

Western Health and Social Care Trust

Annual Report and Accounts

For the year ended 31 March 2015

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, Social Services and Public Safety

On

30th June 2015

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BACKGROUND

The Western Health and Social Care Trust aims to 'provide high quality patient and client focused health and social care services through well trained staff with high morale'. The Trust delivers a comprehensive range of health and social care services across the former council areas of Limavady, Derry and Strabane, Omagh and Fermanagh.

The Trust employs over 12,000 staff and has an annual net spend of £588 million enabling the effective delivery of services.

JOINT CHAIRMAN AND CHIEF EXECUTIVE FOREWORD

Welcome to the Western Trust's Annual report for the year ending 31 March 2015, covering the eighth year of this organisation's work and my last as its Chairman. It has been a privilege to serve the people of the West given how important high quality health and social services are to everyone.

The financial challenges we have faced in 2014/15 were significant and the Report demonstrates that. However, just as we ensured during 2014/15 that quality and safety remained our top priority, in this Foreword I want first to shine a light on the great achievements of our staff who work tirelessly to improve services for their patients and clients.

Throughout 2014/15 extraordinary people achieved extraordinary things on a day and daily basis and some of these are detailed in the Report. Some were recognised at regional and national level, including:-

- The inaugural Northern Ireland Allied Health Professionals' Awards were hosted by the Trust in Derry and the Trust Orthoptic Assistants won the "Outstanding Achievement by a Support Worker" award for streamlining Special School assessments.

The Trust was also recognised in the "Rising Stars" category with Sheryl Jenkins, Speech and Language Therapist being recognised for her work helping vulnerable victims, witnesses, suspects and defendants with communication problems.

- Aidan Gordon was overall winner of the Social Work Manager Award at the annual Institute of Healthcare Management Awards.
- The Social Services Training Team won the Learning and Development Award at the Regional Social Work Awards hosted in Belfast City Hall in March 2015. It was a fitting tribute on their 25 years anniversary.
- Community Staff Nurse Alison Robb received the Philip Goodeve-Docker Memorial Award by the Queen's Nursing Institute for the most outstanding student within the Specialist Practice District Nursing Programme.
- Majella Magee, Service Improvement Lead for Older People's Mental Health, received a special dementia award at the Northern Ireland Dementia Achievement Awards Ceremony.
- The Western Trust's Pharmacy Team of Carmel Darcy, Dr Ruth Miller and Anne Friel ,was crowned winner at the National Royal Pharmaceutical Society's Pharmaceutical Care Awards for their project designed to improve the care provision for older people in an intermediate healthcare setting (Waterside Hospital).
- I am enormously proud of our success at the RCN Nurse of the Year Awards 2014 where:
 - Bernie Michaelides, Head of Intermediate Care and lead nurse for adult community nursing, was crowned RCN Nurse of the Year. Bernie was recognised for her instrumental involvement in developing the acute clinical intervention centre located at the Tyrone County Hospital;
 - Joanne Breslin, Staff Nurse in ICU at Altnagelvin Hospital, was awarded the Patient's Choice Award. This is an important award as Joanne was nominated by the son of one of her patients for the 'true compassion, respect and dignity' shown towards his mother;
 - Stephen Donnelly, Team Leader, Omagh Recovery Team, scooped the Mental Health Innovation Award for developing a mental health smart phone app, 'My Mind'; and

- Mary Lafferty, Assistant Nursing Services Manager, Trauma and Orthopaedic Unit was runner-up in the Chief Nursing Officer's award.

It is clear that our staff are leading the way in providing excellent and compassionate care, directing innovative projects to enhance the quality of life of patients and promoting health and well-being to the general public, not least by continuing to promote our Smoke Free Campuses.

There are many examples of high quality care to call upon. Our cancer services access is excellent. 99% of breast patients are seen within 14 days of referral. In our trauma and orthopaedics service the Trust performs very well against Ministerial targets, and our Emergency Departments have the second lowest number of 12 hour breaches in Northern Ireland. Those in the West awaiting out-patient clinics have the lowest average waiting time in Northern Ireland; similarly those awaiting diagnostic tests will also wait the shortest time.

In the past year the Trust met quality improvement targets in relation to falls and pressure ulcers and made significant progress in monitoring risk assessments in relation to Venous Thromboembolism (VTE). All theatres in the Trust are using the World Health Organisation (WHO) surgical safety checklist and the Trust has the shortest waiting time in Northern Ireland in relation to providing responses to formal complaints.

We have also looked to the future through infrastructure and service improvements. As well as coping with more challenging winter pressures in our hospitals, our Emergency Departments embraced our Unplanned Care Improvement Project as illustrated by the 100% day at Altnagelvin. On Friday, 11 September 2014, the hospital reached its own target of seeing and treating, admitting or discharging every Emergency Department (ED) patient in "no more than 4 hours", a target that has been achieved by the South West Acute Hospital Emergency Department on more than one day during this year.

The day highlighted once more that reducing waiting times in EDs is not one that can be solved by ED alone. Rather the entire system from community care through the discharge teams, the ward staff, porters, pharmacy, staff in the acute medical unit, bed managers through to senior clinical leads must work with our high-performing EDs to make what is a good performance even better. A big well done to all involved in a real team effort!

In Children's Services, the Trust hosted a Regional Symposium to share the positive findings of the independent evaluation of their Safety in Partnership Approach. The symposium was in partnership with the Independent Evaluators at Queens University Belfast and the positive findings of the evaluations were shared with the DHSSPS, the Health and Social Care Board (HSCB), other Trusts and representatives from the community and voluntary sector as innovative child care best practice.

The Social Work service has published its Model of Attachment Practice into a Learning and Development Manual. This has ensured there is now a coherent framework in which the Social Work team confidently aim their approach to re-parenting of the most complex young people we assume responsibility for.

Facilities opened this year include our new Cardiac Catheterisation Laboratory enabling a 24/7 primary PCI service to be implemented in September 2014 by our excellent cardiac intervention team and our new Medical Education Centre with state of the art simulation rooms and everything the doctors of the future could ask for. We were delighted to support the opening of the Centre for Stratified Medicine by Ulster University which means postgraduate and undergraduate students are now based at CTRIC on the Altnagelvin site.

Our major strategic capital developments have continued to progress with a focus on the Omagh Hospital and Primary Care Complex and the Radiotherapy Centre at Altnagelvin literally rising out of the ground in preparation for opening in 2016.

As mentioned earlier, the Trust experienced a difficult year from a financial perspective ending the year with a deficit of £6.644m. This deficit arose as a result of a range of issues including

increasing costs of medical locums, increasing demand for domiciliary care and complex childcare packages. Since February 2015, the Trust has worked closely with the HSCB to agree the financial pressures and to plan together for 2015/16.

The Trust contributed to a number of important regional reviews including the Marshall Review of Child Sexual Exploitation, the NI Human Rights Commission Review of Emergency Care and the Donaldson Review.

Our reporting year coincided with the tenure of one of our members of staff, Brenda Stevenson, as the last Mayor of the former Derry City Council. A wonderful ambassador for the Trust, Brenda hosted receptions for our RCN Nurse of the Year Award winners as well as our internal Staff Recognition Award winners.

This time last year I bade farewell as Chairman although that transpired to be a little premature. This time it will be my last report as Chairman and I want to thank everyone who has contributed to the success of the Western Trust over the past 8 years. In particular I want to pay tribute to our three Non-Executive Directors who come to the end of their terms this year, Ciaran Mulgrew, Brendan McCarthy and Barbara Stuart who have given me great support for more than 8 years.

For nine years now I have chaired the Trust and I can honestly say that every single member of staff and all of the volunteers that I have met have filled me with pride to hold this position. There is a common purpose and commitment to those we care for from the boardroom to the ward, from our community facilities to the support staff who make it all. Each member of staff has shared our vision of providing high quality care and I wish to place on record my thanks to them.

Special thanks must go to the team on and around Trust Board with all executive and non-executive directors, our office managers and assistants all making vital contributions and ensuring that the organisation is run effectively and efficiently for the benefit of those we serve. For me as Chair the most important relationship has been with our Chief Executive who throughout the Trust's existence has shown remarkable wisdom, sound judgement and resilience. It is through Elaine's relentless drive for improvement, her extraordinary positivity and calmness even in times of apparent crisis and her encouragement and support for those around her that the Trust has been successful in making improvements right across our range of services.

Let no-one suggest that the Western Trust's story is not one of continuous improvement. Coming from a position where we faced significant challenges in 2007 I am enormously proud of the fact that we have gained a position of respect across Northern Ireland. Our improvement is not just about numbers as every area in which progress has been made means better access to care and better outcomes for patients.

It is my passionate belief that the Western Trust will continue through the extraordinary efforts of our staff to provide the very highest quality care to our population in the years to come.



GERARD GUCKIAN
CHAIRMAN



ELAINE WAY CBE
CHIEF EXECUTIVE

DIRECTORS' REPORT

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

Name	Position on the Board
Gerard Guckian	Chairman
Niall Birthistle	Non-Executive Director and Chair of the Audit Committee
Sally O'Kane	Non-Executive Director
Ciaran Mulgrew	Non-Executive Director
Joan Doherty	Non-Executive Director
Stella Cummings	Non-Executive Director
Brendan McCarthy	Non-Executive Director
Barbara Stuart	Non-Executive Director
Elaine Way	Chief Executive
Joe Lusby	Deputy Chief Executive
Kieran Downey	Director of Women and Children's Services and Executive Director of Social Work
Alan Corry Finn	Director of Primary Care and Older People's Services and Executive Director of Nursing
Trevor Millar	Director of Adult Mental Health and Disability Services
Alan McKinney	Medical Director
Lesley Mitchell	Director of Finance and Contracting
John Pentland	Acting Director of Finance (from 10 April 2014 to 25 July 2014)
Nuala Sheerin	Director of Human Resources (until 30 June 2014)
Ann McConnell	Director of Human Resources (from 9 June 2014)
Teresa Molloy	Director of Performance and Service Improvement
Alan Moore	Director of Strategic Capital Development
Geraldine McKay	Director of Acute Services

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

1. The Trust has prepared a set of accounts for the year ended 31 March 2015 which have been prepared in accordance with Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.
2. 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.

