust (including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

The Western Trust provides health and social care services across the western part of Northern Ireland covering a geography that stretches from Limavady in the north to Fermanagh in the south serving a population of approximately 300,000 people. The Western Trust also provides a range of specialist acute services to the northern part of the Northern Trust and to north Donegal through specific commissioning arrangements.

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

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

The Trust spends £736 million annually on the delivery of health and social care services to its resident population. The chart below illustrates the various sources from which the Trusts receives its funding.



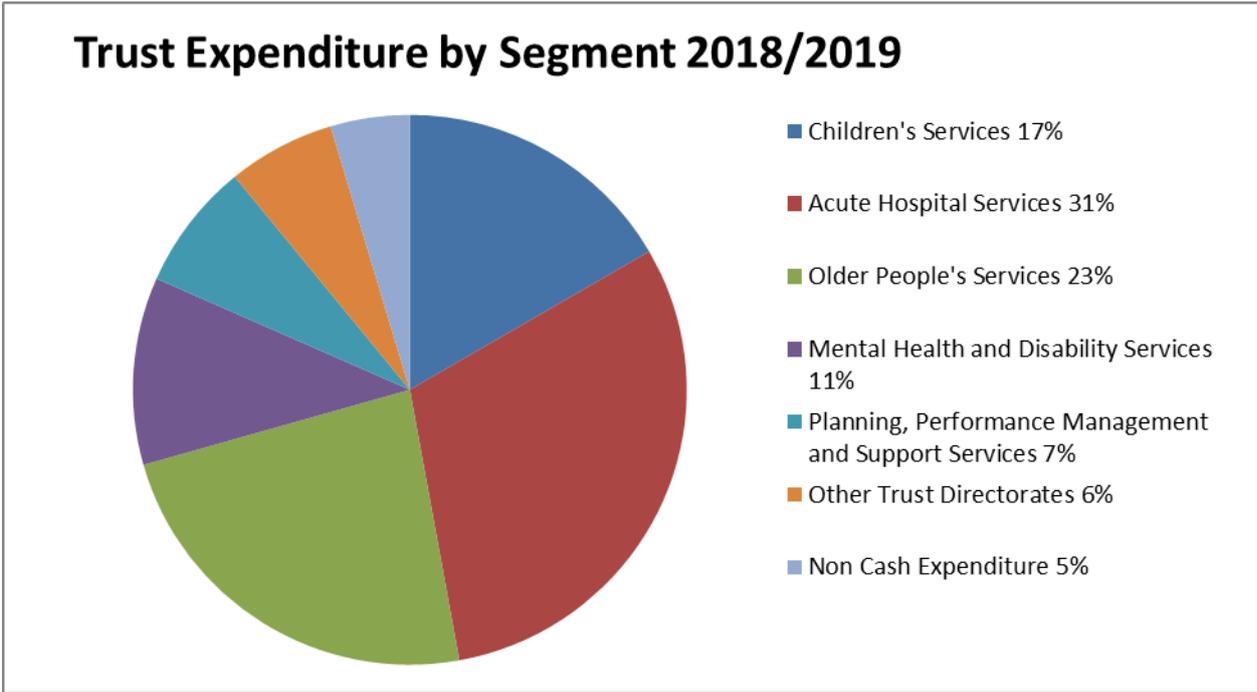
The Trust provides services across 4,842 sq. km of landmass and delivers services from a number of hospitals, community based settings and directly into individuals' homes. This comprehensive range of services is provided through the following Directorates:

- Acute Services;
- Adult Mental Health and Disability Services;
- Primary Care and Older People's Services; and
- 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; and
- Strategic Capital Development Directorate.

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



Acute hospital services are delivered in Altnagelvin Hospital, Derry/Londonderry and the South West Acute Hospital, Enniskillen. Omagh Hospital & Primary Care Complex, which is a local enhanced hospital, provides a range of rehabilitation and palliative care hospital services as well as locally based diagnostic, urgent care and community support services. In addition, Lakeview, a learning disability hospital; Grangewood, a mental health in-patient unit; and Waterside Hospital, a rehabilitation and mental health facility for older people, are all based in Gransha Park, Derry/Londonderry. The Tyrone & Fermanagh Hospital provides a range of acute mental health in-patient services for adults and older people.

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

In support of “Health and Wellbeing 2026 - Delivering Together” the Trust aims to deliver the following outcomes:

- High quality and safe services;
- Services that are financially sustainable and effective;
- Delivery of contracted activity and performance targets; and
- Supported by a skilled and effective workforce.

During 2018/19 an extensive engagement process was completed to revise the Trust’s Corporate Plan and update its strategic priorities. The Trust has submitted a revised draft Corporate Plan 2019-21 to the Department of Health which sets out these priorities, and how it will advance its four key ambitions, which are: to make the Western Trust a great place to start life, live well, grow older and to work, underpinned by a commitment to compassionate care for all those it serves.

The Trust is committed to not simply treating periods of acute illness or reacting to crisis, but to adopt a more holistic approach to health and wellbeing through a culture of collective leadership and an empowered workforce delivering high quality, continually improving, compassionate care and support.

### **1.1.2 Chief Executive Overview of Performance**

In accordance with the revised draft HSC Performance Management Framework, the Trust has been operating to an agreed set of Performance Improvement Trajectories in 2018/19, which have been agreed with the Commissioners and the Department of Health. This is in recognition that some ministerial targets can no longer be sustainably met, and that attainable, but challenging standards will be agreed in these areas.

There are, however, areas where the Trust maintained a very strong performance in 2018/19. In Cancer Services the Trust continued to deliver excellent performance, particularly for those patients referred for urgent breast cancer assessment and treatment (who should always be seen within 14 days), and those diagnosed with cancer requiring urgent treatment (98% of these patients should be treated within 31 days). Against these standards the Trust attained 99.3% and 99.6% respectively for the year overall. This was supported by sustained good performance in its diagnostic services.

The opening of the North West Cancer Centre saw increasing activity and monitoring of cancer services as the service is now operational for all of the cancer sites commissioned.

There were significant challenges in the delivery of elective care, partly attributed to the continuing increases in unscheduled demand, which continued across our acute hospitals in 2018/19. This has resulted in significant number of patients (13,147) waiting in excess of 54 weeks, for an Outpatient appointment. The Trust still delivers

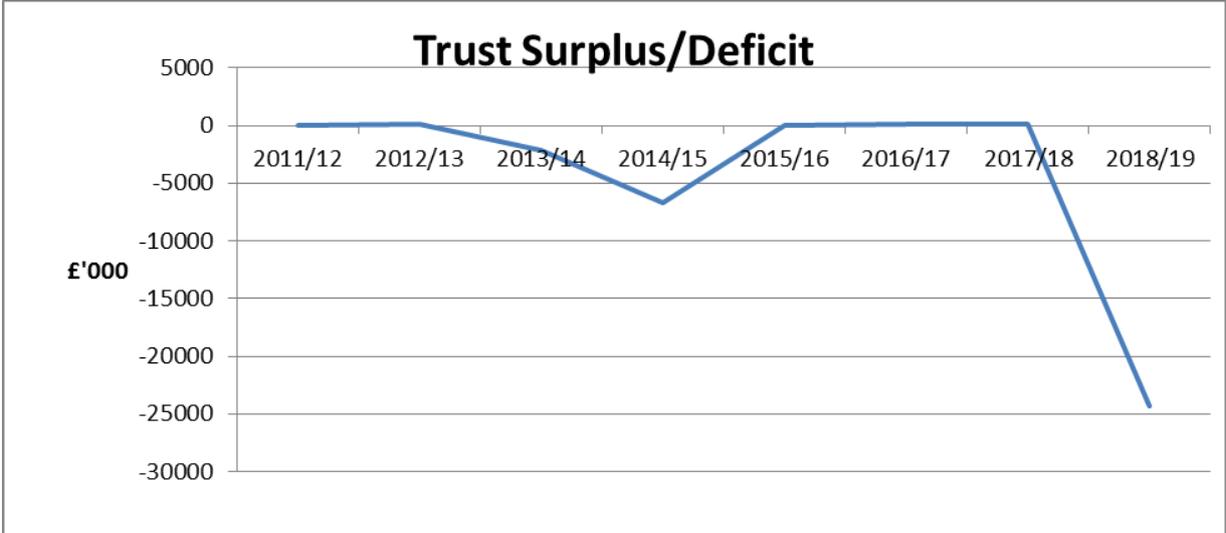
the best performance in NI against the 9 week standard, and has met the required performance improvement trajectory. The Trust has deployed in-house Waiting List initiatives (WLI) and Independent Sector funding where possible to support this position.

The increase in unscheduled care demand did however affect elective Inpatient and Day Care (IP/DC) performance, with unscheduled demand escalating into scheduled care capacity. Performance was particularly affected from November onward as routine elective procedures were further delayed. This approach was agreed across the region to reduce late cancellation and its impact on patients. Priority over this period was given to patients classified as “red flag” and clinically urgent, and available capacity was protected for these patients.

The performance against the 12 hour standard in the emergency department (ED) was also significantly affected during the year, in the main due to the difficulties in generating sufficient hospital beds early enough in the day. The length of time to discharge patients requiring more complex care into the community or their homes and nursing staff shortages were the main factors which reduced the ability to admit patients in a timely way.

The Trust saw significant increases in demand for mental health services, including adult mental health, psychological therapies and child and adolescent mental health services (CAMHS). The Trust was particularly challenged to maintain access to these service at the levels required in the performance improvement trajectories agreed with the commissioner.

The Trust was not able to present a balanced financial plan for 2018/19 and has reported an authorised deficit of £23.4m. The Department of Health (DoH) have recognised the financial challenges facing the Trust and has allowed it to proceed with a 36 month Financial Recovery Programme, which will be overseen by the Trust Board, and the Department of Health.



The Trust has established a new programme called “Working Together...Delivering Value” to agree and implement a financial recovery process. This work will be overseen by the Trust Board and by the Department of Health. This programme, along with the Trust’s work on Pathfinder and Transformation, will be the Trust’s

strategic priority for the next 3 years. The Trust's Corporate Plan has been revised to reflect these priorities and has been submitted to the Department of Health for its approval.

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

The Western Trust faces challenges in the recruitment and retention of staff across a range of professions, particularly nursing, medical, allied health professionals and psychology, as well as social work in some areas of the Trust. During 2018/19, recruitment of staff in support of Transformation projects placed additional pressure on core services, as a range of staff were recruited internally to these new areas of work. The level of sickness absence also particularly affected the available capacity of some services.

The Trust continues to face increasing demand and reduced capacity across a range of its services, and areas where demand has grown year on year are:

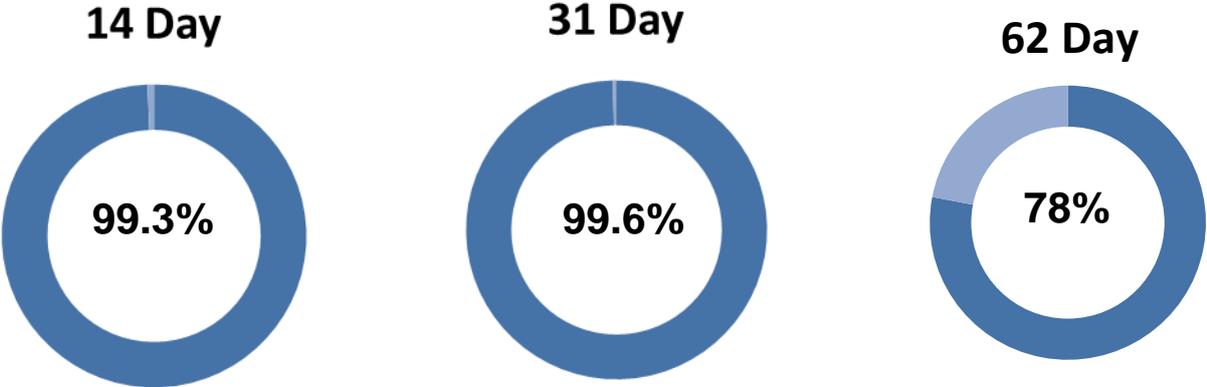
- unscheduled care;
- elective referrals;
- mental health services; and
- support in the home or through nursing home care.

The Trust has established under its strategic priorities a range of improvement programmes to transform or redesign services, improve efficiency, remove waste and use resources well. Close working with families and carers, partners in general practice, other statutory agencies, and the community and voluntary sector are key to this work.

### 1.1.4 Outline of Organisational Performance

#### Key Achievements during 2018/19

#### Cancer Performance



- 99.3% of urgent breast cancer referrals were seen within 14 days, against a target of 100%;

- During 2018/19, 99.6% of patients diagnosed with cancer received their first definitive treatment within 31 days of a decision to treat, against a target of 98%;
- During 2018/19, 78% of patients urgently referred with a suspected cancer began their first definitive treatment within 62 days, against a target of 95%.

Cancer Performance	Number of Patients
<b>Urgent Breast Cancer Referral - 14 Days</b>	3,265 patients
<b>Decision to treat – 31 Days</b>	1,705 patients
<b>First definitive treatment – 62 Days</b>	816 patients

### Fractures

- 91% of patients, where clinically appropriate, waited no longer than 7 days for inpatient fracture treatment, against a target of 95%; and
- Performance was maintained with an 8% increase in patients treated.

### Specialist Therapies

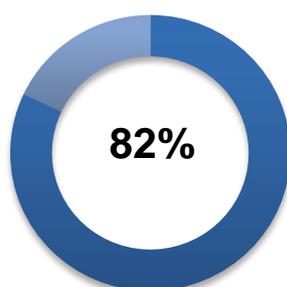
- As at 31 March 2019, no patients were waiting longer than three months to commence NICE approved specialist therapies for psoriasis.

### Elective Access

The Trust achieved the following outcomes against the core contract with the Commissioner from 1 April 2018 to 31 March 2019:

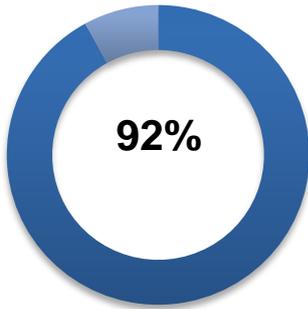
<b>Elective Inpatients (Admissions) &amp; Day Case patients.</b>	25,745
<b>New Outpatient Attendances</b>	63,395
<b>Review Outpatient Attendances.</b>	106,979
<b>Fracture Outpatient Attendances.</b>	20,216
<b>Imaging</b>	271,352

### Diagnostics



#### 9 Week Diagnostic Tests

As at 31 March 2019 82% of patients, waited no longer than 9 weeks for a diagnostic test against a target of 75%.



### Urgent Diagnostic Tests

During 2018/19, 92% of urgent diagnostic tests were reported on within 2 days of the test being undertaken.

### Delayed Discharges

- During 2018/19 78% of complex discharges from an acute setting took place within 48 hours, against a target of 90%; and
- 94% of all mental health discharges took place within 7 days of the patient being assessed as medically fit for discharge, with 2% taking more than 28 days.

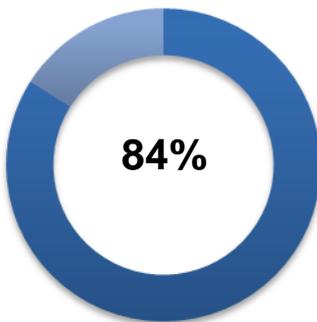
### Unscheduled Care

**125,196**  
attendances at Emergency  
Departments during 2018/19



An **increase of 8%** from  
2017/18.

### Hearing Aids



During 2018/19 84% of hearing aids fitted within 13 weeks compared to 57% in 2017/18.

### Allied Health Professionals

The Trust achieved the following new contacts for allied health professionals in 2018/19:

New Contacts Seen	2018/19
Dietetics	5,258
Orthoptics	2,972
Physiotherapy	20,789
Occupational Therapy	9,639
Podiatry	5,240
Speech Therapy	3,237
<b>Total</b>	<b>47,135</b>

### **Stroke Services**

- By the end of March 2019, the target of 15% was exceeded with over 22% (72 patients) of all ischaemic stroke admissions receiving thrombolysis.

### **Direct Payments**

- By the end of March 2019, Direct Payments uptake had increased to 1,140 against the Trust target of 1,077.

### **Self-Directed Support**

- During 2018/19 4,324 service users and carers have been assessed or reassessed at review under the Self Directed Support approach.

## **1.1.5 Other Performance Issues**

### **Financing Implications**

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

### **Long Term Liabilities**

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

The PFI contracts were entered into to provide the financing for a 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. Excluding interest, the overall PFI liability for the two contracts as at 31 March 2019 was £122m. 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 £238m as at 31 March 2019.

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 31 March 2019, the Trust provided for potential future legal liabilities of £30m. These costs are met in full as they arise by funding from the Department of Health.

### **Employee issues**

The cumulative rate of absence for all Trust staff during 2018/19 was 7.04%.

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

## **Disability Policies**

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

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

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

## **Accounts and Audit**

The Trust has prepared a set of accounts for the year ended 31 March 2019 which have been prepared in accordance with Article 90(5) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health. The Trust accounts are set out in Section 3 of this document.

The Trust's External Auditor is the Comptroller and Auditor General who sub-contracted the audit to Grant Thornton for 2018/19. The Trust was charged £52,000 for the statutory audit of the accounts (£47,000 for Public Funds and £5,000 for Endowments and Gifts).

## **1.2 Performance Analysis**

### **1.2.1 Directorate Analysis**

#### **1.2.1.1 Acute Services**

#### **Altnagelvin Hospital Management Team**

Two senior managers (Louise O'Dalaigh and Brian Mc Fettridge) both commenced their Scottish Quality and Safety Fellowship journey in September 2018. This is a valuable opportunity for the Acute Directorate and wider organisation to have staff trained with the Quality Improvement methodology to support the ongoing development and rollout of Quality Improvement within the organisation. Both Louise and Brian are supporting Quality Improvement projects as part of this fellowship. Louise's project is around how improving joy in work can lead to improved patients and staff experiences and lead to improved Quality and Safety. Brian's project is in relation to improving Fluid Balance Monitoring in a ward setting.

An Investing In Your Health Acute Sub Group was established in May 2018; the name of this group changed during the year to Acute TWIST WEST Sub Group in keeping in line with the launch of the TWIST WEST hub and portal for staff.

Ophthalmology services in collaboration with the Health and Social Care Board and High Street Community Opticians commenced their first ECHO engagement session in September 2018 led by Mr D Mulholland. This is a monthly forum where a Consultant Ophthalmologist from the WHSCT facilitates an interactive virtual meeting for high street opticians to share knowledge and expertise and discuss cases to improve and develop relationships across primary and secondary care to enhance and improve patients journey within services.

10,000 Voices eye care project findings continue to be addressed during 2018-2019 and the findings were presented at the regional NIRAQ conference in October 2018. This report has also been referenced as part of the Ophthalmology Association UK Report.

### **Cancer and Diagnostics Hospital Management Team**

The North West Cancer Centre continues to develop with the majority of tumour sites being treated locally. The number of patients attending the Cancer Centre is increasing. The Centre works closely with colleagues in the Republic of Ireland to ensure patients from Donegal can avail of the services closer to their homes. The Centre provides a high quality service and last year, in August, our Radiotherapy service attained CHKS accreditation.

A number of areas within diagnostics have also attained / maintained accreditation. JAG accreditation has successfully been retained for Endoscopy Services at Altnagelvin.

Within Pathology accreditations have been achieved in Haematology and Blood Transfusion in Altnagelvin and in South West Acute Hospital. In the Altnagelvin site, the Trust has maintained accreditation status for UKAS ISO 15189 subject to clearance of mandatory findings (evidence submitted).

Haematology and Blood Transfusion in South West Acute Hospital is currently accredited. Clinical Chemistry have maintained accreditation status for UKAS ISO 15189 following clearance of mandatory findings. Microbiology achieved accreditation on 1 February 2019. Histopathology and Cytopathology provided necessary data for clearance of non-conformities following surveillance visit in November 2018 – we are currently awaiting feedback. Radiology is going forward with preparation for ISAS accreditation in 2019/20.

### **SWAH/OHPCC Hospital Management Team**

HRH Prince of Wales officially opened the £105m Omagh Hospital and Primary Care Complex on 13 June 2018. HRH Prince of Wales met with dignitaries and listened to a short overview of the hospital, before engaging on a tour of the hospital. The new facility provides clinical care and treatment to patients and clients in modern, well designed surroundings, using the latest technologies and equipment. It provides hospital and community healthcare services previously delivered in the Tyrone County Hospital. Four GP Practices are also located within the complex with all primary, secondary and community healthcare services conveniently located within the one building.

The Renal Unit at Omagh Hospital and Primary Care Complex celebrated the success of the Shared Haemodialysis (HD) Care programme during the year (the Western Trust was the first Trust in NI to offer Shared HD to patients). The benefits of Shared HD for patients include having the choice of participating in their treatment, greater confidence, a sense of control of their condition, and better physical and mental health and well-being. Feedback from the programme has been extremely positive.

In July 2018 the Trust announced that it would be embarking on a Pathfinder initiative looking at Health and Social Care across Fermanagh and West Tyrone, which will seek to take a detailed honest look at what we are doing and whether we can do it better. The first stage in the process centered around a series of engaging

discussions with staff in South West Acute Hospital and Omagh Hospital and Primary Care Complex, which was followed by an intensive period of face-to-face engagement with the community beginning in November 2018. This included a presentation to members of the Personal and Public Involvement (PPI) forum and also to a large audience at the Fermanagh Rural Community Network Annual General Meeting. Moving forward, the next phase in the process will involve the seven appointed independent Experts by Experience joining a number of influential stakeholders across four work streams influenced by Health and Wellbeing 2026: Delivering Together, to look at designing and developing plans for the delivery of services going forward.

The Trust secured nearly half a million pounds in funding to roll out an internationally renowned preventive programme that reduces risk of heart attack and stroke. The programme, which will be rolled out across three hospital sites at South West Acute Hospital, Altnagelvin Hospital and Omagh Hospital and Primary Care Complex and is based on the 'My Action' model developed by researchers in Imperial College, London. The initiative's foundation is healthy lifestyle change (smoking cessation, healthy diet and weight, regular physical activity) in families as well as management of other cardiovascular risk factors such as high blood pressure and cholesterol. Patients (and their partners) in the Western Trust area will be eligible for the 10 week programme if they have had a heart attack (or other forms of vascular disease such as mini stroke or peripheral arterial disease). It will also be available to those who are at-risk of heart disease/stroke, to try and prevent these events happening in the first place.

During the year, a very successful Lapchole pilot was taken forward at the Day Procedure Unit at Omagh Hospital and Primary Care Complex. The pilot involved surgery to remove the gallbladder in a Day Case setting. This is a transformational project in terms of how we provide services, and has been a positive experience for the patients involved. Work is now progressing in relation to wider roll out of the initiative.

Positive Ageing Month was launched in Enniskillen in October 2018. This initiative involved the Trust working with partner organisations to promote Positive Ageing throughout the West. Positive ageing takes into consideration the 5 steps to wellbeing – Be Active, Connect, Take Notice, Give and Keep Learning, and is recognized as vitally important that we continue to work together to encourage older people to live long, healthy lives, especially in the context of an ageing population. In June 2018, the South West Acute Hospital hosted the 34<sup>th</sup> Annual Western Trust Cardiology Update, in conjunction with the Irish Cardiac Society, and NI Chest Heart and Stroke. The Conference covered a diverse range of topics and the Key Note Lecture was delivered by the world renowned cardiac pathologist, Professor Mary Sheppard. Delegates attended from all over Ireland from a range of disciplines.

### **Clinical Psychology – Physical Health (Acute)**

Waiting list pressures continued to be an issue with demand outstripping supply across most of the specialisms who refer (with cancer services creating the most demand). Unscheduled care (urgent referrals/ in-patient referrals, grace and favour referrals for in-patients who fell outside funding streams) created additional pressure on waiting list times. The service was also affected by 50% of qualified psychology staff being on maternity leave. There were difficulties securing appropriate locum cover for these gaps in service and an inability to fill vacancies in a timely manner

also impacted on service delivery. The service is currently exploring ways of facilitating training of junior members of staff so that future demand can be met.

### **Pharmacy**

The Pharmacy service continues to provide safe services that meet standards and fulfil legislative requirements, as well as carrying out quality and service improvement initiatives.

The Trust's Antimicrobial Stewardship Pharmacists sit on the Antimicrobial Management Team and work closely with the Medical Director, Consultant Microbiologists and Infection Control Team to ensure safe and effective antimicrobial use. A new in-patient prescription which supports the timely appropriate review of intravenous antibiotics was introduced.

The Principal Pharmacist (Patient Services and Procurement) has led on a number of efficiency projects regionally and within the Trust. Work continues to ensure that the Trust purchases and uses medicines listed in the HSC Board's Cost Effective Choices List.

The Consultant Pharmacist-led pharmacy service to older people continues to develop with a new focus on working with patients who have identified medicines adherence needs (Omagh, Castlederg and Strabane). The team also has introduced self-administration of medicines in wards 3 and 4 of Waterside Hospital as well as ensuring that patients admitted to hospital get their Parkinson's medicines on time. New barcode scanning technology has been introduced to ensure compliance with a recent change in legislation relating to falsified medicines (Falsified Medicines Directive) which came into place in February 2019. A number of new pharmacy services were started during the year. These included provision of clinical pharmacy services to patients with mental ill health (acute and home care teams) in the southern sector (based in Omagh) and to the Stroke Unit (Ward 40) Altnagelvin. Also a Lead Pharmacist for Controlled Drugs was appointed to support the work of the Trust's Accountable Officer for Controlled Drugs. A video has been developed and shared via social media asking patients to bring their medicines to hospital when they are admitted.

#### **1.2.1.2 Adult Mental Health and Disability Services**

##### **Adult Disability, Sensory & Autistic Spectrum Disorder Services**

##### **Key Issues**

- There are ever increasing numbers of adults recognised as having Autistic Spectrum Disorder within the Trust area. Waiting lists for both diagnostic assessment and post diagnostic support and intervention continue to be long and we have recently secured additional investment to recruit two social workers. This will provide an opportunity to expand service delivery in keeping with the Autism Strategy and Action Plan which seeks to promote a more flexible approach for people with autism and their families and carers as reflected in the principles of "Transforming Your Care". It is anticipated that this will offer a broader and more flexible range of opportunities to enable people with autism, their families and carers to access a range of services.

- There continues to be ongoing challenges to provide appropriate care for clients with complex health care needs including young persons transitioning.
- Challenges continue regarding accessing domiciliary care across some sparsely populated areas of the Trust. Within social work caseloads practitioners are managing cases where some assessed needs are partially being met. In such instances practitioners continue to try and source care through a range of options using a self-directed personalisation approach involving the wider support network accessible to service users.
- The numbers of service users with Physical and Sensory Disabilities who are accessing Self-Directed Support and Direct Payments has also increased this year. This continues to reflect the strong drive towards the ethos of choice and independence offered to service users and carers as an optional solution to life situations.
- Individuals with cognitive deficits under the age of 65 who experience confusion secondary to damage related to their alcohol misuse have no commissioned service available to meet their needs. This can result in delay in the delivery of community based services best suited to meet their needs.
- Top up fees for nursing homes is a pressure on the Independent Sector Homes budget.
- There is increasing demand for suitable accommodation for individuals with a range of disabilities of all ages who require varying degrees of support. This pressing need puts additional pressure on scarce resources, e.g. nursing home placements. There are also pressures sourcing suitable accommodation for individuals with an acquired brain injury. Acquired brain injury is a life-long condition and in addition to rehabilitation, services are required to provide support for community living. A range of services are required to offer graded levels of support. People require access to a continuum of community based services providing home support, supported and sheltered accommodation, as well as day and respite care to maximise their rehabilitative potential, independence and social participation.

### **Areas of improvement**

Following an audit within Glen Oaks Day Centre, Derry/Londonderry a service improvement plan has been implemented, in conjunction with the Learning, Governance and Development Team. This improvement plan was shared with Regulation and Quality Improvement Authority (RQIA) and its focus is to promote users' independence through programmes of rehabilitative, therapeutic, social, recreational and educational activities. Individuals who attend the centre participate in a full and varied programme of activities to promote independence. Service users co-designed and pitched the proposal to redesign the entrance foyer of the building. The project set the standard for environmental design that accommodates disability issues. In addition this new design will encourage and invite a cross section of individuals including younger adults to enjoy the environment. The design change promotes the concept of a person-centred ethos and accommodates the needs of those with a sensory and/or physical disability and/or brain injury/and or autism

## **Adult Mental Health Services**

### **Royal College of Nursing Nurse of the Year 2018**

The finals of the Royal College of Nursing Nurse of the Year 2018 awards took place on 7 June 2018.

- Liam Dunne won the award for Inspiring Excellence in Mental Health and Learning Disability Nursing Category; and
- Yvonne McWhirter won the award for Inspirational Achievement in Addiction Services Category.

### **Accommodation Strategy for Mental Health**

Following the commencement of the review of mental health residential accommodation, to date it has highlighted that the current service provision of Houses of Multiple Occupancy (HMO) in both the Northern and Southern Sectors does not appear to be meeting the needs of current clients. Clients would prefer to have their own individual accommodation which has resulted in difficulty filling voids in HMOs.

The ongoing review will include all accommodation stock and look at the potential to supporting people over the next 5 – 10 years. Specifically it will:

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

### **Developing Crisis Response and Home Treatment services in southern sector**

The community crisis house “Rathview House” opened in January 2019. This is a community-based crisis service that offers support in a registered nursing home setting for people experiencing mental health crisis. This new facility enhances the new Mental Health Acute Care Pathway for people living in Omagh and Fermanagh. This facility offers an alternative to hospital admissions, keeping people connected with families and communities.

### **New Mental Health Unit in Omagh**

The Western Trust is submitting an Outline Business Case to the DoH for a capital investment to build a mental health unit in Omagh. The new mental health unit will allow existing services to relocate to a modern state of the art facility located adjacent to the new Omagh Hospital and Primary Care Complex. The new unit will provide enhanced acute inpatient care to adults and older people; an addictions detoxification in-patient ward; day-care and crisis response home treatment services across the Omagh and Fermanagh council areas.

### **Supported Accommodation/ Recovery Service**

Rathview Mews opened its doors in January 2019. This pioneering, innovative service which consists of transition housing will provide support/rehabilitation through the provision of 12 self-contained flats. The service has enabled the resettlement of people from long-stay hospital care to community living and also will create additional

capacity for others with assessed needs for support and rehabilitation. The recovery and rehabilitation ethos are central to the service provided through Rathview Mews.

**Primary Care & Adult Psychological Therapies Service**

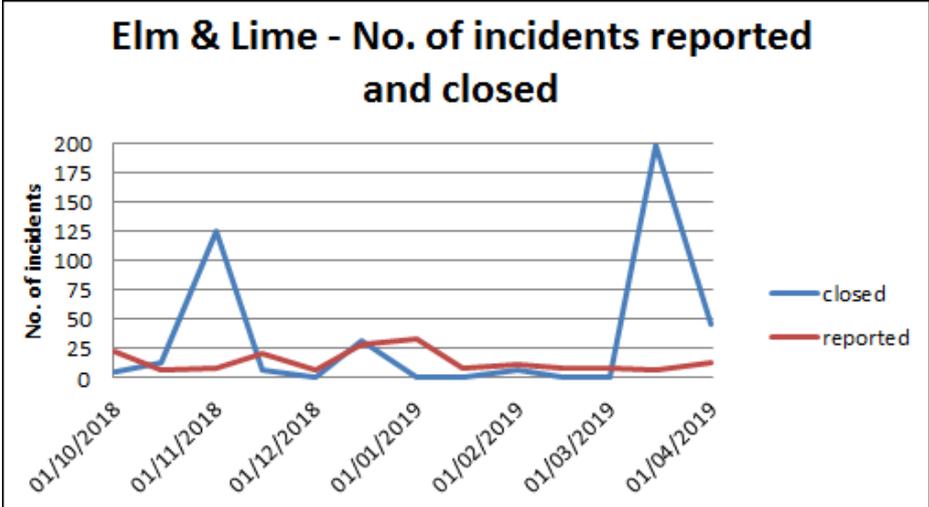
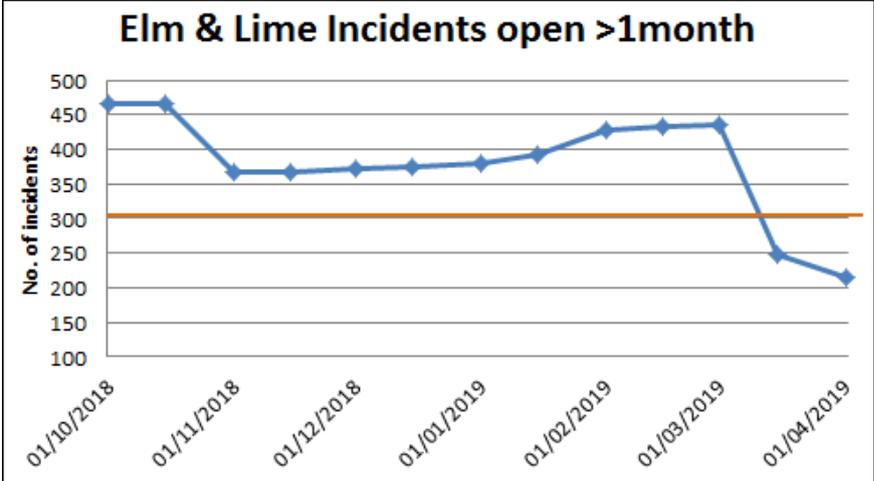
Waiting list pressures continue to be an issue with demand exceeding capacity across Primary Care Liaison Services and in most of the specialist teams Trust-wide. “Big Room” quality improvement initiatives are underway to review systems to ensure efficiency, effectiveness and flow.

**Outstanding Serious Adverse Incidents**

Within Adult Mental Health Services a recovery plan to address outstanding SAIs has been implemented. This has been enabled through the commissioning of training for Team Managers and Leaders who are being supported by an SAI panel of Senior Practitioners, clinicians and external mentoring.

**DATIX**

The Clinical & Social Care Governance Lead and the Corporate Risk Manager completed DATIX training with Band 6 staff in both acute inpatient units. These staff are now registered as Datix handlers which enables them to close and review green incidents following this training. The impact of this training in Elm and Lime Wards, Tyrone and Fermanagh has been significant as detailed in the run charts below.



## **Adult Learning Disability Services**

The changing demographic of adults with learning disabilities and their carers continues to indicate that people are living longer and requiring access to a greater range of services for health and social care. This clearly impacts on the programme's ability to deliver on the needs of service users and carers living with a life-long disability. A number of regional reviews have indicated that Adult Learning Disability Services in the West have a significant differential in terms of investment.

Work has been ongoing over time to redress the inequity through additional investment and in 2018/19, the Trust confirmed further significant additional funding to address the problem. A prioritised spending plan is currently being developed in consultation with carers and service users through the established PPI/Co-Production process to inform investment in services to meet the needs of this population.

## **Community Team Investment**

In 2018/19 the investment in Service Improvement in Community Social Work Teams has seen the completion and implementation of a comprehensive and personalised "All About Me" assessment and review process with associated guidance to support the testing phase and ongoing rollout of this work. The Improvement Project has also enabled the development of a suite of documentation to support good practice and recording systems for the Community Adult Learning Disability Social Work Service across the Trust. In addition to this, the Transition Service has also been strengthened and a Trust wide representative group has engaged with the Safety Quality West initiative to progress a dedicated improvement initiative in this area based on feedback from service users and carers. The Community Team has also made the transition to the PARIS system.

The Community Social Work Team Management infrastructure has been consolidated and all post holders are in place as part of strengthening the workforce. Final appointments to social work posts are currently being made. Overall there has been an increase in positive feedback to the social work service with a notable reduction in complaints regarding access to and lack of satisfaction with social work services.

Furthermore there has been significant activity through the efforts of Community Social Work in 2018/19 to progressing the co-production agenda through two initiatives:

### **1. PPI & Co-Production**

Staff and managers have engaged with service users and carers in all Trust areas to support the development of Local Involvement groups. The focus of these groups is to create a meaningful platform for ensuring the involvement of people at the earliest possible stage in helping identify local unmet need for Learning Disability; ensuring their voice is heard; and that their ideas can contribute to strategic planning and co-production of services. These groups are continuing to form and social work will feature significantly in co-production going forward in the review of work to date and involvement of service users and carers in new initiatives.



*Local Involvement Group Meetings in Strabane/Limavady discussing local issues and priorities*

## **2. Multi-agency working at the social work interface through the development of a Local Engagement Partnership (Phase 2 SW Strategy)**

The Local Engagement Partnership contributed to last year's regional conference in LEP development and featured significantly in promotional DVD work to showcase WHSCT work in this area. The Partnership embraces a wide range of statutory and voluntary sector partners as well as service users and carers to explore how we can improve multi agency working to help improve services for people with learning disability.



*Western Trust contribute to lively debate at Regional LEP Conference in Newry.*

### **Supported Living and Short Breaks**

The Trust has continued to work this year to engage with providers to begin to plan for the development of additional residential short breaks to meet the assessed needs of carers going forward and to create additional bespoke supported living arrangements for adults with learning disabilities across the spectrum of need.

Scoping work is being progressed across all areas of the Trust to inform development. We have commissioned one additional bed in Apple Mews in-year and have continued to worked with Mencap and Golden Lane Housing to develop plans to create a residential short breaks facility in the Strabane area over the next 12 to 18 months in response to assessed need. Plans are also well developed to enjoy the benefit of new bespoke supported living in that area. In 2018/19 we have worked with our partners to create a number of homes for people in local communities and have enabled transitions and placements of some of our most complex cases through excellent multi professional and multi-agency working, challenging though this has been.

The ALD management group have also begun to pursue options for non-residential short breaks which may meet elements of need identified in a quality, but more cost-effective way through "Caring Breaks". In addition we have become involved in driving the WHSCT contribution to the "Shared Lives" regional Transformation Project aimed at recruiting carers and increasing home-based care for adults with learning disability and older people.

## Day Services Review

The Day Services Review shows that the Day Care and Day Opportunities Service portfolio in the Western Trust area continues to meet the needs of a significant number of the ALD population. The action plan spans 2017 – 2022 and the end of year report for year 2 is nearing completion. Early indications demonstrate a significant rise in the number of care packages for day services and a growing interest for mixed packages of day opportunities for transitions cases. The Western Trust continues to work with third sector organisations to support them to consider creative and alternative options to traditional day care.

Care packages of this nature are being managed in line with personalisation through Self-Directed Support.

It is important to note though that there are significant challenges faced by clients and families including transport, especially in rural areas; workforce issues; and environmental issues in some of the current facilities which require upgrading to meet the needs of people with learning disability and autism.

Notwithstanding, there are many examples of creative and meaningful work across the Trust to celebrate and some examples are included below:

- Omagh Centre celebrated their 40<sup>th</sup> Anniversary with a hugely successful Gala Ball held at the Silverbirch Hotel, Omagh on Saturday 19 May 2018.



- Following 10 weekly hour-long dance sessions with Dylan Quinn Dance Group, 14 service users from Fresh Focus Day Opportunities in Fermanagh took to various locations and venues including the SWAH to present their dance in “flash mob style” to the local community.



- Tir Navar Day Centre took part in a Community Lives programme with support from Verbal Arts founded by Fermanagh and Omagh District Council. Service users were offered an opportunity to avail of photography services to take photos during day care and visits at different community venues.

The photo books came to life using objects that helped explain each activity. All our service-users took part in the making of these books and it was very interactive and inclusive.



### **Employment Based Opportunities:**

In addition there has been a significant focus on growing employment-based opportunities in 2018/19 through the continued efforts of Community Access Workers and some of our dedicated service providers such as Destined; Orchardville; the Hub; Mencap employment-based services; and others including our in-house services, for example at Berries, Sow and Grow and Lakeview.

Orchardville, for example, as a new provider commenced an employment service in the Derry/Londonderry area in June 2018 and have to date sourced 12 work placements across private, public and voluntary sectors; have positively engaged with over 20 employers; have 6 participants in active work placements and 4 participants seeking paid employment supported by Orchardville. Those engaged with the service speak highly of the help and support they receive and are enjoying their new challenges:

See below one case example from Orchardville's annual report:

### **Case study** (As extracted from Orchardville's annual report)

AB, with the support of her Orchardville employment officer, has maintained a work placement at Joe Jackson's Icecream Parlour on Wednesday afternoons. She can now confidently fulfil her job role, which involves clearing tables; filling and emptying the dishwasher; sweeping the floor; cleaning glass surfaces and chatting to customers. AB works as part of the team, learning transferable work skills; developing a strong work ethic; and building her self-esteem. This experience has been essential to prepare her for work and will enable her to secure paid employment in a similar role in the future. AB enjoys her work immensely and looks forward to attending every week.



### **Lakeview Reconfiguration**

Lakeview Hospital in 2018/19 has commenced a significant improvement project which is being carried out alongside development of the regional Learning Disability

Service Model Transformation Project. This is an exciting opportunity to revisit the hospitals role, function and operating procedures in line with the changing needs of the population. Throughout the year the hospital has continued to meet the needs of those requiring inpatient services in a robust and effective way.

### **Learning Disability Service Model**

In 2018/19 the multi professional Community Team for Learning Disability has embraced the work being undertaken regionally to develop a new model for Learning Disability Services focussed initially on the arrangements for assessment and treatment of people requiring in-patient services. The model will also consider the overall model for community services across the spectrum of need for Learning Disability Services. The WHSCT has employed a band 8A lead to work with the regional team on this initiative as part of Transformation and is committed to progressing this in a co-produced way with service users and carers.

### **1.2.1.3 Primary Care and Older People's Services**

#### **Staff Recruitment Pressures**

Medical staffing recruitment pressures continued in 2018/19, which has necessitated the continued employment of locum medical staff and the significant financial cost to the Directorate. The recruitment of nursing, social work and AHP staff has also continued to present challenges throughout the year. The Directorate has continued to ensure that prioritisation of work is safely managed, whilst, at the same time, pursuing timely recruitment processes.

#### **Domiciliary Care Provision**

Demand for domiciliary care provision has continued to increase during 2018/19. The Trust remains committed to supporting people who wish to remain in their own home with the provision of care packages that meets the trends towards increasing complex care needs. However, it must be acknowledged that a waiting list is in place for domiciliary care and there are particular challenges in providing care for individuals living in the more rural areas of the Trust.

#### **Acute Hospitals - Working to become dementia friendly**

Work has been ongoing to work towards dementia friendly facilities; this includes

- Hospital staff trained in how to communicate with a person with dementia and how to respond to behavioural and psychological symptoms. The training programme includes dementia awareness workshops; virtual dementia training; best practice in dementia care; and capacity assessment training.
- Dementia design audits carried out in a number of areas across the 3 acute hospital sites including outpatient departments, emergency departments and wards. Recommendations were made on how to make the environment more dementia friendly. Work is ongoing to take these recommendations forward.
- The Western Trust joined the national John's Campaign in 2016, which supports the rights of carers to stay with patients with dementia in hospital. To ensure John's Campaign is implemented fully, information was included on the Trust's new hospital visiting poster and policy. Recliner chairs were purchased for all

wards so that carers can sleep in them if they wish to stay overnight with their loved one with dementia.

- A number of volunteers have been, and will continue to be, recruited and trained to work with dementia patients admitted to the hospitals.
- Older People's Mental Health identified the need for a dementia specialist nurse service for the acute hospitals. Two new dementia specialist nurse posts have been recruited: one to cover Omagh Hospital and South West Acute Hospital and the other for Altnagelvin Hospital and Waterside Hospital.

### **Frailty Big Room**

The Frailty Quality Improvement Big Room commenced in June 2018. Weekly meetings are held, which brings together a diverse range of specialities who work within the speciality of frailty. Service user engagement is key to this concept and the Frailty Big Room has ensured active patient and public involvement since its inception.

The "Big Room" concept is underpinned by the "5V" methodology which incorporates Value, Involve, Visualisation, Evidence and finally, Vision. The journey began by discussing the values and what mattered to the staff working within the frailty pathway. We then moved on to discussing the complexities of the service and the crisis points which bring a frail person to the Emergency Department. Following on from that, we spent one Big Room looking at the current typical pathway for a frail elderly patient when they present to ED.

A patient story was presented by the Occupational Therapy team and the following three Big Rooms were spent process mapping this patient's journey throughout the hospital. Now that the "pre-phase" stage of the Big Room is complete, the process map is currently being reviewed to gather the key themes and issues, whilst working towards constructing a global aim for the Frailty Pathway.

### **DEEDS Project (Dementia Engaged and Empowered in Derry/Londonderry and Strabane)**

With the support of The Western Trust, the Old Library Trust in Derry/Londonderry was successful in their application to The Big Lottery Fund for a 3 year dementia project. The project will support people with mild or moderate dementia and their carers in the Derry/Londonderry and Strabane areas.

Delivery will occur through six community-based organisations including Old Library Trust Healthy Living Centre as lead partner and grant holder; Strabane District Caring Services; Learmount Community Centre; Hillcrest Trust; Caw Nelson Drive Action Group; and Shantallow Community Centre.

Each area will run a memory group and activity group for people with dementia and a series of 4-week education groups for carers. In addition 5 events, including a summer programme, will be organised every year for both people with dementia and carers.

### **Dementia Analytics Research User Group**

The Trust has secured nearly £20k funding from DARUG (Dementia Analytics Research User Group) to complete two scoping exercises with their dementia population.

The first project is an Exploratory Analysis of WHSCT Detailed Memory Assessment Service Data 2016-2018. This scoping exercise utilises existing information collected from 2016 to 2018 at initial memory assessment. This information is used to create an extensive database, which will be the only one of its kind in Northern Ireland. The dataset will allow for higher quality analysis within a planned full research project proposal.

The second project is reducing inappropriate use of long-term and new anti-psychotic prescriptions in people living with dementia known to the WHSCT community mental health team for older people. This scoping proposal aims to create a database for older people known to the older peoples' mental health team with a diagnosis of dementia and who are prescribed anti-psychotic medication (excluding use for pre-existing mental health conditions). Fuller analysis on a small number of patients will be completed in order to identify the reason prescribed, length of prescribing and tolerance. This scoping project will help to define and develop effective medications management interventions which will drive more appropriate prescribing and a reduction in overall treatment burden in this client group.

### **Virtual Dementia Tour (VDT)**

A study evaluating the impact of VDT training upon perception of empathy, dementia care and practice by the Ulster University was carried out at Altnagelvin, South West and Omagh Hospitals. The study was presented at the International Meeting on Nursing Research and Evidence Based Practice Conference in Madrid in November 2018 as a keynote presentation.

### **Staff Awards**

Three members of staff from the Directorate of Primary Care and Older People's Services Directorate were recognised for their services to nursing:

- Bernie Michaelides, Head of Intermediate Care was appointed as a Member of the Order of the British Empire (MBE) for services to community nursing.
- Judy Houlahan, Head of Secondary Care, became a medallist of the Order of the British Empire (BEM) for services to nursing and voluntary services to the community of Derry/Londonderry respectively.
- Maria Magee received the Dementia Nursing Award at the RCN Nurse of the Year Awards. Maria works as the Macmillan Palliative Care Facilitator and won the award as a result of her work with dementia patients and their carers through the introduction of the Namaste Care Programme (NCP) to Northern Ireland.

### **Falls Integrated Pathway Co-ordinator**

The Western Trust's Falls Integrated Pathway Co-ordinator has been in post since April 2018. Progress to date includes the setting up of a Falls Learning Collaborative with focused work in the care of the elderly wards across secondary care. In addition, the Directorate has piloted Falls Clinics in the Northern Sector of the Trust using resources from the Older Persons Assessment and Liaison Service (OPALS). From 1

November 2018 to 31 March 2019, 171 referrals to the clinic have been received. Almost 50% of these were from the Northern Ireland Ambulance Service, which patients were to be assessed and remain in their own environment with a referral to the OPALS team for follow-up. This, in turn, has reduced the number of patients attending the Emergency Department following a fall at home. A Falls Review Group has been set up in the Trust to review incidents recorded on DATIX of moderate and above harm in relation to falls. This group identifies learning to be shared from these incidents at local level with the wards and on a wider platform such as safe and effective care in order to share learning.

### **Acute Care at Home**

The Acute Care at Home service has been in operation since 22 August 2016. At 31 March 2019, the service has treated and discharged 1,224 patients. The majority of these patients were referred by their GP (940): 273 were referred by Altnagelvin Hospital; and 13 have been referred by the Northern Ireland Ambulance Service. 819 of these patients lived in their own homes and 405 in nursing/residential homes. The service continues to provide multi-disciplinary care for elderly patients, aiming to prevent an admission to hospital where possible. The next step is to expand the service, firstly with the Northern Sector of the Western Trust, expanding with new staff to allow a higher number of patients to be treated by the service. Following this, the Acute Care at Home Service will begin operating in the Southern Sector of the Western Trust towards the end of 2019, covering the Omagh, Enniskillen and adjoining areas. This, in turn, will ensure that patients aged 75 years and over, in the whole of the Western Trust area, can avail of this service and remain in their own homes avoiding an acute hospital admission where appropriate. This service has been very well received by patients and carers and feedback through service user questionnaires and 10,000 Voices, to date, has been very positive and encouraging for the team.

#### **1.2.1.4 Women & Children's Services**

##### **Family and Child Care / Signs of Safety Implementation**

The regional launch of Signs of Safety following the pre-implementation phase took place in June 2018. The approach is based on empowering families to build on their own strengths, and rigorously and collaboratively with professionals put together arrangements for the safety of children.

Signs of Safety is now the regional approach to social work practice across Family and Childcare in Northern Ireland providing a shared vision. Since the launch, momentum in implementation has grown. To take this further, 5 Senior Practitioners along with the Implementation Officer are now in place to assist with capacity and to model the practice in order to cascade learning. A local implementation plan has been developed in line with the overarching regional implementation and a structure of several groups reporting to the Project Board to ensure this continues to progress is now well established. Family and staff surveys have been completed and analysed, showing the baseline at the commencement of the formal implementation and will be used as a comparative measure of progress.

To date, almost 350 social workers have completed the two day introductory training, with over 60 having completed the 5 day advanced training. The training has targeted managers and practitioners of all levels. Partner agencies and other staff groups have

also been involved in training and awareness sessions from both the statutory and voluntary sector, with more events planned over the coming months.

Work continues both regionally and locally on aligning organisational arrangements to be congruent with the practice and this has been a challenging task, particularly around recording and IT systems. A number of workstreams and pilots are ongoing with commitments being made by leaders to find a way forward. This first year has already begun to show the benefits of this approach.

### **Adverse Childhood Experience (ACE) Conference**

Since the success of the ACE aware conference in Omagh in 2017 the ACE movement has gathered considerable pace. The WHSCT Discovery Group, 'Best Start in Life', took on the mantle of highlighting the need to ensure that all staff had access to ACE and Trauma Awareness information. Several recommendations were made to Corporate Management Team including two day training for all senior staff including Heads of Service; Assistant Directors; Directors; and the Chief Executive. Facilitated by Clinical Psychologist Dr Karen Treisman, the training is aimed at giving an understanding of Trauma Awareness and how an organisation works towards becoming Trauma Informed. The roll out and screening for the film "Resilience" to take place throughout the year for all staff within the WHSCT and that The Best Start in Life Steering Group would take on the future developments and roll out of Trauma informed practice throughout the trust. To date more than 2,000 people throughout the West have seen the "Resilience documentary" and this has been facilitated by WHSCT staff. This includes screening within the Trust, education sector, Policing, Youth justice and Community and voluntary organisations. Along with partners from SBNI and CAWT- MACE Project, Trust staff are continuing to roll out ACE awareness information, training and screenings. Members of The Best Start in Life Steering Group have worked with staff in the North West Regional College and have successfully obtained an OCN accredited module on Infant mental health.

We are working closely with the CAWT team who have received EU funding for the MACE Project. This is a cross-border initiative that will provide interventions for families who have lived with ACES. Training will also be provided to statutory and community-based organisations to increase awareness and improve trauma informed interventions at an early stage. The Western Trust is working in partnership with TUSLA and CAWT project staff with regard to the roll out of this project.

### **Independent Review of Model of Attachment Practice (MAP)**

The Model of Attachment Practice is a strategic intervention and a fundamental practice base which has been developed within the Trust and is continually evolving and being adapted across the Woman and Children's Directorate. MAP is an intervention that is designed to help children in recovering from early adversity and support those caring and planning for them. In that regard, a system which pays attention to such adversity, to the principles of trauma, attachment and neurodevelopment in caring about, and for, such children offers the opportunity for growth and recovery to occur. In understanding how developmental trauma has happened within relationships, our staff need to be trauma informed and attachment focussed in addressing such. Fundamentally MAP is about paying attention to the relationships around us. When we do it well, we are attuned to ourselves; our service users; and each other. We become a more compassionate workforce which values each other and the recognises the challenge faced by all of us, regardless of our role.

MAP also connects really well with the Signs of Safety program being delivered within the Trust.

The Model of Attachment Practice current running program is as follows:

- Within Residential Child Care, the full MAP strategic plan has been delivered with the MAP Core team continuing to sustain and support future development and implementation.
- The Trust's Fostering service have completed two years in MAP training and development within their strategic plan with the LAC and 16plus Services being within their first year of training and development.
- The family support service engaged have developed their three year strategic plan which will commence in the autumn.
- FIS currently engaged in taster training with ongoing strategic discussions taking place.
- The Childrens' Disability residential sector have had ongoing training and development for some five years. However, a three year strategic plan is now in place to include all staff who support children and families.
- Discussions and training is being provided to Child Paediatrics Psychology with a view to developing a relative MAP Strategy within this sector.
- The Child and Adolescent Mental Health Service are engaged in discussions with a view to developing the MAP Model within the service.

### **Family Time review**

This commenced in May 2018 and was part of the ECHO Quality Improvement project, with the staff involved receiving a level 2 quality improvement qualification. Initially a pilot was carried out in Enniskillen, where the level of family time assessment improved from 13% to over 60%.

The Family Time Review is now being rolled out on a wider scale across the Trust, in conjunction with the implementation of Signs of Safety.

Key areas of improvement include that networks will supervise family time when it is assessed as safe and appropriate to do so. Further emphasis is being placed on de-stigmatising children's experience of family time, by promoting that it takes place in their family home, again when safe to do so.

### **Parents' Forum**

Shantallow Family Centre has recently launched a Parents' Forum set up to work in partnership with parents to improve and develop services. The parents involved are current / past clients and they meet every 3 months with social workers and senior managers. The forum allows parents to talk about their personal experiences as service users; share good practice; agree areas of improvement; and involve parents in the development of new ways of working. Parents have named the forum 'Together as One' and it was officially launched in December 2018.

### **Paediatrics**

Altnagelvin Parents Support Group, supporting parents of Ward 6 & 16, was established in March 2018. A Facebook page has been set up for the group. The group started a fundraising campaign in January 2019 to raise money to buy specially-designed Glideaway beds for parents staying with their child overnight on the ward. The official launch of Altnagelvin Parents Support Group took place on

Saturday 6 April in the MDEC Building, Altnagelvin Hospital. The launch was attended by over 120 parents, children, business representatives and Trust staff associated with Ward 6 and Ward 16 at Altnagelvin Hospital. At the event, the Western Trust was presented with 27 Glideaway Beds to be used by parents of children staying in the Children's Ward. Each bed was sponsored by a local business, sports club and families of children that have used the ward. There were also beds sponsored in memory of loved ones. An engraved plaque has been attached to each bed identifying the group or company sponsoring each bed.

### **Butterfly Lodge**

The staffing situation has improved within the team caring for children with complex health care needs and, as such, the short breaks at this unit are now available for overnight as well as daytime. The unit is open a few days/night each week, as staff provide short breaks to children with complex health care needs in their homes.

### **Paediatric Psychology**

Staff have considered new ways of working to deliver group based intervention to young people with similar presentations. The first group which focused on emotional impact and management of anxiety is complete. The project been accepted for presentation at the upcoming Division of Clinical Psychology NI conference. The next group will address pain. Using group work allows delivery of evidence-based interventions to a group of young people of similar age and presenting issues in this way (rather than 1-1) and can also facilitate peer support and parent support.

### **Neonatal**

Neonatal staff joined in the global celebrations of World Prematurity Day on Saturday 17 November 2018. A number of senior Band 5 Staff Nurses organised a Prematuri TEA party, which was extremely successful. This was advertised on the Trust Facebook page and was very well attended by graduates up to twelve years of age.

### **Family Integrated Care (FIC)**

Following a visit to Leeds Neonatal Unit, one of the unit sisters, alongside her staff, and in consultation with a number of parents, made a plan of action as to how this could be implemented in our unit at Altnagelvin.

Expected outcomes and improvements of family integrated care are:

- Enabling parents to care for their baby along-side staff;
- More involvement in all aspects of care even tube feeding; and
- Parents being involved in the decision making processes about care of their baby.

The ultimate outcome of this would be increased parent satisfaction in the care their baby received and also an improvement in parental confidence. A major change in practice was 'Weigh days'. This meant that each baby's weight and measurement was checked by parents when they came to visit, and they could also bathe their baby if they wanted at this time too. This was a task less for nurses to do, but also improved greatly the experience for the parents and 'Weigh Day' was eagerly anticipated. Also parental involvement has been sought regarding the choice of chairs bought for the NICU with donated funds. This is just one very small aspect of Family Integrated Care, but has helped to empower parents and therefore, build a closer relationship with their baby.

## **Community Dentistry**

2018/19 was a difficult year in terms of staffing, however this is improving. We have been successful in recruiting two new dentists to the service in the Northern sector and another dentist is due to start work in South West Acute Hospital in July 2019. This will allow us to address our waiting lists.

An Oral Health Coordinator from the team attended the AGM of Little Orchids Pre-school facility to give information and advice to parents and children with additional needs. This was an excellent opportunity to spread this preventive message particularly to children with challenges. There was very positive feedback from parents who enjoyed it and found it practical and helpful.

Transformation funding has allowed two oral health preventive programmes to be rolled out throughout the Trust as part of a regional initiative. The first in nursing/residential homes follows on from a successful pilot carried out in the WHSCT in 2017 and uses dental nurses, with extended duties to provide increased oral health prevention for these vulnerable patients. A pilot is also taking place in two primary schools and attached nurseries; and these will be completed in 2020.

The Community Dental Service organised two very successful in house training days. All clinical staff attended Radiology training to update them on their responsibilities under current IRMER 18 legislation. This excellent programme included both theory and practical aspects of radiology. The second focused on management of individuals who had suffered a stroke. Specialist nurses, Speech and Language therapists and a patient who experienced a stroke updated staff on the challenges stroke patients can face. A Senior Dental Officer gave an overview of the dental implications of a stroke and the practical management of such patients. Feedback from staff was very positive.

Oral health staff have been working with teenagers in a variety of settings to highlight the importance of good oral health. This includes those with behavioural and emotional difficulties or those unable to attend mainstream school.

## **Maternity and Gynaecology**

### **Support for bereaved dads**

The Childbirth and Pregnancy Loss Specialist Midwife (CPLSM) for the WHSCT provides both practical and emotional support to both parents whilst in hospital following the loss of their baby. This support continues into the postnatal period, but CPLSM recognise that the support focused more on mums rather than the dads. A lot of men don't talk about grief to their partners, family, support groups etc. but most men will kick a football around. After learning about a football team in England set up solely as a unique way for dads to come together and to create their own safe supportive network of people who have been through the same experience, the CPLSM approached SANDS NI to establish a team locally. A team of bereaved fathers/partners have now met on a number of occasions through this initiative and are known as Maiden City SANDS NI FC. This will have far-reaching ramifications on the physical, mental and emotional health of not only the bereaved dads themselves, but their entire families.

### **The Pregnancy & Loss Specialist Midwife**

Melissa Caldwell has been nominated for Mariposa and Butterfly awards by parents and staff. These awards recognize excellence in care and support for people who have experienced baby loss. She was 'highly commended' in the Mariposa award and the Butterfly award will be confirmed later in the year.

### **Award for team leader**

Brenda McCabe, Community Midwife Team Lead for the Southern Sector of the Trust, has been selected as the NI Regional winner 'Emma's diary' Midwife of the Year. Brenda was nominated by one of her clients and they presented their story to Trust board in May 2019.

### **Quality Improvement**

In the area of management of women with Gestational Diabetes (GDM) in pregnancy, the 'Big Room' project aims to improve the journey of mothers through the GDM pathway at Altnagelvin. This is a multi-disciplinary project involving midwives, obstetricians, diabetic nurses and dieticians and medical consultant.

### **OASIS (Obstetric Anal Injuries) Trust wide**

This Quality Improvement project involved the introduction of a change in practice in delivering babies to reduce the incidents of perineal trauma. A care bundle was introduced in May 2016 aiming to reduce 3<sup>rd</sup> and 4<sup>th</sup> degree tears at all vaginal deliveries. Training and implementation has been ongoing and the 3<sup>rd</sup> and 4<sup>th</sup> degree tear rate is now below the national average for the first time in 6 years. The national average is 2.9% and Altnagelvin rate is 2.5%. This care bundle has taken 2 years to implement as it has been a significant change in culture within the clinical area for both medical and midwifery staff. The way forward is to maintain training and skills through updates; regular OASIS faculty meetings; clinical champions promoting good practice; and review of 3<sup>rd</sup> and 4<sup>th</sup> degree tears when they occur. Data will be consolidated and shared regionally by the end of 2019.

### **Monofer**

The Trust has implemented Monofer to treat pregnant women with anaemia trust-wide. This practice has reduced the number of visits for treatment from 4 visits to 1. The Trust will take part in a national audit of anaemia in pregnancy.

### **Early pregnancy**

A project has been introduced to improve the care pathway of women requiring investigation and treatment of early pregnancy-related problems. The aim is to reduce ward attenders at Ward 43 Altnagelvin, and ensure GPs and the Emergency Department follow the agreed pathway. At present early pregnancy clinics at Altnagelvin are medical-led and the aim is to train nurses to provide a nurse led service, as is currently in place in SWAH.

### **GAP**

The Western trust has been informed that it is one of the top 10 performing Trusts in the UK to detect 'small for gestational age' babies and fetal growth-restricted in the antenatal period. The Trust's success will be presented at the GAP Symposium Perinatal Institute in Birmingham in July 2019. All women are risk assessed at booking and are identified using 'Saving Babies Lives' tool kit as low or high risk. All high risk pregnancies require 3 weekly serial scanning.

### **SCOR (Standardized Clinical Outcome Review)**

The SCOR application facilitates systematic examination of each stillbirth and potentially neonatal death; produces a taxonomy of substandard care factors; and prompts an action plan to facilitate implementation of learning points. The families are involved at the outset and the final report is shared at a final meeting.

### **UNICEF**

Midwifery, neonatal and health visiting services in the Omagh and Fermanagh areas were recredited as UNICEF Baby Friendly. The assessors recommended that the service apply for the Gold Award.

### **Getting Ready For Baby**

The 'Getting Ready for Baby' programme is now fully operational across the Trust with an 81% completion rate. All first-time mums are being offered the programme and those not completing are due to personal choice or a transfer to consultant-led care.

### **Early Intervention Transformation Programme**

The Early Intervention Transformation Programme (EITP) is an integrated health and education review for children in their pre-school year. EITP represents the coming together of six government departments, alongside private philanthropy, as part of the Delivering Social Change initiative. The Western Trust met the PHA target of a 60% roll out of over three reviews within the nursery settings during the period from September 2018 until March 2019. Initial feedback from parents and nurseries is very positive. It is expected that a roll out to 60% of eligible children will take place in the next academic year.

### **Health Visiting**

A Specialist Sleep Clinic for children under the age of 4 years has been established by the specialist infant mental health visitor. This current work is being highlighted through presentations to various groups including a presentation at the Community Practitioners & Health Visitor Association (CPHVA) in May 2019. Health visitors shared the key messages regarding reducing the risk of sudden unexpected infant death and in particular co-sleeping during Safer Sleep Week in March 2019.

### **The Trust Human Milk Bank**

The Human Milk Bank became operational again in January 2019 and is providing donor breast milk to Neonatal Units throughout Ireland. Transport is being facilitated by Blood Bikers who provide a fast and efficient service both from the donor to the Milk Bank and from the Milk Bank to Neonatal Units. The Milk Bank moved premises from Irvinestown to the South West Acute Hospital in January 2018.

### **Contraception and Sexual Health**

We have been successful in securing funding to introduce electronic patient information management system into Contraception & Sexual Health (CASH). This is in the process of being rolled out. This will help support integration of sexual services.

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

An Integrated Care Pathway was launched in March 2018 and will be shared with multi-disciplinary and multi-agency care providers of Child and Adolescent Mental Health Services (CAMHS), children and young people and their parents/carers,

explaining what service users should expect at any point along the journey of care in CAMHS.

The core feature of any integrated care pathway is that it is a person-centred and evidence-based framework. For this reason the pathway has been produced with the involvement of young people, parents, multi-agency providers and CAMHS professionals. As required by the DoH Service Model for CAMHS, implementation of the pathway over the next 3 years will ensure that Trusts bring all existing emotional and mental health and well-being services together to provide a seamless service for children, young people and their families.

A regional CAMHS Care Pathway Training event was held on the 20 March 2019. The aim of this training was to support CAMHS staff with the consistent implementation of the pathway across the region. Full delivery of the programme is to be rolled out across all Trusts during 2019/20.

### **Information DVD and Leaflet**

CAMHS have commissioned VOYPIC to develop an updated Information Leaflet and an information DVD for manual distribution and for the CAMHS website reflecting CAMHS from the user perspective of young people. VOYPIC and CAMHS have developed this by involving a group of young people who previously been involved in the service. A CAMHS launch event was held on the 5 April 2019 to launch this information DVD along with the 'Think about These' information Booklet. The event was launched by the Western Trust Chief Executive, Dr Anne Kilgallen, and a lot of positive feedback regarding the event and the products has been received. This information has been uploaded to the Trust website and shared through social media.

### **UNICEF**

Derry City and Strabane District Council and the Western Health and Social Care Trust are now into their second year of their partnership with Unicef participating in their 'Child Friendly Communities' programme. Since their successful bid to take part in the CFC programme, 75 participants to date have completed UNCRC training, as well as youth participation and involvement training. Further training has been arranged for the coming months. This training will focus on identifying 'badges', which are areas of priority for the programme here in Derry/Londonderry and Strabane. It is envisaged that the training will be adapted and specific to those attending, whether it is early years or working within the youth sector. Involvement of all our children and young people will be crucial. Key links with the Trust's Youth Participation group; 16+ team; LAC; Family Support; and other specific children and young people teams will be critical to ensure the voice of a cross section of our population is included within the programme.

### **Adult Safeguarding**

The Adult Safeguarding Service continue to embed the principles of the Regional Policy (Prevention and Protection in Partnership, July 2015) through a number of work streams, including a robust learning and development programme; multi-professional practitioner forums; targeted workshops; and awareness events e.g. Safeguarding Service User Finances in Residential/Nursing care and Supported Living, Domiciliary Care Development Day.

The Local Adult Safeguarding Partnership (LASP), which is represented by membership from statutory, independent and community & voluntary bodies have

continued to meet quarterly. There has been a targeted workplan progressed over the last year which has focused on more effective communication through circulation of a LASP newsletter as well as increasing understanding of the adult safeguarding policy and procedures through development of an online Practitioner's Guide.

The Adult Protection Gateway Team continues to have representation on a number of forums such as the Western Domestic Violence Partnership, Multi –Agency and Risk Assessment Conference (MARAC) and the Support Hub to promote preventative strategies and engage in protection work for adults at risk or in need of protection. The Support Hub initiative (represented now in both Council areas) focuses on achieving a better understanding of relevant individuals' needs and working together to identify services that improves personal outcomes. Through effective interagency working, the partner agencies can obtain a more complete picture of the individual enabling them to identify needs, strengths and risks earlier to help individuals improve their situation through preventative approaches.

There has also been greater focus on integrating safeguarding into core practice through quality improvement initiatives such as 'Advice and Resolution' and the 'Seek to Understand Project', which aims to better engage service users in the safeguarding and investigation process using the 'Signs of Safety' principles.

As we move forward, there we face several challenges, namely changing existing systems, structures and processes in line with the principles of the new policy, as well as creating a culture that recognises safeguarding as being everyone's business, with the individual remaining central to decision making through informed choice and adopting a risk enablement approach.

### **Self-Directed Support**

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

The Trust has an implementation plan in place and progress is reviewed by the Trust implementation group every six weeks. This includes delivering on a Communication and Engagement Strategy for SDS and a comprehensive training and development programme for all community staff within Children's Disability and Adult Social Care Services. A number of videos have been developed that clearly demonstrate the positive impact SDS has made on their lives of individuals. Significant progress has also been made to set the foundation for implementing SDS. Work continues across all Trust departments including contracts, information and finance to support SDS implementation with continued focus on operationalising managed budgets and embedding ASCOT.

This is a transformational change process which seeks to embed personalisation culturally and as an approach to practice. However there is clear evidence that SDS is making a real difference to the lives of individuals and families that we work with. A process of audit has taken place across all programmes of care which has offered assurances that person-centred practices and the SDS process are being embedded into practice. As we move into Phase 2 of the Project, SDS has clearly gained

traction, but will require continued support and investment to ensure work progresses and project aims are met. At the end of February 2019, 6,405 cases have been worked through the SDS process.

### **Signs of Safety Implementation**

The formal launch of 'Signs of Safety' Implementation took place on 27 June 2018. Childrens' services in the five Northern Ireland Trusts have begun implementing 'Signs of Safety' Training and this is being supported through a range of training and development activities which has been underway in the Western Trust during the year.

A 'Signs of Safety' Introductory session took place in October and was attended by 97 staff, including a number of multi-disciplinary colleagues. Two-day 'Signs of Safety' awareness events were attended by 122 social work staff and 29 staff members were trained as 'Signs of Safety' Practice Leaders. Ongoing Practice Leaders' Trajectory events will support these staff members in their role as practice leaders. Implementation support days have been held at regular intervals to support managers and practitioners with the roll-out of the model and to problem-solve any arising issues alongside the Implementation Lead. The 'Signs of Safety' Project Team and Project Board also meet regularly to reflect on different aspects of the implementation and provide practitioners, managers and leaders the opportunity to raise any aspect of implementation for discussion and support. Very importantly, learning cases i.e. work on a live current case using 'Signs of Safety' methodology in partnership with a consultant are ongoing.

At the 'Signs of Safety' Gathering in Dublin on 6-8 November the Western Trust were delighted to have some staff present on work undertaken in both Children and Adult Services using the 'Signs of Safety' approach.

### **Approved Social Work (ASW)**

In the past year there were five social workers who engaged with the Approved Social Work Programme, four of whom have achieved the ASW Award with the remaining candidate to complete shortly. These staff becoming available for inclusion on the Trust ASW Rota has been an important development for an area of statutory function that remains challenged by the numbers of staff available. ASWs in the WHSCT are supported by the ASW forum and an annual development day, whilst candidates on the ASW course are provided with ASW support groups.

### **Practice Learning Opportunities for Undergraduate Social Work Students**

The Trust provide 74 practice learning opportunities for social work students involving either 85 or 100 practice days. Feedback from the Northern Ireland Social Care Council who oversee undergraduate practice learning is very positive about the Trust provision. It is important to recognise that much of this work is undertaken by social work staff in busy childrens' and adult services who retain a strong commitment to educating the next generation of social workers. Learning and development team supported support groups for both practice teachers and students have been positively received by attendees and through a peer-learning approach ensure the most up-to-date information related to practice learning developments is shared.

### Trust Social Care Awards

The Trust hosted the Social Care Awards Ceremony in the Enniskillen Hotel on 2 November 2018 which focused on “Celebrating the outstanding contributions made by Social Care Staff within the Western Health & Social Care Trust”. Guest speakers included; Niall Birthistle Chairman (WHSCT); Dr Anne Kilgallen, Chief Executive (WHSCT); and Anne Donnelly, a carer, with 120 staff in attendance. Speaking at the Awards Ceremony, Western Trust Chairman Niall Birthistle commented: “It is a privilege to be with you to applaud our exemplary Social Care staff. This event is about celebrating the contribution made by our social care staff who play a hugely important role in helping people to lead independent lives within their local communities”.

Social Care Team of the Year Winners		
		
<b>Avalon House</b>	<b>Tempo Road Day Centre</b>	<b>Vision Rehabilitation Team</b>

Social Care Worker of the Year Winners		
		
<b>Martina Gallagher, Adult Learning Disability</b>	<b>Geraldine McIvor, Mental Health</b>	<b>Karen Sharkey, Day Care Services</b>
		
<b>Sandra Donnelly, Domiciliary Care Worker</b>		<b>Dermot McFadden, Children’s Services Social Care Worker</b>

1.2.1.5 Medical Directorate

## **Quality and Safety**

### **Establishment of MAPA Team**

In November 2018, three staff were appointed to the Trust's new Management of Actual & Potential Aggression (MAPA) and staff training began in early December. The team have been set up to deliver accredited (MAPA) training to Western Trust staff who may be at risk of experiencing aggression or violence in their workplace, equipping staff with the skills to manage actual or potential risk situations. The team will be available to provide advice to staff and facilities around specific patient, client or environmental issues. The team will also be involved in the review of Datix incidents where MAPA has been utilised to ensure that we learn from these and improve practice as a result.

### **Incident Climate Survey**

The Department of Health have asked that all Trusts in Northern Ireland undertake an Incident Reporting Climate survey to inform the culture and level of understanding of incident reporting. Measuring safety culture is important because the culture of an organisation and the attitudes of teams have been found to influence patient safety outcomes and these measures can be used to monitor change over time. The survey ran from 7 January to the 25 January 2019. The results of the survey will help us better understand the current culture within the Organisation and allow us to identify areas for improvement.

### **Quality Improvement**

Safety Quality West (SQW) Delivering Improvement Programme quality improvement (QI) programme commenced in October 2018. The aim is to train 60 staff to 'Level 2' standard over an 8 month period on an annual basis. Teams have an assigned mentor to support them to complete a QI project. A CAWT-funded workshop was held on 6 and 7 November, jointly organised by the Trust and the HSE QI Division. Staff from both sides of the border attended to share progress and agree on future collaboration. The annual QI Showcase event was held in the Mellon Country Inn on 28 November. This consisted of 12 presentations, a guest speaker, videos and poster displays.

### **Flow Coaching Academy**

The Western Trust has been successful in its application to become a QI faculty in Northern Ireland for Flow Coaching. The first Flow Coaching Academy Training will commence in May 2019. Flow Coaching is a Quality Improvement model which focuses on improving the patient journey through clinical condition pathways from beginning to end.

It provides a range of tools and skills that help us better understand the complex systems in which we work and deliver care. It then supports us to make changes that will truly improve care delivered to patients/clients. The work happens at weekly 1 hour meetings known as 'Big Rooms'. It involves all teams and staff whom the patient/client may meet on their journey. These 'Big Rooms' are supported by two coaches, one with clinical expertise in the pathway and one who is independent to the pathway.

## **Bereavement Services**

The Trust Bereavement co-ordinator provided input at regional and Trust level to the changes to the NI paediatric pathology practice and in particular, to the information literature for parents / relatives. The Bereavement co-ordinator continues to work closely with team, once such project is the Memory Box QI project within ICU. This pilot project commenced with positive feedback from relatives and staff. A similar project within the Omagh Hospital palliative care ward is in development. Bereavement care training input continues in house and externally with University of Ulster at Magee.

## **Research & Development**

### **Regional Research strategy**

As part of the Regional Research Strategy “Research for Better Health and Social Care Strategy (2016-25)”, we have witnessed an increase in the impact of research through research publications and impact stories detailing how patients and clients can benefit from participating in research which can change their care pathways and outcomes or which can influence policy decisions. We have established research patient advisory groups for multiple conditions, and PPI research representatives sit on various forums to ensure that patient and service users are involved in the research cycle of studies from study design stage through to publication and dissemination of results, where appropriate.

### **Increase in Research Applications**

There has been an increase in the number of high quality research applications, including commissioned research studies, across the specialties of cardiology, renal medicine, stroke, diabetes, dementia, rheumatology & inflammatory diseases, critical care etc. To support the increased quality of research studies, the research infrastructure has been strengthened to support our workforce to ensure capacity and capability to deliver these studies through additional employment of staff in the North West region.

### **Genomics Medicine Ireland**

We have worked closely with Genomics Medicine Ireland (GMI), a company which looks at the study of our genes - the DNA contained in the cells of our body that acts as a blueprint for a human being. Each of us has a slightly different DNA sequence that sets out who we are; how we work; and even how we can be repaired. Studying our DNA can help us with an amazing range of health-related characteristics, including understanding disease risk, predicting our response to medications and pointing the way to new treatments and cures. Through the support of C-TRIC, we completed two pilot observational genomic medicine studies, sponsored by GMI, in the specialties of Multiple Sclerosis and Inflammatory Bowel Disease. On successful completion of these pilots, these have now been extended for recruitment as a longitudinal study and have opened two further studies in the disease areas of Ankylosing Spondylitis and Alzheimer’s disease.

### **Interreg VA Programme**

The Centre for Personalised Medicine, Clinical Decision Making & Patient Safety, was established and led by UU, with WHSCT being one of the 13 partners. It consists of five Research Clusters to use the methods and technologies from personalised medicine and apply them to heart disease; emergency surgery; acute kidney injury; unscheduled care in diabetes; and diagnostic accuracy in dementia. These are areas

associated with significant clinical need and commercial potential and will benefit significantly from the interdisciplinary academic, clinical and commercial cross-border expertise and collaboration. Cross-Border Healthcare Intervention Trials in Ireland Network (CHITIN) funded 10 healthcare research intervention trials, 6 of which involve the WHSCT. These cross-border research projects will address a number of critical areas that were identified as part of the Interreg Programme.

### **Regional Operational Lead for NI**

We have had a secondment of Research Manager to act as the Research Operational Lead for NI to streamline the research regulatory and governance framework through a UK compatibility programme of work, which aims to improve the efficiency of processes for research permissions, study set up and delivery of research across the NHS/HSC organisations.

### **Infection Prevention & Control**

#### **Meticillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia Surveillance**

The Department of Health 2017/18 target for Meticillin Resistant Staphylococcus Aureus (MRSA) bloodstream infection was a maximum of five cases. A total of seven cases were reported during 2018/19 meaning the target was not achieved. Six cases were classified as community-associated as the patients presented with symptoms within a 48 hour period after admission. One case was classified as hospital associated, as they occurred more than 48 hours after admission to hospital (definition used by the Public Health Agency [PHA]). However, this is not always an accurate predictor of being healthcare-associated.

#### **Clostridium Difficile Infection Surveillance**

The Department of Health 2018/19 reduction target for the Trust for *Clostridium difficile* associated infection in 2018/19 was fifty six. A total of sixty five cases were reported, so this challenging target was not met. Thirty five cases were classified as healthcare-acquired or associated, as they occurred more than 48 hours after admission to hospital (definition used by the Public Health Agency [PHA]). However, this is not always an accurate predictor of being healthcare-associated. The remainder were classified as community-associated as the patients presented with symptoms within a 48 hour period after admission and one case identified as unknown.