3. 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).
4. The Department requires the Trust to pay their non-HPSS trade creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. Details of compliance with the Code are given on page 115.
5. The Trust participates in the HSS Superannuation Scheme and Note 1.19 of the accounts and the Remuneration Report on pages 34-37 refers to the accounting treatment adopted.
6. 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. The Register can be viewed by contacting the Chief Executive's Office.
7. The Trust reported three data related incidents to the Information Commissioner's Office in 2014/15. The details can be found in the Trust's Governance Statement on pages 45-73 of this document.
8. The Trust's External Auditor is the Comptroller and Auditor General who sub-contracted the audit to KPMG for 2014/15. The Trust was charged £62,750 for the statutory audit of the accounts (Public Funds and Endowments and Gifts).
9. The Trust has an Audit Committee which is a formal Committee of the Board and membership is as follows:-
 - Niall Birthistle – Non-Executive Director (Chair)
 - Ciaran Mulgrew – Non-Executive Director
 - Barbara Stuart – Non-Executive Director

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

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.



Elaine Way
Chief Executive - 11 June 2015

KEY FACTS

- In 2014/15 there were 57,838 attendances at Altnagelvin's Accident and Emergency Department; 30,740 attendances at the South West Acute Hospital's Emergency Department and 17,461 attendances at the Urgent Care and Treatment Centre at the Tyrone County Hospital;
- Allied Health Professionals (AHP) services provided over 380,000 face to face contacts with clients during 2014/15;
- District nursing services provided approximately 198,235 contacts with clients during 2014/15.
- There were 4,063 births at Altnagelvin Hospital and the South West Acute Hospital;
- The number of compliments for 2014/15 was 2,243. The overall total number of formal complaints received was 464, 5 of which were Children Order Complaints;
- In 2014/15 the Trust Library Service had 16,873 visits from staff and students. It issued, supplied and renewed 4,439 publications and articles. The Library Service delivered 61 induction information skills training sessions to 564 staff and students and carried 73 detailed literature searches to support patient care, education and research.

STRATEGIC REPORT

Management Commentary

Achievement of Ministerial Priorities

During 2014/15, the Western Trust continued to build on progress made in previous years in the development and improvement of key services in order to improve the health and wellbeing of its resident population and provide better access to high quality health and social care services.

Sustainability Report

The Trust remains committed to ensuring that the risks to the environment from installing, maintaining and operating the Trust Estate are minimised as far as is reasonably practicable and has ISO14001 Environmental Management Trustwide 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, transport and car parking; procurement of goods/services and new build; maintenance of buildings, plant and equipment and grounds maintenance.

The Trust has invested in an Energy Management Team tasked with delivering on the Trust's sustainability agenda, and in 2014/15 the Team led on the implementation of a range of energy efficiency schemes totalling £300,000. These schemes are projected to achieve carbon reductions of 250 tonnes per annum. Further to these schemes the team have implemented a number of energy efficiency initiatives and are projecting a total carbon reduction of 400 tonnes per annum in 2015/16.

The Trust has also identified a further £3.7m investment which would lead to further carbon reductions of over 3,000 tonnes per annum for which we are currently seeking funding. Within this further investment the Trust has identified potential for an increase in renewables, namely Solar PV.

The Trust's Waste Management Plan continues to be implemented. The Trust has significantly reduced the amount of waste sent to landfill and in 2014/15, 80% of the Trust's waste was recycled.

A Biodiversity Plan has been developed by Estates and has been approved by the Trust. The Plan details various methods to promote land management and biodiversity

In terms of procurement of construction initiatives, the Trust meets the required achievement of BREEAM 'Excellent' status for new build and extensions and 'Very Good' status for refurbishment projects.

The Trust has developed a Property Asset Management (PAM) Plan 2014/15 which was approved by DHSSPS NI. The PAM Plan details a 5 year plan to maximise the utilisation of Trust operational estate and promoting sustainability. The PAM Plan details progress against disposal of unused estate (30,000m² declared surplus – 25,000m² disposed of in 2014/15), and maximising utilisation of operational estate via strategic management of accommodation. Operational Estate Rationalisation Plan being progressed through the Transforming Your Care Programme.

Workforce Travel Plans are in place for the 2 main acute hospital sites (SWAH and Altnagelvin) in conjunction with DRD, Translink and staff side organisations. The Plans include a range of initiatives to promote sustainable travel including promotion of the Cycle to Work Scheme, Car Sharing and Partnership Working with DRD and Translink regarding public transport to provide and further develop public transport route planning and exploration of Tax Smart Scheme for employees.

Key Achievements during 2014/15

Cancer Services

- During 2014/15 99% of urgent breast cancer referrals were seen within 14 days, against a target of 100%.
- During 2014/15 99.9% of patients diagnosed with cancer received their first definitive treatment within 31 days of a decision to treat, against a target of 98%.
- During 2014/15 92% of patients urgently referred with a suspected cancer began their first definitive treatment within 62 days, against a target of 95%.

Fractures

- During 2014/15 99.6% of patients, where clinically appropriate, waited no longer than seven days for inpatient fracture treatment, against a target of 95%.

Specialist Therapies

- By end of March 2015 no patient was waiting longer than three months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis or psoriasis, achieving the target of 100%.
- By end of March 2015 no patient was waiting longer than 13 weeks to commence NICE recommended therapies for MS. The target for this is not defined.
- By end of March 2015 no patient was waiting longer than six weeks to commence specialist drug treatment for wet AMD for first or second eye. The target for this is not defined.

Elective Access

The Trust achieved the following outcomes against the core contract with the Commissioner from 1st April 2014 to 31st March 2015:

- Elective Inpatients (Admissions) & Day Cases -1% variance, core contract target of 39212;
- New Outpatient Attendances -5.4% variance, core contract target of 65960;
- Review Outpatient Attendances -3.8% variance, core contract target of 121709;
- Fracture Outpatient Attendances -3.8% variance; core contract target of 23509;
- Imaging achieved +4.9% variance, core contract target of 228500;
- Cardiac Catheterisation and PCI -5.4% variance, core contract target of 1872.

Diagnostics

- During 2014/15 96.4% of routine tests were reported on within two weeks, against a target of 100% reported on within 2 days.
- By end of March 2015 no patient was waiting longer than nine weeks for endoscopy, against a target of 100%.

Delayed Discharges

- During 2014/15 87% of complex discharges from an acute setting took place within 48 hours, against a target of 90%.

Childrens Services

- By the end of March 2015, the number of Care leavers aged 19 in education, training or employment had increased to 81%, against a target of an increase on the previous year's figure of 80%.
- During the year, all child protection referrals were allocated within 24 hours of receipt and all initial assessments were completed within ten working days. This was achieved throughout 2014/15 against a backdrop of increasing levels of demand for these services.

Mental Health Services

- During the year, no child was waiting more than 9 weeks to access child and adolescent mental health services, against a target of 100%.

Community Care

- By end of March 2015, no patient with continuing care needs was waiting longer than 8 weeks for the main components of their care needs to be met, against a target of 100%.
- From April 2014 to March 2015 the Trust significantly exceeded the target to deliver Telemonitoring Services and Telecare monitored patient days, with

over 115,000 telehealth patient days delivered against a target of 86,000 and over 400,000 telecare monitored patient days delivered against a target of 236,000.

Stroke Services

- By the end of March 2015 the target of 12% was exceeded with over 14% of all ischaemic stroke admissions receiving thrombolysis.

Direct Payments

- By the end of March 2015 the number of Direct Payment cases increased by 11%, against a target increase of 5%.

Acute Directorate

Emergency Care and Medicine

A 24 hour pPCI (primary percutaneous cardiac intervention) service commenced on the 15 September 2014 for patients from the Western Trust and Northern Trust designated areas.

'Transforming Your Care' funding has supported the recruitment of oxygen expert nurses across the Trust and the development of a community respiratory team. A nurse to support home therapies for renal dialysis patients has also progressed as has a nurse to promote live donors and support patients for transplantation.

A limited paediatric EEG service commenced in the Trust in June 2014. However, the appointment of a second neurophysiologist has seen the service expand to include all referrals within the Trust.

A third consultant neurologist was successfully recruited to the Trust in October 2014.

Diagnostic and Cancer Services

Project Charter Signed for Radiotherapy Unit Project

The Trust was delighted to mark another major milestone for the new Radiotherapy Unit at Altnagelvin Hospital, with the signing of a Project Charter in February. The new Radiotherapy Unit will offer an increased capacity in Northern Ireland for radiotherapy services and will cater for over half a million people living in Derry, Limavady, Strabane, Omagh and Fermanagh District Council areas, and patients from the northern sector of the Northern Trust area, including Coleraine, Moyle and Ballymoney. This unique cross-border project will also treat patients from the Republic of Ireland including north to mid-Down and will make a real difference to people being treated for cancer and their families. The Radiotherapy Unit is expected to be completed by 2016.

Waiting Times Performance

The Western Trust is the best performer in Northern Ireland for diagnostic and Cancer referrals. The majority of patients wait less than nine weeks for a diagnostic test. 92% Cancer patients in the Western Trust are diagnosed and commence treatment within 62 days of referral. Suspect breast cancer patients are largely seen (99%) at an Outpatient clinic within 14 days of referral.

Pharmacy and Hospital Sterilisation Decontamination Unit (HSDU)

Carmel Darcy, Ruth Miller and Anne Friel won the Royal Pharmaceutical Society of Great Britain's national Pharmaceutical Care Award in London in July 2014. This award, for work in the Waterside Hospital, recognises innovative practice and service developments that have been shown to improve the health of patients through the better use of medicines.

Daryl Connolly and Lorna Cairns were shortlisted for the NI Hospital Pharmacist of the Year Award in February 2015. Daryl works as a Medicines Governance Pharmacist, helping all staff to reduce the risk around using medicines. Lorna is a Cancer Services Pharmacist and was shortlisted for her new prescribing role with oncology patients.

Pharmacy set up a range of new services in line with 'Transforming Your Care'. These included the work of a specialist Diabetes Pharmacist in the South West Acute Hospital, working in outpatient clinics and primary care, a respiratory outreach pharmacist, reviewing medication with patients in GP practices who have COPD, making sure that patients are using the most appropriate medicines.

Anne Friel received the Chairman's Award at the Staff Recognition Awards because of her outstanding performance as Head of Pharmacy in the Western Trust.

Surgery and Anaesthetics

Surgical Assessment Area Ward 32 won Highly Commended in the Improving Patient and Client Services Award at the Staff Recognition Awards in November 2014.

Cherry Lynn and Mary Lafferty were part of the team who won the Person-Centred Care Award at the RCN Leadership Challenge held in November 2014.

The annual development plan for trauma and orthopaedics has seen much success in improving patient care through multi-professional/departmental initiatives throughout the year. There have been improvements in patient analgesia, falls reduction, pressure ulcers and development of nurse led services in several areas. All these initiatives have been achieved at a difficult time where staff face challenges in staff recruitment and managing a service with a significant capacity gap for both elective and emergency services.

ENT and Oral/Maxillofacial Surgery

In 2014/15 The Trust re-profiled beds to include a short stay assessment area to meet the challenging needs of patients within the service. The unit has continued its ethos of training and development and underwent a full educational audit within 2014/15. A gold standard was awarded from Queens University, Belfast on the teaching standards. To ensure this development continues the sub-speciality has developed the role of an Educator for Training.

The unit has also been a leading example of the role of nurse practitioners. The first Nurse Ward Attender practitioner was employed during 2014/15. This has meant a decline in the referrals to outpatients for urgent review and also a shorter wait for the routine patients as we have a 9am – 5pm urgent referral process.

2014/15 also saw the introduction of the electronic check-in process at outpatients. This system has brought the hospitals in line with the latest European developments on patient centred administration. The patient receives a barcode on their outpatient letter and can scan their arrival and check their personal details, in several languages, without having to stand in a queue at a reception desk. The system has been monitored over the year and patient feedback has been exceptionally positive.

Over recent years, Critical Care at Altnagelvin has been at the forefront regionally in developing safer ways of transferring critically ill patients between hospitals. The Trust was the first in Northern Ireland to develop fully equipped transfer trolleys at both sites. During 2014/15, the Critical Care Network Northern Ireland utilised the trolley design in rolling out transfer trolleys to all acute hospital sites in Northern Ireland. Design and final build of the transfer trolleys were facilitated by Critical Care within the Trust.

Urology

Interim management arrangements of the Northern Trust Urology service were agreed in December 2014 following an urgent medical staffing issue. This presented huge challenges in relation to patient care and treatment and required an immediate response to clinical demands. The backlog of cancer patients have been seen and treated by clinicians within the team.

Adult Mental Health and Disability Directorate

Adult Disability, Sensory and Autism Spectrum Disorder Services

Service Recognition Award

The Trust's Sensory Team were successful in winning the Team Award as part of the organisation's annual recognition awards. They were congratulated on being an exemplar of good team working.

Regional Deaf Blind Needs Analysis

The Sensory Service led a regional project across all Trusts in Northern Ireland to identify the needs of deaf blind people living within each of the Trust catchment areas. The findings were presented to an international conference on deaf blindness held in Belfast at the end of 2014.

Service Care Pathways

Service pathways were developed this year for the community and inpatient Acquired Brain Injury Service using agreed regional standards for service provision, including the Regional Standards for Acquired Brain Injury 2012.

Two cross directorate multi-agency forums have been established to assist with the implementation of regional pathway work ongoing for visual loss and hearing including tinnitus. This work is proving successful in establishing good integrated working across services.

Adult Autism Services

The Adult Autism Service have commenced diagnostic and intervention services in keeping with the Regional Pathway Standards and recently launched NICE guidelines. The service has acquired further funding to recruit additional psychology, speech and language therapy and occupational therapy staff to develop services further.

Advocacy Service

The Adult Disability, Sensory and ASD Service have been successful in procuring an independent advocacy service in keeping with regional advocacy standards. The successful organisation, 'Disability Action' commenced services in December 2014. This service will further complement and add to the existing Health and Social Care Board (HSCB) commissioned Deaf Advocacy Service provided by the British Deaf Association.

Adult Mental Health Services

ImROC (Implementing Recovery Through Organisational Change)

The 'Recovery' message continues to be promoted by service managers, staff, service users and carers. The SMILE service user group increased in numbers and enthusiasm, promoting several projects. The pilot Recovery College in Omagh offered ten courses with 125 registered attendees. The spring prospectus has been expanded to include six longer courses and a Strabane venue. Courses are co-produced and co-delivered by trained service users and staff promoting a pivotal change in relationships between peers and professionals. Consolidated working

relationships with local community, voluntary organisations and non-statutory service providers have been established and Facebook and twitter accounts have also been used to disseminate information to further opportunities.

Impact of Alcohol WRAPP Portfolio of Projects

The Impact of Alcohol WRAPP (Western Regional Alcohol Prevention Programme) Portfolio is now in its third year and due to end in May 2016.

The Portfolio consists of the following projects: The Community Mobilisation Project (Derry Healthy Cities); The FASTEN Programme (Divert/North West Counselling); The Catalyst Project (Solace); The QUEST Project (Foyle New Horizons) and The Trust ARBD (Alcohol Related Brain Damage) Project.

One of the outcomes from the ARBD Project is the establishment of a Regional ARBD group with representation from the Royal College of Psychiatry and key staff from across the all Trusts. This is a significant step forward in the development of a regional ARBD network in Northern Ireland. The group will be looking at the current situation in each of the Trusts in terms of service provision for ARBD, the gaps / challenges locally and regionally.

Service Developments

The Regional Mental Health Care Pathway is in the process of being implemented across the Trust with the completion of nine workshops delivered jointly by service users/carers and staff from both the Trust and Clinical Education Centre. These workshops have been attended by a wide range of professional staff within various mental health settings.

Suicide Think Tank

The 'Suicide Think Tank' met with the Health Minister on a visit to the Trust during March 2015. He commended this important work and has encouraged Trust staff to progress, endeavouring to ensure that the suicide of a service user becomes a never event.

Adult Learning Disability Services

Western Trust Social Work Awards

The social care staff at Ralphps Close were nominated and won the Adult Services Team Award at the Trust's Social Work Awards, held at the Silverbirches Hotel in Omagh.

Resettlement

Resettlement of clients with a learning disability has been a priority for the Trust over the past 20 years. A Ministerial target was set to ensure all clients with a learning disability should be resettled from institutional care back into the community by March 2015. The Western Trust was the first Trust in Northern Ireland to complete resettlement of long-stay patients in December 2014.

Official Opening of Recreational Garden at Lakeview

The recreational garden at Lakeview was officially opened on 3 December 2014 by Felix Healey, former Derry City Football and Northern Ireland International legend along with Joe Healey, former Finn Harps player.

The garden was funded through the Department of Health Social Services and Public Safety (DHSSPS) Health Estates Investment Group (Improvement to Clinical Environments). The garden has enhanced the lives of patients at Lakeview through exercise, health promotion and social integration while improving their mental and physical health and overall wellbeing. In response to an invitation from Arts Care to offer a new home to the 2013 “little people” sculptures which adorned the fencing around Ebrington Square, 28 of these figures now have pride of place on the perimeter fence within the garden area.

Fresh Focus and Supportive Employment Programme Celebration of Achievements

The Fresh Focus and Supportive Employment programme based at Strathroy Outreach Centre, Omagh, held a presentation ceremony at the Silverbirches Hotel to celebrate and acknowledge the hard work and achievements of service users.

This programme is an independent day care provision for adults with learning disabilities which enables service users to develop empowerment through inclusion, integration, confidence and self-advocacy in the local community.

Ralphs Close Garden Party

The Friends of Ralphs Close and Lakeview organised a Garden Party at Ralphs Close on 22 July 2014 for residents, their families and staff. This was a very successful event and the good weather ensured that everyone had an enjoyable time.

Senior Management Appointments

Carina Boyle has been appointed as Head of Community Learning Disability Services (Northern Sector) and Professional Social Work Lead and took up this appointment on 2 June 2014.

Primary Care and Older People's Services Directorate

Staff and Service Recognition

Royal College of Nursing - Nurse of the Year Award

Bernie Michaelides, Head of Intermediate Care and Community Lead Nurse, was awarded the prestigious Northern Ireland Nurse of the Year Award at the 2014 RCN Awards. Bernie received her award from the then Minister for Health, Edwin Poots for her leadership in developing the acute clinical intervention centre located at the Tyrone County Hospital, Omagh. This centre opened in June 2013 and treats approximately 60 to 100 patients each month who require intravenous treatments, such as antibiotics and blood transfusions. The pioneering initiative has greatly reduced the need for patients to be admitted to the hospital.