#### **Enhanced Gram Negative Bacteraemia (GNB) surveillance**

In response to the O'Neill Review on Antimicrobial Resistance, the United Kingdom has adopted two ambitions in relation to human health, i.e. to improve antibiotic prescribing and to reduce gram-negative bacteraemias (GNBs). The Department of Health 2018/19 reduction target for the Trust for healthcare-associated GNBs, specifically *Escherichia coli*, *Klebsiella* species and *Pseudomonas aeruginosa* is forty nine cases. A total of forty nine healthcare-associated GNB cases have been reported. Therefore, the Trust achieved the target reduction, with a cumulative reduction of 12%.

#### **Caesarean, Orthopaedic Surgical Site and Critical Care Device Associated Infection Surveillance**

Surveillance of Caesarean and Orthopaedic Surgical Site Infection (SSI) in the WHSCT indicates a SSI rate well below the Northern Ireland average rate with the Orthopaedic SSI rate below 1% of all surgery. Surveillance of Breast Surgery SSI

continues as a pilot in the WHSCT. Critical care device-associated infection surveillance commenced in June 2011 and there was one critical device associated infection reported during 2018/19.

### **Enhanced Ward Based Programmes**

Enhanced ward-based programmes by the infection prevention and control nurses continue to be an effective methodology of improving standards of practice. This partnership working is focused on local surveillance information and other key performance indicators and will continue in 2019/20. This will be supported by the further development by the infection prevention and control nurses of e-learning programme and video clips on a number of aseptic principles. These will be able to be utilised by all staff not just in the Trust, but across the region.

### **Antibiotic Review Kit (ARK)**

The Trust commenced the Antibiotic Review Kit (ARK) research programme aiming to safely reduce antibiotic use in hospitals. The aim of the study is to reduce antibiotic use across the medical directorate in the first instance, to protect patients from antibiotic resistance and to achieve quality targets.

### **Appraisal & Revalidation**

During 2018/19 the Western Trust continued to lead on the development of a new on-line Regional Medical Appraisal System. The system was implemented on a limited basis during December 2018 and based on the positive feedback the decision was taken to commence full implementation. The Trust Appraisal & Revalidation Team completed a training program during January and February 2019 to facilitate the full implementation across the Trust. By the end of March 2019, implementation of the new system had also commenced in three other HSC Trusts. Training has commenced in the fourth Trust. 2018 will be the first appraisal year on the new Regional Medical Appraisal System.

### **Medical & Dental Education**

#### **Medical Education and Training**

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

The medical education faculty continues to expand in order to explore and enhance education and training opportunities for our medical students, trainees and medical staff. Teaching fellows have been recruited and they are well embedded in the undergraduate teaching and training programmes which includes simulation; this initiative is very much valued by the medical students. Staff Associated Specialist (SAS), teaching fellows posts have been advertised to work with medical education a half-day each week to assist with the delivery of postgraduate education and training. Simulation continues to be the focus with the cutting edge equipment and medical education are proud of the new and developing programmes that are being delivered as additional training opportunities which include insitu training within the clinical

setting, SEPSIM (a simulation training programme), bleep prioritisation, mock OSCEs (clinical exams).

The Trust currently has 99% GMC recognised trainers:

- Total number of named supervisors: 112
- Total number of named supervisors recognised: 111

### **Below the Radar**

Medical education have been working with Below the Radar, - TV production company – who have been commissioned by the BBC to do a documentary examining lives and training of young doctors in the West. The filming has commenced and the first series being broadcast in the Autumn of 2019.

### **STEP WEST / FIRST STEPS**

We are proud of our STEP WEST / FIRST STEPS Leadership and QI programmes which are delivered to our trainees and excited that the programme has been nominated for an awards at the BMJ Awards in London in April 2019.

### **SWOT Up**

Medical Education hosted an inaugural 'SWOT Up' event aimed at Year 13 and 14 students preparing for medical school interviews. This initiative was run voluntarily by QUB medical students and was free with donations going to SWOT medical charity and the Royal Medical Benevolent Fund. Medical education are working with lead students to co-ordinate dates to facilitate more of these events and plans to fund places for local schoolchildren from disadvantaged backgrounds. MDE-funded medical students present this work at the conference and will continue to take this initiative forward.

### **Courses**

Medical Education funded and facilitated a number of continuous development courses for GMC recognised trainers, the medical education faculty and trainees which included:

- Teach the Teacher;
- Supervisory Skills;
- Trainee Support;
- Human Factors Training;
- Courtroom Skills – Giving Evidence in Court;
- Faculty Development Debriefing Course/Simulation;
- Social Media Training Day for all educators;
- Human Factors and Quality Improvement Trainers;
- Coaching and Mentoring Skills for Trainers/Education Lead; and
- SafeMed Smart Training for all.

SAFEMED is an evidence-based well-being and performance program that has been designed to help manage stress, prevent burnout and keep doctors well. Contributing to the NHS and HSE Well-being and Performance Agenda SAFEMED teaches doctors in training and doctors in practice how to build health, well-being and resilience for work and life.

### **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 £736m revenue and £36m capital spend in such a way that enabled the organisation to reach its capital resource limit target in 2018/19 and report a authorised revenue deficit of £24.4m.

The Directorate has prepared the statutory accounts which confirm the Western Trust's financial position for 2018/19.

The Financial Management Division supported the development of the financial plan and monitoring during 2018/19 which included monthly financial performance reporting to Trust Board, HSC Board and Department Of Health. The division is also responsible for setting the annual budget for the Trust, which is devolved to Directors, Assistant Directors and Heads of Service and monitored monthly at Trust Board and Corporate Management Team meetings. The division is currently working on the 2019/20 Financial Plan with the HSC Board and Department of Health. The division has also been providing extensive support the the 'Working Together...Delivering Value' programme which will take forward the 3 year financial recovery process.

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 Rathview Mental Health Extended Recovery and Rehabilitation Unit (Omagh), Additional Theatres (Altnagelvin) and Phase 5.1 of North Wing at Altnagelvin. The division has also provided programme support to the development and delivery of both the 2018/19 Quality Improvement Cost Reduction (QICR) and 'Working Together ...Delivering Value' programmes.

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

#### **Prompt Payment Performance**

One of the key performance indicators of the Trust is prompt payment performance. A monitoring team within the Finance and Contracting Directorate is in regular contact

with Trust managers reminding them to approve invoices on their workbench and Directors receive regular reports on their staff's performance. These actions have resulted in performance against the 30-day prompt payment target of 93.1% of value; 92.04% of volume; 83.01% of value; and 77.48% of volume against the 10-day target.

### **Access to Healthcare Department**

The Paying Patient Department have changed their name to Access to Healthcare Department, which covers Paying Patients, Private Patients, Overseas Visitors and entitlement to free NHS treatment. The department has experienced significant growth and development and recruited new staff during 2018/19. The department continues to deliver on assessing patients' entitlement to free healthcare. The implementation of data compliance with the Private Healthcare Market Investigation Order 2014 has been introduced through the Public Health Information Network (PHIN) to ensure the Trust is compliant with this order. This involves the submission of key information in relation to private patients within eleven specified performance measures. 118 patients from Europe presented with European Health Insurance Cards (EHIC), which has doubled from the previous year with claims to the value of £60,672 processed. In addition 67 Non-EEA patients were treated by the Trust and income recovery arrangements put in place.

### **Self-Directed Support**

A small team is in place to support payment and monitoring of direct payments made to clients who have chosen to purchase their own care as part of Self-Directed Support. This area of work continues to grow at a significant rate with a net additional 239 users during 2018/19 and a total of 1,083 direct payments users at 31 March 2019. There has been almost 50% net increase in users in the past 2 years. Over 9,400 recurring payments were processed during 2018/19 being processed as well as almost 700 one-off payments and regular monitoring and relevant follow-up with all direct payment users. Plans are in place to consider the expansion of this team going forward to address the growth in demand for this service provision.

### **Financial Assessments**

During 2018/19 there was an increased level of homes requesting the Trust to make gross payments as opposed to net payments to them in line with contractual arrangements. A business case has been approved during 2018/19 and recruitment and implementation of systems and processes will be taken forward in 2019/20 to support the consequences of this.

### **Patient Monies System Implementation**

The Finance Department has continued to embed the newly upgraded Patient Monies system during 2018/19.

### **Procurement**

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

By virtue of the introduction of the Public Contract Regulations 2015, social care procurement for the first time became subject to the same procurement regulations as

other goods and services. The Trust in conjunction with all other HSC bodies is working to put arrangements in place to ensure compliance with the new regulations. In order to minimise the risk of non-compliance, all HSC bodies are extending Centre of Procurement Expertise cover for social and healthcare services in the light touch regime. This is being taken forward via a formally constituted project, reporting to Regional Procurement Board. The Trust will continue to participate in regional procurement exercises as per the five-year regional social care procurement plan and during 2018/19, this included participating in regional preparatory work for Fostering, Family Support, Mental Health and Complex Health Needs tenders.

**Did you know that during 2018/19, the Finance and Contracting Directorate:**

- Made approximately 9,500 payments to clients who chose to receive direct payments to enable them to purchase their own care;
- Managed 563 social care expenditure contracts with the community and voluntary sector on behalf of the Trust's Service Directorates with a combined value of £99.3m;
- Managed a fleet of approximately 400 leased car vehicles that are used by Trust employees;
- Provided advice and support to 465 budget holders collectively to manage the overall budget of over £736m;
- Provided formal budget training to 81 managers and one-to-one training on request;
- Provided support to the development of revenue business cases for additional funding;
- Co-ordinated 73 Freedom of Information Act responses;
- Reported 9 instances of suspected fraud within the WHSCT to BSO Counter Fraud and Probity services and supported progress in 15 other investigations;
- Delivered effective income recovery and administration for a range of patients from other EU and non-EU states including 118 EU patients and 67 non-EU patients;
- Checked and verified entitled to free healthcare for 1,123 cross-border workers;
- Responded to 55 enquires from patients seeking information on the Cross Border EU Directive;
- As part of the established More Fun committee, the weekly 'Wednesday Weigh' Weight Loss Programme continued throughout the year in blocks of 12 week sessions, and a Breast Cancer Awareness session was also delivered to staff by Health Improvement Department;
- Administered around 180 individual Endowment and Gift funds throughout the year, valued at approximately £3.0 million;
- Administered approximately 1,100 individual Patient Monies accounts throughout the year, equating to approximately £2.5 million in value; and
- Added a total of 716 individual additions to the Trust asset database, made up of 137 enhancements to existing buildings and 579 items of equipment.

### **1.2.1.7 Human Resources Directorate**

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

The Western HSCT continues to experience challenges in recruiting and retaining the appropriate numbers of qualified professionals, in particular nurses, doctors and social workers, with vacancies in some areas between 21% and 52 %.

To date, there are a range of recruitment initiatives underway, including an international recruitment programme.

#### **Employee Resourcing Division**

##### **Recruitment**

The Recruitment Team has experienced another extremely busy and challenging year. The Trust, like all other HSC Trusts, is working to secure staff against a backdrop of a limited applicant pool affecting a range of occupational areas. The Team has also concluded the transition to Shared Services. Progress is also ongoing in streamlining existing processes and protocols to improve the efficiency of the service and to enhance the applicant and manager experience. Challenges have arisen along the way and the team continues to work closely with managers providing advice and guidance across all areas of the service to resolve difficulties. During April 2018 to March 2019, 2,497 new staff joined the Western Health and Social Care Trust including, since the Summer of 2018, 170 staff who were recruited to take forward Transformation Projects. This work commenced with recruitment activity forecasting up to 370 appointments until this activity was paused in March 2019.

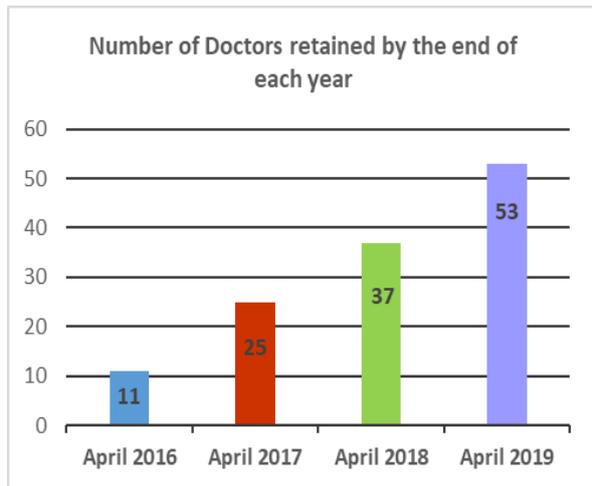
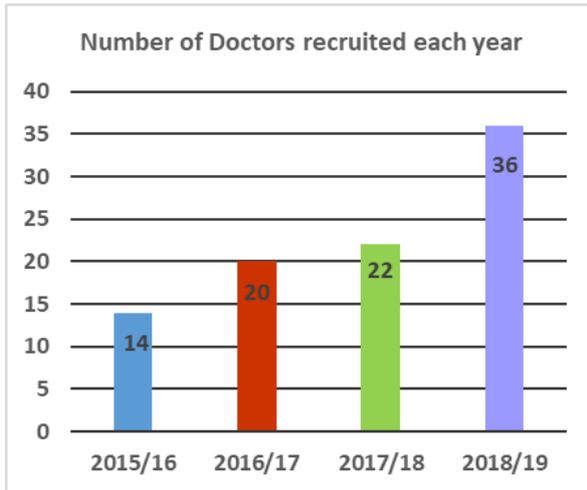
##### **Medical HR**

The Medical HR Team continues to support all aspects of the employment of medical staff, including the administration of all aspects of their contractual arrangements. The Trust, due to its medical workforce challenges, remains heavily reliant on the use of agency doctors. The team is currently supporting the introduction of a new initiative with "Locum's Nest" to focus on the engagement of internal locums to fill vacant shifts, with the aim of reducing medical locum costs and reliance on medical locum agencies. The team also continues to provide training and support on the e-job planning process and the implementation of the Allocate e-job planning system for Consultant staff. Work with NIMTDA regarding the placement of Junior Doctors in Training across a range of specialties, continues. In order to meet the contractual requirements of these doctors, Medical HR is required to carry out monitoring of their hours worked and working patterns to ensure compliance to their contractual arrangements. A representative from Medical HR is currently representing the Trust in the negotiation of a new regional contract for medical and dental agency workers, which will be operational in December 2019.

##### **Medical Workforce**

###### **a ) International Medical Recruitment**

The Medical Workforce Recruitment & Reform Project continues to work to attract international doctors, particularly to the difficult-to-fill posts, and has, at 31 March 2019, secured the appointment of 92 internationally-recruited doctors since this project began in 2015. 53 of these doctors are still in post. The tables below details the work achieved by the project:



1. • 92 new doctors recruited - 14 further in progress
2. • £1.6m savings delivered in 2018/19
3. • Improved induction programme for doctors
4. • More diverse & inclusive workforce
5. • Improved working environments
6. • Improved range, quality and access to services
7. • More developed and sustainable specialist services
8. • Successful establishment of NW Cancer Centre
9. • Shared international best practice
10. • Introduction of advanced medical techniques

## b ) Job Planning

The focus on job planning has been sustained during 2018/19. 88% of consultants now have an approved e-Job Plan on the Allocate system. 80% of consultants have a job plan relating to 2017/18 or subsequent years. The focus for 2019/20 will be to achieve prospective job planning across all specialties and the job plan calendar for 2019/20 is underway to progress this.

## Terms and Conditions Department

The Terms and Conditions Department play a crucial role in ensuring that all staff receive the terms and conditions of employment to which they are entitled. During 2018/19 the team worked closely with Payroll Shared Services, HMRC and HSC Pensions Branch on a range of salary related matters, including the following:

- Implementation of the 2017/18 and 2018/19 pay awards;
- Implementation of the pension band review process;
- Administration of the Widening Access Scheme;

- Processing off-cycle payments;
- Salary sacrifice scheme (child care vouchers);
- Investigating and resolving ad-hoc payroll queries;
- The administration of HSC pensions changes, including ensuring timely communication to staff and progressing issues arising from HSC Pensions Technical Updates.

The Terms and Conditions HR Team has also worked closely with finance colleagues to review and improve the governance arrangements pertaining to pay-related processes, with a particular focus on reducing errors leading to overpayments and underpayments of salary.



**10,000+**  
**contractual**  
**changes**

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

### Digitisation of HR Records

2018/19 saw the implementation of a new digital filing system for HR Records, "iFile". In addition to working with ICT partners to design, develop and implement a bespoke HR records system, over 12,000 employee records were prepared, scanned and uploaded to the iFile system. This, combined with a full review of business processes in key functional areas, has resulted in the delivery of more robust governance arrangements, a more responsive HR service and a filing system that meets the needs of a multi-site HR team.

## Workforce Performance and Development Division

### Annual Leadership Conference



The Trust's third annual Leadership Conference took place in December 2018. The Conference built on the Trust's "Great Place" strategic themes and provided speakers who inspired the senior managers and clinicians present to reflect and act on enabling themselves and their teams to embrace the Trust's aim of us being one team with one vision.



### HSC Staff Survey 2019

The fourth HSC Staff Survey is part of our continued efforts to engage with our staff to improve their working lives and in doing so provide better care for patients and clients. It was launched on 4 March 2019 and was available until to 12 April 2019. The survey was anonymous and confidential and was designed in partnership with Trade Union

colleagues. It was administered by an independent, external organisation, Northern Ireland Statistics & Research Agency (NISRA). It was a full census Survey, with staff in the Western Trust and HSCNI receiving an invitation to complete the Survey questionnaire on the following themes:

- Your Job
- Your Managers
- Your Health & Wellbeing
- Your Personal Development
- Your Organisation
- About You

NISRA will provide an organisational report with results by Directorate and Personnel Area (professional group) later in the year. Results will be analysed and benchmarked regionally and nationally and will include an Engagement score.

A Trust action plan will be developed, in conjunction with staff, to progress the results.

**Management Development**

The Management and Organisation Development team continues to provide high quality management and leadership development at all levels in the organisation.



In 2018/19 the ACTIVATE Medical Leaders' Programme joined the leadership development offering, with 20 consultant clinical ceads participating in the pilot programme. ACTIVATE has been designed for lead clinicians, by senior clinicians and leadership development professionals in the Trust. We recognise that the need to balance high-quality, safe and compassionate care with a management role has particular challenges and this programme aims to support doctors in leadership roles to develop and improve their leadership knowledge and skills.

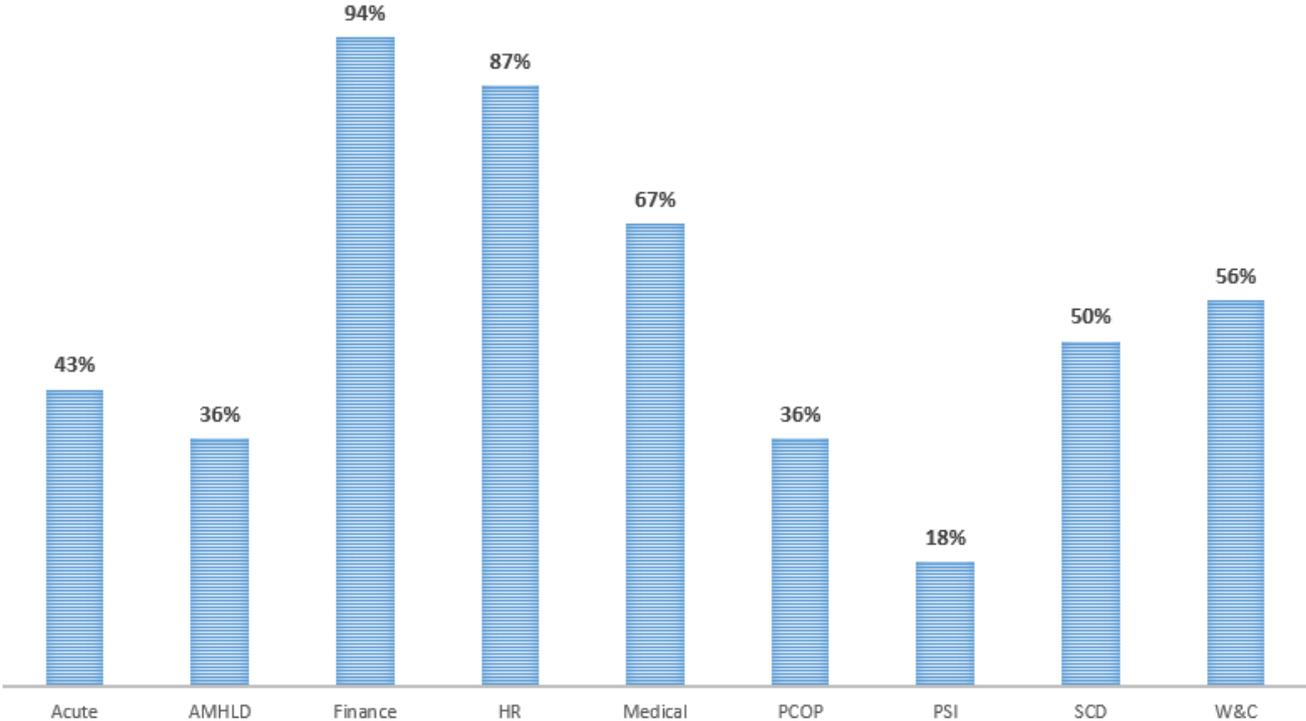
In 2018/19 the Management and Organisation Development team organised over 100 training events and provided training for almost 2,000 Trust staff.



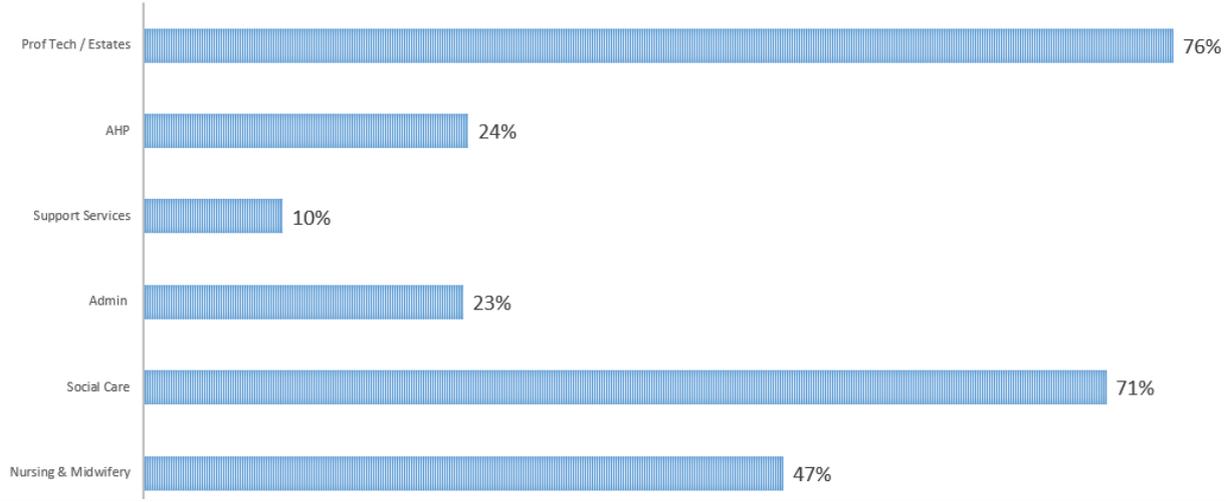
**Appraisal and Development Review**

During 2018/19, the Trust continued to work towards increasing the number of medical and non-medical staff who participated in formal annual appraisal and development review. The figures below show the percentage for each Directorate and Professional staff group:

**PERCENTAGE OF APPRAISALS BY DIRECTORATE**



**PERCENTAGE OF APPRAISALS BY PERSONNEL AREA**

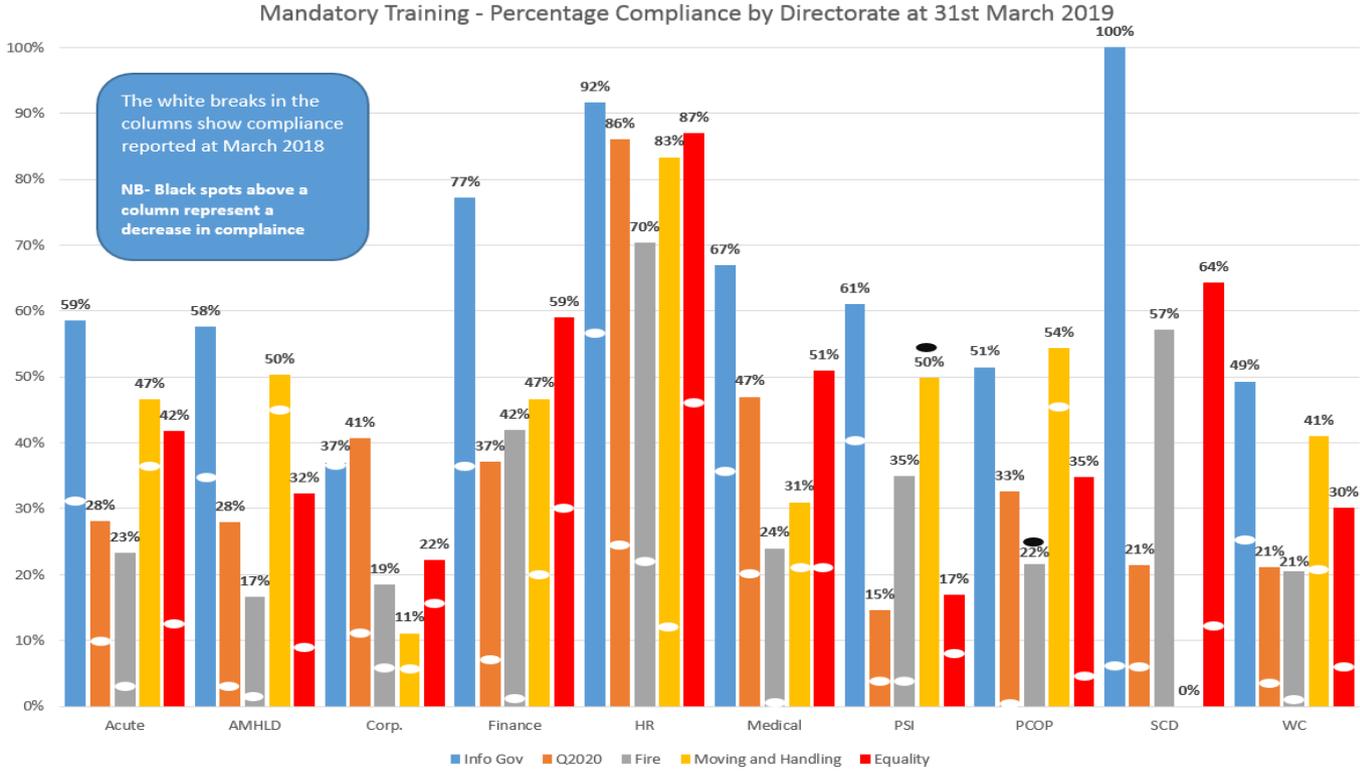


NB Medical staff appraisal is monitored separately

**Mandatory Training**

The most recent Internal Audit report for Mandatory Training was released in December 2018. Recommendations were focussed on role-required mandatory training and it acknowledged the progress made against core mandatory training

since the 2014/15 Internal Audit. Key recommendations include that Trust Directors will be responsible for addressing mandatory training in their area and that the Trust Training and Development Group will take forward a review of role-required mandatory training.

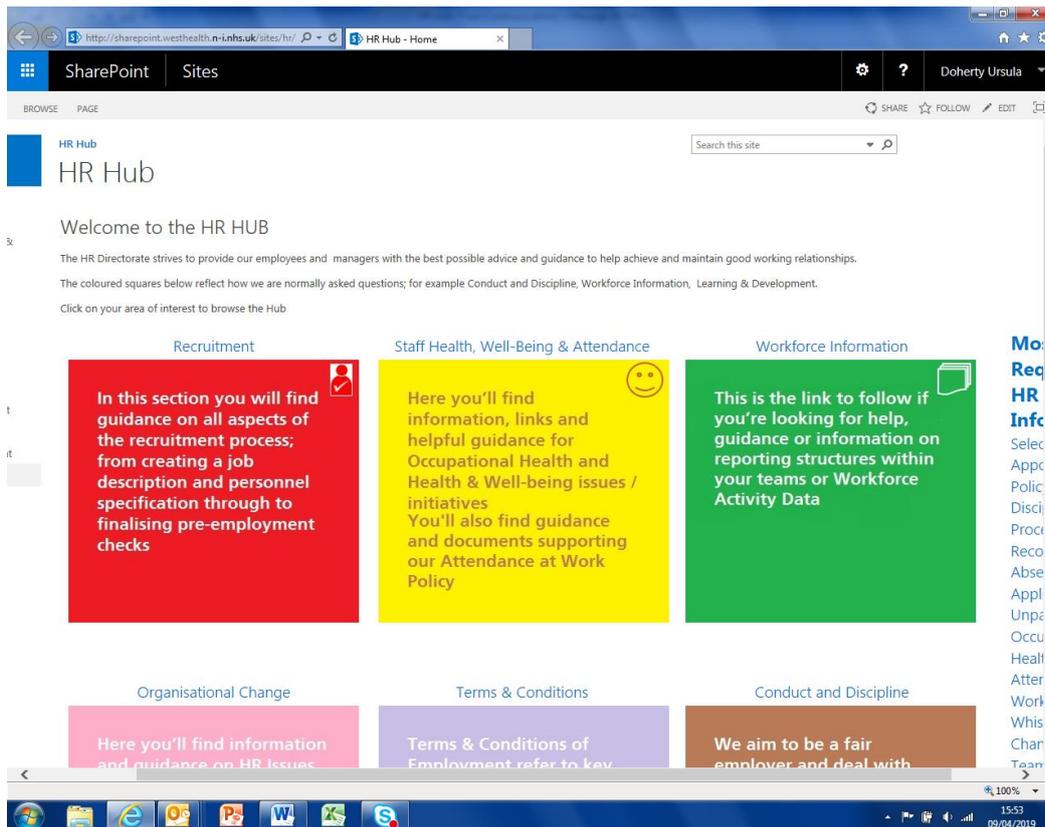


**Vocational Training**

In the period from 1 April 2018 to 31 March 2019, the Vocational Training Team supported 81 learners employed by the Trust through the following qualifications:

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





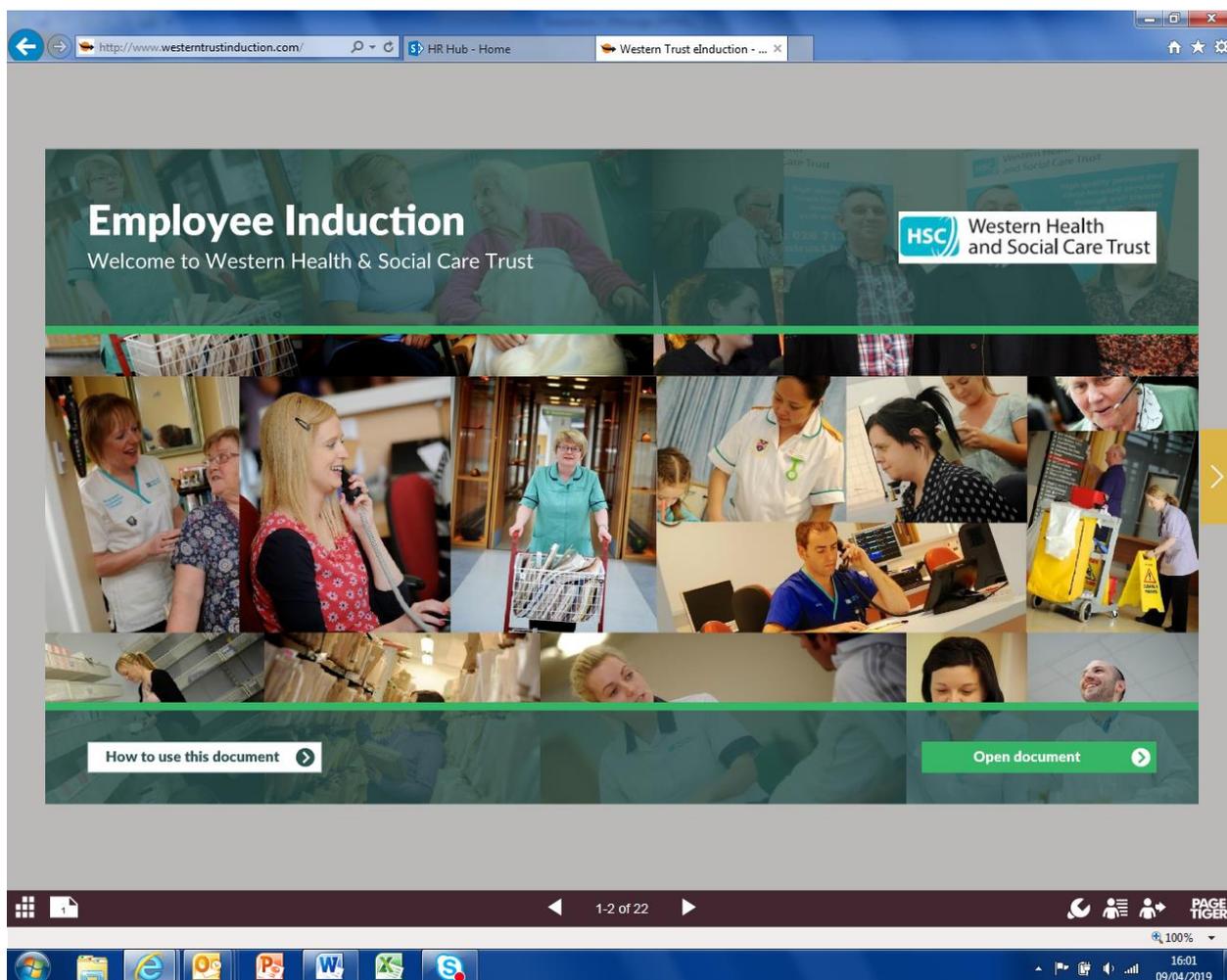
Each area of the Hub contains links to the most up-to-date guidance material to answer questions - whether relating to assistance with completing a recruitment requisition, applying for a course, checking a policy or procedure or making an Occupational Health referral.

The HR Hub is packed full of helpful advice, template forms and information about the services we provide from mediation to coaching, recruitment to discipline, flexible working to absence reporting. It's all there!

### **Trust Launches Online Induction Programme**

The Trust sees the Induction Programme as an opportunity to provide essential orientation information to our new recruits and it is very important to us that each new employee receives a welcoming and effective induction experience. Building on the theme of “A Great Place to Work”, we listened to feedback from our employees and have created a more flexible way for all new employees to receive their Induction training. The publication is filled with helpful articles about our culture, our expectations of each employee and what they can expect from us in return. It also signposts readers to some of our internal services; for example, Health Improvement, Occupational Health, Human Resources and the Trades Unions we work with.

The final part of the new induction programme is mandatory training. This is provided by links to essential training found on our online learning portal HSC Learning ([www.hsclearning.com](http://www.hsclearning.com)).



Online completion of the programme requires new starts to read the full publication and complete all supplementary online training sessions including; Fraud Awareness, Risk Management, Fire Safety, Information Governance and Infection Prevention & Control. Progress is monitored throughout, and induction will only be considered complete when all online courses have been passed. For those who are less comfortable with online learning, the original face-to-face training will still be offered in the form of a single ½-day facilitated session in Altnagelvin or South West Acute Hospital.

### Employee Relations

The Employee Relations department continues to provide professional advice, guidance and support to managers. This year it has supported with the following:-

<b>Grievance issues</b>	<b>Fomal Disciplinary investigations</b>	<b>Statutory cases</b>
<b>118</b>	<b>36</b>	<b>7</b>

### Mediation

A mediation service has been established within HR to support resolution in situations where general interpersonal conflict exists between staff. To date, 10 HR staff have completed training to gain an accreditation through Mediation NI. The mediation

service which is coordinated through the Employee Relations Department assists parties to reach a resolution by enabling communication, understanding and agreement of workplace issues.

**Whistleblowing**

To embed the Trust requirements of the ‘Your right to raise a concern’ Whistleblowing Policy, a Trustwide training initiative was launched in 2018/19. A total of 304 managers across all Directorates have attended training on Whistleblowing to date. These include members of the Trust Board, all Senior



**304**  
Managers  
trained



Management Teams and all HR Staff. These sessions equipped managers with the knowledge and skills to encourage staff to raise concerns and take appropriate action. To support and encourage staff to raise concerns the ER department have trained 10 whistleblowing advocates at all bands throughout the Trust. A whistleblowing toolkit and interactive online training resource have also been developed and are available on Staff West. Staff awareness sessions will launched at ‘Your Right to Raise Concerns’ Awareness week in April 2019.

**Bespoke Employee Toolkits**

These continue to be delivered to areas within the Trust where a specific requirement has been identified. These have occurred within the Performance Management & Service Improvement Directorate specifically Support Services, the Homecare Department within the Primary Care and Older Peoples’ Directorate and the Midwifery and theatre staff of the Acute Directorate

**Quality Improvement Project**

The Quality Improvement Project is now embedded within the department, which continues to develop and make continuous improvements with regard to disciplinary investigations, by proactively managing cases, obtaining feedback and sharing learning, where appropriate. Initial results show that the length of disciplinary investigations has reduced by 25%.

**Directorate Support Teams**

**Organisational Change**

The HR Directorate Support Teams have supported their respective business partner areas in the delivery of significant service improvement initiatives within 2018/19. These projects have included streamlining and reorganisation of administrative resources, structural reform (including reviews of skill-mix and/or introduction of new roles within teams), and the implementation of new working arrangements, including on-call and reform of rotas. This work has impacted across the Trust and has focused on improving front line service delivery and enhancing best practice.

## Attendance Management

Across both HR Directorate Support Teams (DST) approximately 900 cases have been managed to a conclusion in 2018/19. The teams worked to achieve a return to work for 675 employees, successfully redeployed 31 employees and terminated or supported ill health retirement for 87 employees.



A total of 45 absence training workshops have been held and 822 managers have attended.

Targeted workshops have been held with departments who have been identified as absence 'hot spots'. These workshops take a holistic approach to attendance management through the use of HR analytics to identify issues contributing to absence and develop a bespoke plan to improve attendance. DST held 10 of these workshops in 2018/19 with tailored action plans developed for each area. In addition, HR have facilitated 2 best practice workshops to profile areas which have successfully reduced absence. This has enabled shared learning of the range of approaches managers have successfully implemented to reduce absence.

## Workforce Stability

The HR Directorate Support teams have been working towards the reduction of staff on temporary or bank contracts who have in excess of 4 years' continuous service across all directorates within the organisation. A large-scale analysis was completed to identify staff with rights to permanent or temporary contracts and DST worked with managers to determine more appropriate contracts. This work has reduced the total employees with temporary contracts from 273 to 97, which is a 65% overall reduction. This achieved stability within the workforce, improved engagement and lessened risk of trained staff leaving the Trust to secure permanent posts elsewhere.

## Occupational Health



**9,000**

staff attended OH

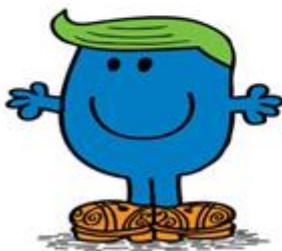
During the 2018/19, over 9,000 staff attended the Occupational Health department, accessing a range of services including management referrals under the Attendance at Work Policy, pre-employment checks, physiotherapy and face-fit testing.



**3,711**

Flu vaccinations

The flu vaccination programme saw 3,711 staff availing of the vaccine, an increase of 11% from the previous year.



**11%**

Increase on 2017/18

The Occupational Health department has also engaged in the Safety Quality West Programme delivered by the Trust's Quality Improvement team. This quality improvement project commenced in November 2019 and focuses on

achieving a reduction in waiting times for review appointments. The approach has involved the team piloting a range of changes to practice and process and planned work includes completion of a demand capacity review, consideration of technological opportunities and development of tools to enable a more proactive approach by managers in managing attendance.

## Workforce Planning, Analytics and Equality Monitoring

The Workforce Planning, Analytics and Equality Monitoring department has had a very productive year;

- **Absence Team** has developed and issued enhanced reporting for managers and directorate support teams to help manage absence in line with the Managing Attendance at Work Policy. The absence team has provided a support function to managers recording absence on HRPTS, to help and train new managers. This has led to a reduction in overpayments and ensures staff records are correct.
- **Equality Monitoring;** in addition to the annual Fair Employment return, this year the Trust submitted its 3-yearly Article 55 review. This is a major piece of work identifying the numbers, trends and issues in the Trust over a 3 year period relating to the community background of staff in the Western Trust area compared to District Council areas and NI regional figures. The Equality Commission approved the report and findings. The team has been instrumental in leading the way in developing a new format of the report for the next cycle which has been adopted by the Commission and other Trusts.
- **Drop-in Clinics** - a series of drop in clinics were arranged for staff to discuss HRPTS issues. These were very successful and will be rolled out again this year with additional support from other HR departments to provide help and guidance to managers/staff on wider HR issues than HRPTS.

- **Requisitions** - an issue has been identified with the e-recruitment system in that, most managers who request a requisition, do not have access to view the status of their requisition due to the 3 step approval which starts at Head Of Service. The team has developed, and will roll out in April 2019, a Sharepoint to allow these managers to view the status of their requisition.
- **Peripatetic teams** There has been a significant increase in the development of peripatetic teams, which has required the workforce team to provide the data to enable approval of peripatetic teams. This has led to a requirement for a dedicated resource to ensure the peripatetic teams are fully resourced. The team has developed a Trust-wide procedure to ensure that staff are allocated and moved with the minimum of delays into wards/teams.
- **Working Longer** A Working Longer Group (WLG) has been established to review the implications of the WHSCT workforce working to an increased retirement age as a response to the pension changes introduced in 2015. The WLG is currently developing a range of policies that will provide options to employees such as re-engagement policy, a Mobile and Homeworking Policy and is reviewing the Flexible Working arrangements. An exit questionnaire has been developed and will be issued to former employees to ascertain their reason for leaving the organisation. The group has a plan to roll out an exit interview process to all employees who resign or are working their notice period. As part of a three year workplan, a range of health and well-being initiatives have been considered that would support staff and the group, in conjunction, with the Health Improvement Department have launched a survey to gather employees' views on how menopause impacts on their work and what supports would help. On receipt of the results of the survey, the WLG will determine what action needs to be taken. Based on feedback a menopause policy and guidance for managers will be developed.
- **People Committee** A People Committee has been established to provide assurance to the Trust Board on the effectiveness of the Trust's arrangements for the leadership, engagement, training, development and education of staff in Western Health and Social Care Trust. The Terms of Reference and work plan for the group was approved by the Trust Board. The People Committee will meet four times a year and will be chaired by two Non-Executive Directors with representation from Directorates and HR. The Committee will also oversee the maintenance of an effective system of monitoring and management reporting on workforce issues including turnover; sickness absence; mandatory training; and appraisal compliance.
- **Good Relations Steering Group** The Trust has established a Good Relations Steering Group to develop a mission statement to formalise the Trust commitment to the promotion of good relations among service users and staff and to produce a Good Relations strategy and work plan for the next two years. This group is made up of representation from Human Resources, Derry City and Strabane District Council, Trade Unions, Health Improvement Equality and Involvement Team, Communications staff, Governance/Quality Improvement, Chaplaincy, Volunteer service and Foyle Race Equality Forum. The group held its first engagement event with employees, service user representatives and external advisory groups in March 2019 and will be

launching questionnaires and holding focus groups in the forthcoming year to further engage and co-produce its strategy.

- **Policy Design Group** The role of the HR Policy Design Group is to recommend employment policies, procedures, protocols and guidelines which affect staff and their employment to the Trust Board. These must comply with statutory, legislative, regulatory and governance requirements. When finalised these are brought to the Trust Consultation Group. The Policy Design Group has an agreed annual review schedule and meet every 6-8 weeks. During 2018/19 the following new or reviewed policies/provisions were approved by the Trust:

- Alcohol and Drugs in the Workplace Policy;
- Maternity, Adoption and Paternity Leave Provisions;
- Shared Parental Leave;
- Special Leave Provisions;
- WHSCT – Your right to raise a concern (Whistleblowing) Toolkit; and
- Access NI Protocol for Handling of Disclosure Information

### Trades Unions Engagement



The Trust continues to work in partnership with Trades Unions and held 16 consultation group meetings in 2018/19. Forty proposal papers outlining staff and/or organisational changes were consulted on. In addition Trust Senior Management held 4 Joint Forum meetings with local and regional representatives. Trades Unions are also represented in a number of Trust working groups to advance policy development.

Trades Union representatives are also members of other Trust working groups including Working Longer Group, Good Relations, Quality Improvement Employee Relations.

### 1.2.1.8 Performance and Service Improvement Directorate

#### Estate Services

##### Altnagelvin Tower Block – DESU Statutory Standards Upgrade

As part of the 2018/19 Capital Investment plan, the Estates Team commenced a key statutory upgrade of the Day of Elective Surgery Unit (DESU) theatres within the Altnagelvin Hospital Tower Block. The scheme began on site in January 2019.

This upgrade is a positive development for the estate, improving the resilience of the electrical infrastructure, upgrading theatre ventilation and improving functionality of the theatre environment for staff working there. The project was carefully planned

and developed with full collaboration of staff currently using the theatres and is due to complete in May 2019.

### **Quality Assurance - Combined Heat and Power – Good Standard**

During the 2018/19 year the Trust Energy team achieved a “Good Quality Standard” for Combined Heat and Power (CHP) Quality Assurance for the first time. This is a measure of how well the Trust utilises fuel outputs from the CHP engines. i.e. hot water/steam/electricity.

In 2018/19 the Trust invested approximately £2million towards the delivery of a Combined Heat and Power Units (CHP) at the Altnagelvin and Omagh Hospital and Primary Care Complex sites. These projects which are due for completion in July 2019 will minimise the electricity import from the grid at both sites and will aid the Trust in achieving the objective of lowering net energy consumption by 30% by 2030 in accordance with the Management Strategy and Action Plan for Northern Ireland.

### **Support Services**

#### **Review of Operational Arrangements and Structures**

The Support Services structure and operational model was implemented in 2009 and brought together the 3 legacy Trust structures and processes. In 2018/19 a review of support services operational arrangements and structures was undertaken which focused on modernising systems and processes through new technology, benchmarking against others and internally, and aligning services Trustwide to ensure closer professional and team working, efficiency and standardisation of processes.

The key principles underpinning the review included:

- Securing positive outcomes for patients and clients and enhance their experience
- Promoting better integration of support services by bringing together services that have synergies and common focus
- Establishing the ethos of continuous improvement and quality development through integrated performance arrangements
- Encouraging career progression and development to attract and retain a skilled competent and committed workforce
- Maximising economies of scale and demonstrating value for money

The review involved interactive staff workshops with staff from all levels in support services. A number of recommendations were brought forward from the review, including standardising management arrangements across 3 service sectors, developing the e-Housekeeping model, and implementing a centralised systems support team. The final elements of the review recommendations were rolled out between January and March 2019.

#### **South West Acute Hospital Private Finance Initiative (PFI)**

The South West Acute Hospital is maintained as a high quality environment for staff, patients and visitors under the PFI contract arrangements with Northern Ireland Health Group (NIHG) and Facilities Maintenance provider Interserve FM (IFM). The facility has been operational for 7 years since opening in June 2012.

The Trust continues to work towards the aim of achieving sustainable performance levels to Steady State standards relative to a PFI of this maturity. This work remains in progress with an emphasis on strengthening relationships in order to build a solid and effective partnership between the Trust and PFI partners in NIHG and Interserve FM (IFM), with Service Provider IFM continuing to implement a process of organisational change.

Interserve PLC, the corporate parent of IFM, was placed under special cabinet office scrutiny in October 2017 following the issue of a profit warning. Interserve embarked on a refinancing process, however following the rejection of the Interserve PLC refinancing proposals by the shareholders on 15 March 2019, Interserve PLC was placed into administration. The administration has only affected Interserve PLC as its operating companies, which hold contracts and deliver services, did not enter administration. As part of normal due diligence, NIHG assured the Trust that their contingency plan for the loss of their hard FM service provider was in place and is in accordance with their contractual obligations to maintain services at the South West Acute Hospital. This contingency plan includes the business continuity action plan, procurement procedures to appoint a replacement provider, and handover arrangements to comply with their contract obligations.

The Trust's Contract Management Team continues to pursue continuous improvement under the robust monitoring arrangements and level of statutory and contractual compliance remains satisfactory with strong governance continuing to be evident in the areas of Risk Management and Financial Assurance. Expenditure has been maintained below the annual Unitary Charge; 2018/19 targeted savings have been achieved; and the Payment Mechanism applied to any identified areas of under-performance.

Safety and quality matters including incidents and risks continue to be robustly managed and lessons learned are captured in an action plan which is monitored to completion. A single Significant Adverse Incident (SAI) was reported during the year, relating to a power outage which occurred in January 2019 and remedial action has been implemented. A regime of monthly safety and quality audits continues to add value with the identification of targeted improvements. IFM has completed a significant upgrade to their Management Information System which is expected to improve systems and processes for Planned Preventative Maintenance (PPM).

The Trust initiated a Quality Improvement Project for SWAH PFI (June 2018) to identify ways to enhance efficiency and sustainability of the contract. This project involves a value-based assessment of Trust audit procedures to identify efficient new approaches whilst maintaining an appropriate level of scrutiny. This has been supported by a three month relief period where Trust compliance audits have been deferred and penalties capped to enable a focus of resources on implementing improvements. The contract is already experiencing benefits from this QI process with improved partnership relationships and new ways of working being trialled.

The Trust is currently exploring a range of opportunities to optimise efficiencies within the PFI, taking account of Treasury Guidance and Private Finance 2 (PF2) opportunities. During 2018/19 the Trust, with financial support from the Strategic Investment Board (SIB), has appointed a team of specialist PFI advisers to engage with the NIHG team of experts and work under the direction of a Savings and

Efficiency Steering Group. A programme of work for 2019/20 has been developed to realise these opportunities.

## **Emergency Planning & Business Continuity**

### **Mass Casualty Preparedness**

A full review of major incident plans in relation to a mass casualty incident was completed and approved, during 2018/19. In conjunction with City of Derry Airport (CODA) and multi-agency partners, the Trust participated in a live exercise on Wednesday 7 November 2018. The exercise was known as Operation Nighthawk.

With the assistance of Northern Ireland Ambulance Service (NIAS) and voluntary organisations simulated casualties from CODA were transferred to Altnagelvin Hospital in order to test and validate the hospital response. A Friends and Relatives and Survivor Reception Centre were established at the airport and social work staff attended to provide welfare support and documentation. The Trust's aim was to validate the Casualty Major Incident Plan including registration of unknown patient.

The exercise took place from 6pm – 10pm on an evening when the Emergency Department was under significant pressure. Additional staff attended (approximately 45) to participate in the exercise to ensure there was no impact on waiting times or the quality of care of patients within the Emergency Department. Staff engagement was excellent and it was a significant team effort from all departments/directorates.

Following the exercise an action log review meeting was held in March 2019 and a desktop version of Operation Nighthawk scheduled for 21 June 2019 to provide assurance that identified lessons have been actioned and are fit for purpose.

### **Information Communications Technology**

In 2018/19 the ICT Department continued to support a number of major projects which are currently being implemented throughout the Trust as follows:-

#### **Northern Ireland Electronic Care Record (NIECR)**

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

- eSignoff – following a pilot within Acute Medical Unit, work continued across the Trust to rollout electronic signoff. A regional working group has also been established to ensure that there is a consistent approach to signoff across all Trusts.
- e-Referrals Triage Management Solution – a number of specialities are receiving and triaging GP referrals through NIECR. Referrals are no longer being printed.
- Regional Mortality and Morbidity Review System – this has been implemented throughout the Trust. The function is managed by the Trust's Quality Improvement and Audit department.
- Community Systems integration – The Trust's Child Protection information has been made available on NIECR from SOS CARE. Work is ongoing with the Trust's PARIS team and the NIECR team to display documents on NIECR from PARIS.

## **NI Electronic Healthcare Record (Encompass)**

The HSCNI vision is for a digital record-in-common for every citizen in Northern Ireland that facilitates their health and wellbeing throughout their life, built on a digital platform that streamlines services and patient/client journeys and links information across primary, secondary, community and social care.

A regional procurement exercise is ongoing with contract award and Full Business Case approval expected in 2019/20.

The South Eastern Trust has been selected as the first to go-live. The decision has yet to be made on when the Western Trust will deploy the new system.

The Trust has been running regular awareness sessions for all disciplines of staff as well as meeting with groups/teams at their request. The Trust will ensure staff are involved throughout the whole programme from configuration, go-live and optimisation.

## **CIS – Community Information System**

The Community Information System (CIS), PARIS, has been successfully implemented in 44 community services - the most recent of which are Paediatric Psychology, Looked After Children's services and Children's Disability. There are now over 1,750 staff using PARIS in the Western Trust.

A PARIS mobile solution pilot continues within three Services (Community Respiratory Team, Community Children's Nursing and Learning Disability).

Work has begun to decommission the Trust's Referral Management Application (RMA), with referrals to be processed through PARIS in future. The Project Team continues to engage with the second phase of Learning Disability services including over 200 staff.

Planning has begun for the implementation of regional UNOCINI processes and associated services on PARIS. This will be another large step forward moving users from Soscare onto PARIS in line with the objective of moving to a single integrated Community Information System.

## **Corporate Communications**

Corporate Communications continue to place a great emphasis on the development of its social and digital media platforms. The Trust's website, <http://www.westerntrust.hscni.net/>, has approximately 1,002 visitors per day and 30,500 unique visitors each month. The site has been visited over 366,000 times this year. The Trust's Facebook page has now attracted over 27,000 Facebook followers with an average story reach of approximately 11,800 people and engagement per post of 1,390 people.

Posting approximately 57 articles per month, tailored with enriched content for the local audience, the total number of views across all stories on the Trust Facebook site is 8 million views in the 2018/19 year. Through rapid growth in 2018/19, the Trust now has over 6,000 followers on its Twitter page and has issued 1,415 Tweets this year. These tweets have received 2.1 million tweet impressions this year.

Corporate Communications has supported over 770 media queries in 2018/19. Issuing approximately 20 press releases/good news stories to local, regional and cross border media each month.

The Corporate Communications Team also provide enhanced communications support to major Trust projects, working very closely with the project teams, including Pathfinder, Delivering Value and Transformation.

The team is currently focusing on developing its public affairs function. The Trust engages with local MLA's quarterly through face-to-face all party briefings. An eBrief would have been issued to MLAs and public representatives monthly, which contained pertinent information on Trust business, announcements and good news stories; however, this has paused due to the current political situation.

The Team has also focussed on Internal Communication within the Trust. We have worked with CMT members to promote 'Time Out with CMT' sessions held to engage with staff on the proposed 'shared purpose' and to discuss the challenges currently facing staff on the ground.

### **Health Improvement, Equality and Involvement**

The Health Improvement, Equality & Involvement Department continued to support the delivery of health & wellbeing agenda to those living within the Western Trust through targeting health inequalities whilst embedding a co-production approach. The Department delivered a wide range of evidence-based training, initiatives and programmes to Trust staff, organisations and communities supporting the delivery of the Trust's four ambitions of making the Western area a great place to start life, live well, grow older and to work. Some of these have been outlined below.

#### **Trust staff C25K**

Following the success of Couch to 5k programmes delivered by volunteer Trust staff, a further 23 Trust staff attained their Leadership in Running Fitness qualification through Athletics NI in February 19. The training was funded by the Public Health Agency and will allow the newly trained Run Leaders to roll out further C25K programmes in 2019/20 as well as pilot 5-10k groups for staff wishing to progress their running.

#### **Take the Stairs**

The Public Health Agency's 'Take the Stairs' initiative was launched in Altnagelvin tower block in January 2019 aiming to increase physical activity levels by encouraging staff, patients and visitors to use the stairs instead of taking the lift. Posters promoting the health benefits of taking the stairs were placed at the lifts on each floor and laminated footprints placed on the floor directing people to use the stairs. The initiative will be extended SWAH and Omagh Hospitals in 2019/20.

#### **Sexual Health Strategy**

The Sexual Health Strategy Action Plan provided 218 participants with training in the following areas, Transgender Awareness, Sexual Orientation to support those working with same sex parents, Traffic Light Sexual Behaviours Training, Sexual Consent and Sexual Health Awareness.

World AIDs Day and Sexual Health Week campaigns to were supported by Trust partner organisations, including Further Education Colleges and Ulster University. Trust social media also promoted key messaging throughout both campaigns.

### **Suicide Prevention and Emotional Health and Wellbeing**

A total of 678 people attended a range of suicide prevention and emotional wellbeing training during 2018/19, this included training such as safetalk, Applied Suicide Intervention Skills Training (ASIST) and Connections.

### **The Elephant in the Room**

The Elephant in the Room campaign linked World Suicide Prevention Day and World Mental Health Day. Activities include a digital messages based on 'Take 5' messages, an interactive digital campaign pack, campaign resources such as t-shirts and 'stress elephants', a range of events held throughout the Trust.

### **Screen Time Infographic**

Working in partnership with the Ulster University Adult Nursing students a screen-time infographic was developed for social media outlining how parents can become a better role model for their children in terms of their own digital behaviour. This is now being used by a number of disciplines in the Trust including Speech and Language and School Nursing. A joint research article has also been submitted for publication to several peer reviewed journals.

### **Choose to lose – 12 week work based weight loss programme**

24 teams totalling 194 staff members across the Trust completed the 12 week work-based weight loss and healthy lifestyle programme delivered and co-ordinated by the Community Food & Nutrition Team. A total weight loss of 651kg, or 102 stone 5lbs was achieved by staff, along with a reduction of staff waist measurements by 994cm. The challenge supported staff to begin to tackle their weight and become more physically active.

### **The Community Food and Nutrition Team**

The Community Food and Nutrition Team have been very successful in their training delivery during 2018/19. They have delivered a range of programmes including Solid Start, Cook-It Tutor Training and Food Values to 1,070 participants.

## **1.2.1.9 Strategic Capital Development**

### **Altnagelvin Hospital Redevelopment - North Wing**

Construction work continued in 2018/19 on the new £70 million North Wing at the hospital. Accommodating 6 new wards and a new main entrance, the building is being constructed in phases to ensure services continue to operate on site at all times. The first phase of the project was the completion of 3 wards which were handed over to the Trust on 29<sup>th</sup> January 2019. Two of these new wards are now fully operational and the third ward will become operational in early 2019/20. In addition, the former Care of the Elderly building (Geriatric Unit) is now demolished and this will enable work to continue on the final phase of the project. Work will then continue until spring 2020 when the remainder of the scheme will be handed over to the Trust. This final phase will enable 3 further inpatient wards to relocate from the Tower Block and the new main entrance to the hospital will then become operational, adjacent to the new multi storey car park. This major development will significantly improve accommodation for

patients and visitors to the hospital and provide modern state of the art facilities for staff delivering essential in-patient services.



**Altnagelvin Daycase Theatres**

This was completed during the year and handover from the contractor took place on 28 June 2018. This project has delivered two new theatres and following commissioning, the first session took place on 16 August 2018. The theatres are fully compliant with all recommended standards and guidance for a modern day theatre environment and will significantly enhance overall theatre capacity at the hospital.

**North West Cancer Centre**

2018/19 saw the continued operation of the new North West Cancer Centre which first opened in November 2016. During the current year, the design team are completing the final account and the Post Project Evaluation is ready for submission to the DoH.



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

The Trust has initiated the development of a business case to expand and enhance critical services located in the West Wing (Nucleus Building) of the hospital. With a focus on unscheduled care, theatre and critical care accommodation, the business case aims to provide additional space and capacity for these essential services, ensuring future demands for services can be met. The business case will also look at the location of emergency imaging services, ensuring essential service adjacencies to ensure safe and effective services are delivered. The Trust aims to have the business case issued to the Department of Health for approval during the 2019/20 financial year.

### **Health & Wellbeing Campus (Macmillan)**

The new Health and Wellbeing Campus at Altnagelvin incorporating the Macmillan Support Centre and Agnes Jones House was completed and began delivering services in October 2017. The final account has been agreed and the Directorate of Legal Services has been instructed to lodge a statement of claim with the original contractor (in liquidation). This development is now open and fully operational.



### **Cityside Health & Care Centre**

As part of Tranche 2 of the regional Primary Care Infrastructure Development programme, the Directorate has agreed to develop a Strategic Outline Case and Outline Business Case for the development of a GP hub facility in the cityside area of Derry/Londonderry. This project has received Strategic Outline Case approval and the outline business case is currently being developed for submission to the Department of Health during 2019/20 in line with the Department of Health's vision document "Health and Wellbeing 2006: Delivering Together" and will have the main objectives of:-

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

A Memorandum of Understanding Agreement has also been agreed with the Department for Communities in relation to the potential preferred option location.

### **Acute Mental Health Unit at Omagh**

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

The Omagh Mental Health proposal was the subject of a recent “prioritisation assessment” by a team from the DoH to establish the order in which the new mental health units in Northern Ireland should be scheduled. The final outcome of this process has indicated that the business case is unlikely to receive funding in advance of the 2021/22 financial year although this will be kept under review should DOH secure additional Capital Resource Limit (CRL). In the interim, the Trust is committed to additional short term expenditure to ensure existing facilities present minimal risk to patients and service users.

### **Omagh Hospital and Primary Health Care Complex**

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

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

Work is ongoing in relation to completion in early 2019/20 of the Post Project Evaluation, final account and outcome of the pharmacy licence application relating to the proposed retail pharmacy in the OHPCC.



### **Rathview Mental Health Extended Recovery and Rehabilitation Unit**

The Rathview Mental Health Extended Recovery and Rehabilitation Unit located near to the Tyrone & Fermanagh Hospital was completed and handover was on 12<sup>th</sup> April 2018.

The project is now fully operational following receipt of Regulation and Quality Improvement Authority (RQIA) Registration and the subsequent relocation of clients.

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



**Tyrone County Hospital & Omagh Health Centre**

A number of public sector trawls have taken place in relation to the disposal of both the Tyrone County Hospital and Omagh Health Centre sites in parallel with site decommissioning and equipment disposal.

A number of expressions of interest in relation to the Tyrone County site were received, but subsequently withdrawn and the Trust is now pursuing the disposal of the site on the open market.

The former Omagh Health Centre site disposal was completed in 2018/19 within ownership passing to a local charitable company through a community asset transfer process.

**1.2.2 Environmental Issues (Sustainability Report)**

The Trust remains committed to ensuring that the risks to the environment from installing, maintaining and operating the Trust Estate are minimised, 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 work; maintenance of buildings; plant and equipment; and grounds maintenance.

The Trust's Waste Management Plan continues to be implemented through the minimisation of waste and the amount of waste sent to landfill. In 2018/19 the Trust achieved the Target of recycling/recovering over 85% of non-hazardous waste. Expenditure for clinical waste has also reduced by 16% from 2016/17.

The Trust has a dedicated Energy Management Team which is tasked with delivering on the Trust's sustainability agenda. This team has delivered a 6.54 % reduction in utility consumption within this financial year.

During the 2018/19 year the Trust Energy team achieved a "Good Quality Standard" for Combined Heat and Power (CHP) Quality Assurance for the first time. This is an important measure of how well the Trust utilises fuel outputs from the CHP engines. i.e. hot water/steam/electricity.

In 2018/19 the Trust invested approximately £2million towards the delivery of a Combined Heat and Power Unit (CHP) at the Altnagelvin and Omagh Hospital and Primary Care Complex sites. This project will minimise the electricity import from the grid at both sites and will aid the Trust in achieving the objective of lowering net energy consumption by 30% by 2030 in accordance with the Management Strategy and Action Plan for Northern Ireland.

In addition to the investment above, the Trust are currently developing a bid to apply for regional funding for further energy initiatives to the value of £2 million to include LED Lighting and Natural Gas conversion schemes.

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

### **1.2.3 Essential Business Relationships**

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

- Department of Health as the primary policy maker in the NI Health Sector;
- HSC Board and the Public Health Agency as the Trust's main commissioners and providers of the vast majority of its funding;
- NI Ambulance Trust which plays such a key role in ensuring the Trust's acute services are accessible to the population of the Western area;
- Other HSC Trusts and agencies for the provision of specialist services and staff to our residents;
- The Business Services Organisation for the provision of the following support services:

- Internal Audit;

- Procurement and Logistics Services;
- Legal Services;
- Pension Services;
- Shared Services Centres for income, payments, payroll and recruitment;
- Private sector bodies as well as community and voluntary sector bodies who deliver services on behalf of, or in support of, the Trust; and
- Northern Ireland Audit Office and any sub-contracted external audit provider.



13 June 2019

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Dr Anne Kilgallen  
Chief Executive & Accounting Officer

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Date

## ACCOUNTABILITY REPORT

### 2.1 Governance Report

#### 2.1.1 Directors' Report

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

Name	Position on the Board
Mr Niall Birthistle	Chairman
Mrs Stella Cummings	Non-Executive Director
Mrs Sally O'Kane	Non-Executive Director
Mrs Joan Doherty	Non-Executive Director
Mr Joe Campbell	Non-Executive Director and Chair of the Audit Committee
Ms Mary Woods	Non-Executive Director
Dr George McIlroy	Non-Executive Director
Dr Catherine O'Mullan	Non-Executive Director
Dr A Kilgallen	Chief Executive
Mrs Geraldine McKay	Director of Acute Services
Mr Kieran Downey	Deputy Chief Executive/Director of Women and Children's Services (moved to Pathfinder on 1 December 2018)
Ms Deirdre Mahon	Interim Director of Women & Children's Services (from 1 December 2018)
Dr Bob Brown	Director of Primary Care and Older People's Services
Mr Trevor Millar	Director of Adult Mental Health and Disability Services (retired 3 April 2018)
Ms Karen O'Brien	Interim/Director of Adult Mental Health and Disability Services (from 16 April 2018)
Dr Dermot Hughes	Medical Director
Mrs Teresa Molloy	Director of Performance and Service Improvement
Mrs Ann McConnell	Director of Human Resources
Mrs Lesley Mitchell	Director of Finance and Contracting
Mr Alan Moore	Director of Strategic Capital Development

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

1. The Trust has arrangements in place to consult with employees and their representatives. The most significant formal mechanism is the Trust's Joint Forum. This is governed by a formal agreement which sets down the arrangements for management and Trade Union Side partnership working in relation to consultation and negotiation on employment matters. In addition the Trust has established a Joint Local Negotiating Committee. This forum focuses on employment matters relating to doctors. The Trust has a range of partnership groups in place which allow consultation on pay issues and reform and modernisation proposals.
2. The Department of Health requires the Trust to pay its creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. Details of compliance with the Code are given in Note 14 to the Accounts at Section 3 of this document.
3. The Trust participates in the HSC Pension Scheme and Note 1.20 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 21 to the Accounts at Section 3 of this document.
5. The Trust had three adverse data related incidents to report to the Information Commissioner's Office (ICO) in 2018/19. The ICO assessed each incident and notified the Trust based on the information provided that no further action by the ICO was necessary. The Trust received correspondence from the ICO of an additional security incident/information breach following the receipt of a complaint. The ICO have advised that further action is required to investigate this matter and the Trust is supporting the ICO with this.
6. The Trust has an Audit Committee which is a formal Committee of the Board and membership is as follows:
  - Mr Joe Campbell – Non-Executive Director (Chair)
  - Mrs Joan Doherty – Non-Executive Director
  - Dr Catherine O'Mullan – Non-Executive Director

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

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

### **Report from Non-Executive Board Members**

The Department of Finance issued guidance (FD (DoF) 02/19, 8 March 2019) which has stipulated that the Annual Report component of the Annual Report and Accounts for 2018/19 should include a section which is written by the Non-Executives. The content of this section is at their discretion and the other board members should be consulted.

The Trust completed a Board Governance Self-Assessment tool which was reported to Trust Board in April 2018. This included measuring the impact of the Board using a case study approach. The Trust scored satisfactory in all areas and the need for a Board Governance Development programme was identified.

In late 2018, the Trust reviewed its governance arrangements and has made some significant changes to further enhance its governance and risk management systems. This includes the realignment of the three Sub Committees reporting to the Governance Committee, the creation of a Peoples Committee to address workforce challenges and widening the remit of the Audit Committee to include risk assurance.

The Trust wishes to thank and pay tribute to our Acting Chairman Mr Niall Birthistle and outgoing Non-Executive Directors, Mrs Stella Cummings, Mrs Joan Doherty and Mrs Sally O’Kane as their terms of office have ended.

### **Implementation of recommendations from the Inquiry into Hyponatraemia-Related Deaths**

There are 120 actions relating to the 96 recommendations from the public inquiry report and the Department of Health has established workstreams to take forward the important action points under the auspices of an Implementation Programme Management Group. The workstreams and sub-groups include representation from service users, carers, the voluntary and community sector as well the Department of Health and the wider HSC system. The Trust is represented on the Implementation Programme Management Group and several of the workstreams and sub-groups including two Non-Executive Directors who are members of the Serious Adverse Incident Workstream and the Duty of Candour Being Open Sub Group. The Trust is fully committed to the implementation of all the recommendations and a monthly progress report on the implementation of the recommendations is a standing item on the Trust Board Agenda.

### **Corporate Plan 2019-2021**

The Trust has developed a new Corporate Plan for the period 2019-2021 which supersedes the last two years of the previous corporate plan 2017-2021. This was to reflect two new priorities; the Financial Recovery Programme and the Pathfinder Initiative for the population of Fermanagh and South Tyrone, both of which will be a key focus for the Trust Board going forward.

### **Financial Recovery Programme**

In common with the wider health and social care system, the Trust is facing significant financial challenges. During 2018/19, the Trust was unable to achieve a breakeven position and a deficit of £24.4 million was agreed with the Department of Health. The deficit arose as a result of an increase in a number of cost pressures including medical locums and Looked After Children as well as a shortfall on the delivery of savings targets. Medical locum costs have been increasing significantly year on year since 2013/14 and costs have increased by 24% in 2018/19 compared to the previous year. The Trust has experienced a significant increase in its number of Looked After Children since the introduction of Kinship Standards which has resulted in an additional cost to the Trust. The Trust was allocated a number of savings targets for 2018/19 which it was unable to deliver and this contributed to the deficit. The Non-Executive Directors acknowledge the efforts of the Executive Team in containing the deficit within the authorised limit of £24.4 million despite the many challenges faced during the financial year. From the 1 April 2019, the Trust has embarked on a 36-month financial recovery programme called ‘Working Together... Delivering Value’ to stabilise the Trust’s financial position and achieve a balanced budget by 31 March 2022. It has been agreed with DoH that the Trust will report a deficit position for 2019/20 and 2020/21 with the 2021/22 final year reporting a break-even. The programme will involve three phases; phase one relates to a transitional period where focus will be on recurring tactical savings with phases 2 and 3 concentrating on major projects. The Non-Executive Directors recognise the importance of the Trust becoming financially sustainable to be able to deliver excellent services into the long term. They are fully supportive of the Chief Executive and the Executive Team in this process.

## **Pathfinder Initiative for the Population of Fermanagh and West Tyrone**

Pathfinders are initiatives that are sponsored by the Department of Health. They are intended to provide increased support to health and care economies where there are specific challenges to providing high quality and sustainable services to the local population in the long term using the current service model. The Pathfinder Initiative is committed to identifying the health and social care needs of the population of Fermanagh and West Tyrone for the 10 year period to 2029; to co-producing appropriate and deliverable proposals along with a costed implementation plan to achieve sustainable delivery of health and social care services in the Fermanagh and West Tyrone area.

### **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, including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in FReM have been followed and disclose and explain any material departures in the financial statements;
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Trust will continue in operation;
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust; and
- Pursue and demonstrate value for money in the services the Trust provides and in its use of public assets and the resources it controls.
- Confirm that the annual report and accounts as a whole is fair, balanced and understandable and that she takes personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

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

### **2.1.3 Governance Statement**

#### **Scope of Responsibility**

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

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

Trust senior executives meet regularly throughout the year with colleagues in the Department of Health and the HSC Board / Public Health Agency and other Trusts. They participate in a wide range of meetings, including accountability meetings with the Department of Health and performance management meetings with the HSC Board. They also take part in regional meetings such as Adult Safeguarding Board, Transformation Implementation Group and Directors' meetings which enable collaboration and establishment of consistent approaches to strategic planning, service improvement, transformation, commissioning, contracting and e-health matters in accordance with regional policy direction. The Trust also has effective partnership arrangements in place with organisations including Derry & Strabane District Council, Health Service Executive (HSE) and a wide range of community and voluntary sector organisations. There are also effective patient and client forums in place for a wide range of services to maximise the involvement of patients and clients in determining the manner of delivery of their own treatment and care.

#### **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.

The Trust Board has completed an annual Board Governance Self-Assessment Tool since 2013, which is based on the structure issued by the Department of Health. The assessment concluded that all areas are compliant with the exception of the Whole

Board Development Programme, with one action to be completed in relation to non-executive member's induction.

### **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. During 2018/19 the Trust completed a review of its governance structures and has implemented a revised structure: Audit & Risk Assurance Committee; Remuneration Committee; Governance Committee; Endowment & Gifts Committee; Engagement & Experience Committee; People Committee; Finance & Performance Committee. This revised structure was approved at Trust Board in August 2018.

**The Trust Board** has corporate responsibility for ensuring that the Trust fulfils the aims and objectives of the Department of Health and for promoting the efficient, economic and effective use of staff and other resources by the Trust.

This includes:

- establishment of overall strategic direction of the Trust within the policy and resources framework
- constructively challenge the Trust's executive team in their planning, target setting and delivery of performance
- ensure that the DoH (through HSCB) is kept informed of any changes which are likely to impact on the strategic direction of the Trust or on the attainability of its targets and determine the steps needed to deal with such changes;
- has oversight of patient safety and quality of services;
- ensure that any statutory or administrative requirements for the use of public funds is complied with' that the Trust Board operates within the limits of its statutory authority and any delegated authority agreed with the DoH;
- ensures that the Trust Board receives and reviews regular financial information concerning the management of the Trust; is informed in a timely manner about any concerns about the actives of the Trust; and provides positive assurance to the DoH that appropriate action has been taken;
- demonstrates high standards of corporate governance at all times

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.

The Trust Board met 11 times in the 2018/19 financial year and all meetings were quorate. Members' attendance is formally recorded in the Trust Board minutes and the detail is given in the table below. Standing items on Trust Board agenda include Quality and Safety; Infection Prevention and Control; Environmental Cleanliness; Corporate Risk Register and Board Assurance Framework; Performance Management and Financial Performance. The Board assesses its performance using the Board Governance Self-Assessment Tool. The assessment concluded that all

areas are compliant with the exception of the Whole Board Development Programme, with one action to be completed in relation to non-executive member's induction. Progress against this action is being monitored at Trust Board. The Board also commissions Internal Audit to review its effectiveness.

Name	Title	Meetings to attend	Meetings attended
Mr N Birthistle	Chairman	11	11
Dr A Kilgallen	Chief Executive	11	10
Mrs S Cummings	Non-Executive Director	11	7
Mrs S O'Kane	Non-Executive Director	11	7
Mrs J Doherty	Non-Executive Director	11	10
Mr J Campbell	Non-Executive Director	11	11
Ms M Woods	Non-Executive Director	11	11
Dr G McIlroy	Non-Executive Director	11	11
Dr C O'Mullan	Non-Executive Director	11	9
Mrs G McKay	Director of Acute Services	11	8
Mr K Downey	Deputy Chief Executive/Director of Women & Children's Services (moved to Pathfinder on 1 December 2018)	11	10
Ms D Mahon	Interim Director of Women & Children's Services (from 1 December 2018)	4	3
Dr B Brown	Executive Director of Nursing & Director of Primary Care and Older People's Services	11	10
Mr T Millar	Director of Adult Mental Health and Disability Services (retired 3 April 2018)	-	-
Ms K O'Brien	Interim/Director of Adult Mental Health and Disability Services (from 16 April 2018)	10	10
Dr D Hughes	Medical Director	11	11
Mrs T Molloy	Director of Performance & Service Improvement	11	10
Mrs A McConnell	Director of Human Resources	11	10
Mrs L Mitchell	Director of Finance & Contracting	11	10
Mr A Moore	Director of Strategic Capital Development	11	8

There has been a change in membership of the Trust Board. Mrs S Cummings, Mrs S O'Kane and Mrs J Doherty ended their term of office on 31 March 2019 and Mr N Birthistle (outgoing Chair) ended his term on 30<sup>th</sup> April 2019. The new Chair, Mr S Pollock, commenced on 1 May 2019, Mrs R Laid and Mr J McPeake commenced on 1 April 2019 and Mr S Hegarty commenced his term on 8 April 2019.

**Audit & Risk Assurance Committee** - The Audit & Risk Assurance Committee is a formal Committee of the Board comprised of three Non-Executive Directors. The role of the Committee is set out in formal terms of reference and includes:

- Oversight of the maintenance of effective governance and internal financial control arrangements;
- Ensuring an effective Internal Audit function is in place;
- Oversight of the arrangements for the completion and external audit of the Trust's Annual Report and Accounts; and
- Oversight of the adequacy of the Trust's arrangements for securing value for money.

During 2018/19, following the Trust review of its governance framework, the scope of the Committee was extended to include having oversight of the adequacy and

effectiveness of the risk management and assurance framework of the Trust. The Committee fulfilled the requirements of its terms of reference during 2018/19.

The Trust’s internal and external auditors as well as other appropriate Trust staff attend the Committee meetings on a regular basis. The Committee follows the best practice guidance set out in the Audit & Risk Assurance Committee Handbook (NI) (April 2018) and assesses its performance by reviewing its compliance with this guidance on an annual basis. The Committee has completed its self-assessment for 2018/19 and has adapted the updated National Audit Office template for this purpose. The outcome of the assessment for 2018/19 is that the Committee is performing effectively in all areas. The Chairman of the Committee briefs the Trust Board following each Committee meeting and Trust Board receives an annual report on the performance of the Committee. The Committee met four times during 2018/19 and all meetings were quorate. Attendance was as follows:

Name	Title	Meetings to attend	Meetings attended
Mr J Campbell	Non-Executive Director (Chair)	4	4
Mrs J Doherty	Non-Executive Director	4	4
Dr C O’Mullan	Non-Executive Director	4	4
Dr A Kilgallen	Chief Executive	4	3
Mrs L Mitchell	Director of Finance & Contracting	4	4

**Governance Committee** The role of the Board is to oversee the management and governance of the Trust. 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 Trust Governance Organisational structure has developed over time. From the establishment of the Trust Governance Committee, membership included all Trust Board members and was chaired by the Trust’s Chairman. The Committee meets quarterly and an attendance register is kept.

A Trust Board workshop was held on Thursday 29 March 2018 to review the reporting arrangements, membership and papers considered by Governance Committee. A working group involving non-executive representatives and Trust governance staff were asked to consider reporting arrangements and information and develop a discussion document to be shared with the Board and Governance Committee. This was approved by the Board in August 2018. Revised membership of Governance Committee came into effect from December 2018. Governance Committee is now chaired by a non-executive director with 2 other non-executive director members and executive directors as outlined within the revised Terms of Reference.