Institute of Healthcare Management – Social Work Manager of the Year

Aidan Gordon, Assistant Director for Adult Safeguarding, was awarded the Social Work Manager of the Year by the Institute of Healthcare Management

Speech and Language Therapy – Makaton Centre of Excellence Award

Rossmar School in Limavady was awarded the Makaton Centre of Excellence status in July 2014. This award is the first of its kind in Northern Ireland. Lisa Young, Western Trust Speech and Language Therapist and Nuala McNeill, Teacher in Buttercup Nursery Rossmar School, provided intensive training to school staff in the use of Makaton signs and symbols.

Parents, grandparents and extended family were also offered training so that this multi-modal form of communication using speech, signs and symbols, could also be used in the home environment to help the development of the child's language and confidence.

Stroke Telemedicine

The Western Trust was runner up in the E-Health and Care Awards for Stroke Telemedicine. The Trust was the first to establish a 24 hour, seven day week rota dependent on the facilitation of telemedicine. The introduction of telemedicine to clients living within the Western Trust area has supported a number of service improvements for stroke services, such as a reduction in 'door to needle time', enabling stroke consultants to visualise and communicate directly with their patients and facilitating expert assessment by the stroke consultant.

Janice Reid, Continence Service Manager, was elected as Chair of the Association for Continence Advice (ACA). Janice is the first nurse in Northern Ireland to hold this prestigious position within a high level UK wide organisation for professionals, who in turn have a voice in Parliament.

Allied Health Professionals (AHP) inaugural awards

The inaugural AHP conference took place in October 2014 to recognise the achievements of the profession in Northern Ireland.

Overall winners for the award for outstanding achievements by support workers were Orthoptics Assistants Sabrina McKinney, Fiona Keogh and Marie Stennett. Speech

and Language Therapist Sheryl Jenkins was recognised as a 'rising star', with Seamus Doherty Head of Physiotherapy Services and Vicki Quinn Consultant Physiotherapist reaching the final for the award for using evidence based practice in maximising resources for success.

Service Improvement

Adult Protection Gateway Team

A new Adult Protection Gateway Team was established in November 2014 for all adult safeguarding referrals in the Western Trust area. The team is the first point of contact for referral, initial assessment and decision making.

This initiative was designed to make it easier for individuals or agencies to refer safeguarding concerns to the Trust and ensures consistency of approach in responding to concerns of abuse. The team works alongside safeguarding staff in core services to support victims of abuse and ensures all vulnerable adults experience a proportionate, necessary and legal response to concerns, ensuring equal access to justice where this is appropriate.

Reform of Older People's Mental Health Services

The Directorate continued throughout 2014/15 to improve services for older people with a mental health condition. This included the opening of the newly refurbished Dementia Care Ward and construction of a new therapeutic hub Waterside Hospital in October 2014.

This modern purpose-built, dementia friendly ward and therapeutic hub allows patients more opportunities for therapeutic interventions whilst in hospital. A therapeutic hub is also planned for the Tyrone and Fermanagh Hospital in 2015.

Ash Villa in the Tyrone and Fermanagh Hospital became the assessment ward in the southern sector of the Trust for all adults with dementia in December 2014. The spacious environment in Ash Villa is in keeping with best practice and dementia design.

Day care services for clients with a functional mental illness transferred from Spruce Villa in Omagh and Westbridge House in Fermanagh to generic community based day care services in December 2014. This service redesign is in keeping with the new overall service model approach which is one of recovery, reablement and inclusion.

Slievemore Nursing Unit in Londonderry, which cared for dementia patients with challenging behaviour, closed in January 2015, with the remaining five patients transferring to Waterside Hospital.

Professional Nursing

Royal College of Nursing - Nurse of the Year Award

The Trust enjoyed considerable success at the RCN Nurse of the Year 2014 Awards winning the overall prestigious title. Bernie Michaelides, Head of Intermediate Care and lead nurse for adult community nursing received the award for developing the acute clinical intervention centre at the Tyrone County Hospital.

The Trust had further success in the category awards on the evening. Joanne Breslin, Staff Nurse in the Intensive Care Unit at Altnagelvin Hospital was awarded the Patient's Choice Award and Stephen Donnelly, Team Leader, Omagh Recovery Team, Omagh, was presented with the Mental Health Innovation Award for his work in developing a mental health smart phone 'app', entitled 'My Mind'. The App was developed with continuous and close involvement with service users.

Mary Lafferty, Assistant Nursing Manager in the Trauma and Orthopaedics Unit was runner up in the Chief Nursing Officer's Patient Safety Award for her leadership in implementing a range of patient safety initiatives.

Delivering Care: A Framework for Nursing and Midwifery Workforce Planning to Support Person Centred Care in Northern Ireland.

The Trust welcomed the Minister's approval of the Delivering Care Framework in 2013. Key features of the Framework are to provide guidance on the nurse staffing ranges for particular wards or teams; to recruit to funded staff vacancies within a reasonable timescale, to reduce the usage of bank and agency nursing staff and to promote the supervisory status for Ward Sisters/Charge Nurses.

Significant work was undertaken during 2014 to prepare for the implementation of Phase 1- Acute Medical and Surgical Wards. This was done by benchmarking the current nurse-to-bed ratios against the proposed ranges. The benchmarking process has highlighted the wards that require investment in nurse staffing. The recognition of the supervisory status of the Ward Sister/Charge Nurse to enable her/him supervise the nursing team, monitor standards of care and the patient experience is acknowledged as an important development. The Commissioner has confirmed that the full implementation of Phase 1 is to be completed during 2015. Work is also progressing on Phase 2 - Emergency Care, Phase 3 – Community Nursing, and Phase 4 – Health Visiting.

Royal College of Nursing Senior Nurse Leadership Challenge

The Trust participated in the Annual RCN Senior Nurse leadership Challenge, competing against the four other Health and Social Care Trusts.

The team had to undertake a range of exercises and leadership challenges that were judged by senior nursing and midwifery leaders from Northern Ireland and the United Kingdom.

The Trust's team won the prize for the team who displayed the most consistent approach to person-centred approach in challenges.

10,000 Voices – The Patient and Client Experience of Care and Services

The Trust has been involved in a number of projects to capture the experience of patients, families and carers across a range of services.

Particular focus was on the experiences of care within the Emergency Departments, Urgent Care and Treatment and Out of Hours; the experience of patients and families of care in their own home and the experiences of patients with midwifery and nursing care in acute wards. Specific efforts were taken to ensure the voices of 'hard to reach' people were captured.

Over 1,200 stories were collected and analysed, with feedback given in real time to the staff who deliver the different services.

The surveys and stories have told us to date that 92% of patients and families are highly satisfied or satisfied with their care and experience of Trust services.

Improvement plans to address the actions are being developed and include introducing the 'Hello My Name is Campaign' and the refurbishment of the Emergency Departments.

Establishing Nurses' Views about Person-Centred Practice

Person centred practice (PCP) is now a major theme within the health services. To maximise opportunities to deliver PCP it was agreed that a baseline for this element of practice should be established to identify areas for potential development.

The objectives were to collect baseline measures of nurses' views of the provision of PCP; Benchmark the results of the nurses in the Western Trust against regional data and plan interventions based on the findings and the Person-Centred Practice Framework to promote this element of practice.

A randomly selected sample of 10% of nurses in the Western Trust was taken. A wide range of areas were included in the sample, spanning acute through to community care, adults and children, to identify areas of strength and those requiring development.

Overall, a high level of person-centred practice was provided across Northern Ireland. The findings from the study indicate the results from the Western Trust are slightly higher than the regional average.

Women and Children's Services Directorate

Early Years

Creggan Day Centre, Londonderry celebrated its 25th anniversary in December 2014. To mark this special occasion, members of the local community, staff and management gathered together for a morning of musical entertainment and stories.

Creggan Day Centre continues to be a dedicated facility serving the Creggan Community providing support to all ages from the very young right through to the young at heart.

Family and Childcare

Family and Childcare have continued to implement the MAP (Model of Attachment Practice) practise across it services. The project has established a significant suite of training materials including manuals and videos which have included the participation of current and former residents from the Trust's children's homes. Promotional calendars and posters have also been developed with young people and staff contributing to the artwork.

The Safety in Partnership (SIP) approach is a strengths based, solution-focused, safety orientated approach to child protection and family support. In September 2014 a regional event was held in Riddell Hall, Belfast sharing the findings of the Queens University, Belfast's evaluation of the SIP approach. This event was attended by representatives from Department of Health, Social Services and Public Safety (DHSPSS), the Health and Social Care Board (HSCB) and the four other Trusts. International experience was provided by Professor Nick Frost, Leeds Metropolitan University and Dr Trish Walsh, Trinity College Dublin. This event received very positive feedback with the result that the Northern and Southern Trusts are also now currently implementing the SIP approach. During November 2014, the Family and Childcare sub directorate launched the Safety in Partnership DVD in the Great Hall, Magee University Campus. The event was attended by Trust staff and a number of statutory, voluntary and community organisations.

Community Dentistry

Oral health coordinators continue to work with SureStart facilities to improve the oral health and hygiene of young children. Training and information days are provided for parents and Surestart staff. Resources for daily tooth-brushing are also provided to the facilities and healthy eating and regular dental attendance encouraged. During 2014/15, 725 children attending SureStart groups have benefitted.

Community Paediatrics and Neonatal Services

The Trust's Electroencephalogram (EEG) Service has now been extended to include children. EEGs are sent electronically to, and reported on by, the Paediatric Neurologists at the Royal Hospital, Belfast. As a result, children/babies no longer need to travel to Craigavon to have this test carried out.

Maternity, Gynaecology and FNP Services

The Trust appointed two additional obstetrics and gynaecology consultants which allowed for the further development of services.