The Governance Committee met four times during 2018/19 and attendance by members was as follows:

Name	Title	Meetings to attend	Meetings attended
Mr N Birthistle	Chairman	2	2
Dr A Kilgallen	Chief Executive	4	2
Mrs S Cummings	Non-Executive Director	2	2
Mrs S O’Kane	Non-Executive Director	4	4
Mrs J Doherty	Non-Executive Director	2	2
Mr J Campbell	Non-Executive Director	4	4
Ms M Woods	Non-Executive Director	2	1
Dr G McIlroy	Non-Executive Director	4	4
Dr C O’Mullan	Non-Executive Director	2	2
Mrs G McKay	Director Of Acute Services	4	4
Mr K Downey	Deputy Chief Executive/Director of Women & Children’s Services(moved to Pathfinder on 1 December 2018)	2	1
Ms D Mahon	Interim Director of Women & Children’s Services (from 1 December 2018)	2	2
Dr B Brown	Director of Primary Care and Older People’s Services	4	3
Ms K O’Brien	Director of Adult Mental Health and Disability Services (from 16 April 2018)	4	2
Dr D Hughes	Medical Director	4	3
Mrs T Molloy	Director of Performance & Service Improvement	4	3
Mrs A McConnell	Director of Human Resources	2	0
Mrs L Mitchell	Director of Finance & Contracting	2	1
Mr A Moore	Director of Strategic Capital Development	4	3

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

- **Governance Committee Sub Committees** – there are three formal sub-committees of Governance Committee. The Corporate Governance Sub Committee; Clinical and Social Care Governance Sub-Committee; and the Quality and Standards Sub-Committee. These Sub-Committees meet quarterly and the Chairs provide a report to the Governance Committee.
- **Corporate Governance Sub-Committee** is chaired by the Director of Planning and Performance and provides assurance to the Governance Committee that assurance and risk management arrangements relating to corporate Governance are effective.
- **The Clinical and Social care Governance Sub-Committee** - met for the first time in January 2019; it is jointly chaired by the Medical Director and the Director of Nursing. Its work is to provide strategic direction and oversight of risk management arrangements relating to Clinical and Social Care Governance in the Trust. There are a number of working groups that will feed into this Committee, including for example Morbidity and Mortality Outcomes and Healthcare Associated Infections Accountability.
- **Quality and Standards Sub-Committee** –is chaired by the Executive Director of Social Work and oversees the implementation of clinical and

social care standards and guidelines throughout the Trust and provides assurance to the Governance Committee that appropriate systems are in place to monitor standards relating to quality of care.

**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 2018/19 to progress the governance agenda and provide Directorate assurance. This enabled them to report to the Governance Committee against an agreed reporting template.

**Remuneration Committee** - This Committee meets to approve the performance objectives of the Chief Executive and all other Senior Executives and it also assesses their performance in line with established policies and circulars. It recommends to Trust Board pay awards and performance related pay, where appropriate, in line with Circulars. It is chaired by the Chairman and includes a further three Non-Executive Directors. The Committee met once during 2018/19 – on 6 December 2018 - this meeting was fully quorate. Details of members' attendance are given in the table below. The Chairman brings the recommendations of the Remuneration Committee to Trust Board following each meeting and its recommendations are discussed under Confidential Items. The Committee therefore met the requirements of its terms of reference for 2018/19.

Name	Title	Meetings to attend	Meetings attended
Mr N Birthistle	Chairman	1	1
Dr A Kilgallen	Chief Executive	1	1
Mrs S Cummings	Non-Executive Director	1	0
Mrs S O'Kane	Non-Executive Director	1	1
Mrs M Woods	Non-Executive Director	1	1
Mrs A McConnell	Director of Human Resources	1	1

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

Name	Title	Meetings to attend	Meetings attended
Mrs S Cummings	Non-Executive Director (Chair)	10	9
Dr G McIlroy	Non-Executive Director	10	10
Mrs T Molloy	Director of Performance & Service Improvement	10	9
Mrs L Mitchell	Director of Finance & Contracting	10	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 two Non-Executive Directors and is supported by a number of Trust officers. The Committee met on four occasions during 2018/19 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 2018/19. The Committee had agreed an action plan for the year and received an update against actions at every meeting. The Committee is satisfied with the performance against the action plan for 2018/19.

Name	Title	Meetings to attend	Meetings attended
Dr G McIlroy	Non-Executive Director (Chair until 3 December 2018 )	4	4
Mrs S Cummings	Non-Executive Director (until 3 December 2018)	2	1
Mrs J Doherty	Non-Executive Director (Chair from 4 December 2019)	2	2
Ms K O'Brien	Director of Adult Mental Health & Disability Services (from 16 April 2018)	4	3
Mrs G McKay	Director Of Acute Services	4	3
Mrs A McConnell	Director of Human Resources	4	3
Mrs L Mitchell	Director of Finance & Contracting	4	1

### Engagement & Experience Committee

The Trust intends to ensure effective participation and engagement with users; the terms of reference and membership are currently being developed and it is anticipated that the Committee will have its first meeting in May 2019.

**People Committee** - The purpose of this Committee is to provide assurance to Trust Board on the effectiveness of the Trust's arrangements for leadership, engagement, management, training, development and education. The Committee is made up of two Non-Executive Directors (one of whom is the Chair) and is supported by a number of Trust officers. The Committee was established following a review of Governance arrangements and held its first meeting on 21 January 2019. The Committee intends to meet at least four times a year. Details of members' attendance are set out in the table below. The Chair of the Committee will brief Trust Board following each meeting.

Name	Title	Meetings to attend	Meetings attended
Dr C O'Mullan	Non-Executive Director (Chair)	1	1
Mrs S Cummings	Non-Executive Director	1	1
Mrs A McConnell	Director of Human Resources	1	0
Dr D Hughes	Medical Director	1	0
Dr B Brown	Executive Director of Nursing	1	0

Name	Title	Meetings to attend	Meetings attended
Ms D Mahon	Interim Executive Director of Social Work (from 1 December 2018)	1	0
Mrs M Ward	Assistant Director of HR (Designated Deputy for Director of HR)	1	1

### **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.

The Trust secured agreement from the Department of Health to revising its Corporate Plan 2017-21 and worked during the year to bring forward a new draft Corporate Plan 2019/21 for approval. This was submitted to DoH on 12 April 2019. Final approval is awaited.

In line with Department of Health requirements, the Trust produces an annual Trust Delivery Plan in response to the HSCB/PHA Commissioning Plan. The Trust Delivery Plan for 2018/19 was prepared in line with the customary timetable. However the inability to submit a balanced financial plan within the Trusts Delivery Plan meant that considerable further discussion was needed to bring forward a financial plan for 2018/19 which would be accept. The TDP was subsequently approved by Trust Board on 6 December 2018 and submitted to the HSCB for approval on the 11 December 2018. The HSCB referred to the DoH who wrote to the Trust on the 28 January 2019 confirming the basis on which the Trust Delivery Plan could be approved this year.

The Trust at the outset of 2018/19 was required to submit Performance Improvement Trajectories (PIT) in line with the HSC draft Performance Framework. Monitoring of the extent to which the Trust is meeting its obligations from the Trust Delivery Plan and PIT was carried out via internal Trust accountability meetings. Performance was also reviewed on a monthly basis by the Trust's Corporate Management Team and Trust Board. The HSC Board holds HSC Trusts to account through an Accountability Review process which they manage and which is in line with the draft HSC Performance Framework established by the Department of Health.

Key exceptions against the Trust's Business Plan (Trust Delivery Plan 2018/19) are as follows:

- From April 2018, 95% of patients attending any Type 1, 2 or 3 Emergency Department (ED) are either treated and discharged home, or admitted, within 4 hours of their arrival in the Department; and no patient attending any ED should wait longer than 12 hours.

As at 31 March 2019 the Trust has ensured that 74% of patients attending its Type 1 Emergency Departments completed their unscheduled care pathway within 4 hours of arrival, (71% in Altnagelvin and 67% in South West Acute Hospital). For the period until the end of March 2019, 2,731 patients waited in excess of 12 hours, (1,439 in Altnagelvin and 1,292 in South West Acute Hospital).

Performance Improvement Trajectory (PIT) for 4hr performance in ED was submitted which aimed to achieve a 2% improvement compared to 2017/18.

<b>Performance Area</b>	<b>Performance 2017/18</b>	<b>Predicted Performance 2018/19</b>	<b>Actual Performance 2018/19</b>
ED 4 hours %	76%	78%	74%

The Trust identified the primary reasons for not meeting the Trajectory for unscheduled care as:

- Increased unscheduled demand/ the total number of attendance was 125,196 an increase of 8% (9,098 patients) presenting at the Trust's 2 acute hospital E.Ds.
- Reduced bed capacity due to closed beds resulting from nursing shortages, and the delay in discharging complex patients back to the community or to their homes.
- Waiting Times Targets for outpatients, inpatients and day cases

In the 2018/19 Trust Delivery Plan, the Trust highlighted that these standards were not achievable due to the impact on capacity in the growth of red flag and urgent referrals and also continued medical workforce pressures in specialities such as neurology, general surgery and gastroenterology and nursing working force pressures particularly in theatres. The deficit in capacity to deliver elective work is accepted for the region and HSCB along with the Department of Health aim each year to supplement the commissioned capacity with Waiting List Initiatives (WLI) which are separately funded.

HSCB agreed a Performance Improvement Trajectory with the Trust for elective care in the early part of 2018/19 for Outpatients and Inpatient/Daycase work.

<b>Performance Area</b>	<b>Performance 2017/18</b>	<b>Predicted Performance 2018/19</b>	<b>Actual Performance 2018/19</b>
IPDCCore Elective	-11%	-8%	-11%
NOP Core	-16%	-11%	-12%

The Trust was broadly in line with the predicted performance for in-patient day care/new in-patient.

During 2018/19, the HSCB made available funding of £4.28m for additional in-patient, day case and out-patient WLI activity to be undertaken in-house and in the independent sector. These allocations were directed to address areas of greatest risk. However, despite the additional funding, waiting times have continued to deteriorate, particularly for routine patients. At the end of March 2019, 33% of patients waited less than 13 weeks for IP/DC against a target of 55% and 29% were waiting less than 9 weeks for a first out-patient appointment against a standard of 50%.

- By March 2019, 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 decreased during 2018/19, and the number waiting reduced from 4,758 to 3,067. Throughout 2018/19, Occupational Therapy continues to experience the longest waits. The Trust was supported to undertake WLI on those patients who were waiting longer than 13 weeks at March 2018, which supported this improvement and was fully delivered on.

- From April 2018 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; and 13 weeks to access psychological therapies (any age).

As at the 31 March 2019, 98 patients waited longer than 9 weeks to access the Child and Adolescent Mental Health services (CAMHS) service with the longest wait at 21 weeks. CAMHS Performance Improvement Trajectory predicting a March 2019 position of 0.

- At the end of March 2019 the number of patients waiting longer than 9 weeks has increased from 10 (March 2018) to 98 (March 2019).

Throughout 2018/19, the service experienced monthly breaches from April 2018. They continued to advise of reduced capacity due to ongoing staff vacancies, long term sick leave and retirements. The CAMHS waiting position was expected to improve from September 2018 as vacant posts were filled; however, the waiting times position deteriorated since November 2018 as a result of steady increase in referrals (cumulative 36% increase in demand).

The Trust position at the end of March 2019 has declined with 701 patients breaching the 9 week Mental Health target. AMH Performance Improvement Trajectory predicting a March 2019 position of 484.

- At the end of March 2019 the number of patients waiting 9 weeks has increased from 318 (March 2018) to 701 (March 2019).

Throughout 2018/19, increase in both routine and urgent referrals and the complexity of cases have grown. Capacity has been greatly impacted by workforce issues, level of vacancies and sickness and the ability to recruit.

The Trust position at the end of March 2019 has improved with 87 patients breaching the 9 week dementia target. Dementia Performance Improvement Trajectory predicting a March 2019 position of 195.

- At the end of March 2019 the number of patients waiting 9 weeks has increased from 82 (Mar 18) to 87 (Mar 19).

Throughout 2018/19, the service has experienced monthly breaches as a result of reduced capacity due to workforce issues including vacancies and sick leave. The

service has continued with additional (part time) nursing hours which assisted with performance during the year.

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

Psychological therapy performance position at the end of March has slightly improved with 508 patient breaches reported. Psychological Therapy Performance Improvement Trajectory predicting a March 19 position of 617.

- At the end of March 19 the number of patients waiting 9 weeks has reduced from 554 (March 2018) to 508 (March 2019).
- During 2018/19 ensure that 99% of all mental health discharges take place within 7 days of patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.

By March 2019 94% of all mental health discharges took place within 7 days of patients being assessed as medically fit; this is a 4% reduction in comparison to March 2018. Discharges taking more than 28 days increased from 18 in March 2018 to 38 in March 2019.

- During 2018/19 ensure that 99% of all learning disability discharges take place within 7 days of patient being assessed as medically fit for discharge.

By March 2019, 81% of all learning disability discharges took place within 7 days of patient being assessed as medically fit; this is a deterioration from March 2018 (91%). Four discharges took more than 28 days within maintained the same as March 2018.

- By March 2019 ensure that 90% of complex discharges take place within 48 hours.

By end March 2019 the Trust achieved 78% of acute discharges within 48 hours. This is a slight decrease on March 2018 (82%). The Performance Improvement Trajectory for 2018/19 was submitted, which aimed to achieve a 3% improvement. During 2018/19, the Trust achieved an actual of 78% against a predicted 85%. Altnagelvin achieved actual 77% against a predicted 84% and South West Acute achieved actual 80% against a predicted 86%.

<b>Performance Area</b>	<b>Performance 2017/18</b>	<b>Predicted Performance 2018/19</b>	<b>Actual Performance 2018/19</b>
Complex Discharges 48hours	82%	85%	78%

- By March 2019, no complex discharge taking more than 7 days.

During 2018/19 453 complex discharges took more than 7 days. This is an increase from 2017/18 (410).

- By March 2019, all non-complex discharges from an acute hospital within 6 hours of the patient being assessed as medically fit for discharge.

During 2018/19, 97% of all non-complex discharges from an acute hospital took place within 6 hours, which remains the same as 2017/18.

- During 2018/19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

During 2018/19 there were 816 patients treated of which 78% their first definitive treatment was within 62 days of being referred against a predicted Performance Improvement Trajectory of 88%.

Performance Area	Performance 2017/18	Predicted Performance 2018/19	Actual Performance 2018/19
Cancer 62 days	88%	88%	78%

The majority of breaches of the 62 day standard throughout 2018/19 have been mainly in Urology. Breaches in Urology accounted for almost 56% of total 62 day breaches for the Trust. The Prostrate Pathway remains the most challenging due to TP biopsy issue where a change in clinical practice in that the MRI is done prior to the biopsy. There have also been challenges within Lower GI and diagnostics which have experienced consultant gaps.

### **Business Case Approval**

The Trust also has a formal structure and process 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 132 DACs were completed by the Trust in 2018/19 with a combined value of approximately £9.2m. COPE advice was obtained from BSO PALs in respect of 127 of these and from CPD in relation to the remaining 5. Two of the 132 DACs processed in 2018/19 required approval from the Permanent Secretary. Both the volume and value of DACs has increased significantly during 2018/19; this is primarily due to the expiry of the Technology Partnership Agreement (TPA) previously used to support the procurement of ICT related equipment and services (work is ongoing in relation to the development of a new Technology Framework) and also expiry of the Pharmaceutical Wholesaler Framework which provides a supply chain solution for a wide range of pharmaceutical products not available on alternative contracts (which has been re-established on 1 May 2019).

Publication returns have been completed throughout the year to BSO PaLS in respect of DACs with an individual value in excess of £30,000. The Trust's Audit and Risk Assurance Committee and Trust Procurement Board were routinely updated in relation to the Trust DAC Register during the year.

## **Risk Management**

The Trust's Risk Management Strategy was reviewed in March 2014 and was approved as a policy by Trust Board. The Policy was due for review in March 2017; however, due to advice from the Corporate Management Directorate of the Department of Health regarding the expiry of the Licence for the AS/NZ standard, the Trust Policy has remained in place. This policy has now been reviewed in 2018 in line with the regional approach to Risk Management using the ISO3000 Risk Management Standard, and is currently going through the Trust approval process. 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. The system can facilitate Risk Register reports for Trust Board and reporting committees on the management of risks. A column was added to the Corporate Risk Register Summary Report to facilitate scrutiny of the action plans as recorded on the register. From October 2018 this report is tabled at Audit & Risk Assurance committee. Further progress was made during the year to review and develop the DATIX Incident Reporting and Management module to ensure it is more user-friendly for staff. To ensure that the DATIX system can achieve its full potential, work was completed in 2016 to upgrade to the latest version. This includes many enhanced features (such as automatic feedback on learning). through working in partnership with DATIX and the ICT department. The automatic feedback to reporters went live on the system in September / October 2017. From 1st April 2019 all Trusts in Northern Ireland will transition to using new DATIX 'Classification of Incidents' Codes known as CCS2 Codes. The purpose of this new set of coding is to ensure better quality data from DATIX and to standardise coding across the region. It makes the DATIX form quicker and easier to complete and will improve consistency and accuracy of coding. Training has been arranged for staff to highlight system improvements.

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

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

The management of the Corporate Risk Register has been enhanced through a review involving workshops with Corporate Management Team (CMT) and Governance Committee. A revised process was developed and approved which includes the reporting and review of performance on the management of Corporate Risks over time. The Corporate Risk Register is reviewed on a monthly basis by the Corporate Management Team which considers progress on existing risks and identifies new risks for inclusion on the Register. Any material changes e.g. proposed new or closed risk, approved by CMT are then tabled at the next Trust Board for agreement and approval. The Corporate Risk Register is reported to Governance Committee where any issues regarding management of specific risks are raised for consideration. It is also tabled at Audit & Risk Assurance Committee to provide assurance on the management of Corporate Risks on a quarterly basis. The Risk Register is published with Trust Board Papers and is posted on the Trust intranet for access by employees. The Risk Register was most recently considered and approved by the Trust Board on 7th March 2019 and presented to Governance Committee on 27th March 2019. In December 2018 Trust Board held a workshop to review all risks on the Corporate Risk Register and to review progress on deescalated risks which had been delegated to sub-committees/working groups for monitoring.

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

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

The Quality and Safety Team provides quarterly reports for Directorate Governance Groups. This includes information on Serious Adverse Incidents, incidents,

complaints, litigation, health and safety, NICE guidance, RQIA reviews and other quality and safety indicators for discussion by the groups.

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

Training on the principles of risk management is seen as an integral part of the training of staff at all levels of the Organisation. Training on a range of risk management topics is provided at corporate induction and departmental induction and other appropriate training programmes. The topics covered at induction include Health and Safety, Incident reporting, Risk management, Fire safety, Infection prevention and control and complaints. Training on risk assessment is available Trust Wide and is included within the Mandatory Training Combination Day and other specific assessment training which is available on the Trust intranet site. The Medical Director, Head of Quality and Safety and Corporate Risk Manager provide training on Risk Management and Incident Reporting as part of the mandatory Junior Doctor Induction Training for the August and February intakes. In addition, risk management training is provided on an ad hoc basis to specific Teams as training needs analysis determines. Examples of some of the training provided throughout the year has included topics on consent to examination treatment and care, legal issues and attending inquests and SAI investigation and engagement training as referenced in the SAI section of this report. In October 2018 the Coroner was invited to the Trust to provide advice to clinical staff on the expectations of the Coroner in responding to request for statements and information required by the Coroner in undertaking their role around investigation deaths. The Corporate Risk Manager has developed training for Directorate Staff on managing the Risk Register this training has been provided to select Directorate Staff to assist them in their role in managing risk registers within their Directorate. The Quality and Safety Department are responsible for providing Corporate Risk/Health and Safety Training including moving and handling and management of aggression. The Corporate Risk Manager is working to develop a system for recording Risk Management training on HRPTS, which will allow us to report to Directorates on training uptake.

Ensuring that Learning from SAIs, Incidents Complaints, Litigation and Inquests is effective is a continual challenge and throughout the year the Trust has continued to work to develop systems to ensure that learning is highlighted and escalated from the front line and where learning is identified that requires wider dissemination this is happens. The Trust has a range of tools for sharing learning. The Trust 'Share to Learn' newsletter edited and co-ordinated by the Quality and Safety Team is published twice a year in both on-line and hard copy A3 format and is distributed widely across the Organisation. The publication focuses on learning identified from good and poor practice. The Trust has an established system of identifying a lesson of the week, which is uploaded to the Trust intranet and is accessible on the front screen. Ward staff are encouraged to use the lesson as part of their safety brief. With the establishment of the Trust Rapid Review, which meets weekly to consider new SAIs, Red Incidents, High Risk Complaints, Claims the lesson of the week is formally agreed at this meeting. Any Regional learning is identified and submitted to the HSCB.

The DATIX system is the core risk management tool and staff are regularly reminded and encouraged to report incidents using the system. To ensure that the DATIX system can achieve its full potential, work was completed in 2016 to upgrade to the latest version. This includes many enhanced features (such as automatic feedback on learning), to the reporter, which allows them to see at a glance action taken to reduce, risk.

A quarterly governance report is shared with each Directorate Governance Group highlighting the learning from Serious Adverse incidents, claims and inquests. Governance Groups also consider and review Regional Learning letters and publications.

## **Information Governance, Records Management**

### **Information Governance - General Data Protection Regulation (GDPR)**

A systematic and planned approach to the governance of information is in place that ensures the organisation can maintain information in a manner that effectively services its needs and those of its stakeholders in line with appropriate legislation.

The Trust has a corporate Information Governance Steering Group (IGSG), which reports to the Trust's Corporate Governance Sub-committee, to support its requirement for assurance in this area.

The Trust has adopted the new Information Management guidance and assurance checklist to maintain the best practice standards set out in the new guidance document in order to be able to both provide assurance to the Department and for BSO Internal Audit purposes. This checklist covers the 6 key criteria of:

- IG Framework
- FOI/EIR
- Data Protection and Confidentiality
- Third Parties
- Management of Clinical Records
- Management of Corporate Records

### **Internal Audit (Information Governance – GDPR)**

The Trust prepared appropriately for the introduction of GDPR and the new Data Protection Act (DPA) 2018. Many of the GDPR's main concepts and principles have remained the same as those in the previous Data Protection Act (DPA) 1998 so much of the previous policies and practices remain valid under the GDPR. In accordance with the 2018/19 annual internal audit plan, Internal Audit carried out an audit of Information Governance focusing on GDPR compliance during October and November 2018. The scope of this audit assignment was to review the Trust's information governance arrangements and the audit specifically reviewed the controls in place to deliver compliance with GDPR. The audit also considered the ongoing work within the Trust in respect of the development of an assurance framework to replace the Information Management Controls Assurance standard. Internal Audit provided satisfactory assurance in relation to Information Governance focusing specifically on GDPR compliance within the Trust. GDPR is discussed as an agenda item at corporate IGSG meetings with IGSG representatives to cascade to Directorate SMTs. The Trust IG Improvement Plan has been amended to reflect new

GDPR requirements with regular Trust communications sent out to staff to raise awareness.

**Information Governance Training**

Information Governance (IG) awareness is on the list of mandatory training and should be completed by all staff every three years. Latest figures (March 2019) supplied by the mandatory training and e-Learning team for completion of mandatory Information Governance training show a 3 year compliance figure of 6,155 which equates to 56% of staff in the Trust, and is recognised as an area of continuing work for the Trust.

**Freedom of Information (FOI) Yearly Report**

The Trust complies with the requirement to process FOI requests within the legislative timeframe. The 2018/19 position is set out below.

FOI performance				
Year	Requests received	Compliance with 20 day deadline	Missed deadline	Overall compliance
2018	382	355	27	93%

Of the 27 responses (7%) which missed the deadline, 15 of those responses were no more than 5 days late. Responses were provided in all cases.

**Data Protection - Subject Access Request (SAR) update**

The right of access under data protection legislation, commonly referred to as “subject access request” (SAR), gives individuals the right to obtain a copy of their personal data. GDPR introduced a number of significant changes to how we process subject access requests (SARs), including the removal of fees chargeable for copies of records and a reduced timeframe for responding to most requests, down from 40 calendar days to 1 month. The timeframe can be extended by a further two months if the request is “complex” or the Trust has received a number of requests from the individual.

The 2018/19 position is set out below:

SAR performance				
Year	Requests received	Compliance with legal deadline	Missed deadline	Overall compliance
2018	3,508	2,412	1,096	69%

During the 2018 calendar year (January – December), the Trust received a total of 3,508 requests for copies of patient/client records. This is an increase of over 16% on the previous year. A number of the requests received since the introduction of GDPR in May 2018 would be considered ‘complex’ and therefore, have been permitted additional time to process.

**Information Risk**

Analysis and breakdown of Information Governance training by directorate is discussed as an agenda item at IGSG meetings with IGSG representatives to cascade to Directorate SMTs for action. Furthermore it is reported to the Trusts Corporate Governance subcommittee and Governance Committee and action being taken to improve the position are discussed.

Management Development team can supply Directorates with a list of staff who are compliant/non-compliant to focus targeted training and drive compliance towards 100%, and directors can consider this as part of their directorate governance meetings.

Trust Communications are sent out on a regular basis to raise awareness and remind staff to complete Mandatory IG training.

### **Serious Adverse Incidents (SAIs)**

During the calendar year 2018, the Trust reported 73 SAIs to the Health and Social Board which was an increase from 60 in the calendar year 2017. This increase is partly due to the increase in SAIs related to self-harm and suicide, which rose by 7 (46%) over the previous period.

The report of the Inquiry into Hyponatraemia-related deaths (IHRD) was published on Wednesday 31 January 2018, which included a number of recommendations specifically relating to the management of Serious Adverse Clinical Incidents. The Department of Health put in place a comprehensive programme to take forward the Inquiry Report's recommendations with a number of work-streams established with one specifically for SAI related recommendations. A Trust IHRD Project team was formed to provide oversight and coordination of the process; monitor progress against actions; and provide updates and assurance to Trust Board.

Aligning with the IHRD recommendations relating to SAIs, the Trust in October 2018 established a Rapid Review Group (RRG) to improve the identification and sharing of learning and also initiated an extensive training programme for relevant staff on the SAI process, review techniques and service user / family engagement using both in-house and external training packages.

The RRG is co-chaired by the Director of Nursing and the Medical Director, with the aim to monitor and assess the review of SAIs, Red Incidents, High Risk Complaints, Claims and Inquests to maximize the potential for identifying and sharing learning as quickly as possible.

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 providing candour in relation to SAIs and is working with the DoH and partners to progress IHRD recommendations to help achieve this. It is Trust policy when an SAI has been reported for the lead officer to involve the patient/client/family at the earliest opportunity. The HSC Board on behalf of the Department monitor the Trust compliance with the family engagement checklist twice yearly. The RRG also monitors compliance with engagement requirements monthly. The training initiated in 2018 on SAIs and engagement with families underpins the Trust commitment to engagement with families and aligns with specific IHRD recommendations on candour.

Trust managers have a responsibility to ensure that learning from SAIs occurring within their areas of responsibility is communicated and applied. This is monitored through the action plan for each SAI. The Trust, with direction from RRG, has been working to reduce the number of outstanding SAI reports although it continues to be a challenge due to the clinical commitments of investigation team members. There is ongoing monitoring at RRG, Directorate Governance groups and at corporate level on

progress of overdue reports. A report on outstanding SAIs is provided to Trust Governance Committee along with a briefing from RRG on progress and assurance each quarter.

SAI reports are subject to multi-disciplinary review at RRG. This forum also monitors the implementation of recommendations and reports on performance to the Governance Committee.

SAI training currently is provided as a section of the mandatory incident reporting training to all staff. This is available monthly with extra sessions on demand. SAI-specific training sessions are also provided on an ad-hoc basis. An SAI review methodology training programme has been delivered to staff in Maternity and Mental Health services in 2018 with further sessions completed in early 2019.

Regional learning from SAIs, including Safety Quality Alerts issued from the HSCB and Public Health Agency, is disseminated and monitored by the Quality & Safety Team. These learning letters 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. The Trust continues to publish a quality and safety newsletter, 'Share to Learn', to highlight Trust wide learning. The Trust also publishes a 'Lesson of the week' which is identified and raised through RRG to ensure learning is shared in an immediate and accessible format on the Trust Intranet. The Trust also generates regional learning through SAI reviews and from other sources through the regional learning template, introduced in 2018 by the HSCB. In the period the RRG raised two learning templates for sharing regionally to HSCB/PHA.

The Trust continues to work with clinicians and the PHA to ensure compliance with the child death review and notification process. In the calendar year 2018, 10 child death reviews were reported under this process.

The Trust appointed a regional Morbidity & Mortality (M&M) Facilitator to help ensure the system is in place and maintained to appropriately record and review all deaths. This post along with the administration support for the RRG are currently not resourced and the Trust is working to source funding for these important roles to ensure these vital forums for capturing and sharing of learning are maintained. Any relevant SAI reports are also considered at M&M meetings.

The Trust M&M Outcome review Group, a sub-group of Clinical & Social Governance sub-committee and chaired by the Medical Director, continues to work to ensure the systematic and continuous review of patient outcomes across the Trust, including M&M.

### **Fraud and Suspected Fraud**

The Western Trust takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place a Fraud Policy and Fraud Response Plan, both of which were updated during 2018/19 to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. The designated Fraud Liaison Officer (FLO) of the Trust promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services Team and provides advice to personnel in relation to fraud

reporting arrangements. All staff are invited to participate in fraud awareness training in support of the Fraud Policy and Fraud Response Plan. Fraud update reports are provided to the Audit and Risk Assurance Committee.

### **Public Stakeholder Involvement**

As per the HSCB Procedure for the Reporting and Follow up of Serious Adverse Incidents the Trust is required to ensure-

- full disclosure of a SAI to the service user / family,
- an acknowledgement of responsibility,
- an understanding of what happened and a discussion of what is being done to prevent recurrence.

The Trust also required to involve the patient/family in the SAI review and provide a copy of the final report and actively do this. Where appropriate we request feedback from families on how the SAI process can be improved and have provided training to staff on engagement with patients/families re incidents and SAIs and used case studies of family engagement to share learning on improving the process and ultimately reducing the risks associated with poor engagement experiences.

The Trust is actively involved in the IHRD regional work streams for Duty of Candour and SAIs to ensure we contribute to improved regional systems to support candour and being open when something goes wrong.

### **Assurance**

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

The Trust completes an annual Board Governance Self-Assessment Tool as a means of assessing its own effectiveness. The Board Governance Self-Assessment Tool is intended to help Arm's Length Bodies (ALBs) improve the effectiveness of their Board and provide Board members with assurance that it is conducting its business in accordance with best practice. The 2018/19 assessment was submitted to Trust Board for approval in May 2019.

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

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

A key source of assurance is the reports from Internal Audit and the audit plan is based on key risks and systems within the organisation. As part of its 2018/19 audit programme, Internal Audit carried out a review of Risk Management in the Trust and reported that overall there is a satisfactory system of governance, risk management and control. The report noted that whilst there may be some residual risk identified, this should not significantly impact on the achievement of system objectives. No Priority 1 weaknesses were identified. BSO Internal Audit carried out an audit of Clinical and Social Care Governance including Quality Improvement and Whistleblowing during 2018/19 and reported that there is a satisfactory system of governance, risk management and control in place.

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.

**Self-assessment against standards**

The Trust, following the removal of the requirement to formally complete controls assurances standards, has put in place a self-assessment process. The outcome of this process for 2018/19 is summarised in the table below. These processes have been subject to a review for 2018/19 by Internal Audit who are able to report that they are adequate to provide appropriate assurances internally.

Area	Trust Level of Compliance	Basis for Compliance
Buildings, land, plant and non-medical equipment	Substantive	90% - Self Assessment 2017/18 checklist
Decontamination of medical devices	Substantive	97% - Self Assessment 2017/18 checklist
Emergency Planning	Substantive	RAG Rating - Self Assessment New regional checklist
Environmental Cleanliness	Substantive	90% - Self Assessment New regional checklist
Environmental Management	Substantive	94% - Self Assessment New regional checklist
Fire Safety	Substantive	94%- Self Assessment New regional checklist
Fleet and Transport Management	Substantive	88% - Self Assessment 2017/18 checklist
Food Hygiene	Substantive	RAG Rating - Self Assessment New regional checklist
Human Resources	Substantive	89% - Self Assessment 2017/18 checklist
Infection Control	Substantive	RAG Rating - Self Assessment New regional checklist
Information Communication Technology	Substantive	81% - Self Assessment New regional checklist
Management of Purchasing and Supply	Substantive	85% - Self Assessment 2017/18 checklist
Medical Devices and Equipment Management	Substantive	87% - Self Assessment 2017/18 checklist
Medicines Management	Substantive	76% - Self Assessment

Area	Trust Level of Compliance	Basis for Compliance
		New regional checklist
Information Management	Substantive	Self-Assessment New regional checklist
Research Governance	Substantive	79% Self-Assessment New regional checklist
Security Management	Substantive	RAG Rating - Self Assessment New regional checklist
Waste Management	Substantive	93% - Self Assessment New regional checklist

### **EU Exit**

During 2018/19 the Trust has put in place an EU Exit Programme team to ensure effective contingency planning in relation to workforce, cross-border services, supply chain, insurances and banking arrangements for the Trust in the event of a UK exit from the EU. The Trust has also participated in a range of regional planning fora in relation to EU Exit. Emergency planning arrangements are in place; the Trust has implemented contingency planning with key Trust staff and all Trust staff have received a communication in relation to staff specific issues.

### **Budget Position and Authority**

In the continuing absence of an Executive and a sitting Assembly, the Northern Ireland Budget Act 2018 was progressed through Westminster, receiving Royal Assent on 20<sup>th</sup> July 2018, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2019 which received Royal Assent on 15<sup>th</sup> March 2019. The authorisations, appropriations and limits in these Acts provide the authority for the 2018-19 financial year and a vote on account for the early months of the 2019-20 financial year as if they were Acts of the Northern Ireland Assembly.

### **Confidence and Supply Funding**

A condition of the confidence and supply funding to the Trust was approval of each business case by the Trust Corporate Management Team and then HSCB approval by 31 March 2019. Of the total 85 schemes, 84 had been approved by both the Trust Corporate Management Team and HSCB by 31 March 2019. In relation to the one remaining scheme, it has been approved by Trust Corporate Management Team (£28,942) but has not been approved by HSCB. If it is to proceed in 2019/20, the business case will be updated and approved by HSCB in 2019/20.

### **Sources of Independent Assurance**

The Trust obtains independent assurance from the following sources:

### **Internal Audit**

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

In 2018/19 Internal Audit reviewed the following systems:

<b>Reports Issued 2018/19</b>	<b>Assurance Provided</b>
Estates Procurement & Contract Management	Satisfactory
Compliance with DoHs Permanent Secretary's Instructions Regarding Travel (primarily travel outside Ireland and Britain)	Limited
Non Pay Expenditure	Satisfactory - Non Pay Expenditure Limited - Procurement of Social Care Contracts with Independent & Voluntary Organisations
Management of Cash offices	Satisfactory
Financial Assessment and Direct Payments	Satisfactory - Financial Assessments Limited - One-off and Direct Payments
Endowment & Gifts	Satisfactory
Client Monies in Cash and Valuables Handling in Social Services Setting (5 facilities)	Satisfactory
Management of client monies in Independent Sector Homes	Satisfactory - 6 homes Limited - 1 home
Review of service users' finance at 24 Pettigo Road (Independent home)	Satisfactory
Private / Paying Patients, Category 2 & Road Traffic Accidents (RTA) Income	Satisfactory - Paying Patients and Road Traffic Accidents Limited - Private Patients and Category 2
Women & Children Directorate Risk Based Audit	Satisfactory – Management of placement of under 18 in adult psychiatric ward Limited – Retention and security of medical records
Information Governance – with a focus on GDPR compliance	Satisfactory
Absence Management	Limited
Performance Management - Clinical Cancellations and Management of Trauma and Orthopaedic Outpatient Appointments 2018/19	Limited
Risk Management	Satisfactory
Clinical and Social Care Governance (including Quality Improvement and Whistleblowing)	Satisfactory
IT Audit – Cyber Security	Limited / Satisfactory elements of opinion
Health & Safety	Satisfactory
Medicines Management	Limited
Mandatory Training	Limited

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 number of limited assurance ratings being provided in a number of reports. The issues giving rise to these assurance assessments are set out below. Some

enhancements to the internal control systems were recommended in Internal Audit Reports and these have been or are being implemented.

- **Travel Expenses – Compliance with Permanent Secretary’s Instructions regarding Travel (primarily travel outside Ireland and Britain)**

Limited assurance was provided on the basis that 59% of trips outside Ireland and Britain for the period tested had not been prior approved at Director level or above. There were also findings in relation to the Trust internal processes for managing and reporting this type of travel.

- **Non Pay Expenditure - Procurement of (Social Care) Contracts with Independent & Voluntary Organisations**

Limited assurance was provided in relation to expenditure to suppliers for services where procurement compliance with procedures will need to be strengthened.

- **Financial Assessments & Direct Payments**

Limited assurance was provided in relation to the system of internal control over one-off and Direct Payments. Control over one-off payments is not robust and assurance controls to ensure payments are being used for purposes intended need to be improved. There is also a need to strengthen the review process in respect of Direct Payments.

- **Management of client monies in Independent Sector Homes**

Limited assurance was provided in relation to client monies in one home. Issues include the completion of monthly reconciliations of the resident bank statements to the resident ledgers and security over access to bank cards and pins.

- **Private / Paying Patients, Category 2 & Road Traffic Accidents (RTA) Income**

Limited assurance was provided in relation to Private Patients and Category 2 on the basis that there are significant gaps in the control process that enables all private patient / category 2 work to be captured and charged and monitored to ensure such work is not conducted to the detriment of HSC work.

- **Women & Children Directorate Risk Based Audit**

Limited assurance was provided in relation to controls over the retention and security of medical records.

- **Absence Management**

Limited assurance was provided in relation to the system of internal control over Absence Management on the basis that Trust staff, and specifically medical staff, are not consistently and accurately recording sick absences. There were other issues in relation to return to work interviews, the administration of certifications, referrals to occupation health and other general policy compliance issues.

- **Performance Management - Clinical Cancellations and Management of Trauma and Orthopaedic Outpatient Appointments**

Limited assurance was provided in relation to the Management of Trauma and Orthopaedic Outpatient waiting lists and cancelled appointments on the basis of the significant issues identified around the management of cancelled appointments and triage. Furthermore, controls are also not sufficiently robust to identify and monitor

private patients being transferred to HSC funded care and to ensure that these patients are receiving equitable treatment.

- **Medicines Management**

Limited assurance was provided on the basis of the exceptions identified at ward level in the record keeping and checks in respect of controlled drugs. Furthermore, a significant number of issues were identified at wards visited in relation to all expected internal controls governing the transfer, receipting, secure storage, returning and destruction of drugs. Controls over the identification and invoicing of clinical trials pharmacy related charges also need strengthened.

- **Mandatory Training**

Limited assurance was provided on the basis that there is a need for improved consistency, reporting and visibility of compliance across non-core mandatory training. There is also a need to strengthen control over non-core mandatory training in particular to ensure consistent application of approach for staff working in different sites effectively providing the same service. Also identified is the need to improve attendance levels for core mandatory training courses. Internal Audit did, however, note proactive action that had been taken in respect of the management of mandatory training in the Trust, including regular performance reporting on core mandatory training to Trust’s Governance Committee and providing Managers, who are best placed to assess their teams training needs, the flexibility to determine the non-core training which should be mandatory for their staff. Mandatory training performance will also report through to the People’s Committee from 2019/20.