A number of new clinics have commenced including a *'Birth Choices'* clinic to encourage women who have previously had a caesarean section to consider having a normal delivery. This has the potential to reduce the caesarean section rate across the Western Trust area.

Two part-time coordinators have been appointed to work with the breastfeeding peer supporters across the Trust. This worthwhile and popular initiative aims to ensure that every woman who chooses to breastfeeding will be contacted while in hospital or within 48 hours of discharge to offer support and advice if required.

The paper-based patient evaluation survey for maternity services has been replaced by an online Survey Monkey questionnaire that is available via the Trust Facebook, Trust internet site, or through a QR code that can be clicked on posters within the Hospital, GP practices or on each woman's discharge pack. To date the Trust has received very positive feedback and this will assist with future development of the service.

Child and Adolescent Mental Health

The Western Trust successfully hosted a two day training programme on Systemic Family Therapy for Anorexia Nervosa (The Maudsley Approach) during March 2015. The training was facilitated by two senior systemic psychotherapists from the Child and Adolescent Eating Disorder Service from South London and Maudsley NHS Foundation Trust. The Child and Adolescent Eating Disorders service at the Maudsley Hospital is nationally and internationally renowned for therapeutic innovation and research evaluation of psychological treatments for child and adolescent eating disorders. Thirty clinicians from across Child and Adolescent Mental Health Services, Dietetics and Adult Mental Services from Trusts across Northern Ireland attended the training. Feedback from the event has been very positive.

Children with Disabilities

Additional funding from the Western Education and Library Board (WELB) has assisted with the further development of the 'Buddy Programme' initiative. The staff from the WELB have worked closely with the Children's Autism Spectrum Disorder (ASD) Service. The outcomes have been very positive, with more than double the number of young people with ASD now being offered this service. This initiative has been based on creative and integrated working between both agencies and produced excellent outcomes for young people with ASD.

Sexual Health

To support the implementation of Northern Ireland's regional Sexual Health Strategy and Action Plan 2008-13 (DHSSPS) and addendum to 2015, The Public Health Agency has funded a young people's sexual health clinic at the South West College, Enniskillen. This initially will be a two year pilot initiative. The new service will complement existing sexual health services available to young people within the Western Trust area.

Medical Directorate

Appraisal and revalidation

Since December 2012, when revalidation of doctors became law, the Western Trust has submitted over 205 recommendations and all recommendations have been upheld by the GMC (General Medical Council). At present, just starting the third year of the five year cycle, over 67% of Trust doctors have been revalidated.

During 2014/15 the Trust continued to support doctors through the appraisal and revalidation processes providing training, guidance documents and local support. During 2014/15 58 doctors attended in-house appraisal training. Further sessions have already been planned for the 2015/16 period.

In October 2014 The Medical Directorate undertook a '2013 Appraisal Audit' which demonstrated areas of good practice and some lessons that will be addressed through updated guidance and appraisal training.

Library Services

'*ClinicalKey*' is a dynamic clinical resource designed to provide physicians with fast, clinically-relevant answers from Elsevier's enormous library of proprietary medical and surgical content. Working in partnership with Elsevier and Queens University, Belfast Libraries, The Trust delivered two information sessions on the ClinicalKey database to Health and Social Care staff.

Introduction of Microsystem Coaching

Three staff successfully completed a course in the Sheffield Microsystem Coaching Academy during January 2015. The aim of Microsystem Coaching is to help give frontline teams the knowledge and skills to continuously improve how they deliver care. This allows the team to gain a deeper understanding of their system and empower them to make changes with the help of an improvement coach, improvement tools/techniques and a structured process. This approach is currently being tested with three teams within the Trust and plans are in place to spread the initiative further in 2015/16.

Research and Development

Research activity continues to thrive with 50 new research project applications received by the Trust's Research Office during this financial year. Of those projects approved, all have met the 60 day regional performance target. 13 research projects, covering a broad array of disciplines were funded through the £50k Health and Social Care Research and Development Director's Fund, ten of which were joint collaborative projects with Ulster University (UU) staff, for which UU made available match funding. One research project exploring an analysis framework for integrated and personalized healthcare in Europe, involving the Trust was successful in an EU Horizon 2020 funded programme.

“It’s Ok to Ask”

The Trust’s Research and Development team participated in the first “*It’s Ok to Ask, about Clinical Research*” Campaign which was launched in May 2014, (International Clinical Trials Day), to raise awareness about clinical research in general and to encourage participants to become involved in research studies. Research is part of the core work within Health and Social Care, and aims to provide care on the best available evidence. It is therefore important to inform service users of the potential benefits to be gained from participating in clinical studies and it is hoped that further events will be held to support PPI in all stages of the research pathway.

Sixth Translational Medicine Conference

The sixth Translational Medicine Conference, organised by C-TRIC, was held on 25 and 26 September 2014 in the City Hotel. The conference theme was “*Personalised Health and Care*” bringing together international delegates from academia, business and the clinical sector to explore opportunities and challenges on healthcare.

Stratified Medicine

The extension of the C-TRIC building to accommodate the newly established Northern Ireland Centre for Stratified Medicine was handed over by the contractor to C-TRIC, in September 2014. This enabled the enrolment of the first undergraduate course in Stratified Medicine, the first to be delivered in the UK, with twenty new undergraduate students enrolled by the Ulster University. A number of collaborative research projects have now commenced involving the Trust and the Stratified Medicine team. Western Trust clinical staff have also contributed to the undergraduate teaching in this new course. The Centre was officially opened on 9 March 2015, and accommodates, the Director, twelve translational medicine lecturers, ten PhD students, and a senior course administrator.

Human Resources Directorate

Business Services Transformation Programme (BSTP)

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

In 2014/15 the Trust deployed the new HRPTS system to a further 5,977 staff. Not only was the Western Trust the first Trust to 'go live' with HRPTS, it was also the first Trust to deploy HRPTS functionality to managers and staff outside of core Finance and HR functions.

Partnership Working

The Trust's Joint Forum and Local Negotiating Committee meet regularly throughout the year and during 2014/15 have reviewed and worked on policies and procedures, the reform and modernisation agenda and related employment issues.

Significant work has been carried out during 2014/15 through the fortnightly meetings of the Trust's Trade Union Consultation Group in relation to restructuring and service changes. This ensured that where staff were redeployed or roles realigned that this was appropriately consulted upon and implemented with limited or no dispute.

Mediation

The Trust has supported five HR staff to become mediators through the completion of an accredited training programme facilitated by Mediation N.I. These mediators will assist in the resolution of workplace difficulties in a professional, confidential and impartial manner.

Vocational Training Awards Ceremony

The Trust's annual Vocational Training Awards ceremony took place in January 2015. Over 150 staff across the Trust gathered together to celebrate their achievement in gaining their new qualifications. Certificates were presented in a wide range of occupational areas including: Assessor and Internal Quality Assurance, Leadership, Health and Social Care, Healthcare Support, Clinical Healthcare Skills, Perioperative Care and Decontamination and Business and Administration. The ceremony provided an important opportunity to celebrate the achievements of Trust staff.

Omagh Training and Employability Support Programme

The Trust is a long-standing associate of the Omagh District Training Consortium and has supported them through their Omagh Training and Employability Support (OTES) programme by offering a range of work experience opportunities in the Trust from April 2011 to March 2015. This provided an opportunity for those seeking employment to develop their skills and gain valuable work experience.

The Trust accommodated a total of 78 placements during the OTES programme across a range of professions which included Speech and Language Therapy, Physiotherapy, Occupational Therapy, Dietetics, Assistant Psychologists and Communications.

Absence Management

A workstream on maximising attendance commenced under the Quality and Improvement Reduction (QICR) programme. In 2014/15 HR managers provided refresher and practical training to 230 line managers. The QICR programme carried out a full analysis of long and short term absence focusing on the top ten individual cases for each division. This case management approach was supported by dedicated advice from the HR directorate support teams.

Medical Recruitment and Job Planning

The Trust continues to experience difficulty in attracting doctors in some key specialities with a subsequent increase in locum costs. Work commenced in January 2015 to extend advertising on an international basis to improve the pool of applicants. The Trust has purchased an electronic job planning system (ALLOCATE). Implementation commenced in pilot format in Cardiology, Radiology, Respiratory and Psychiatry in February 2015. This aims to improve consistency in job planning for consultants and maximise the match of clinical activity to commissioned services and ensure that clinicians are consistently and fairly remunerated.

Mentoring Programme for New Consultants

As part of the mainstreaming of the existing Connect Coaching and Mentoring Network, the Trust has trained existing, experienced consultant medical staff as mentors for new consultants or other doctors moving into leadership roles. Eighteen Consultants from across the Trust attended a one-day training programme to enable them to provide this service to their colleagues.

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.

During 2013/14 the Trust transferred payroll, payments and income to the Business Services Organisation (BSO), which manages a shared service arrangement for delivery of these functions. A key role of the Finance Department within the Trust is to ensure that these services are delivered in accordance with the agreed Service Level Agreement with the BSO.

The Finance Directorate supported the Trust in managing its £582 million revenue and £44 million capital budgets in such a way that enabled the organisation to reach its capital resource limit target in 2014/15 and the revenue deficit limit of £6.7m.

In October 2014, the Western Trust's financial management division implemented the final phase of the new budgetary control system. This new system is now being used to develop, maintain and monitor budgets for 2015/16.

The Directorate has prepared the statutory accounts which confirm the Western Trust's financial position for 2014/15.

One of the key performance indicators of the Trust is prompt payment performance. The payments shared services centre, which processes invoices on the Trust's behalf has reported that during 2014/15 they processed 83.3% of the value of invoices within 30 days and 65.1% within 10 days.