- **IT Audit – Cyber Security**

Significant issues were identified in the cyber security report. Some recommendations associated with these issues require regional action, led by HSCT and others require specific action by the Trust.

**BSO Shared Services Audits**

A number of audits were conducted in BSO Shared Services during 2018/19, as part of the BSO Internal Audit Plan. The recommendations in these shared services audit reports are the responsibility of BSO management to take forward and the reports were presented to BSO Governance and Audit Committees. Given that WHSCT is a customer of BSO Shared Services, the final reports were shared with the WHSCT and a summary of the reports was provided to the Trust’s Audit and Risk Assurance Committee. A summary of audits completed during the year is as follows:

<b>Shared Service Audit</b>	<b>Assurance</b>
Payroll Shared Service (September 2018 and March 2019)	Limited
Payments processing in Accounts Payable Shared Service	Satisfactory
Recruitment Shared Service	Satisfactory
Business Services Team	Satisfactory

Internal Audit has provided Limited Assurance in relation to the Payroll Service Centre (PSC). Improvements in control are reported specifically in the areas of variance monitoring, PSC structural review and the management of historical overpayments.

However, significant previously reported issues remain in respect of development of PSC knowledge and capacity and written procedures; management of overpayments (although improved); legacy HMRC issues; customer relationship management; and employer superannuation system calculations. Specific focused testing in the current audit has also highlighted significant issues with the control environment around timesheet processing and sickness payments.

### **External Audit**

The Report to those Charged with Governance in relation to the audit of the 2017/18 accounts was issued to the Trust on 11 June 2018. There were seven recommendations of which three were classified as priority two and four as priority three. The Audit and Risk Assurance Committee oversees the implementation of these recommendations.

### **Business Services Organisation (BSO)**

The Chief Executive of the Business Services Organisation has provided assurance regarding a range of services provided to the Trust. As noted above, Internal Audit has reported limited assurance for Payroll Shared Services Centre during 2018/19, but has provided satisfactory assurance across all other areas audited. The assurance letter from BSO provides assurance that the recommendations to address control weaknesses have or are being implemented.

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

### **Regulation and Quality Improvement Authority (RQIA)**

Arrangements for the implementation of accepted recommendations made by RQIA and other external review bodies are in place within the Trust. Progress on implementing recommendations from external reviews is monitored by Directorate Governance Committees and by the Quality and Standards Sub-Committee of the Governance Committee which is chaired by the Executive Director of Social Work.

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

### **Fire Enforcement**

The Trust has not received any Fire Enforcement Notices during 2018/19.

### **Other Assurance Sources**

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

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

### **Review of the Effectiveness of the System of Internal Governance**

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within the Western Health and Social Care Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their Report to those Charged with Governance and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Assurance 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 and Risk Assurance Committee and the Governance Committee. Within the context of the Audit and Risk Assurance 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**

#### **Business Continuity Level Three**

On 25 July 2017 the Trust invoked its Business Continuity Plan due to the level of demand on bed capacity at Altnagelvin Hospital and the need to close a significant number of beds due to nurse staffing shortages and an outbreak of norovirus. An incident control team was established in accordance with business continuity level three procedures. The business continuity measures were stood down on 2 August 2017. Over the winter period demand for admission to hospital continued to exceed bed capacity and although business continuity level three procedures were not instigated, the Trust did invoke the Full Capacity Protocol on a temporary basis to improve ED congestion. There have been no noted instances of activation of business continuity level 3 arrangements during 2018/19 and therefore this divergence is now closed.

#### **Leases**

In regard to PEL(14) 04, the Trust received clarification from DoH on 24 October 2018, setting out the Department of Finance revised position regarding the definition of leases i.e. “leased property assets that are used primarily for specialist service delivery purposes (albeit there may be a small amount of supporting administration) will no longer be regarded as falling under the DoF DAO. In response to this correspondence, the Trust have reviewed its property leases and confirmed to the DoH that no leases fall within the revised definition. The leases previously reported are confirmed as compliant and have received SOC approval from the DoH. The position regarding all leases, including those being temporarily extended, is reported in the Trust’s Property Asset Management Plan which is submitted to Trust Board and DoH for approval annually. The Trust can therefore confirm that it now complies with PEL(14)04 and the issue is closed.

#### **Cancellation of Registration of Ashbrooke Care Home**

Ashbrooke Care Home closed in 2017. A small number of the residents who transferred from Ashbrooke were relocated to Drumclay nursing home in the Enniskillen area. In September 2018, Ebay Ltd informed the Western Trust of its decision to close Drumclay Care Home in December 2018. The Trust was mindful of the implications of transferring some frail older residents for a second time within two years. Care management reviews of Drumclay residents were completed in the first week of October 2018 and all residents transferred to alternative placements. The Trust considers that this internal control divergence is now closed.

#### **Adult Learning Disability Services – Capitation Under Investment**

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

Learning Disability Programme of Care has an under-investment quantified to be in the region of circa £8m. Since this was confirmed, the Trust has worked with the commissioner of services at the HSCB to seek to address this issue. The Trust has now fully addressed the under-investment and plan to continue to work in partnership with families, carers and advocate groups. The Trust will take a co-production approach. This Trust therefore considers that this internal control divergence is now closed.

### **Business Services Transformation Programme (BSTP) (Recruitment)**

Work continues to achieve stability of the HRPTS system. The Trust continues to experience a number of significant system performance and technical issues. In 2014/15 Internal Audit issued a priority 3 recommendation that the Trust “should ensure that ESS/MSS is used to record annual leave as soon as possible and appropriate training is completed by all staff prior to implementation”. An email from the Director of HR outlining the reasons why this recommendation cannot be progressed has resulted in the recommendation being closed. Similarly there are no plans to further progress work in relation to the development of an e-roster interface with HRPTS.

Manual processes are now in place to address the control divergence. The Trust now considers that this internal control divergence has now closed.

### **New Born Hearing Screening**

An alert was submitted to the Department in June 2018 when it was noted that there had been a number of babies admitted to the neonatal units from postnatal for a period of over 48 hours, who did not have an additional hearing test, which is part of the screening protocol. An oversight group was established to investigate the issue, and although all these babies have had a hearing screen originally in maternity, the Trust have offered a reassessment to all those that may have been affected by this. 39 babies and young children were identified (from a 5 year period) and have been contacted.

The Trust has concluded its findings and no child has been identified as having suffered as a consequence of the failure of the NBHS staff in adhering to the correct procedure for all babies that are admitted to the neonatal unit for more than 48 hours. A number of recommendations have been made and implemented. This issue is now considered to be closed.

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

#### **Staffing Issues**

##### **Medical Staffing**

The WHSCT continues to be over-reliant on medical locums to fill gaps in consultant posts, staff grade posts and training grade posts. Currently there are 188 medical staff vacancies which are being temporarily filled via 122 agency locums and 72 NHS trust locums. Over 60 of the NHS trust locums have been sourced from international recruitment programmes on an initial contract of 1 to 2 years. If staff are agreeable, they are moved to a permanent contract after this time frame. The overall medical vacancy rate for the WHSCT is 27.2%, consultant vacancy rate is 11% and non-consultant vacancy rate is 34%. WHSCT has an overall training grade vacancy rate

of 18% but disproportionately affects the SWAH site. Specific specialities are adversely affected and these include acute, medicine, obstetrics and gynaecology.

During 2018/19 the Trust had £20.5m of expenditure in medical locums. e-Locum usage in the Trust is low because of its distance from the main source of medical locum staff around the greater Belfast area. The Trust has addressed this by using an app based solution “Locums Nest” to facilitate employment of local NHS staff to do additional shifts at marginally enhanced rates. This is an ongoing invest to save project.

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

Following a 2016 meeting with Trust Directors, LCG, PHA and HSCB, agreement was secured to recruit two additional ED consultants and ten Speciality Doctors. This would bring the medical workforce to five consultants, one associate specialist and sixteen speciality doctors. Recruitment was attempted but failed to yield the required grades. The clinical lead for ED revised the workforce mix and secured two consultant posts bringing the consultant workforce up to seven substantive consultant posts. The international recruitment programme has made an impact, with the ED securing four recruits, three of which are in post with the remaining applicant going through recruitment checks. The Trust continues to face recruitment challenges in this area resulting in a continuous reliance on locum cover. As with all Trusts across the region the high costs associated with locum cover remains a significant risk. The clinical lead is continuously working to address this imbalance.

The medical/nursing skill mix within SWAH will be further enhanced by the completion of the Advanced Nurse Practitioner course by a permanent staff member and the succession planning for a second student ANP candidate has been completed. The department has faced a challenging winter with increased attendance rates and significant staffing challenges within the medical and nursing workforce. New and improved ways of working for SWAH have been introduced. The Ambulatory Care Service commenced in December on a small scale. It is anticipated that this service will positively impact on presentations via ED and that GPs will use the Ambulatory Care Service with the aim of admission avoidance and crowding of ED with patients who could be seen via an alternative route.

The nursing workforce remains challenged with recurrent absences of permanent staff due to maternity leave and unplanned absences. The backfill for staff absence/vacancies is managed through the Trusts ongoing recruitment process for registered nurses, as per the national nursing recruitment position SWAH cannot recruit the required number of registered nurses and those that are recruited are newly qualified. This results in a workforce in a specialist area such as ED having a high percentage of staff that require significant supervision and monitoring. This in turn adds pressure to the small number of core senior nurses. Normative staffing levels have not yet been actioned permanently. The department continues to function with 5 whole time equivalent registered nurses funded at risk, and a further workforce review suggests the current gap on normative staffing ranges is greater than 5 whole time equivalent. Work continues with the Assistant Director for Nursing Workforce to stabilise the position.

### **Emergency Department Altnagelvin**

The Trust has had long running discussions with the HSCB in relation to the capacity of the ED Department at Altnagelvin Hospital and the Trust alerted the HSCB to its

concerns about safety during 2015/16. Emergency Department attendances has increased in 2018/19 by 4,409 (6.7%) from 2017/18 which has placed significant demands upon the service. The Trust, at financial risk, has bolstered both the medical and nursing teams and developed an Ambulatory Care service in order to maintain efficiency. Nursing in the Emergency Department still however requires a significant uplift in order to bring the levels to the normative requirement detailed by the HSCB/ PHA a number of years ago. In 2018/19 further capital works took place to develop the clinical environment including a further resuscitation bay. Given the pace in rise in demand it is unlikely that the current infrastructure will be sufficient to meet the demand required. A further review of this will take place with capital development colleagues so that all potential space can be utilised appropriately. Phase 5.2B business case is nearing completion which includes a new Emergency Department, Theatres and Critical Care Unit.

### **Locum Expenditure – Off Contract**

The Trust continues to experience challenges in relation to medical staff and it has been necessary to go off-contract to secure medical staff from an agency. The Trust has also experienced similar difficulties this year in relation recruiting nurses and has had to, on occasions, go off-contract to book agency nurses, where, to do otherwise, would compromise patient safety. The Trust continues to keep this under review in order to minimise the use of agency provider's off-contract.

### **Gaps in Theatre Nursing Rota**

Similar to other Trusts across the region, the Trust is experiencing significant vacancies amongst its nursing team. As of March 2019, there are 12.87 WTE vacant registered nursing posts, 2.87 permanent and 10 temporary. The impact of the vacancies has been mitigated slightly with the temporary closure of DESU theatres (10 sessions unavailable each week). There is insufficient availability of agency and bank theatre nurses to provide cover for these vacancies. The two new Day Case Theatres have now completed but are being used to cover two of the three DESU theatres which are temporarily closed for essential maintenance. The above vacancies do not include the posts which will be required to open these two new theatres. Recruitment to theatres is impacted by the regional nursing workforce challenges. Band 5 vacancies are monitored through our Band 5 Stabilisation work and new recruits allocated accordingly.

### **Restriction of Neurology Service**

In September 2016, one of the visiting neurologists from another Trust withdrew from service provision for the Western Trust. This has caused increased anxiety to those patients on the review list to be seen by this specialist. Senior management are working with the Health & Social Care Board to review neurology services for these patients. Patients who were waiting have been referred to one neurologist within the Western Trust.

The demand for neurology services in the Western Trust continues to rise with 3,704 patients waiting for a new neurology outpatient appointment and the longest wait being 226 weeks for routine referrals and 60 weeks for urgent referrals. Review patients are waiting from April 2015. The capacity left by a visiting consultant from the BHSC remains unfilled which is contributing to the current position. The 167 patients who had been under the care of a visiting neurologist from the Belfast Trust have now been seen by an Altnagelvin consultant. The Trust has recently held a meeting with the HSCB (Commissioning Lead) to make him aware of the issues and

an escalation meeting is being sought with the Commissioning Lead to agree next steps.

### **Learning Disabled Clients – regional hospital bed provision / community infrastructure**

The Trust continues to face significant pressures with regard to recruiting and maintaining a suitable and stable workforce across the range of required health and social care professionals to meet the needs of the Learning Disability population. There have been pressures in both the nursing and social care workforce which has placed staff teams under extra pressure and has contributed to increased levels of absence in nursing, residential and supported living settings. The Trust has had to rely heavily on agency staff and this in turn has created challenges and required creative approaches to maintaining consistent and appropriate care. The Allied Health Professional Workforce has also experienced difficulties in recruiting to vacant posts thus causing delay and waiting lists for example in Occupational and Psychological Therapies services.

Workforce pressures are also impacting provider organisations resulting in a need for greater monitoring of independent sector provision in nursing, short breaks, residential and supported living settings. This has had implications for deployment of staff time both in terms of nursing, social work and management input.

A further issue presenting challenges for internal controls is in the area of the Delegation of Duties relating to Nursing Tasks and Health/Personal Care tasks in community settings to social care workers including those in day care and supported living. The Trust has endeavoured to take forward work related to managing governance around quality and safety by piloting a panel type approach to decision making about delegated tasks in one area. This has been informed by combined efforts to work with the complexities of the governance issues in both Nursing and Social Care and giving due to consideration to an appropriate model of care going forward. The management of discharges from acute hospitals has been impacted around this area on occasions by lack of available nursing home placements locally to support people while they either recuperate or require palliative care for a period of time. This has at times resulted in delayed discharges.

There continue to be pressures also around the provision of residential short breaks in some areas thereby increasing pressure on carers including older carers. A small number of delayed discharges from LD hospitals have also been prolonged due to the lack of suitable accommodation and care/support provision particularly for those with Learning Disability and severe Autism, and those with a forensic history.

The Trust has continued to seek housing solutions where possible with housing and care providers – this has resulted in significant packages of care requiring to be funded in the community. On occasions the Trust continues to need to seek placements out of area. Across Northern Ireland and for Western Trust specifically there continues to be a need to develop a suitable and graded regional model of Supported Living for this population given the retraction in hospital provision and reduction in available residential provision. Furthermore the lack of medium secure provision across Northern Ireland for either male or female adults with Learning Disability has added to the challenges in managing complex cases of this nature and has presented dilemmas for Trust officers in working alongside the court and legal system.

### **Closure of Acute Beds Altnagelvin Hospital**

In July 2017 the Trust had to incrementally close a total of twenty Acute Beds primarily due to vacancies at band five nursing. The numbers of closed beds have increased over 2018 due to the number of vacancies and in some areas, further exacerbated by high levels of absence. The number of closed beds has consistently stayed in the thirties. The Hospital Management Team has implemented a Standard Operating Procedure based on individual ward nurse to bed ratios and the ability to achieve normative levels of staffing. Decisions to close beds are made by the senior team when all other means of staffing wards have been exhausted. Each decision is kept under review. At times of increased demand, areas which have closed beds will often escalate their bed numbers to ensure safe and effective care and patient throughput across the site. The Hub at Altnagelvin will utilise the resource of Lead Nurses, Service Managers and Ward Sisters to ensure decisions regarding open beds are appropriate and safe. During 2018 there were 100 new starts from the pre-registration programmes recruited and a further 88 registered nurses. Throughout the year, the Trust continues to facilitate a rolling recruitment programme for Band 5 nurses and a larger recruitment event at the beginning of June 2018 which specifically focused on pre-registration nursing students due to complete their studies in September 2018. It is also noted that levels of absence across some areas is greater than 5% which further impacts on the availability of staff. Further work is ongoing to enhance how absence is managed with greater collaboration between service and Human Resources. A larger recruitment event was facilitated to recruit into Band 2 and 3 posts. Processes are being reviewed to ensure a rolling recruitment of staff to Band 2 and 3 posts as they have a greater number of applicants.

### **Health Visiting Northern Sector**

Health Visitors have worked on a voluntary and collaborative basis to implement an action plan to clear the backlog of one and two year assessments caused by work force challenges as a direct result of unfilled vacancies. This is now completed. There continues to be over twelve WTE vacancies within the health visiting teams due to retirements, maternity leaves and long term sick leave. There are eleven health visiting students and three school nursing students due to qualify in September 2019. There continues to be high levels of safeguarding weightings in the Derry City area due to the number of vacant caseloads. These matters are being actively managed by staff and team leads that determine priorities and monitor developments carefully.

### **Child Care Services**

The pressure within Corporate Parenting, and in particular the high level of Looked After Children, continues to be a pressure. The pressure includes the cost of additional staff to fulfil statutory duties, as well as expensive Out-of-Trust Placements due to lack of local availability. The Family Time review has commenced, with a focus on networks supporting contact arrangements, and thus reducing the need for unfunded Trust staff to do this. The Trust has also identified two young people in expensive Out-of-Trust Placements that the Trust is working on returning to placements closer to their community of origin. The Trust is investing in service developments such as Signs of Safety for all Family & Childcare Social Work staff. In addition the family and childcare programme will carry out a review of its services under the Delivering Value project. The project 'Strengthening the relationship pathway for family and childcare' will focus on the pathway and processes for how children become looked after, with a focus on culture and structure as a means of reducing the Looked-After population. The project will also focus on delivering more appropriate local placements for children, rather than expensive out of Trust care. In

the past 12 months, there have been staffing challenges in the Omagh Looked-After team, particularly recruiting Social Workers. The Trust is working with HR to try and resolve this.

### **Unregulated Placements for Young People**

The Trust has strengthened its processes with regards to unregulated placements. This has led to planned approaches to assessing and regulating kinship placement arrangements and timely notifications to the HSCB in respect of unregulated placements. At 31 March 2019 there were three unregulated placements, all of which are currently in the latter stages of assessment.

### **Potential Closure of Private Nursing Home**

The timely availability of independent nursing home beds, specifically dementia nursing beds, continued to present challenges during 2018/19 and the subsequent impact on hospital flows. This issue has been particularly prevalent in the Fermanagh area and remains on the Directorate's risk register. The Trust continues to proactively engage with independent providers to outline its needs for accommodation-based care and has commissioned additional nursing home beds in Fermanagh to provide to provide short-term placements for service users that will support hospital flows from the South West Acute Hospital and Omagh Hospital & Primary Care Complex. This care model provides an opportunity for service users who are medically fit for discharge to continue their recovery/rehabilitation in a more appropriate setting outside the acute hospital environment.

### **Elective Care Performance and Increased Waiting Times**

The Trust has a number of specialities with significant capacity gaps which means that the number of patients waiting for appointments / treatment continues to grow and therefore, waiting times are deteriorating. This has been further compounded by recruitment challenges in a number of areas, particularly theatre nursing and anaesthetics, which has resulted in a reduction in theatre capacity. The Trust is managing this on a week to week basis and is taking all possible steps to minimise the impact on delivery of core activity. Alongside this, the Trust is currently undertaking remedial works in its DESU theatres meaning that some lists are temporarily relocated to Omagh and a further gynaecology list has had to be temporarily suspended. The Trust completed a bid for red flag and clinically urgent waiting list initiative monies to the HSCB.

### **Business Services Transformation Programme (BSTP) (Payroll)**

Significant efforts continue in an attempt to secure stability of the payroll process following transfer of this function to BSO and these efforts have been hampered by the HRPTS technical and functionality issues for which other arrangements have now been put in place. BSO have implemented a project team to take forward a Payroll Improvement Project which includes the three work streams of Systems Performance, review of BSO PSSC Structures and Payroll Quality and progress has been made across these areas during the year. The Trust has worked with the team to finalise the historical overpayments position and work is progressing within the Trust as well as within BSO Payroll to recover this position. BSO have reported greater progress in addressing outstanding matters in relation to P60s from 2014/15 and have now finalised the Trust position with regard to employer's pension contributions for staff on sick leave and maternity leave. The Trust continues to liaise with BSO Payroll to agree processes for effective administration of the annual pension band review and both review rounds completed during 2018/19 were completed with significant

improvement. There continues to be in place regular monthly update meetings including regional Payroll Customer Forum and Business Systems Information Network which are both attended by the Assistant Directors of Finance and HR, as well as the Customer Assurances Board and Business Systems Forum which are attended by the Directors of Finance and HR. Additional unfunded Human Resources Department and Finance Department resources continue to be deployed to ensure business continuity.

### **Trust Breakeven Position**

The Trust faced another challenging year financially and discussions were held early in the year with the DoH which resulted in an agreement that the Trust would have a deficit control total of £24.4m for 2018/19. It was also agreed that this deficit would be reported in the annual accounts for the Trust. The deficit arose as a result of an increase in a number of cost pressures including medical locums and Looked After Children as well as a shortfall on the delivery of savings targets. Medical locum costs have been increasing significantly year on year since 2013/14 and costs have increased by 24% in 2018/19 compared to the previous year. The Trust has experienced a significant increase in its number of Looked After Children since the introduction of Kinship Standards which has resulted in an additional cost to the Trust. The Trust was allocated a number of savings targets for 2018/19 which it was unable to deliver and this contributed to the deficit. The DoH, as part of agreement to cover the in-year deficit, requires the Trust to enter into a 3 year financial recovery process. From the 1 April 2019, the Trust has embarked on a 36-month financial recovery programme called 'Working Together... Delivering Value' to stabilise the Trust's financial position and achieve a balanced budget by 31 March 2022. It has been agreed with DoH that the Trust will report a deficit position for 2019/20 and 2020/21 with the 2021/22 final year reporting a break-even. The programme will involve three phases; phase one relates to a transitional period where focus will be on recurring tactical savings with phases 2 and 3 concentrating on major projects. The Non-Executive Directors recognise the importance of the Trust becoming financially sustainable to be able to deliver excellent services into the long term. They are fully supportive of the Chief Executive and the Executive Team in this process.

### **Compliance with Department of Health (DOH) Prompt Payment Target**

The Department of Health has set Trusts a target of making payment to at least 95% all non-HSC trade creditors within 30 days of receipt of a valid invoice or delivery of goods/services, whichever is the later. The Trust's level of compliance with this target was 92.04% by volume and 93.14% by value for 2018/19. The Trust has a Prompt Payment Compliance action plan in place which is reviewed regularly and key actions have been identified to address further improvements. The Trust will continue to work closely with the BSO shared services centre provider to further improve the Trust's level of compliance and meet the Department of Health target.

### **Domiciliary Care Services**

The Trust received an Internal Audit report in relation to domiciliary care in March 2018, which provided unacceptable assurance. As at 31 March 2019, nine of the recommendations identified in the audit are fully implemented and seven are partially implemented. The Trust's Excellence in Community Care Group; Directorate Governance Committee, Trust Governance Committee, Trust Audit and Risk Assurance Committee, Corporate Management Team and Trust Board continue to receive regular updates on progress in implementing the remaining recommendations.

### **Social Care Procurement**

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

During 2018/19 progress has been made across a number of social care areas including Acute Independent Sector, Complex Health Needs – Adult, Complex Health Needs – Children, Mental Health including Well-Being Hubs – regional, Fostering and Family support. The Trust is currently 20% compliant.

### **Leases PEL(11)01**

In regard to PEL(11) 01, the Trust has made significant progress and a number of SOC have received DoH approval. The Trust continues to work on the remaining leases which are “holding over” and require SOC approval by DoH. Progress is recorded on a Timed Action Plan which is shared with Asset & Estate Management Branch, DoH. The Trust has processes in place to ensure no further non-compliance arise. The position regarding all leases including those being temporarily extended is reported in the Trust’s Property Asset Management Plan which is submitted to Trust Board and DoH for approval annually.

### **Derrylin Fire**

On 27 February 2018, a family of four died in a house fire in Enniskillen. This family were known to Social Services and Health Visiting service. The Safeguarding Board for Northern Ireland has undertaken a Case Management Review (CMR) into this case to identify any lessons to be learned. The Trust has participated in this review and it is coming to a conclusion. The Derrylin fire remains a live investigation awaiting criminal court proceedings. A final CMR report is almost ready for issue to the Trust and the Trust will implement any agreed recommendations emanating from it.

### **Milk Bank**

At the end of January 2018, following the relocation of the Milk Bank to the South West Acute Hospital, Enniskillen, routine testing of the water supply within the Human Milk Bank detected the presence of *Pseudomonas aeruginosa* in the pasteurisers. An Incident Group chaired by the Trusts Medical Director was established to oversee the work of the Milk Bank and to ensure resumption of a safe service. The Human Milk Bank reopened in January 2019. Milk is being supplied to neo-natal units throughout Ireland and the supply is meeting the demand. A ‘Hazard Analysis Critical Control Points (HACCP)’ document has been compiled to direct best practice and this is in operation. Updated procedures have been shared with neo-natal units through the Neo-Natal Network. Procurement of additional equipment is ongoing and supported by Public Health Agency. A relaunch of the Milk Bank is planned for September 2019. The Incident Group has been stood down and the work of a Task & Finish Group is almost complete. Staffing is under review and recruitment is ongoing.

### **Report on Inquiry into Hyponatraemia – Related Deaths**

The report on the inquiry into hyponatraemia-related deaths was published in January 2014. This report makes ninety-six recommendations covering a range of areas

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

Following publication of the report, the Trust commenced a programme to assess its current status and develop an action plan to implement the inquiry report's recommendations. An assurance framework was established, linked to existing governance arrangements, to ensure appropriate mechanisms are in place to oversee implementation of the recommendations and report progress to Trust Board via a Project Board chaired by an Executive Director of the Trust. Project board continue to meet bi-monthly to take stock of the Trusts position in relation to actions. Updates and requests from the IHRD work streams are also tabled at this forum.

The 120 individual actions arising from the 96 recommendations have been delegated to 9 work-streams that report to the Implementation Programme Management Group at the Department. There are Trust representatives on most of these work streams including Non-Executive Directors. It is anticipated that it will be 12-18 months before an assurance can be given that these recommendations are in place and sustainable.

### **Risks Associated With Nitrous Oxide Waste Gases**

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

Nitrous oxide is used within the community dental and maternity services across the Trust. Testing of nitrous oxide levels indicate that some areas, particularly within maternity services are not compliant with the COSHH Regulations and are exceeding the working exposure limit. Staff from estates, occupational health, and pharmacy and risk management are working with midwifery managers to reduce the risk of over-exposure, and scavenging units are to be installed in both maternity units to ensure that these gases are not exceeding the recommended limit. The required works were carried out in Altnagelvin Maternity in all of the rooms in Labour Ward and Midwife-Led Unit. A further survey of testing for Nitrous Oxide levels was undertaken and, although the results showed vast improvement, there were still some results that fell outside the range for being compliant. Estates and midwifery staff continue to engage with health and safety to review the risk. Community dentistry have had retests carried out in their settings after scavenging units were installed and their results are within the range for being compliant.

Altnagelvin anticipate starting this work in 2019/20. SWAH are at the procurement stage as the Business case was approved in 2018/19. Work for installing these scavenging units in the SWAH has just taken place and there remains some outstanding pipework to be connected. Testing will be repeated after this work is complete.

## **Cyber Security**

Cyber security remains a global phenomenon and HSC Trusts are continuing to work collectively and with other regional organisations to deploy tools to identify and manage the risk of a cyber-attack. The Trust did respond to a single cyber security threat during the year, which was managed at a regional level and involved a GP practice in the West.

All Trusts have received funding for additional anti-malware licenses, vulnerability software and the recruitment of additional resources. The Trust has recently appointed a Cyber Security Manager who will be taking the lead on the local Cyber Security work programme and issues and work collectively with other Trusts and regional organisations.

In the past year ICT have conducted a number of Cyber Security Training and Updates sessions for different directorates and departments across the Trust. Advice has been provided on business continuity preparations in the event of a cyber incident. A Cyber Incident Response Working Group has also been established to organise a Regional Incident Response Plan in the event of a cyber security incident. A network audit, facilitated by BSO Internal Audit, was completed by Trust ICT Technical staff in February 2019. An external audit was conducted by HP/DXC of August 2018 and will inform the regional and local actions plan on this area of work. The Network and Information Security (NIS) directive, which applies to Operators of Essential services, came into force during 2018/19 and Trusts are working to ensure compliance in this new area.

## **Significant Internal Control Issues arising during 2018/19:**

### **Staffing Issues**

#### **Obstetrics and Gynaecology Middle Tier Rota at SWAH**

The Trust was challenged with an acute shortage of medical staff in Obstetrics & Gynaecology services at the SWAH in June 2018, following the resignation of a number of international recruits and other medical staff to take up training positions elsewhere. Meetings were convened internally with key stakeholders and externally with NIMDTA, PHA, HSCB and the Department of Health, in an effort to explore options to enable safe services to be delivered. The service is currently being delivered by a number of Trust staff and the gaps are being filled with agency staff.

The middle tier rota has been maintained with a combination of Trust staff, agency staff and international recruits that have taken up post. A consultant post also has been filled internally on a permanent basis and there was a lot of interest and suitable applicants for the post. The middle tier positions are now advertised for permanent replacements and again, there is a positive response to the recruitment. In an effort to have staff working on the lower tier, there have been discussions with NIMDTA to encourage two junior doctors that are allocated to Altnagelvin to also spend six months in SWAH. In partnership with ED and Paediatrics, there is also a plan for a foundation training programme to allow six doctors to work on a rotational basis for 1 year going through these three specialities. This is also in the early stages of recruitment.

Discussions with the Department of Health have generated a 'PathFinder' exercise to be taken forward, which will require significant engagement with public and voluntary

sectors within the Omagh and Fermanagh area in an effort to achieve a sustainable model to meet the needs of the population in this area. The Pathfinder Project has been led by the Deputy Chief Executive and has been implemented in phases. The Pre-Engagement and Engagement phases have now been completed. There were 62 engagement sessions delivered to over 2,200 stakeholders, including patients, community and voluntary groups, carers, action groups, staff, schools, public representatives and other stakeholders. The next stage in the process will involve seven appointed independent 'Experts by Experience' joining other stakeholders across other work streams, influenced by the 'Health and Wellbeing 2026 Delivering Together' report to look at designing and developing plans for the delivery of services going forward.

### **Shortage of Radiologists**

The radiology situation in the Trust has changed considerably during 2018/19. There were five additional appointments to NHS locum radiology consultant posts in Altnagelvin, although regrettably one of them has recently resigned due to family relocation issues. One of the NHS locum radiologists appointed is a breast radiologist and this has significantly reinforced the breast team. The team now comprises one Permanent Consultant, one NHS locum, one NHS part-time Consultant and a Consultant Radiographer. One of the previously recruited international radiologists has successfully applied for a permanent NHS post. There is an emerging problem in South West Acute Hospital due to the retirement of one Consultant. Attempts to recruit internationally and at agency level have as yet proven unsuccessful and this is now the focus of radiology management to attract and retain high quality replacement staff.

### **Cellular Pathology**

There is an increasing significant shortage of Consultant Histopathologists, the Trust is funded for 8.0 whole time equivalent but there are currently 3.94 whole time equivalent in post. There are no applicants being secured from international and local recruitment, which is still being pursued. Routine reporting is in the process of being outsourced as there is not sufficient capacity to meet the demand. Digital reporting workstations for consultant homes are also being sought to secure additional sessional work from existing consultants. A working group has been established effective from 14<sup>th</sup> January 2019 to address issues and action plan developed with the Assistant Director chairing along together with all consultants and senior bio-medical sciences staff. Recruitment for further consultants is currently underway, with approval given by the Royal College of Pathologists for the submitted job description. Locum cover is also being sought. There are control measures in place to manage this risk.

### **Clinical Microbiology**

There is currently funding for two whole time equivalent consultants for this Trust-wide service and there are two whole time equivalent consultants in post. If one of the consultants were to leave, or be absent long-term, the clinical microbiology service and infection control consultant lead could not be sustained and would collapse. The funding level for microbiology consultants has not increased since early 2000's despite the significant increase in the workload over the last fifteen years. The most recent service development has been the opening of the cancer centre last year. No additional funding was provided to Microbiology for this. A one in two on-call rota is not appropriate or safe for this service. Currently one of the two consultant

microbiologists is off on long-term sickness absence and this is being covered by a locum microbiologist. There are control measures in place to manage this risk.

### **Child and Adolescent Mental Health Services (CAMHS)**

CAMHS are currently experiencing high level staffing issues which is impacting the service's ability to deliver to children, young people and their families. There has been a failure to recruit to clinical lead posts despite continued efforts (Consultant Psychiatry and Clinical Psychology) also three experienced CAMHS Clinicians have resigned to work in multi-disciplinary teams. This, along with staff who are currently on sick leave, present challenges to service delivery. Recruitment efforts continue and one locum Consultant provides cover.

### **Fermanagh Social Services**

There has been a significant staffing crisis ongoing in Fermanagh Gateway and Family Intervention Service from July 2018 with both teams operating at 40% or less due to staff vacancies. This situation is being managed by Senior Management and there is an action plan in place involving staff from other areas and teams providing support as and when they can. Unfortunately staffing difficulties have now emerged in Omagh/Strabane Family Intervention Service, who are now at 50% staffing levels. Interviews have been held recently and a number of individuals will be offered posts; however, as they are students they will be unable to take up their positions until July 2019 at the earliest. In the interim, Senior Management will continue to work with the Principal social workers for the service areas to ensure all relevant supports are made available. Unfortunately both staffing situations have resulted in families who have been assessed as requiring SW support remaining on a waiting list.

### **Ebbay Ltd (Sanville Nursing Home)**

The Trust received notification from the Sanville Group on Monday 10 September 2018 of their intention to close Drumclay Care Home in Enniskillen within 90 days of the notice. At this point the care home had 34 residents in place. Following the Group's communication, the Trust established a project management structure to manage the safe transfer of residents from the nursing home. This included an operational group and an oversight group. As a result of the transfer of residents from Drumclay Care Home, all of the dementia nursing bed capacity across Fermanagh and West Tyrone was utilised, which created a significant number of delayed discharges in the South West Acute Hospital and in the Omagh Hospital and Primary Care Complex. To address the continued shortage of dementia nursing home placements in the Fermanagh area, the Trust took the decision to lease the Drumclay facility on a one year leasing arrangement with Ebbay Ltd and operate it as a step-down facility, providing a combination of general nursing and dementia nursing placements. It is anticipated that the home will open in May 2019.

### **Aortic Stenosis**

In May 2018 the Trust reported that Clinical staff have highlighted concerns regarding patients in the Southern Sector of the Trust diagnosed with Aortic Stenosis, primarily under the care of a retired consultant. The concern is around referral for therapy and subsequent follow up. The Trust has also notified the Coroner's Medical Adviser of two patients who have died after assessment and discharge. An SAI investigation is ongoing in relation to the care of the two deceased patients with input from the British Cardiovascular society.

A total of 43 patients in the SWAH catchment area 'Cohort 1' were called for review at specially established clinics. 38 patients have been reviewed, those patients who did not attend for their called review are now included in general review.

Following completion of the second fact-finding exercise for patients in the Omagh Area 'Cohort 2', 12 patients were called for review. These patients have all been seen. No major defects were found in any of the patients reviewed in 'Cohort 1' or 'Cohort 2'. A separate scoping exercise is ongoing in Altnagelvin using the 'Cardiology Image Vault' to identify and review patients who may not have received a follow up review after echocardiographs. At the Oversight Meeting on 8<sup>th</sup> March 2019 (Chaired by a Non-executive Director), it was agreed that a final closure report will be developed and submitted to the Department of Health.

### **Information Breaches**

For the period 1 April 2018 to 31 March 2019, the Western Trust reported three security incidents/information breaches to the Information Commissioner's Office (ICO). The ICO assessed each incident and notified the Trust based on the information provided that no further action by the ICO was necessary. Immediate measures were put in place to address issues and to mitigate risk. The Trust received correspondence from the ICO of an additional security incident/information breach following the receipt of a complaint. The ICO have advised that further action is required to investigate this matter and the Trust is supporting the ICO with this.

### **Heating Network (Metering & Billings) Regulations 2014 – Review 2018**

The Trust is required to consider whether or not it is a "heat supplier" under the new Regulations and if so, must notify/register with the National Measurement & Regulation Office (NMRO) of all "in-scope" heat networks. The Regulations requires the Trust to maintain compliance for all "heat customers" and confirm this via a review every 4 years submitted to NMRO. All Trust buildings have metering in place. All 3<sup>rd</sup> party customers have a regulatory framework in place governing their occupancy of Trust buildings. The Trust is required to do a full assessment on all 3<sup>rd</sup> party tenants and submit a return to NMRO, and the Trust has taken a range of actions to date and has a plan to assure full compliance in 2019/20.

### **SWAH PFI – Sustainability of FM Provider Risk**

The Trust has assessed the risk that Interserve FM (IFM) would be unable to sustain the PFI contract at SWAH, leading to service disruption or the potential loss of services and resulting in the need for NIHG to appoint a new Hard FM Service Provider. The background to the risk is that Interserve Plc, the corporate parent of Interserve FM, was placed under special cabinet office scrutiny in October 2017 following the issue of a profit warning. Interserve responded with a three-year 'Fit for Growth' turnaround plan and reported that this was 'ontrack' to deliver improved profitability, assuring the Trust that service delivery at SWAH PFI was not impacted. As part of normal due diligence, NIHG assured the Trust that their contingency plan for the loss of their Hard FM Service Provider is in place and is in accordance with their contractual obligations to maintain services at the South West Acute Hospital. This contingency plan for SWAH includes the business continuity action plan, procurement procedures to appoint a replacement provider, and handover arrangements Plan to comply with obligations. NIHG ranked the risk likelihood as medium, with the risk placed on the divisional risk register for SWAH PFI.

The stability of Interserve Plc was the feature of significant and increased media speculation throughout the 3<sup>rd</sup> and 4<sup>th</sup> quarters of 2018/19 as Interserve Plc share prices continued to fall. This risk was escalated by the Trust as an Early Alert to the Department of Health on 12 December 2018 as a result of national media interest. To monitor this risk, the Trust engaged in regular dialogue at a Senior Level with IFM Board and NIHG Shareholders and obtained support from Specialist PFI Financial Advisers, and the Strategic Investment Board to enable an Early Warning. Following the rejection of the Interserve Plc refinancing proposals by the shareholders on 15<sup>th</sup> March 2019, Interserve Plc was placed into administration. The administration has only affected Interserve Plc as its operating companies, which hold contracts and deliver services did not enter administration. The operating companies and subsidiaries, including Interserve FM, were sold to a new company 'Interserve Group Limited' owned by the lenders to the Plc. Interserve Group Limited entered into a re-financing deal with these lenders.

In line with government advice, the Trust continues to work with NIHG and their Service Provider Interserve FM as business as usual. The risk remains subject to review and update as part of the Trust's risk management procedures.

### **Thermoblate procedures**

There have been two incidents in the Trust in relation to patients receiving injuries during a 'Thermoblate Procedure.' This procedure known as Endometrial ablation is a procedure to thin or remove the endometrium (the lining of the uterus/womb) in an effort to treat heavy menstrual bleeding. A Safety and Quality reminder (SQR) in relation to endometrial ablation was issued on 28 January 2019 to Trusts as the HSCB/PHA had 4 reports of uterine/vaginal/intraabdominal thermal injury following endometrial ablation. The Trust has requested that the Public Health Agency should engage with the NI Expert Group and representatives from all Trusts to provide a forum where training, supervision, use of ultrasound, and other issues related to this matter can be discussed and agreed.

### **Case Management Reviews (S.B.N.I.)**

There has been an increase in the number of cases from the West being notified to the Safeguarding Board for consideration as to whether or not a Case Management Review should be held. Seven notifications have been submitted in the past twelve months.

### **Dunmurry Manor Care Home**

The Commissioner for Older People for Northern Ireland has launched the 'Home Truths' Report investigating Dunmurry Manor Care Home. The Trust has been contributing to the regional work to develop and implement a series of actions in response to the report. The Western Trust does not commission services for clients in Dunmurry Manor, however it is important that the regional implications of the findings of the COPNI review are assessed and as appropriate implemented across the region.

### **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 2018 to 31 March 2019.



13 June 2019

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**Dr Anne Kilgallen**  
**Chief Executive & Accounting Officer**

**Date**

## **2.2 Remuneration and Staff Report**

### **2.2.1 Remuneration Report**

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

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

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

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

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

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

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

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

## Senior Management Remuneration (Audited)

Name		Salary	Bonus / Performance Pay	Benefits in Kind (rounded to nearest £100)	Pension Benefits	Total	Salary	Bonus/ Performance Pay	Benefits in Kind (rounded to nearest £100)	Pension Benefits	Total	Real increase in pension and related lump sum at age 60	Total accrued pension at age 60 and related lump sum	CETV at 31st March 2019	CETV at 31st March 2018	Real increase in CETV
		2018/19 £'000s	2018/19 £'000s	2018/19 £	2018/19 £'000s	2018/19 £'000s	2017/18 £'000s	2017/18 £'000s	2017/18 £	2017/18 £'000s	2017/18 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s
<b>Non-Executive Directors</b>																
Mr N Birthistle	Chairman	30-31	0	0	0	30-31	25-30	0	0	0	25-30	0	0	0	0	0
Mrs J Doherty	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mrs S Cummings	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mrs S O'Kane	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Ms M Woods	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mr J Campbell	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Dr G McIlroy	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Dr C O'Mullan	Non-Executive director	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0

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

<b>Executive Directors</b>		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 31st March 2017	CETV at 31st March 2018	Real increase in CETV
		2018/19 £'000s	2018/19 £'000s	2018/19 £	2018/19 £'000s	2018/19 £'000s	2017/18 £'000s	2017/18 £'000s	2017/18 £	2017/18 £'000s	2017/18 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s
Dr A Kilgallen (from 1 Aug 2017)	Chief Executive	130-135	0	0	230	360-365	85-90	0	0	N/A	85-90	11 plus lump sum of 33	30 plus 92 lump sum	421	738	317
Mrs E Way (left 31 Jul 2017) **	Chief Executive	0	0	0	0	0	40-45	0	700	0	40-45	N/A	N/A	N/A	N/A	N/A
Mrs L Mitchell	Director of Finance and Contracting	95-100	0	2,300	-6	90-95	95-100	0	4500	0	75-80	1	38 plus 115 lump sum	753	857	104
Mr K Downey *	Director of Women & Children	75-80	0	2,600	0	75-80	75-80	0	3100	0	75-80	N/A	N/A	N/A	N/A	N/A
Dr B Brown ( from 01/09/2017)	Director of Primary Care & Older People Services	95-100	0	0	378	475-480	55-60	0	0	0	55-60	17 plus lump sum of 32	34 plus 79 lump sum	317	657	340
Mr A Corry Finn (left 7/4/2017)**	Director of Primary Care & Older People Services	0			0	0	0-5	0	0	0	0-5	1	N/A	N/A	N/A	N/A
Dr Dermot Hughes ***	Medical Director	190-195	0	0	0	190-195	180-185	0	0	184	365-370	N/A	N/A	1241	N/A	N/A
Mrs Deirdre Mahon	Interim Director of Women and Children's Service (from 01/12/18)	25-30			17	40-45	0	0	0	0	0	2 plus lump sum of 3	30 plus lump sum of 90	601	706	105
<b>Other Board Members</b>																
Mr T Millar **	Director of Adult Mental Health and Disability Services	0-5	0	0	0	0-5	85-90	0	1000	29	115-120	N/A	N/A	754	N/A	N/A
Mrs G McKay *	Director of Acute Services	70-75	0	2,200	0	70-75	70-75	0	1800	0	75-80	N/A	N/A	N/A	N/A	N/A
Mr A Moore ***	Director of Strategic Capital Development	75-80	0	0	0	75-80	70-75	0	0	0	75-80	N/A	N/A	N/A	N/A	N/A
Mrs T Molloy	Director of Performance & Service Improvement	90-95	0	0	15	105-110	90-95	0	1000	15	105-110	0	24 plus lump sum of 58	422	494	72
Mrs A McConnell	Director of Human Resources	75-80			-2	70-75	75-80	0	0	3	80-85	-3 lump sum	34 plus lump sum of 85	583	669	86
Mrs K O'Brien	Director of Adult Mental Health and Disability Services (Interim Director from 16/4/2018 and Permanent Director from 01/01/2019)	70-75	0	0	39	110-115	0	0	0	0	0	2 plus 4 lump sum	21 plus lump sum of 46	305	387	82

\* No longer in pension scheme

\*\* Not Trust employee as at 31/3/19

\*\*\* Dr Hughes and Mr Moore are beyond the threshold for calculation of CETV and so this is not applicable in either the 2018/19 year.

\*\*\*\* Benefits in kind relate to the taxable benefits in kind on travel expenses reimbursed and leased cars, where applicable.

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

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

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

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

### Fair Pay Disclosures

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 agency staff and 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. The agency staff have not been taken into account in the median remuneration calculation. In 2017/18 and 2018/19 the highest paid Director was the Medical Director.

	2018/2019	2017/2018
Highest paid Director Total Remuneration (£'000)	190-195	180-185
Median Total Remuneration (£)	24,668	24,063
Ratio of Highest paid Director to Median Remuneration	7.7	7.5

Remuneration ranged from £16,943 to £280,870 (2017/18 £15,404 to £278,089). The lowest salary relates to Band 2 in the Trust.

## 2.2.2 Staff Report

Details of the Senior Trust staff as at 31 March 2019 are as follows. For the purposes of this note, Senior staff is interpreted as including staff at Tier 3 and Band 8c in the Trust.

Level	Post	Grade	No.
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	32
Tier 3	Associate Director	Medical	2
<b>Total</b>			<b>46</b>

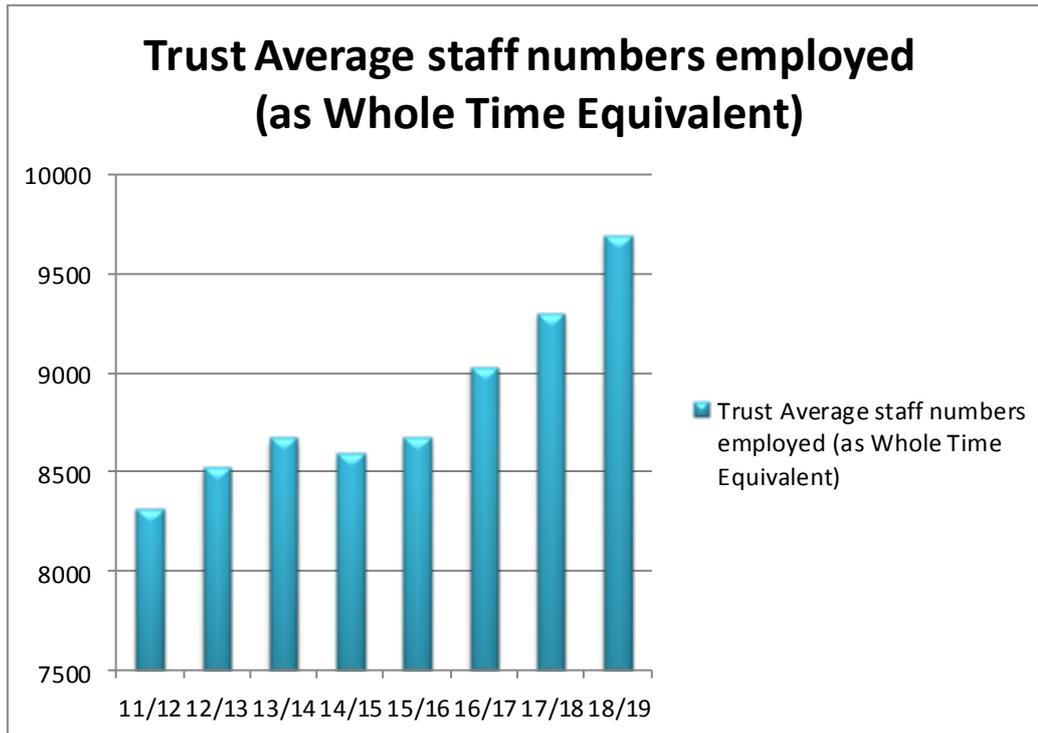
The gender split of Senior Trust staff was 27 females and 19 males.

The average number of whole time equivalent persons employed during the year was as follows: (The section below has been subject to audit)

	2019 Permanently Employed Staff No.	2019 Others No.	2019 Total No.	2018 Total No.
Medical and dental	555	90	645	607
Nursing and midwifery	3,323	192	3,515	3,377
Professions allied to medicine	534	37	571	536
Ancillaries	846	85	931	881
Administrative and clerical	1,503	90	1,593	1,553
Ambulance staff	0	0	0	0
Works	142	0	142	144
Other professional and technical	466	0	466	443
Social Services	1,504	128	1,632	1,561
Other	226		226	219
<b>Total average number of persons employed</b>	<b>9,099</b>	<b>622</b>	<b>9,721</b>	<b>9,321</b>
Less average staff number relating to capitalised staff costs	(26)	0	(26)	(20)
Less average staff number in respect of outward secondments	(5)	0	(5)	(2)
<b>Total net average number of persons employed</b>	<b>9,068</b>	<b>622</b>	<b>9,690</b>	<b>9,299</b>

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

The trend over the last eight years is shown in the following chart.



Staff costs incurred by the Trust during 2018/19 comprise the following:  
(The section below has been subject to audit)

	2019		2018	
	Permanently Employed Staff £000s	Others £000s	Total £000s	Total £000s
Wage and salaries	326,037	38,337	364,374	331,918
Social security costs	31,572	0	31,572	29,870
Other pension costs	43,464	0	43,464	40,047
<b>Sub Total</b>	<b>401,073</b>	<b>38,337</b>	<b>439,410</b>	<b>401,835</b>
Less Capitalised staff costs	(992)		(992)	(962)
<b>Total staff costs reported in Statement of Comprehensive Net Expenditure</b>	<b>400,081</b>	<b>38,337</b>	<b>438,418</b>	<b>400,873</b>
Less recoveries in respect of outward secondments			(325)	(304)
<b>Total net costs</b>			<b>438,093</b>	<b>400,569</b>

Total Net costs of which:	2019 £000s	2018 £000s
Western HSC Trust	438,418	400,873
Charitable Trust Fund	0	0
Consolidation Adjustments	0	0
<b>Total</b>	<b>438,418</b>	<b>400,873</b>

Staff costs exclude £992k charged to capital projects during the year (2018: £962k).

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

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

The Trust made no off payroll payments to staff during 2018/19.

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

The gender split of the Trust's workforce is currently 81% female, 19% male.

The cumulative rate of absence for all Trust staff during 2018/2019 was 7.04%.

The Trust does not have any staff benefit schemes.

<b>Trust Management Costs</b>	<b>2019 £000s</b>	<b>2018 £000s</b>
Trust Management Costs	21,633	20,923
<b>Income:</b>		
Revenue Resource Limit per Note 24	674,675	670,161
Income per Note 4	36,836	34,347
Non cash RRL for movement in clinical negligence provision	(6,833)	(8,350)
Less interest receivable	0	0
<b>Total Income</b>	<b>704,678</b>	<b>696,158</b>
<b>% of total income</b>	<b>3.1%</b>	<b>3.0%</b>

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

## Reporting of early retirement and other compensation scheme – exit packages audited

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2019	2018	2019	2018	2019	2018
<£10,000	0	0	1	9	1	9
£10,001 - £25,000	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
£200,001 - £250,000	0	0	0	0	0	0
£250,001 - £300,000	0	0	0	0	0	0
£300,001 - £350,000	0	0	0	0	0	0
£350,001 - £400,000	0	0	0	0	0	0
<b>Total number of exit packages by type</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>1</b>	<b>9</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
<b>Total resource cost</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>38</b>	<b>5</b>	<b>38</b>

Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at note 3. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC Pension Scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

### Retirements Due To Ill-Health

During 2018/19 there were 40 early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £119k. These costs are borne by the HSC Pension Scheme.

## **2.3 Assembly Accountability and Audit Report**

### **2.3.1 Funding Report**

#### **Regularity of Expenditure**

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

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

- Standing orders that set out the governance structures in the Trust and rules on their operation;
- Standing financial instructions that set out the financial rules that all managers, staff, agents and representatives must follow in the conduct of their work for the Trust;
- A scheme of delegation that specifies the levels of financial authority that have been delegated to the Trust by the DoH;
- A schedule of delegated authority that clarifies how the Chief Executive's authority is delegated to managers within the Trust, and the levels of that delegation;
- A range of other financial governance policy documents covering areas such as fraud, bribery, procurement, gifts and hospitality;
- A suite of financial procedures that provide detailed guidance on the application of standing financial instructions;
- A professionally qualified and suitably experienced finance function to provide support and challenge to the Trust;
- The existence of an audit committee as a formal sub-committee of the Board with defined terms of reference; and
- 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 the Department of Health (DoH) to cover both revenue and capital expenditure. Cash deposits held by the Trusts are minimal and none of the public fund bank accounts earn interest. Any interest that would be earned is repaid to the DoH. The Trust's cash position during the year is summarised in the Statement of Cash Flows in the Accounts at Section 3 of this document.

#### **Private Financing Initiatives (PFI)**

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

The overall PFI liability excluding interest and service costs, for the two contracts as at 31 March 2019 was £122m. 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 £238m as at 31 March 2019.

### 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 31 March 2019 the Trust had £25.4m of non-current provisions.

### Losses and Special Payments

(The section below has been subject to audit)

Type of loss and special payment	2018-19		2017-18	
	No of Cases	£	£	£
<b>Cash losses</b>				
Cash Losses - Theft, fraud etc				1,603
Cash Losses - Overpayments of salaries, wages and allowances	68	11,894		121
Cash Losses - Other causes	15	1,324		14,832
<b>Total</b>	<b>83</b>	<b>13,218</b>		<b>16,556</b>
<b>Claims abandoned</b>				
Waived or abandoned claims	0	0		0
<b>Administrative write-offs</b>				
Bad debts	201	205,901		83,689
Other				
<b>Total</b>	<b>201</b>	<b>205,901</b>		<b>83,689</b>
<b>Fruitless payments</b>				
Late Payment of Commercial Debt	2	285		545
Other fruitless payments and constructive losses	1	450		145
<b>Total</b>	<b>3</b>	<b>735</b>		<b>690</b>
<b>Stores losses</b>				
Losses of accountable stores through any deliberate act	51	15,064		14,271
Other stores losses	82	390,449		368,732
<b>Total</b>	<b>133</b>	<b>405,513</b>		<b>383,003</b>
<b>Special Payments</b>				
Compensation payments:				
- Clinical Negligence	24	877,171		782,750
- Public Liability	1	500		23,500
- Employers Liability	10	301,564		111,163
- Other	5	164,000		38,600
<b>Total</b>	<b>40</b>	<b>1,343,235</b>		<b>956,013</b>
Ex-gratia payments	49	46,739		54,716
Extra contractual payments	1	3,641		6,984
Special severance payments	0	0		0
<b>Subtotal</b>	<b>510</b>	<b>2,018,982</b>		<b>1,501,651</b>

## Losses and Special Payments over £250,000

Losses and Special Payments over £250,000	Number of Cases	2018-19 £	2017-18 £
<b>Special Payments</b>			
Clinical Negligence cases (see below)	2	1,778,848	1,500,000
Other	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>1,778,848</b>	<b>1,500,000</b>
<b>Grand Total</b>	<b>512</b>	<b>3,797,830</b>	<b>3,001,651</b>

Clinical Negligence Settlements Over £250,000	£
Negligence resulting in child suffering from cerebral palsy.	300,000
Laparoscopic treatment	1,478,848

### Fees and charges (Audited)

The Western Health and Social Care Trust does not have material income generated from fees and charges.

### Remote Contingent Liabilities

(The section below has been subject to audit)

All contingent liabilities which the Trust is aware of are stated in Note 20 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.

### Going Concern

The consolidated financial statements of the Trust as at 31<sup>st</sup> March 2019 have been prepared on a going concern basis. Please also see details of the Financial Recovery Programme outlined in the Directors' report on page 72.

## 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. This will be updated to reflect any changes identified when the revised regional policy is issued during the 2019/20 year. The following principles underpin the Trust's approach to dealing with complaints:

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

The Assistant Director for Quality and Safety has overall responsibility for providing assurance regarding the management of complaints within the Trust.

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

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

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

During 2018/19, the Trust received 444 complaints and 5,636 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.



13 June 2019

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Dr Anne Kilgallen  
Chief Executive & Accounting Officer

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Date

## **WESTERN HEALTH AND SOCIAL CARE TRUST**

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

#### **Opinion on financial statements**

I certify that I have audited the financial statements of the Western Health and Social Care Trust for the year ended 31 March 2019 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the group's and of the Western Health and Social Care Trust's affairs as at 31 March 2019 and of the group's and the Western Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

#### **Opinion on regularity**

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

#### **Basis of opinions**

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

#### **Other Information**

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

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

#### **Opinion on other matters**

In my opinion:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Responsibilities of the Trust and Accounting Officer for the financial statements**

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

### **Auditor's responsibilities for the audit of the financial statements**

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

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

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

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

### **Matters on which I report by exception**

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

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

### **Report**

I have no observations to make on these financial statements.



*KJ Donnelly*  
 Comptroller and Auditor General  
 Northern Ireland Audit Office  
 106 University Street

2 July 2019

### **3.0 ANNUAL ACCOUNTS**

Annual Accounts for the Year Ended 31 March 2019 including  
Patients' / Residents' Monies Accounts for the Year Ended 31 March 2019.

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019**

**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 131 to 179) which I am required to prepare on behalf of the Western HSC Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Western HSC Trust and with the accounting standards and policies for HSC bodies approved by the Department of Health.



.....Director of Finance

.....13 June 2019.....Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 131 to 179) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



.....Chairman

.....13 June 2019.....Date



.....Chief Executive

.....13 June 2019.....Date

## WESTERN HEALTH AND SOCIAL CARE TRUST

### CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2019

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.

	Note	Trust	CTF	2019 £000s Consolidated Adjustments	Consolidated	Trust	CTF	2018 £000s Consolidated Adjustments	Consolidated
<b>Income</b>									
Revenue from contracts with customers	4.1	28,721	0	0	28,721	26,412	0	0	26,412
Other operating income	4.2	8,115	491	(36)	8,570	7,935	401	(36)	8,300
<b>Total operating income</b>		<b>36,836</b>	<b>491</b>	<b>(36)</b>	<b>37,291</b>	<b>34,347</b>	<b>401</b>	<b>(36)</b>	<b>34,712</b>
<b>Expenditure</b>									
Staff costs	3	(438,418)	0	0	(438,418)	(400,873)	0	0	(400,873)
Purchase of goods and services	3	(148,736)	0	0	(148,736)	(133,636)	0	0	(133,636)
Depreciation, amortisation and impairment charges	3	(25,712)	0	0	(25,712)	(55,307)	0	0	(55,307)
Provision expense	3	(8,269)	0	0	(8,269)	(11,263)	0	0	(11,263)
Other expenditures	3	(97,401)	(788)	36	(98,153)	(86,435)	(757)	36	(87,156)
<b>Total operating expenditure</b>		<b>(718,536)</b>	<b>(788)</b>	<b>36</b>	<b>(719,288)</b>	<b>(687,514)</b>	<b>(757)</b>	<b>36</b>	<b>(688,235)</b>
<b>Net operating Expenditure</b>		<b>(681,700)</b>	<b>(297)</b>	<b>0</b>	<b>(681,997)</b>	<b>(653,167)</b>	<b>(356)</b>	<b>0</b>	<b>(653,523)</b>
Finance income	4.2	0	94	0	94	0	101	0	101
Finance expense	3	(17,349)	0	0	(17,349)	(16,921)	0	0	(16,921)
<b>Net expenditure for the year</b>		<b>(699,049)</b>	<b>(203)</b>	<b>0</b>	<b>(699,252)</b>	<b>(670,088)</b>	<b>(255)</b>	<b>0</b>	<b>(670,343)</b>
Revenue Resource Limit (RRL)	23.1	674,675			674,675	670,161			670,161
Add back charitable trust fund net expenditure			203		203		255		255
<b>Surplus / (Deficit) against RRL</b>		<b>(24,374)</b>	<b>0</b>	<b>0</b>	<b>(24,374)</b>	<b>73</b>	<b>0</b>	<b>0</b>	<b>73</b>

	Note	Trust	CTF	2019 £000s Consolidated adjustments	Consolidated	Trust	CTF	2018 £000s Consolidated adjustments	Consolidated
Items that will not be reclassified to net operating costs:	5.1/8/5.2/8								
Net gain/(loss) on revaluation of property, plant and equipment	6.1/8/6.2/8	11,632			11,632	16,950			16,950
Net gain/(loss) on revaluation of charitable assets			143		143	0	(46)		(46)
Items that may be reclassified to net operating costs:									
Net gain/(loss) on revaluation of investments					0	0			0
<b>Total comprehensive expenditure for the year ended 31 March 2019</b>		<b>(687,417)</b>	<b>(60)</b>	<b>0</b>	<b>(687,477)</b>	<b>(653,138)</b>	<b>(301)</b>	<b>0</b>	<b>(653,439)</b>

The notes on pages 137 to 179 form part of these accounts. All donated funds have been used by Western Health and Social Care Trust as intended by the benefactor. It is for the Endowments and Gifts Committee within Trusts to manage the internal disbursements. The Committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, departmental guidance and legislation. All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

**WESTERN HEALTH AND SOCIAL CARE TRUST**  
**CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2019**

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	2019 Trust £000s	Consolidated £000s	2018 Trust £000s	Consolidated £000s
<b>Non Current Assets</b>					
Property, plant and equipment	5.1/5.2	739,608	739,608	719,140	719,140
Intangible assets	6.1/6.2	3,046	3,046	2,997	2,997
Financial Assets	7	0	2,518	0	2,375
Trade and other receivables	12	0	0	0	0
Other current assets	12	0	0	0	0
<b>Total Non Current Assets</b>		<b>742,654</b>	<b>745,172</b>	<b>722,137</b>	<b>724,512</b>
<b>Current Assets</b>					
Assets classified as held for sale	9	1,666	1,666	145	145
Inventories	10	6,115	6,115	4,141	4,141
Trade and other receivables	12	18,597	18,598	18,705	18,716
Contract Assets					
Other current assets	12	2,531	2,531	2,115	2,115
Intangible current assets	12	0	0	0	0
Financial assets	7	0	0	0	0
Cash and cash equivalents	11	2,053	2,632	2,207	2,921
<b>Total Current Assets</b>		<b>30,962</b>	<b>31,542</b>	<b>27,313</b>	<b>28,038</b>
<b>Total Assets</b>		<b>773,616</b>	<b>776,714</b>	<b>749,450</b>	<b>752,550</b>
<b>Current Liabilities</b>					
Trade and other payables	13	(88,999)	(89,068)	(87,380)	(87,391)
Contract Liabilities					
Other liabilities	13	(3,662)	(3,662)	(3,339)	(3,339)
Intangible current liabilities	13	0	0	0	0
Provisions	15	(4,793)	(4,793)	(8,385)	(8,385)
<b>Total Current Liabilities</b>		<b>(97,454)</b>	<b>(97,523)</b>	<b>(99,104)</b>	<b>(99,115)</b>
<b>Total Assets less Current Liabilities</b>		<b>676,162</b>	<b>679,191</b>	<b>650,346</b>	<b>653,435</b>
<b>Non Current Liabilities</b>					
Provisions	15	(25,364)	(25,364)	(19,002)	(19,002)
Other payables > 1 year	13	(118,098)	(118,098)	(121,776)	(121,776)
Financial Liabilities	7	0	0	0	0
<b>Total Non Current Liabilities</b>		<b>(143,462)</b>	<b>(143,462)</b>	<b>(140,778)</b>	<b>(140,778)</b>
<b>Total assets less total liabilities</b>		<b>532,700</b>	<b>535,729</b>	<b>509,568</b>	<b>512,657</b>
<b>Taxpayers' equity and other reserves</b>					
Revaluation Reserve		117,999	117,999	110,711	110,711
SoCNE Reserve		414,701	414,701	398,857	398,857
Other Reserves - Charitable Funds		0	3,029	0	3,089
<b>Total equity</b>		<b>532,700</b>	<b>535,729</b>	<b>509,568</b>	<b>512,657</b>

The notes on pages 137 to 179 form part of these accounts. The financial statements on pages 131 to 179 were approved by the Board on and were signed on its behalf by:



Signed (Chairman):

Date: 13 June 2019



Signed (Chief Executive):

Date: 13 June 2019

**WESTERN HEALTH AND SOCIAL CARE TRUST**  
**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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	2019 £000s	Restated 2018 £000s
<b>Cash flows from operating activities</b>			
Net surplus after interest/Net operating expenditure		(699,252)	(670,343)
Adjustments for non cash costs		33,944	65,708
(Increase)/decrease in trade and other receivables		(298)	(2,883)
(Increase)/decrease in inventories		(1,974)	(319)
Increase/(decrease) in trade payables	*	1,677	2,044
Less movements in payables relating to items not passing through the NEA:			
Movements in payables relating to the purchase of property, plant and equipment		1,609	4,232
Movements in payables relating to the purchase of intangibles		0	0
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other services concession arrangement contracts		(388)	(522)
Use of provisions	15	(5,499)	(4,328)
Net cash inflow / (outflow) from operating activities		(670,181)	(606,411)
<b>Cash flows from investing activities</b>			
(Purchase of property, plant and equipment)	5	(36,766)	(43,580)
(Purchase of intangible assets)	6	(960)	(1,465)
Proceeds on disposal of property, plant and equipment		473	110
Net cash outflow from investing activities		(37,253)	(44,935)
<b>Cash flows from financing activities</b>			
Grant in aid		710,500	653,750
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements	*	(3,355)	(2,902)
Net financing		707,145	650,848
<b>Net increase / (decrease) in cash and cash equivalents in the period</b>			
Cash and cash equivalents at the beginning of the period	11	2,921	3,419
Cash and cash equivalents at the end of the period	11	2,632	2,921

\* prior year reclassification

The notes on pages 137 to 179 form part of these accounts.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

#### FOR THE YEAR ENDED 31 MARCH 2019

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

#### For the year ended 31 March 2019

	Note	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
<b>Balance at 31 March 2017</b>		<b>414,828</b>	<b>93,776</b>	<b>3,390</b>	<b>511,994</b>
Changes in Taxpayers' Equity 2017-18					
Grant from DoH		653,750		0	653,750
Other reserves movements including transfers		320	(15)	0	305
(Comprehensive expenditure for the year)		(670,088)	16,950	(301)	(653,439)
Transfer of asset ownership			0	0	0
Non cash charges - auditors' remuneration	3	47	0	0	47
<b>Balance at 31 March 2018</b>		<b>398,857</b>	<b>110,711</b>	<b>3,089</b>	<b>512,657</b>
Changes in Taxpayers' Equity 2017-18					
Grant from DoH		710,500	0	0	710,500
Other reserves movements including transfers		4,344*	(4,344)*	0	0
(Comprehensive expenditure for the year)		(699,049)	11,632	(60)	(687,477)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors' remuneration	3	49	0	0	49
<b>Balance at 31 March 2019</b>		<b>414,701</b>	<b>117,999</b>	<b>3,029</b>	<b>535,729</b>

\*this movement incorporates correction for historical error re revaluation reserve movements associated with past disposal of assets

# WESTERN HEALTH AND SOCIAL CARE TRUST

## NOTES TO THE ACCOUNTS

### STATEMENT OF ACCOUNTING POLICIES

#### 1. Authority

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

The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is 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 particular policies adopted by the Trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 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, intangible assets and inventories.

#### 1.2 Currency and Rounding

These accounts are presented in UK Pounds sterling and rounded in thousands.

#### 1.3 Property, Plant and Equipment

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

#### Recognition

Property, plant and equipment must be capitalised if:

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

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as "under construction" are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

#### Valuation of Land and Buildings

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

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard.

Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

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

Fair values are determined as follows:

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

#### **Modern Equivalent Asset**

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

#### **Assets Under Construction (AUC)**

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

#### **Short Life Assets**

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

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

#### **Revaluation Reserve**

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

### **1.4 Depreciation**

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

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The

estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

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

### 1.5 Impairment loss

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

### 1.6 Subsequent expenditure

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

The overall useful life of the 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. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

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

## **Recognition**

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

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

Intangible assets acquired separately are initially recognised at fair value.

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

### **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**

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract. Income relates directly to the activities of the Trust and is recognised when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established. In year of initial application, the introduction of IFRS 15 has not impacted on the timing of satisfying performance obligations of contracts in existence therefore the transaction price determined has not changed as a result of its introduction. The

current impact of its introduction has resulted in reclassification of income based on consideration of whether there is a written, oral or implied contract in existence. Note 4 Income provides initial application disclosures in line with HM Treasury application guidance on transition to IFRS 15.

#### **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 Research and Development expenditure**

Following the introduction of the 2010 European System of Accounts (ESA10), from 2016-17 there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure. As a result, additional disclosures are included in the notes to the accounts.

#### **1.13 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.

#### **1.14 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.

#### **1.15 Leases**

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

##### The Trust as lessee

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

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

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

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

##### The Trust as lessor

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

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

#### **1.16 Private Finance Initiative (PFI) transactions**

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

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

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

#### **Services received**

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

#### **PFI Asset**

The PFI asset is recognised as property, plant and equipment, when it comes into use. The asset is measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the asset is measured at fair value, which is kept up to date in accordance with the 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 asset is recognised. It is measured initially at the same amount as the fair value of the PFI asset and is subsequently measured as a finance lease liability in accordance with IAS 17.

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

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

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

#### **Lifecycle replacement**

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

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

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

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

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

#### **Other assets contributed by the Trust to the operator**

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract.

Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

### **1.17 Financial instruments**

#### **• Financial assets**

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value. IFRS 9 introduces the requirement to consider the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the Trust's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument.

#### **• Financial liabilities**

Financial liabilities are recognised on the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

#### **• Financial risk management**

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within HSC bodies in creating risk than would apply to a non-public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities.

Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trusts in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

- Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The HSC bodies have no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

- Interest rate risk

The Trust has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

- Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

- Liquidity risk

Since the Trust receives the majority of its funding through its principal Commissioner which is voted through the Assembly, it is therefore not exposed to significant liquidity risks.

## 1.18 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 DoF-issued discount rates of:

Rate	Time period	Real rate
Nominal	Short term (0 – 5 years)	0.76%
	Medium term (5 – 10 years)	1.14%
	Long term (10 - 40 years)	1.99%
	Very long term (40+ years)	1.99%
Inflationary	Year 1	2.00%
	Year 2	2.00%
	Into perpetuity	2.10%

as at 31 March 2019. Note that PES issued a combined nominal and inflation rate table to incorporate the two elements – please refer to this table as necessary, as included within issuing email of circular HSC(F) 39-2018.

The discount rate to be applied for employee early departure obligations is +0.29% % with effect from 31 March 2019.

The Trust has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the effect of any change in the discount rate.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it.

The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

### **1.19 Contingent liabilities/assets**

In addition to contingent liabilities disclosed in accordance with IAS 37, the Trust discloses for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37 are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly.

Under IAS 37, the Trust discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

### **1.20 Employee benefits**

#### **Short-term employee benefits**

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31 March 2019. It is not anticipated that the level of untaken leave will vary significantly from year to year.

#### **Retirement benefit costs**

Past and present employees are covered by the provisions of the HSC Pension Scheme.

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 DoH. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2018-19 accounts.

## **1.21 Reserves**

### **Statement of Comprehensive Net Expenditure Reserve**

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

### **Revaluation Reserve**

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets other than donated assets.

## **1.22 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.

## **1.23 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 22 to the accounts.

## **1.24 Government Grants**

The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

## **1.25 Losses and Special Payments**

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HSC bodies not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

## **1.26 Charitable Trust Account Consolidation**

Trusts are required to consolidate the accounts of controlled charitable organisations and funds held on trust into their financial statements. As a result the financial performance and funds have been consolidated. Trusts have accounted for these transfers using merger accounting as required by the FReM.

It is important to note however the distinction between public funding and the other monies donated by private individuals still exists.

*“All funds have been used by Health and Social Care Trust as intended by the benefactor. It is for the Gifts and Endowments/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 than that intended by the benefactor”.*

#### **1.27 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 suggested wording (to be updated as necessary once 2018-19 standard wording received from DoF) is as follows;

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 are effective with EU adoption from 1 January 2014.

FRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the requirements of the FReM, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2020.’

Accounting boundary IFRS’ are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2020-21, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. Trusts apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

#### **1.28 Going Concern**

The consolidated financial statements of the Trust as at 31<sup>st</sup> March 2019 have been prepared on a going concern basis. Please also see details of the Financial Recovery Programme outlined in the Directors’ report on page 72.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2019

#### 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. The information disclosed reflects the realignment of directorates that took place in 2009/10 therefore making meaningful comparison from year to year limited.

Directorate	2019			2018		
	Staff Costs £000s	Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	Other Expenditure £000s	Total Expenditure £000s
Children's Services	81,538	40,722	122,260	70,935	27,986	98,921
Acute Hospital Services	171,303	53,312	224,615	155,694	54,910	210,604
Older People's Services	86,630	85,998	172,628	79,389	80,140	159,529
Mental Health and Disability Services	45,606	35,510	81,116	48,075	39,187	87,262
Planning, Performance Management and Support Services	35,189	19,913	55,102	34,593	32,630	67,223
Other Trust Directorates	18,154	27,995	46,149	12,187	34,636	46,823
<b>Expenditure for Reportable Segments net of Non Cash Expenditure</b>	<b>438,420</b>	<b>263,450</b>	<b>701,870</b>	<b>400,873</b>	<b>269,489</b>	<b>670,362</b>
<b>Non Cash Expenditure</b>			<b>34,015</b>			<b>34,074</b>
<b>Total Expenditure per Net Expenditure Account (Note 3)</b>			<b>735,885</b>			<b>704,435</b>
<b>Income (Note 4)</b>			<b>(36,836)</b>			<b>(34,347)</b>
<b>Net Expenditure</b>			<b>699,049</b>			<b>670,088</b>
<b>Revenue Resource Limit (Note 23)</b>			<b>674,675</b>			<b>670,161</b>
<b>Surplus / (Deficit) against RRL</b>			<b>(24,374)</b>			<b>73</b>

**WESTERN HEALTH AND SOCIAL CARE TRUST**  
**ANNUAL ACCOUNTS 31 MARCH 2019**  
**NOTE 3 OPERATING EXPENSES**

3.1 Operating Expenses are as follows:-

	2019				2018			
	Trust £000s	CTF £000s	Consolidated adjustments £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidated adjustments £000s	Consolidated £000s
<b>Staff costs:</b>								
Wages and salaries ^	363,382			363,382	330,956			330,956
Social security costs	31,572			31,572	29,870			29,870
Other pension costs	43,464			43,464	40,047			40,047
Purchase of care from non-HPSS bodies	82,113			82,113	71,823			71,823
Revenue grants to voluntary organisations	1,188			1,188	1,637			1,637
Personal social services	54,014			54,014	46,975			46,975
Recharges from other HSC organisations	2,042			2,042	2,000			2,000
Supplies and services - Clinical	52,023			52,023	48,282			48,282
Supplies and services - General	6,695			6,695	6,407			6,407
Establishment	9,207			9,207	8,062			8,062
Transport	1,941			1,941	1,743			1,743
Premises	22,660			22,660	21,122			21,122
Bad debts	477			477	438			438
Interest charges	12,853			12,853	12,549			12,549
PFI and other service concession arrangements service charges	4,496			4,496	4,372			4,372
BSO services	5,863			5,863	5,124			5,124
Training	1,586			1,586	1,404			1,404
Patients travelling expenses	1,015			1,015	799			799
Other Charitable Expenditure	0	788	(36)	752		757	(36)	721
Miscellaneous expenditure	5,279			5,279	4,237			4,237
<b>Non-cash items</b>								
Depreciation	25,729			25,729	26,582			26,582
Depreciation - On Balance sheet PFI (funded by notional non cash RRL)	4,621			4,621	5,266			5,266
Amortisation	911			911	667			667
Impairments	(5,549)			(5,549)	22,792			22,792
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(15)			(15)	(56)			(56)
Loss on disposal of property, plant & equipment (including land)	0			0	27			27
Increase/Decrease in provisions (provision provided for in year less any release)	8,780			8,780	12,444			12,444
Cost of borrowing of provisions (unwinding of discount on provisions)	(511)			(511)	(1,181)			(1,181)
Auditor's remuneration	49	5		54	47	5		52
Add back of notional charitable expenditure	0	(5)		(5)		(5)		(5)
<b>Total</b>	<b>735,885</b>	<b>788</b>	<b>(36)</b>	<b>736,637</b>	<b>704,435</b>	<b>757</b>	<b>(36)</b>	<b>705,156</b>

The Trust purchased additional services from its external auditor during 2018/19 in relation to National Fraud initiative, for £2,532.

^Further detailed analysis of staff costs is located in the Remuneration and Staff Report on pages 117 – 124 within the Accountability Report.

**WESTERN HEALTH AND SOCIAL CARE TRUST**  
**ANNUAL ACCOUNTS 31 MARCH 2019**  
**NOTE 4 INCOME**

**4.1 Revenue from Contracts with Customers\***

	2019				2018			
	Trust £000s	CTF £000s	Consolidated adjustments £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidated adjustments £000s	Consolidated £000s
GB/Republic of Ireland Health Authorities	4,261			4,261	3,778			3,778
HSC Trusts	372			372	403			403
Non-HSC-Private Patients	638			638	512			512
Road Traffic Accident income	1,399			1,399	1,916			1,916
Clients contributions	18,927			18,927	16,124			16,124
Seconded staff	324			324	304			304
Other income from non-patient services	2,800			2,890	3,375			3,375
<b>Total</b>	<b>28,721</b>	<b>0</b>	<b>0</b>	<b>28,721</b>	<b>26,412</b>	<b>0</b>	<b>0</b>	<b>26,412</b>

**4.2 Other Operating Income**

	Trust £000s	CTF £000s	Consolidated adjustments £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidated adjustments £000s	Consolidated £000s
Other income from non-patient services	6,737		(36)	6,701	5,639		(36)	5,603
Supporting people	1,307			1,307	1,407			1,407
Charitable and other contributions to expenditure by core trust	0			0	10			10
Donation / Government grant / Lottery funding for non-current assets	71			71	879			879
Charitable Income received by Charitable Trust Fund	0	491		491	0	401		401
Investment Income	0	94		94	0	101		101
Research and development	0			0	0			0
Profit on disposal of land	0			0	0			0
Interest receivable	0			0	0			0
<b>Total</b>	<b>8,115</b>	<b>585</b>	<b>(36)</b>	<b>8,664</b>	<b>7,935</b>	<b>502</b>	<b>(36)</b>	<b>8,401</b>
<b>Total Income</b>	<b>36,836</b>	<b>585</b>	<b>(36)</b>	<b>37,385</b>	<b>34,347</b>	<b>502</b>	<b>(36)</b>	<b>34,813</b>

\* This is the initial year of application of IFRS 15 Revenue from Contracts with Customers. Under IAS 18 Revenue, should IFRS 15 not have been adopted, £26,904k would have been disclosed as Income from activities and £9,931k as Other operating income, totalling £36,836k income for 2018-19. Refer to accounting policy note 1 for further information.