The Trust has an extensive capital programme and the capital, costing and efficiency division has supported the Trust in the preparation and monitoring of major business cases relating to both the Radiotherapy Unit and Phase 5.1 of North Wing at Altnagelvin as well as the enhanced local Hospital in Omagh.

The Contracting Department managed £68 million of contracts with the voluntary, community and private sector for health and social care services in 2014/15. The contracts are for a wide range of services including Domiciliary Care, Residential/Nursing Home care and Family Support Services.

Performance and Service Improvement Directorate

Information Communications Technology

During 2014/15 the ICT Department supported the introduction of a range of technologies and systems which aim to improve the patient experience and quality of care. These include:

NI Electronic Healthcare Record - This system has been rolled out throughout Northern Ireland and provides carers professionals with information such as laboratory tests, x-rays, appointments and discharge letters.

Outpatient Self Check-in System - using self-service kiosks in the Outpatients departments in Altnagelvin and South West Acute Hospital (SWAH), this system streamlines the check-in process, provides way-finding instructions to patients, and allows the care provider to call the patient into the consulting room.

Community Information System - The Trust have progressed the implementation of a Community Information system to support community care and healthcare professionals. This system is currently live in Community Brain Injury Service, and Treatment Room services in Claudy and Dungiven.

Electronic Whiteboard Project - The Trust rolled out electronic whiteboards into the SWAH and Tyrone County Hospital to support patient flow and bed management.

Clinical Access and Room Entertainment System (CARES) – Bedside technology has been deployed into 205 single occupancy rooms at the South West Acute Hospital providing access to clinical information for care professionals and patient entertainment, thus enhancing the patient experience within single occupancy rooms.

Clinical Information System for Critical Care – A clinical information system was introduced into the Critical Care Unit within Altnagelvin and provides real-time monitoring of vital signs data from patient diagnostic equipment.

Equality and Involvement Team

The Trust Equality and Involvement Team continue to develop and work with Trust Personal and the Public Involvement (PPI) Forum. The Team also supports the work of the Western Equality and Human Rights Forum and the Trust Disability Steering Group. During the 2014 to 2015 period quarterly equality screening reports have been produced, the Trust Equality Scheme, Equality Action Plan, Consultation Scheme and Disability Action Plan have been revised.

Corporate Communications

There was a major focus in the 2014/15 year on the implementation of the Trust's Digital Communications Strategy which encouraged greater usage of online communications and social media. The Trust's website, www.westerntrust.hscni.net, had just under 1million page views in this period. The Trust posted just under 400 messages on its Facebook and Twitter pages and has now attracted 4,500 Facebook and 1,200 Twitter followers. The Trust's Facebook posts have been viewed 1.3 million times this year and the video broadcasts on YouTube have been

viewed 37,000 times. The Communications team supported the Trust in the generation and release of various media release and news articles across the year.

The team also provided communications support to the delivery of major Trust projects including the Radiotherapy Unit and Omagh Hospital projects; Transforming Your Care implementation; the implementation of Smoke Free status and the Seasonal Flu and winter pressures campaigns.

Emergency Preparedness and Business Continuity

A focused piece of work took place in 2014/15 to develop departmental business continuity plans for all time critical services within the Western Trust. This intensive piece of work culminated in a desktop exercise in October 2014 where the draft plans were validated and key points of learning identified in a controlled environment. These business continuity plans have now been approved through the Trust's formal approval processes.

Facilities Management – Assuring Quality Services

Estates Services

The Trust's Estates Services Department's Environmental Management System (EMS) is now fully accredited to 'ISO14001 Environmental Management Systems' standard Trustwide. This quality assurance standard has provided the Trust with a framework to improve resource efficiency and reduce waste and also provides an assurance that the environmental impact of Trust activities is measured and improved and has supported the Trust in meeting a range of environmental standards.

Support Services

The Trust's Support Services Team have procured and implemented a new Environmental Cleanliness (EC) Monitoring System which supports the implementation of the Trust's Environmental Cleanliness Strategy. The 'Credits 4 Cleaning' (C4C) system supports the Trust's EC Audit Programme and holds centrally the audit data against the agreed National Cleaning standard. The system has been updated to reflect square meterage and risk category in clinical areas Trustwide and provides a range of comprehensive performance reports.

The Trust's Catering Team continue to use the HACCP (Hazard Analysis and Critical Control Points) food management system to support food safety across the complete food chain. This quality assurance process is audited by the Trust's Training & Quality Team as part of the food safety audits and also externally by Environmental Health.

Performance Assurance and Business Support

The Training and Quality Team supported the Trust's Support Services Team in-year with the development and implementation of a project to ensure compliance with the new Food Information Regulations which came into force in December 2014. The regulations, which change the food labelling requirements for most food products, are aimed at allowing consumers to make informed choices, and to make safe use of food, while at the same time ensuring the free movement of legally produced and marketed food.

Smoke Free Trust

The Trust celebrated its first anniversary of being the first Trust in Northern Ireland to become completely smoke-free on 11 March 2015, with smoking not permitted anywhere on Trust grounds or facilities. Overall this has had very positive response ensuring a healthier and more pleasant environment for all and promoting better health outcomes for all our staff, visitors and service users. Following on from this success the Smoke Free Initiative has become a regional issue with Trust's committing to becoming Smokefree by March 2016.

Strategic Capital Development Directorate

Altnagelvin Hospital Redevelopment

The strategic redevelopment programme for Altnagelvin Hospital in 2014/15 continued with the progression of the design for the new 'North Wing' of the hospital. With Business Case approval by the DHSSPS given in the summer of 2013, the new building when completed will deliver new accommodation for 6 inpatient wards located in the existing Tower Block. The project also will provide a new main entrance for the hospital. A planning application has recently been submitted with the intention of commencing construction of the new North Wing in the late autumn of 2015 (subject to Departmental funding approval).

In tandem with preparation of detailed scheme proposals, work has also progressed to clear the site for the new North Wing. The first stage of these works are now complete including relocation of the Clinical Education Centre and office facilities, creation of ward decent accommodation and temporary car parking.

The second stage of site clearance works is the construction of a new multi storey car park. The contract for this work was awarded at the start of January 2015 with the aim of having the facility operational in autumn 2015.

New Theatres

The Trust also received business case approval for the conversion of the old endoscopy area at the hospital site into two daycase theatres. The appointment of a design team for the project is now being progressed to enable the completion of this essential project.

Altnagelvin Radiotherapy Unit

Construction work commenced in summer 2014 on site for this vital cross border facility, following award of contract, with completion and commissioning of the facility planned for the autumn of 2016.

In addition, intensive service planning for the delivery of the services continues in parallel with a number of critical work streams progressing over the past 12 months in terms of service planning, cross border services, workforce planning, design development and other key aspects.

Finally, a number of key service enabling appointments have been undertaken throughout the past 12 months and these post-holders will fulfil a crucial role in ensuring the commencement of Radiotherapy services in line with the programme targets.

South West Acute Hospital

The South West Acute Hospital is now approaching the third year anniversary since opening in June 2012. Patients and staff are continuing to enjoy the benefits offered by a modern new acute hospital developed on a green field site. An initial post project evaluation was completed in 2014 and forwarded to DHSSPS in line with

best practice recommendations. This report indicated a high level of satisfaction among patients and staff regarding the new facilities.

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

The site of the former Erne Hospital has been successfully decommissioned in readiness for site disposal early in the 2015/16 financial year. A temporary facility has been provided for the Northern Ireland Ambulance Service in advance of the construction of a new Ambulance base for Enniskillen and has been occupied since the Summer of 2014.

Omagh Hospital and Primary Health Care Complex

In May 2014 Trust Board approved the award of contract for construction of the Omagh Hospital and Primary Care Complex at the Tyrone and Fermanagh Hospital site. Work commenced on site in July 2014 with planned completion and commissioning programmed for late 2016.

The project comprises a new 27,882m² building (including approx 5000 sqm of rooftop plant), 863 car parking spaces, emergency helicopter landing pad and associated infrastructure works on the 13.8 hectare site.

This Enhanced Local Hospital and Primary Health Care facility includes GP Practice accommodation urgent care and treatment, cardiac assessment, renal dialysis, out-patients, dedicated children's department, X-ray and imaging which will be located on the ground floor.

The first floor will include in-patient rehabilitation, recovery and palliative care services delivered from single en-suite rooms. Day case theatres, community dental, allied health professionals' therapy centre, a community mental health team and a dedicated centre for women's health are also part of the service profile on the first floor.

Proposed Mental Health Extended Recovery and Rehabilitation Unit

The Trust received DHSSPS approval for the Business Case in July 2014 in relation to a proposed Mental Health Extended Recovery and Rehabilitation facility. In parallel with design development, a planning application was submitted in March 2015 for an 18 place unit in Omagh. The proposed £3.5m Unit will, subject to Departmental confirmation of capital funding, progress to tender stage in late 2015 / early 2016 and following completion of the works will provide support to clients encountering difficulty sustaining community placements due to severe and enduring mental illness and related difficulties.

REMUNERATION REPORT

1. Fees and allowances payable to the Chairman and other Non-Executive Directors are as prescribed by the Department of Health, Social Services and Public Safety.
2. The remuneration and other terms and conditions of Senior Executives are determined by DHSSPS and implemented through the Remuneration and Terms of Service Committee. Its membership includes:
 - Mr Gerard Guckian, Chairman
 - Mrs Joan Doherty, Non Executive Director
 - Mrs Sally O’Kane, Non Executive Director
 - Mrs Stella Cummings, Non Executive Director

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

3. For the purposes of this report the pay policy refers to Senior Executives and is based on the guidance issued by the Department of Health and Social Services and Public Safety on job evaluation, grades, rate for the job, pay progression, pay ranges and contracts.
4. 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.
5. 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.
6. 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 Executives Remuneration

The audited Senior Executives' remuneration (including salary) and pension entitlements for the year were as set out below.

Name	Title	Salary	Bonus / Performance Pay	Benefits in Kind (rounded to nearest £100)	Pension Benefits (£000)	TOTAL (£000)	Salary	Bonus / Performance Pay	Benefits in Kind (rounded to nearest £100)	Pension Benefits (£000)	TOTAL (£000)	Real increase in pension and related lump sum at age 60	Total accrued pension at age 60 and related lump sum	CETV at 31 st March 2014	CETV at 31 st March 2015	Real increase in CETV
		2014/15 £000	2014/15 £000	2014/15 £	2014/15 £000	2014/15 £000	2013/14 £000	2013/14 £000	2013/14 £	2013/14 £000	2013/14 £000	2014/15 £000	2014/15 £000	£000	£000	£000
Non-Executive Directors																
Mr G Guckian	Chairman	25 - 30	0	0	0	25 - 30	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
Mr C Mulgrew	Non-Executive Director	5 - 10	0	0	0	5 - 10	5-10	0	0	0	5-10	0	0	0	0	0
Mr B McCarthy	Non-Executive Director	5 - 10	0	0	0	5 - 10	5-10	0	0	0	5-10	0	0	0	0	0
Mr N Birthistle	Non-Executive Director	5 - 10	0	0	0	5 - 10	5-10	0	0	0	5-10	0	0	0	0	0
Mrs B Stuart	Non-Executive Director	5 - 10	0	0	0	5 - 10	5-10	0	0	0	5-10	0	0	0	0	0

Executive Directors		Salary	Bonus / Performance Pay	Benefits in Kind (rounded to nearest £100)	Pension Benefits	TOTAL (£000)	Salary	Bonus / Performance Pay	Benefits in Kind (rounded to nearest £100)	Pension Benefits	TOTAL (£000)	Real increase in pension and related lump sum at age 60	Total accrued pension at age 60 and related lump sum	CETV at 31 st March 2014	CETV at 31 st March 2015	Real increase in CETV
		2014/15 £000	2014/15 £000	2014/15 £	2014/15 £	2014/15 £000	2013/14 £000	2013/14 £000	2013/14 £	2013/14 £	2013/14 £000	2014/15 £000	2014/15 £000	£000	£000	£000
Mrs E Way	Chief Executive	130-135	0	2,400	2,000	135-140	125 -130	0	1,600	(5,000)	120-125	2	230	1,319	1,378	59
Mrs L Mitchell	Director of Finance and Contracting	90 - 95	0	1,400	25,000	115-120	90-95	0	1,200	1,900	90-95	7	132	558	607	49
Mr K Downey	Director of Women and Children's Service	75-80	0	2,400	38,000	110-115	70-75	0	2,200	(4,700)	70-75	8	162	793	864	71
Mr A Corry Finn	Director of Primary Care and Older Peoples Services	95-100	0	0	30,000	120-125	90-95	0	0	(4,700)	85-90	7	181	920	992	72
Dr A Kilgallen (went on secondment on 21/06/13)	Medical Director	25-30	0	0	(28,000)	0-5	105-110	0	0	23,000	120-125	(6)	63	336	317	(19)
Mr A McKinney (started 17/06/13)	Acting Medical Director	200-205	0	0	n/a	200-205	160-165	0	0	237,000	395-400	(38)	281	1,659	1,449	(210)
Mr J Pentland (from 10 April 2014 to 25 July 2014)	Acting Director of Finance and Contracting	20-25	0	0	0	20-25	0	0	0	0	0	0	0	0	0	0
Other Board Members																
Mr J Lusby	Deputy Chief Executive	95-100	0	1,800	3,000	100-105	95 - 100	0	1,800	(26,000)	70-75	2	189	1,048	1,095	47
Mrs N Sheerin	Director of Human Resources	20-25	0	500	n/a	20-25	80-85	0	1,900	(14,000)	70-75	No longer in WHSCT employment	0	0	0	0
Mr T Millar	Director of Adult Mental Health and Disability Services	80-85	0	4,400	15,000	95-100	75-80	0	0	(146,000)	(65-70)	5	114	532	572	40
Mrs S Groogan (left 26/08/13)	Director of Performance and Service Improvement	0	0	0	0	0	25-30	0	0	0	25-30	No longer in WHSCT employment	0	0	0	0
Mr A Moore	Director of Strategic Capital Development	70 – 75	0	0	15,000	85-90	70-75	0	0	(1,000)	70-75	4	127	685	734	49
Mrs G Hillick (left 31/07/13)	Director of Acute Services	0	0	0	0	0	20-25	0	0	0	20-25	No longer in WHSCT employment	0	0	0	0
Mrs T Molloy (started 01/11/13)	Director of Performance and Service Improvement	90-95	0	25	16,000	105-110	35-40	0	100	51,000	85-90	5	67	296	328	32
Mrs G McKay (started 15/07/13)	Director of Acute Services	70-75	0	1,200	14,000	85-90	50-55	0	0	106,000	155-160	4	90	393	426	33
Mrs A McConnell (started 9 June 2014)	Director of Human Resources	75-80	0	0	55,000	125-130	Not in post in 2013/14	0	0	n/a	n/a	11	111	410	471	61

As Non- Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. Please note that the salary bandings for each board member within the remuneration table are reflective of applicable salary increases following the Senior Executive pay award payable from 1 April 2014. Approval in respect of this has not yet been granted and as such the CETV values noted above have been calculated using pre adjustment salary figures.

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

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (Including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. All amounts are audited by the Trust's external auditors. Benefits in Kind are due to Senior Executives availing of the Trust's leased car scheme.

Note 2 - Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce excluding the highest paid director. Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Note 3 – Median Remuneration

	2014/15	2013/14
Highest Earner's Total Remuneration (£'000)	200-205	160-165
Median Total Remuneration (£)	23,825	22,016
Ratio	8.5	7.4

Note 4 - Off Payroll Staff Resources

	Number of staff
Off Payroll staff as at 1 April 2014	45
New engagements during the year	41
Number of engagements transferred to Payroll	0
Number of engagements that have come to an end	(23)
Off Payroll staff as at 31 March 2015	63

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years.

The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions.

A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2014/15 accounts.



Elaine Way
Chief Executive - 11 June 2015

FINANCE REPORT

Financial Targets

The Trust has two primary financial targets to meet. The first relates to the Trust containing its expenditure within the Revenue Resource Limit issued by the Health and Social Care Board. In 2014/15 the Trust was unable to meet this requirement by £6.644 million mainly due to increased costs associated with medical locums, domiciliary care provision, 'Looked After' children and learning disability services. The Trust therefore did not meet its statutory duty to breakeven.

In relation to the second primary financial target, the Trust was able to contain its capital spending within the Capital Resource Limit approved by the DHSSPS for the year.

Spending on Capital Assets

£41.8 million was spent in 2014/15 on capital schemes, vehicles and equipment. The Trust spent £31.7million on additions to buildings and dwellings and Assets under Construction. £10.1 million was spent on other assets and equipment.

Management Costs

The Trust is required by the DHSSPS to measure each year its expenditure on management costs against definitions determined by the Audit Commission. This indicator includes broadly the costs of the Trust Board, Corporate Function, Senior Clinical, Operational and Support Services Managers. Our management costs for 2014/15 were:

	£000	% of Income
Trust Management Costs	19,361	3.2%

Revaluation of Estate

The value of the Trust's estate is reviewed every 5 years by Land and Property Services. The latest such review was completed in 2015 and has been reflected in the accounts for 2014/15. As a result of this revaluation exercise the asset value for land and estate fell by a net value of £6.5m. A total of 836 assets were revalued of which 332 assets fell in value amounting to £57.5m and 504 increased in value amounting to £51m.

Public Sector Payment Policy

The DHSSPS requires Trusts to pay 95% of non-HSC trade creditors within 30 days of the receipt of goods or a valid invoice (whichever is the later) and 70% within 10 days. The Trust did not meet this target for 2014/15.

The Trust record is:

	2015 Number	2015 Value £000s	2014 Number	2014 Value £000s
Total bills paid	122,279	192,772	113,413	178,225
Total bills paid within 30 day target or under agreed payment terms	101,859	166,972	99,531	160,557
% of bills paid within 30 day target or under agreed payment terms	83.3%	86.6%	87.8%	90.1%
Total bills paid within 10 day target	79,553	134,102	78,702	141,947
% of bills paid within 10 day target	65.1%	69.6%	69.4%	79.6%

Related Parties

Following a review of the Register of Interests a declaration has been made in the accounts relating to a number of Directors and Managers of the Trust who have disclosed interests in parties connected with the Trust. Full disclosure is contained within the accounts.

For further information the full Accounts and Auditor's Report for the year ended 31 March 2015 should be consulted. A copy of the Annual Report and Accounts is available from the Trust's website or by writing to:

**Director of Finance and Contracting
Western Health and Social Care Trust
MDEC Building
Altnagelvin Hospital Site
Glenshane Road
LONDONDERRY BT47 6SB**

Western Health and Social Care Trust

Annual Accounts

For the year ended 31 March 2015

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, Social Services and Public Safety

On

30th June 2015

WESTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

FOREWORD

These accounts for the year ended 31 March 2015 have been prepared in accordance with Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

WESTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

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 HSC 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 Government Financial Reporting Manual (FREM) and in particular to:

- observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in FREM have been followed, and disclose and explain any material departures in the financial statements;
- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Western HSC Trust will continue in operation;
- keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Western HSC Trust.
- pursue and demonstrate value for money in the services the Western HSC Trust provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for health and personal social services resources in Northern Ireland has designated Elaine Way of Western Health and Social Care Trust as the Accounting Officer for the Trust. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Western Health and Social Care Trust's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

WESTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

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 80 to 134) which I am required to prepare on behalf of the Western Health and Social Care Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Western Health and Social Care Trust and with the accounting standards and policies for HSC Trusts approved by the DHSSPS.