**WESTERN HEALTH AND SOCIAL CARE TRUST  
ANNUAL ACCOUNTS 31 MARCH 2019**

**NOTE 5.1 Consolidated Property, Plant and Equipment – Year Ended 31 March 2019**

	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
<b>Cost or Valuation</b>									
At 1 April 2018	46,150	641,820	18,654	27,558	96,435	8,129	48,891	9,802	897,439
Indexation	742	14,233	538	0	1,117	122	0	152	16,904
Additions		7,247	167	13,460	5,679	1,388	4,739	2,865	35,545
Donations / Government grant / Lottery funding					28		4	39	71
Reclassifications	231	4,651		(4,882)					0
Transfers	(1,304)	(362)							(1,666)
Impairment charged to the SoCNE	(21)	(1,278)							(1,299)
Impairment charged to the revaluation reserve		(2,150)							(2,150)
Reversal of impairments (indexn)	1,556	5,251			41				6,848
Disposals	(209)	(104)	0	0	(1,667)	(370)	(3,829)	(6)	(6,185)
<b>At 31 March 2019</b>	<b>47,145</b>	<b>669,308</b>	<b>19,359</b>	<b>36,136</b>	<b>101,633</b>	<b>9,269</b>	<b>49,805</b>	<b>12,852</b>	<b>945,507</b>
<b>Depreciation</b>									
At 1 April 2018	0	58,019	2,107	0	74,325	5,743	34,314	3,791	178,299
Indexation		1,942	76	0	945	92		67	3,122
Reclassifications									0
Transfers									0
Revaluation									0
Impairment charged to the SoCNE									0
Impairment charged to the revaluation reserve									0
Reversal of impairments (indexation)									0
Disposals	0	0	0	0	(1,667)	(370)	(3,829)	(6)	(5,872)
Provided during the year		16,730	727		6,536	645	4,870	842	30,350
<b>At 31 March 2019</b>	<b>0</b>	<b>76,691</b>	<b>2,910</b>	<b>0</b>	<b>80,139</b>	<b>6,110</b>	<b>35,355</b>	<b>4,694</b>	<b>205,899</b>
<b>Carrying Amount</b>									
At 31 March 2019	<b>47,145</b>	<b>592,617</b>	<b>16,449</b>	<b>36,136</b>	<b>21,494</b>	<b>3,159</b>	<b>14,450</b>	<b>8,158</b>	<b>739,608</b>
At 31 March 2018	<b>46,150</b>	<b>583,801</b>	<b>16,547</b>	<b>27,558</b>	<b>22,110</b>	<b>2,386</b>	<b>14,577</b>	<b>6,011</b>	<b>719,140</b>
<b>Asset financing</b>									
Owned	47,145	354,144	16,449	36,136	21,494	3,159	14,450	8,158	501,135
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (So FP) PFI and other service concession arrangements contracts	0	238,473	0	0	0	0	0	0	238,473
<b>Carrying Amount</b>									
At 31 March 2019	<b>47,145</b>	<b>592,617</b>	<b>16,449</b>	<b>36,136</b>	<b>21,494</b>	<b>3,159</b>	<b>14,450</b>	<b>8,158</b>	<b>739,608</b>

Of which: **£000,000**  
Trust 740  
Charitable Trust Fund 0

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under PFI agreements is £4,621k (2017: £5,470k).

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

	2019 £000	2018 £000
Donations	71	220
Government grant	0	620
Lottery funding	0	0
<b>Total</b>	<b>71</b>	<b>840</b>

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**NOTE 5.2 Consolidated Property, Plant and Equipment – Year Ended 31 March 2018**

	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
<b>Cost or Valuation</b>									
At 1 April 2017	46,036	526,964	16,783	115,466	93,984	8,225	44,497	7,725	859,680
Indexation	172	25,415	1,322		1,760	293			28,962
Additions	0	8,443	124	21,632	2,940	378	4,356	1,996	39,869
Donations / Government grant / Lottery funding	0	0	78	399	191	0	52	120	840
Reclassifications	0	109,592	347	(109,939)					0
Transfers	205	631				(215)	10	13	644
Revaluation	10								10
Impairment charged to the SoCNE	(2,303)	(41,747)			(8)			(52)	(44,110)
Impairment charged to the revaluation reserve	(8)	(6,758)							(6,766)
Reversal of impairments (indexn)	2,038	19,280							21,318
Disposals					(2,432)	(552)	(24)		(3,008)
<b>At 31 March 2018</b>	<b>46,150</b>	<b>641,820</b>	<b>18,654</b>	<b>27,558</b>	<b>96,435</b>	<b>8,129</b>	<b>48,891</b>	<b>9,802</b>	<b>897,439</b>
<b>Depreciation</b>									
At 1 April 2017	0	37,200	1,329	0	67,234	5,508	29,689	3,148	144,108
Indexation		3,553	138		1,355	209			5,255
Reclassifications									0
Transfers		164				(107)	4	4	65
Disposals					(2,401)	(552)	(24)		(2,977)
Provided during the year		17,102	640		8,137	685	4,645	639	31,848
<b>At 31 March 2018</b>	<b>0</b>	<b>58,019</b>	<b>2,107</b>	<b>0</b>	<b>74,325</b>	<b>5,743</b>	<b>34,314</b>	<b>3,791</b>	<b>178,299</b>
<b>Carrying Amount</b>									
At 31 March 2018	46,150	583,801	16,547	27,558	22,110	2,386	14,577	6,011	719,140
At 1 April 2017	46,036	489,764	15,454	115,466	26,750	2,717	14,808	4,577	715,572
<b>Asset financing</b>									
Owned	46,150	347,477	16,547	27,558	22,110	2,386	14,577	6,011	482,816
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	236,324	0	0	0	0	0	0	236,324
<b>Carrying Amount</b>	<b>46,150</b>	<b>583,801</b>	<b>16,547</b>	<b>27,558</b>	<b>22,110</b>	<b>2,386</b>	<b>14,577</b>	<b>6,011</b>	<b>719,140</b>
<b>Asset financing</b>									
Owned	46,036	265,011	15,454	115,466	26,750	2,717	14,808	4,577	490,819
Finance leased									0
On B/S (SoFP) PFI and other service concession arrangements contracts		224,753							224,753
<b>Carrying Amount</b>	<b>46,036</b>	<b>489,764</b>	<b>15,454</b>	<b>115,466</b>	<b>26,750</b>	<b>2,717</b>	<b>14,808</b>	<b>4,577</b>	<b>715,572</b>
<b>Carrying amount comprises</b>									
Western HSC Trust at 31 March 2019	47,145	592,617	16,449	36,136	21,494	3,159	14,450	8,158	739,608
Western HSC Trust charitable trust fund at 31 March 2018									0
<b>Total carrying amount 31 March 2019</b>	<b>47,145</b>	<b>592,617</b>	<b>16,449</b>	<b>36,136</b>	<b>21,494</b>	<b>3,159</b>	<b>14,450</b>	<b>8,158</b>	<b>739,608</b>
<b>Carrying amount comprises</b>									
Western HSC Trust at 31 March 2018	46,150	583,801	16,547	27,558	22,110	2,386	14,577	6,011	719,140
Western HSC Trust charitable trust fund at 31 March 2018									0
<b>Total carrying amount 31 March 2018</b>	<b>46,150</b>	<b>583,801</b>	<b>16,547</b>	<b>27,558</b>	<b>22,110</b>	<b>2,386</b>	<b>14,577</b>	<b>6,011</b>	<b>719,140</b>
<b>Carrying amount comprises</b>									
Western HSC Trust at 31 March 2017	46,036	489,764	15,454	115,466	26,750	2,717	14,808	4,577	715,572
Western HSC Trust charitable trust fund at 31 March 2017									0
<b>Total carrying amount 31 March 2017</b>	<b>46,036</b>	<b>489,764</b>	<b>15,454</b>	<b>115,466</b>	<b>26,750</b>	<b>2,717</b>	<b>14,808</b>	<b>4,577</b>	<b>715,572</b>

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NOTE 6.1 Consolidated Intangible Assets – Year Ended 31 March 2019

	Software Licences £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Licences, Trademarks & Artistic Originals £000s	Patents £000s	Goodwill £000s	Payments on Account & Assets under construction £000s	Total £000s
Cost or Valuation									
At 1 April 2018	5,886	1	0	150	0	0	0	0	6,037
Additions	960								960
<b>At 31 March 2019</b>	<b>6,846</b>	<b>1</b>	<b>0</b>	<b>150</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,997</b>
<b>Amortisation</b>									
As at 1 April 2018	2,990	0	0	50	0	0	0	0	3,040
Provided during the year	860	1		50	0	0	0	0	911
<b>At 31 March 2019</b>	<b>3,850</b>	<b>1</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,951</b>
<b>Carrying Amount</b>									
At 31 March 2019	<b>2,996</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,046</b>
At 31 March 2018	<b>2,896</b>	<b>1</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,997</b>
<b>Asset financing</b>									
Owned	2,996	0	0	50	0	0	0	0	3,046
Finance leased									0
On B/S (SoFP) PFI and other service concession arrangements contracts									0
Carrying Amount at 31 March 2019	<b>2,996</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,046</b>

Any fall in value through negative indexation or revaluation is shown as an impairment. The fair value of assets funded from the following sources during the year was:

	2019 £000	2018 £000
Government grant	0	39
<b>Total</b>	<b>0</b>	<b>39</b>

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**NOTE 6.2 Consolidated Intangible Assets – Year Ended 31 March 2018**

	Software Licence £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Licences, Trademarks & Artistic Originals £000s	Patents £000s	Goodwill £000s	Payments on Account & Assets under Construction £000s	Total £000s
<b>Cost or Valuation</b>									
At 1 April 2017	4,386	1	0	150	0	0	0	0	4,537
Indexation									0
Additions	1,465								1,465
Donations / Government grant / Lottery funding	39								39
Reclassifications	2								2
Disposals	(6)								(6)
<b>At 31 March 2018</b>	<b>5,886</b>	<b>1</b>	<b>0</b>	<b>150</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,037</b>
<b>Amortisation</b>									
At 1 April 2017	2,379	0	0	0	0	0	0	0	2,379
Disposals	(6)								(6)
Provided during the year	617			50					667
<b>At 31 March 2018</b>	<b>2,990</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,040</b>
<b>Carrying Amount</b>									
At 31 March 2018	<b>2,896</b>	<b>1</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,997</b>
At 1 April 2017	<b>2,007</b>	<b>1</b>	<b>0</b>	<b>150</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,158</b>
<b>Asset financing</b>									
Owned	2,896	1	0	100	0	0	0	0	2,997
<b>Carrying Amount</b>									
At 31 March 2018	<b>2,896</b>	<b>1</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,997</b>
<b>Asset financing</b>									
Owned	2,007	1	0	150	0	0	0	0	2,158
<b>Carrying Amount</b>									
At 31 March 2017	<b>2,007</b>	<b>1</b>	<b>0</b>	<b>150</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,158</b>

## WESTERN HEALTH AND SOCIAL CARE TRUST

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#### NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of Western Health and Social Care Trust are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the Trust's expected purchase and usage requirements and the Trust is therefore exposed to little credit, liquidity or market risk.

	2019 Non-current assets £000s	2019 Assets £000s	2019 Liabilities £000s	2018 Non-current assets £000s	2018 Assets £000s	2018 Liabilities £000s
Balance at 1 April 2018	2,375	0	0	2,421	0	0
Revaluations	143	0	0	(46)	0	0
Balance at 31 March 2019	2,518	0	0	2,375	0	0
Trust Charitable Trust Fund	2,518	0	0	2,375	0	0
<b>Total</b>	<b>2,518</b>	<b>0</b>	<b>0</b>	<b>2,375</b>	<b>0</b>	<b>0</b>

#### Note 7.1

The market value of the investments as at 31 March 2019 is:

	Held in UK £000s	Held Outside UK £000s	2019 Total £000s	2018 Total £000s
Investment in a Common Deposit Fund or Investment Fund	2,518	0	2,518	2,375
<b>Total market value of fixed asset investments</b>	<b>2,518</b>	<b>0</b>	<b>2,518</b>	<b>2,375</b>

# WESTERN HEALTH AND SOCIAL CARE TRUST

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### NOTE 8 IMPAIRMENTS

	2019		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	5,549	0	5,549
Impairments which revaluation reserve covers (shown in Other comprehensive expenditure statement)	2,150		2,150
<b>Total value of impairments for the period</b>	<b>7,699</b>	<b>0</b>	<b>7,699</b>

	2018		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	29,558	0	29,558
Impairments which revaluation reserve covers (shown in Other comprehensive expenditure statement)	(6,766)	0	(6,766)
<b>Total value of impairments for the period</b>	<b>22,792</b>	<b>0</b>	<b>22,792</b>

**WESTERN HEALTH AND SOCIAL CARE TRUST**

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**NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE**

	Land		Buildings		Other		Total	
	2019 £000s	2018 £000s	2019 £000s	2018 £000s	2019 £000s	2018 £000s	2019 £000s	2018 £000s
Opening balance at 1 April 2018	0	325	145	145	0	0	145	470
Transfers in	1,304	0	362	0	0	0	1,666	0
Transfers out	0	(275)	0	0	0	0	0	(275)
(Disposals)	0	(50)	(145)	0	0	0	(145)	(50)
Impairment	0	0	0	0	0	0	0	0
<b>Closing Balance 31 March 2019</b>	<b>1,304</b>	<b>0</b>	<b>362</b>	<b>145</b>	<b>0</b>	<b>0</b>	<b>1,666</b>	<b>145</b>

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

### ANNUAL ACCOUNTS 31 MARCH 2019

#### NOTE 10 INVENTORIES

Classification	2019		2018	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Pharmacy Supplies	3,596	3,596	2,685	2,685
Theatre Equipment	357	357	285	285
Building and Engineering Supplies	56	56	46	46
Fuel	383	383	141	141
Community Care Appliances	641	641	342	342
Laboratory Materials	700	700	392	392
X-Ray	26	26	28	28
Stock held for resale	6	6	4	4
Other	350	350	218	218
<b>Total</b>	<b>6,115</b>	<b>6,115</b>	<b>4,141</b>	<b>4,141</b>

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL ACCOUNTS 31 MARCH 2019**

**NOTE 11 CASH AND CASH EQUIVALENTS**

	2019			2018		
	Core Trust £000s	CTF £000s	Consolidated £000s	Core Trust £000s	CTF £000s	Consolidated £000s
Balance at 1st April	2,207	714	2,921	2,420	999	3,419
Net change in cash and cash equivalents	(154)	(135)	(289)	(213)	(285)	(498)
<b>Balance at 31st March</b>	<b>2,053</b>	<b>579</b>	<b>2,632</b>	<b>2,207</b>	<b>714</b>	<b>2,921</b>

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

Commercial banks and cash in hand	2,053	579	2,632	2,207	714	2,921
<b>Balance at 31st March</b>	<b>2,053</b>	<b>579</b>	<b>2,632</b>	<b>2,207</b>	<b>714</b>	<b>2,921</b>

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER CURRENT ASSETS

	2019				2018			
	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s
<b>Amounts falling due within one year</b>								
Trade receivables	7,163			7,163	6,781			6,781
VAT receivable	5,968			5,968	6,074			6,074
Other receivables - not relating to fixed assets	5,466	11	(10)	5,467	5,850	11		5,861
<b>Trade and other receivables</b>	<b>18,597</b>	<b>11</b>	<b>(10)</b>	<b>18,598</b>	<b>18,705</b>	<b>11</b>	<b>0</b>	<b>18,716</b>
Prepayments	2,531		0	2,531	2,115		0	2,115
<b>Other current assets</b>	<b>2,531</b>	<b>0</b>	<b>0</b>	<b>2,531</b>	<b>2,115</b>	<b>0</b>	<b>0</b>	<b>2,115</b>
<b>Total trade and other receivables</b>	<b>18,597</b>	<b>11</b>	<b>(10)</b>	<b>18,598</b>	<b>18,705</b>	<b>11</b>	<b>0</b>	<b>18,716</b>
<b>Total other current assets</b>	<b>2,531</b>	<b>0</b>	<b>0</b>	<b>2,531</b>	<b>2,115</b>	<b>0</b>	<b>0</b>	<b>2,115</b>
<b>Total Intangible current assets</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total receivables and other current assets</b>	<b>21,128</b>	<b>11</b>	<b>(10)</b>	<b>21,129</b>	<b>20,820</b>	<b>11</b>	<b>0</b>	<b>20,831</b>

The balances are net of a provision for bad debts of £2,692k (2017 £2,434k).

**WESTERN HEALTH AND SOCIAL CARE TRUST**

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**NOTE 13 TRADE PAYABLES, FINANCIAL AND OTHER CURRENT LIABILITIES**

**Note 13.1 Trade payables and other current liabilities**

	2019				2018			
	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s
<b>Amounts falling due within one year:</b>								
Other taxation and social security	13,601			13,601	13,716			13,716
Trade capital payables – property, plant and equipment	9,331			9,331	8,463			8,463
Trade revenue payables	31,877	79	(10)	31,946	30,317	11		30,328
Payroll payables	25,311			25,311	23,866			23,866
Clinical negligence payables	976			976	499			499
BSO payables	0			0	296			296
Accruals	1,553			1,553	1,396			1,396
Accruals - relating to property, plant and equipment	6,350			6,350	8,827			8,827
<b>Trade and other payables</b>	<b>88,999</b>	<b>79</b>	<b>(10)</b>	<b>89,068</b>	<b>87,380</b>	<b>11</b>	<b>0</b>	<b>87,391</b>
Current part of imputed finance lease element of PFI contracts and other service concession arrangements	3,662	0	0	3,662	3,339			3,339
<b>Other current liabilities</b>	<b>3,662</b>	<b>0</b>	<b>0</b>	<b>3,662</b>	<b>3,339</b>	<b>0</b>	<b>0</b>	<b>3,339</b>
<b>Total payables falling due within one year</b>	<b>92,661</b>	<b>79</b>	<b>(10)</b>	<b>92,730</b>	<b>90,719</b>	<b>11</b>	<b>0</b>	<b>90,730</b>
<b>Amounts falling due after more than one year</b>								
Imputed finance lease element of PFI contracts and other service concession arrangements	118,098	0		118,098	121,776	0		121,776
<b>Total non current payables</b>	<b>118,098</b>	<b>0</b>	<b>0</b>	<b>118,098</b>	<b>121,776</b>	<b>0</b>	<b>0</b>	<b>121,776</b>
<b>Total trade payables and other current liabilities</b>	<b>210,759</b>	<b>79</b>	<b>(10)</b>	<b>210,828</b>	<b>212,495</b>	<b>11</b>	<b>0</b>	<b>212,506</b>

**WESTERN HEALTH AND SOCIAL CARE TRUST**

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**NOTE 13 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES**

**13.2 Loans**

The Trust did not have any loans payable at either 31 March 2019 or 31 March 2018.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2019

#### NOTE 14 PROMPT PAYMENT POLICY

##### 14.1 Public Sector Payment Policy – Measure of Compliance

The Department requires that Trusts pay their non HSC trade payables in accordance with applicable terms and appropriate Government Accounting guidance. The Trust's payment policy is consistent with the applicable terms and appropriate Government Accounting guidance and its measure of compliance is:

	2019 Number	2019 Value £000s	2018 Number	2018 Value £000s
Total bills paid	253,918	467,157	225,435	453,378
Total bills paid within 30 days of receipt of an undisputed invoice	233,706	435,111	202,480	417,836
% of bills paid within 30 days of receipt of an undisputed invoice	<b>92.0%</b>	<b>93.1%</b>	<b>89.9%</b>	<b>92.2%</b>
Total bills paid within 10 day target	196,744	387,787	170,706	337,259
% of bills paid within 10 day target	<b>77.5%</b>	<b>83.0%</b>	<b>75.7%</b>	<b>74.4%</b>

##### 14.2 The Late Payment of Commercial Debts Regulations 2002

	£
Amount of compensation paid for payment (s) being late	250
Amount of interest paid for payment(s) being late	35
<b>Total</b>	<b>285</b>

This is also reflected as a fruitless payment in the Assembly Accountability Disclosure notes.

New late payment legislation (Late Payment of Commercial Debts Regulations 2013) came into force on 16 March 2013. The effect of the new legislation is that a payment is normally regarded as late unless it is made within 30 days after receipt of an undisputed invoice.

From 1 April 2015, the scope of the prompt payment compliance measurement increased to take account of all categories of supplier payments made by Trusts, with the only exception being payments made to other organisations within the broader HSCNI.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2019

#### NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2019

	Clinical negligence £000s	Other £000s	2019 £000s
Balance at 1 April 2018	15,886	11,501	27,387
Provided in year	9,094	1,625	10,719
(Provisions not required written back)	(1,765)	(174)	(1,939)
(Provisions utilised in the year)	(4,185)	(1,314)	(5,499)
Cost of borrowing (unwinding of discount)	(496)	(15)	(511)
<b>At 31 March 2019</b>	<b>18,534</b>	<b>11,623</b>	<b>30,157</b>

Provisions have been made for 6 types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Early Retirement, Injury Benefit, Employment Law and Restructuring (CSR). The provision for Early Retirement and Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated as appropriate level of provision based on professional legal advice.

#### Comprehensive Net Expenditure Account charges

	2019 £000s	2018 £000s
Arising during the year	10,719	13,231
Reversed unused	(1,939)	(787)
Cost of borrowing (unwinding of discount)	(511)	(1,181)
<b>Total charge within operating costs</b>	<b>8,269</b>	<b>11,263</b>

#### Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2019 £000s
Not later than one year	3,628	1,165	4,793
Later than one year and not later than five years	10,519	1,770	12,289
Later than five years	4,387	8,688	13,075
<b>At 31 March 2019</b>	<b>18,534</b>	<b>11,623</b>	<b>30,157</b>

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2019

#### NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2018

	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	Total £000s
Balance at 1 April 2017	153	10,820	9,479	20,452
Provided in year	0	9,954	3,277	13,231
(Provisions not required written back)	(153)	(455)	(179)	(787)
(Provisions utilised in the year)	0	(3,284)	(1,044)	(4,328)
Cost of borrowing (unwinding of discount)	0	(1,149)	(32)	(1,181)
<b>At 31 March 2018</b>	<b>0</b>	<b>15,886</b>	<b>11,501</b>	<b>27,387</b>

Provisions have been made for six types of potential liability: Clinical Negligence; Employer's and Occupier's Liability; Early Retirement; Injury Benefit; and Employment Law and Restructuring (CSR). The provision for Early Retirement and Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated an appropriate level of provision based on professional legal advice.

#### Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2018 £000s
Not later than one year	6,878	1,507	8,385
Later than one year and not later than five years	9,008	1,509	10,517
Later than five years	0	8,485	8,485
<b>At 31 March 2018</b>	<b>15,886</b>	<b>11,501</b>	<b>27,387</b>

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2019

#### NOTE 16 CAPITAL COMMITMENTS

Contracted capital commitments at 31 March not otherwise included in these financial statements are:

	2019 £000s	2018 £000s
Property, plant & equipment	10,880	23,304
<b>Total</b>	<b>10,880</b>	<b>23,304</b>

#### NOTE 17 COMMITMENTS UNDER LEASES

##### 17.1 Finance Leases

The Western Health and Social Care Trust had no finance leases at 31 March 2019 or 31 March 2018.

##### 17.2 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods:

##### Obligations under operating leases comprise

Buildings	2019 £000s	2018 £000s
Not later than 1 year	670	409
Later than 1 year and not later than 5 years	692	989
Later than 5 years	105	149
<b>Total</b>	<b>1,467</b>	<b>1,547</b>

Other	2019 £000s	2018 £000s
Not later than 1 year	148	84
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
<b>Total</b>	<b>148</b>	<b>84</b>

##### 17.3 Operating Leases

The Western Health and Social Care Trust does not act as lessor and as such does not anticipate any future income for operating leases.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2019

#### NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

##### 18.1 Off-balance sheet PFI contracts and other service concession arrangements

The Trust had no off balance sheet PFI contracts as at 31 March 2019 or 31 March 2018.

##### 18.2 On Statement of Financial Position (SOFP) PFI Schemes

The Trust is committed to make the following payments during the next year:

The total amount charged in the Statement of Comprehensive Net Expenditure in respect of the service element of on-balance sheet (SoFP) PFI or other service concession transactions was £4,496k (2017-18:£4,372k). 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:

	2019 £000s	2018 £000s
Minimum lease payments:		
Due within one year	14,646	14,639
Due later than one year and not later than five years	57,614	57,961
Due later than 5 years	202,374	216,888
<b>Total</b>	<b>274,634</b>	<b>289,488</b>
Less interest element	152,874	164,373
<b>Present value</b>	<b>121,760</b>	<b>125,115</b>
Service elements due in future periods:		
Due within one year	4,627	4,496
Due later than one year and not later than five years	19,877	19,314
Due later than five years	114,471	119,615
<b>Total service elements due in future periods</b>	<b>138,975</b>	<b>143,425</b>
<b>Total Commitments</b>	<b>260,735</b>	<b>268,540</b>

#### NOTE 19 OTHER FINANCIAL COMMITMENTS

The Trust did not have any other financial commitments at either 31 March 2019 or 31 March 2018.

# WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2019

### NOTE 20 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.

	2019 £000s	2018 £000s
Clinical negligence	2,289	2,296
Public liability	113	95
Employer's liability	93	70
Accrued leave	0	0
Injury benefit	0	0
Other	0	0
<b>Total</b>	<b>2,495</b>	<b>2,461</b>

#### Additional points to note:

- i.) The Trust is aware of a number of legal cases and appeals across the UK which are testing employment issues, for example payment of allowances or enhancements while on sick or annual leave and rate of payment for sleep in duties. The Trust is working regionally to ascertain the impacts which these cases may have but are not in a position at this stage to quantify the liability (if any) and will keep the outcomes of these cases and their appeals under close review.
- ii.) The discount rate which courts in England and Wales must take into account when awarding compensation for future financial losses in a lump sum in personal injury cases changed to - 0.75% in March 2017. The Government subsequently legislated to change how the rate in England and Wales is set and the first review of the rate in that jurisdiction under the new legal framework introduced by the Civil Liability Act 2018 is being carried out. The Department of Justice has power to prescribe the discount rate for Northern Ireland (in consultation with the Government Actuary and the Department of Finance). Secondary legislation to change the discount rate for Northern Ireland under the current legal framework has not been taken forward in the absence of a Minister, although the Department of Justice is keeping the rate under review in the context of the Northern Ireland (Executive Formation and Exercise of Functions) Act 2018 and having regard to ongoing legislative developments in the rest of the UK. In these circumstances, it has not been possible at this time to quantify the potential impact on the Trust of any change in the discount rate. Changing the legal framework for setting the rate in Northern Ireland would require primary legislation.
- iii.) Court of Appeal judgment on backdated PSNI Holiday Pay:  
On 17 June 2019 the Court of Appeal ruled in respect of Northern Ireland Industrial Tribunal's November 2018 decision on cases taken against the PSNI on backdated Holiday Pay. It is recognised that the final detail remains to be determined by the Industrial Tribunal who will be guided by the Court of Appeal's Judgement.  
This is an extremely rare and complex case with a significant number of issues that still need to be resolved, including further legal advice with regards to the Judgement; the scope; timescales; process of appeals and engagement with Trade Unions. The legal issues arising from this judgment and the implications for the Northern Ireland Civil Service (NICS) and wider public sector will need further consideration. The Department of Finance (DoF) is leading a piece of work across the NICS, reviewing the implications for each of the major staffing groups across the public sector.  
Until there is further clarity when this work has concluded, and based on the inherent uncertainties in the final decision that will be made, a reliable estimate cannot be provided at this stage.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

#### NOTE 21 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 £670m.

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 2018/19. 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 2018/19	Amount paid by Trust during 2017/18
		£000s	£000s
Mrs Stella Cummings (British Red Cross)	Vice President (NI)	49	0
Mrs Joan Doherty (Londonderry Methodist City Mission)	Company secretary	28	27
Sally O'Kane (Foyle College, Education Authority)	Governor	26	32

##### **Executive Directors**

###### **Dr Dermot Hughes, Medical Director**

Dr Hughes is a Visiting Professor at University of Ulster and is an Honorary Senior lecturer with Queens University Belfast. During 2018/19, the Western Health and Social Care Trust made payments of approximately £204k to and received income of £265k from University of Ulster and made payments of approximately £119k to Queens University Belfast and received income of £5k. The Western Trust was owed approximately £3k from Queens University Belfast and was owed approximately £2k from the University of Ulster at 31<sup>st</sup> March 2019. During 2017/18, the Western Health and Social Care Trust made payments of approximately £159k to University of Ulster and made payments of approximately £120k to Queens University Belfast and received income of £187k and owed £107k at 31<sup>st</sup> March 2018.

###### **Dr Robert Brown, Director of Nursing and PCOP**

Dr Brown is a Trustee of Queens University Belfast, Nursing Institute. During 2018/19, the Western Health and Social Care Trust made payments of approximately £119k to Queens University Belfast and received income of £5k. The Western Trust was owed approximately £3k from Queens University Belfast at 31<sup>st</sup> March 2019.

During 2017/18, the Western Health and Social Care Trust made payments of approximately £120k to Queens University Belfast and received income of £187k and owed £107k at 31<sup>st</sup> March 2018.

###### **Mrs Deirdre Mahon, Interim Director of Women and Children's service**

Mrs Mahon is an Associate of Leonard Consultancy and a Trustee of The Playhouse. During 2018/19, the Western Health and Social Care Trust made payments of approximately £14k to Leonard Consultancy. During 2017/18, the Trust made payments to Leonard Consultancy of £2,820. During 2018/19, the Western Health and Social Care Trust made payments of approximately £14k to The Playhouse.

## **Other Senior Managers**

Some other senior managers have disclosed interests in organisations from which the Trust purchased services in 2018/19. The details are set out below. The officers listed had no involvement in the decisions to procure the services from the organisations concerned.

### **Mr Brian McFetridge, Assistant Director, Nursing**

Mr McFetridge is a Governor with Education Authority for Rowandale P.S. Mr McFetridge is an Honorary Fellow of University of Ulster. During 2018/19, the Western Health and Social Care Trust made payments of approximately £204k to and received income of £265k from University of Ulster. The Western Trust was owed approximately £2k from the University of Ulster at 31<sup>st</sup> March 2019.

During 2017/18, the Western Health and Social Care Trust made payments of approximately £159k to University of Ulster.

### **Mr Gerry Mackin, Clinical Lead Community Paediatrician**

Mr Mackin is a Governor with Erne Integrated College.

### **Mr Brendan McGrath, Assistant Director Nursing**

Mr McGrath is a Governor with All Saints Primary school, Omagh.

### **Ms Eimear McCauley, Assistant Director of Finance**

Ms McCauley is a Governor with St Patricks Primary School and Thornhill College.

During 2018/19, the Trust made payments to Education Authority of £26k. During 2017/18, the Trust made payments to Education Authority of £32k.

### **Mrs Vivien Coates, Assistant Director**

Mrs Coates is a Professor Clinical Nursing Practice with Florence Nightingale Foundation with the University of Ulster. During 2018/19, the Western Health and Social Care Trust made payments of approximately £204k to and received income of £265k from University of Ulster. The Western Trust was owed approximately £2k from the University of Ulster at 31<sup>st</sup> March 2019. During 2017/18, the Western Health and Social Care Trust made payments of approximately £159k to University of Ulster.

### **Mr Gavin O'Neill, M&M Lead Emergency Medicine**

Mr O'Neill is a tutor at Queens University Belfast. During 2018/19, the Western Health and Social Care Trust made payments of approximately £119k to Queens University Belfast and received income of £5k. The Western Trust was owed approximately £3k from Queens University Belfast at 31<sup>st</sup> March 2019.

### **Mr Charles Mullan, Divisional Clinical Director Diagnostics**

Mr Mullan is an honorary lecturer with Queens University Belfast. During 2018/19, the Western Health and Social Care Trust made payments of approximately £119k to Queens University Belfast and received income of £5k. The Western Trust was owed approximately £3k from Queens University Belfast at 31<sup>st</sup> March 2019.

During 2017/18, the Western Health and Social Care Trust made payments of approximately £120k to Queens University Belfast and received income of £187k and owed £107k at 31<sup>st</sup> March 2018.

### **Mrs Ann McDuff, Assistant Director C and PH**

Mrs McDuff is a Director of Bogside and Brandywell Health Forum. During 2018/19, the Trust made payments to Bogside and Brandywell Health Forum of £99k. During 2017/18, the Trust made payments to Bogside and Brandywell Health Forum of £20k.

### **Mr Brendan Moore, Clinical Pharmacy Development Lead**

Mr Moore is a Director of Brookmount Health Ltd. During 2018/19, the Trust made payments to Brookmount Health Ltd of £8k. During 2017/18, the Trust made payments to Brookmount Health Ltd of £14k.

### **Mr David Mulholland, Consultant**

Mr Mulholland is a Consultant at the North West Independent Hospital. During 2018/19, the Trust made payments to the North West Independent Hospital of £655k and received income of £195k.

## NOTE 22 THIRD PARTY ASSETS

The assets held at the reporting period date to which it was practical to ascribe monetary values comprised. They are set out in the table below:

	<b>2019</b>	<b>2018</b>
	<b>£000s</b>	<b>£000s</b>
Monetary assets such as bank balances and monies on deposit	2,498	2,169
<b>Total</b>	<b>2,498</b>	<b>2,169</b>

Third party assets refer to patients and residents monies held at 31 March 2019.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### ANNUAL ACCOUNTS 31 MARCH 2019

#### NOTE 23 FINANCIAL PERFORMANCE TARGETS

##### 23.1 Revenue Resource Limit

The Revenue Resource Limit (RRL) for Western HSC Trust is calculated as follows:

	2019 Total £000s	2018 Total £000s
Health and Social Care Board	626,307	591,259
Public Health Authority	7,691	7,015
Supplement for undergraduate Medical and Dental Education & NI Medical and Dental Training Agency	6,733	6,179
DoH (excludes non cash)	0	0
Other Government Departments	0	0
Non cash RRL (from DoH)	29,394	71,406
<b>Total Agreed RRL</b>	<b>670,125</b>	<b>675,859</b>
Adjustment for income received re donations / government grant / lottery funding for non-current assets	(71)	(879)
Adjustment for PFI and other service concession arrangements / IFRIC 12	4,621	(4,819)
Adjustment for Research and Development under ESA10	0	0
<b>Total Revenue Resource limit to statement comprehensive net expenditure</b>	<b>674,675</b>	<b>670,161</b>

##### 23.2 Capital Resource Limit

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

	2019 Total £000s	2018 Total £000s
Gross Capital Expenditure	36,505	41,334
Less IFRIC 12/PFI and other service concession arrangements spend	(388)	(522)
(Receipts from sales of fixed assets)	(473)	(110)
Net capital expenditure	35,644	40,702
Capital Resource Limit	35,644	40,702
<b>Overspend / (Underspend) against CRL</b>	<b>0</b>	<b>0</b>

# WESTERN HEALTH AND SOCIAL CARE TRUST

## ANNUAL ACCOUNTS 31 MARCH 2019

### NOTE 23 FINANCIAL PERFORMANCE TARGETS

#### 23.3 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.

	<b>2019 Total £000s</b>	<b>2018 Total £000s</b>
Net expenditure	(699,049)	(670,088)
RRL	674,675	670,161
<b>Surplus / (Deficit) against RRL</b>	<b>(24,374)</b>	<b>73</b>
<b>Break-even cumulative position (opening)</b>	<b>(8,291)</b>	<b>(8,364)</b>
<b>Break-even cumulative position (closing)</b>	<b>(32,665)</b>	<b>(8,291)</b>

#### Materiality Test:

	<b>2018/19 Total %</b>	<b>2017/18 Total %</b>
Break even in year position as % of RRL	-3.61%	0.01%
Break even cumulative position as % of RRL	-4.84%	-1.24%

The Trust breakeven position has been described in more detail in the Governance Statement, included in this document on page 102.

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL ACCOUNTS 31 MARCH 2019**

**NOTE 24 EVENTS AFTER THE REPORTING PERIOD**

There are no events after the reporting period having a material effect on the accounts.

**NOTE 25 DATES AUTHORISED FOR ISSUE**

The Accounting Officer authorised these financial statements for issue on 2 July 2019.

**WESTERN HEALTH AND SOCIAL CARE TRUST**  
**PATIENTS'/RESIDENTS' MONIES ACCOUNTS**  
**YEAR ENDED 31 MARCH 2019**

## **STATEMENT OF TRUST'S RESPONSIBILITIES IN RELATION TO PATIENTS' / RESIDENTS' MONIES**

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Trust is required to prepare and submit accounts in such form as the Department of Health may direct.

The Trust is also required to maintain proper and distinct accounting records and is responsible for safeguarding the monies held on behalf of patients/residents and for taking reasonable steps to prevent and detect fraud and other irregularities.

## **WESTERN HEALTH AND SOCIAL CARE TRUST - PATIENTS' AND RESIDENTS' MONIES**

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

#### **Opinion on account**

I certify that I have audited Western Health and Social Care Trust's account of monies held on behalf of patients and residents for the year ended 31 March 2019 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

In my opinion the account:

- properly presents the receipts and payments of the monies held on behalf of the patients and residents of the Western Health and Social Care Trust for the year ended 31 March 2019 and balances held at that date; and
- the account has been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

#### **Opinion on regularity**

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

#### **Basis of opinions**

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

#### **Responsibilities of the Trust for the account**

As explained more fully in the Statement of Trust's Responsibilities in relation to patients/ residents' monies, the Trust is responsible for the preparation of the account.

#### **Auditor's responsibilities for the audit of the account**

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

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

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

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the financial transactions recorded in the account conform to the authorities which govern them.

### **Matters on which I report by exception**

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

- adequate accounting records have not been; 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.

### **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*

*2 July 2019*

# WESTERN HEALTH AND SOCIAL CARE TRUST

YEAR ENDED 31 MARCH 2019

## ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

Previous Year £	Receipts		£	£
	Balance at 1 April 2018			
2,034,160	1. Investment (at cost)		2,003,476	
254,038	2. Cash at Bank		156,108	
9,750	3. Cash in Hand		9,800	2,169,384
812,071	Amounts received in the year			1,475,172
2,316	Interest Received			4,317
<b>3,112,335</b>	<b>Total</b>			<b>3,648,873</b>
	<b>Payments</b>			
942,950	Amounts paid to or on behalf of patients / Residents			1,151,224
	Balance at 31 March 2019			
2,003,476	1. Investments (at cost)		2,227,793	
156,109	2. Cash in Bank		260,356	
9,800	3. Cash in Hand		9,500	2,497,649
<b>3,112,335</b>	<b>Total</b>			<b>3,648,873</b>

Cost Price £	Schedule of investments held at 31 March 2019 Investment	Nominal Value £	Cost Price £
2,003,476	Bank of Ireland	2,227,793	2,227,793

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: 13 June 2019

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

*David Wilgott*

Chief Executive:

Date: 13 June 2019

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