Director of Finance and Contracting:



Date:

11th June 2015

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 80 to 134) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.

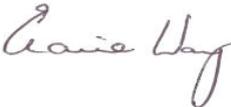
Chairman:



Date:

11th June 2015

Chief Executive:



Date:

11th June 2015

WESTERN HEALTH AND SOCIAL CARE TRUST

GOVERNANCE STATEMENT 2014/15

Scope of Responsibility

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

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

Trust senior executives meet regularly throughout the year with colleagues in DHSSPS and the HSC Board / Public Health Agency. They participate in a wide range of meetings including accountability meetings with the DHSSPS and performance management meetings with the HSC Board. They also take part in regional meetings such as Quality 2020, Financial Stability Programme Board, TYC Programme Board and Directors' meetings.

Compliance with Corporate Governance Best Practice

The Trust 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.

In 2013, at the request of DHSSPS, the Trust Board completed its first annual Board Governance Self-Assessment Tool which is based on the structure and format used by the Department of Health in the NHS. In February 2014, a Trust Board Workshop was held to complete the self-assessment for 2013/14. At this workshop it was also agreed that a steering group would be established to review the information provided to the Governance Committee meetings. This work was concluded and at its meeting held on 26 March 2015, the Governance Committee approved revised Terms of Reference. It was agreed in respect of membership of the Committee that members of staff with professional leadership and governance roles should attend all Governance meetings and that other officers may be invited to attend future Governance meetings as required. It was also agreed that Internal Audit would attend at least one meeting a year of the Governance Committee.

Following submission of the self-assessment, Internal Audit undertook an audit of Board effectiveness which concluded that overall there is an adequate and effective system of governance, risk management and control. The Trust Board members concur with the findings of the Internal Auditors that the Trust Board is effective and is conducting its business in accordance with best practice

Governance Framework

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

- **Trust Board** has primary responsibility for effective governance and the Chairman must ensure that the Board keeps this at the centre of its work. The Chief Executive is accountable to Trust Board for the quality of care and services provided across the Trust. The Trust Board receives assurance on quality and safety of services, performance and finance from the assurance framework and reports from its supporting committees. The Medical Director and Director of Social Care are the designated lead Directors accountable to Trust Board for Clinical and Social Care Governance arrangements respectively. In addition, the Executive Director of Nursing provides professional advice and assurance to Trust Board on all nursing matters. Trust Board met 15 times in the 2014/15 financial year and all meetings were quorate. Members' attendance is formally recorded in the Trust Board minutes. Attendance of Non-Executive Directors for the year was 83% and for Trust Directors was 92%. Standing items on Trust Board Agenda include Quality and Safety, Corporate Risk Register, Assurance Framework, Performance Management and Financial Performance. The Board assesses its performance using the Board Governance Self-Assessment Tool. The Board developed an action plan following its review in 2014 and progress is monitored at Trust Board. The Board also commissions Internal Audit to review its effectiveness. The last Internal Audit review was carried out in 2013/14 and the Head of Internal Audit provided satisfactory assurance on the Board's arrangements.
- **Audit Committee** - The Audit Committee is a formal Sub Committee of the Board comprised of 3 Non-Executive Directors. The role of the Audit Committee is to:
 - Oversee the maintenance of effective governance and internal financial control arrangements
 - Ensure an effective Internal Audit function is in place
 - Oversee the arrangements for the completion and external audit of the Trust's Annual Report and Accounts
 - Oversee the adequacy of the Trust's arrangements for securing value for money

- The Trust's internal and external auditors as well as other appropriate Trust staff attend the Committee meetings on a regular basis. The Audit Committee follows the best practice guidance set out in the Audit Committee Handbook and assesses its performance by reviewing its compliance with this guidance on an annual basis. An action plan is compiled following the self-assessment exercise and progress in implementing the actions is monitored by the Committee. The Chairman of the Audit Committee briefs the Trust Board following each Audit Committee meeting and Trust Board receives an annual report on the performance of the Committee. The Committee met 6 times during 2014/15 and all meetings were quorate.
- **Governance Committee** - In accordance with national best practice guidance, the Trust Board has developed an integrated approach to governance and risk management. This enables Directors to provide co-ordinated sources of information and assurance to Board members on all aspects of governance including financial, organisational, clinical and social care. Governance Committee membership includes all Trust Board members and it is chaired by the Trust's Chairman. The Committee meets quarterly and an attendance register is kept. The terms of reference of the Committee and organisational reporting arrangements were reviewed and approved by Governance Committee in March 2015. The governance structures in place to support the Governance Committee are as follows:
 - **Governance Committee Sub Committees** – There are two formal Sub Committees of Governance Committee. The Risk Management Committee, chaired by the Medical Director, and the Quality and Standards Committee chaired by the Executive Director of Social Work. These Committees met quarterly and provided a quarterly report to Governance Committee.
 - **Chief Executive Healthcare Acquired Infection (HCAI) Accountability Forum** - During 2013/14 the Chief Executive re-established the Chief Executive HCAI Accountability Forum. The purpose of the Forum is to sustain focus on reducing healthcare associated infections and to analyse monitoring reports and infection control performance indicators in this area. The Forum is chaired by the Chief Executive and is attended by the relevant Trust Directors, Assistant Directors and Clinical Directors. Assurance is provided to Trust Board through a report from Governance Committee. During 2014/15 the Committee was strengthened by the nomination of a Non-Executive Director. The work of the Committee focussed on the reduction of the level of incidences of MRSA /MSSA and CDiff healthcare associated bacteraemia.

- **Directorate Governance Groups** - Individual Directors have a responsibility for governance arrangements within their respective Directorates and they have well established Directorate Governance Groups. These met regularly during 2014/15 to progress the governance agenda and provide Directorate assurance. This enabled them to report to the Governance Committee against an agreed reporting template. In 2013/14, to improve scrutiny and assurance at directorate level, Non-Executive Directors became members of Directorate Governance Groups and they continued to attend throughout 2014/15.

- **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 pay where appropriate. It is chaired by the Chairman and includes a further 3 Non-Executive Directors. The Committee met on 3 occasions during 2014/15 and was fully quorate. The Chairman brings the recommendations of the Remuneration Committee following each meeting to Trust Board and this is discussed under Confidential Items.

- **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 3 Non-Executive Directors and is supported by a number of Trust officers. The Committee met on 2 occasions during 2014/15 and was fully quorate. The Chairman of the Committee briefs the Trust Board following each meeting.

A summary of committee meetings and attendance rates is shown below:

Committee	Meetings held in 2014/2015	Attendance
Trust Board	15	All meetings were quorate: Non-executive director attendance: 83% Executive director attendance: 92%
Audit Committee	6	All meetings were quorate
Governance Committee	4	Non-executive director attendance: 54% Executive director attendance: 83%
Remuneration Committee	3	All meetings were quorate
Endowments and Gifts Committee	2	Both meetings were quorate

Business Planning and Risk Management

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

Objectives are drawn from local, regional and Ministerial priorities and targets as set out in the Northern Ireland Executive's Programme for Government, the Minister's Commissioning Plan Direction and the Health and Social Care Board/Public Health Agency's Commissioning Plan. In addition, there are a range of strategies, service frameworks, statutory standards and legislative requirements that govern how our services need to be delivered and the facilities and infrastructure required to support service delivery safely and effectively.

The Trust's business planning process is carried out in accordance with DHSSPS guidance and normally results in the production of an annual Trust Delivery Plan and a Corporate Plan which set out the key actions and plans that will be taken forward to support the achievement of objectives. During 2014/15, the Trust produced a draft Trust Delivery Plan in line with the guidance. However, the draft Trust Delivery Plan was not formally approved by Trust Board due to the Commissioning Plan for 2014/15 not being formally approved by the Commissioners. The Trust's Corporate Plan is a 2-year plan covering the period 2014/15 to 2015/16 ending April 2016 to align with the existing Assembly timeframe and was approved in February 2014.

Monitoring of the extent to which the Trust met its obligations from the draft Trust Delivery Plan was carried out via internal Trust accountability meetings. Performance against the draft Trust Delivery Plan targets were also reviewed on a monthly basis by the Trust's Corporate Management Team and Trust Board. Performance was also

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

DHSSPS sets the Trust, as an Arms-Length Body, a number of corporate governance targets each year. In relation to performance for the 2014/15 year, from a total of 33 targets, 24 were rated as fully achieved, 8 were rated as not delivered and in the remaining case clarification is being provided on the scope of the target. As regards the 8 targets rated as not delivered, 4 relate to the Trust's financial position and the payment of suppliers. The issues affecting performance in these areas are more fully described in the Internal Control Divergences section of this statement. A summary of the remaining 4 issues is as follows:

- **Meet the timescales of the Department's ALB business planning process and ensure that draft business plans are with the Department by mid-January each year.**

While the Trust's annual business plan was submitted to the Department on 22 January 2014, the Trust has rated this target as not delivered because the final Annual Business Plan incorporating the Trust Delivery Plan has remained in draft as an approved Commissioning Plan was not received by the Trust. Non-achievement of this target has been outside the control of the Trust.

- **Reduce or maintain staff absence rates to 5%.**

The cumulative absence rate to February 2015 was 7.28%. The Trust is unable to confirm the accurate position in respect of its sickness absence level as the HRPTS System requires modification to accurately capture/calculate the percentage. In addition, the Trust understands that there are issues regarding the full inputting and accuracy of sickness absence information and the Trust's Audit Committee has sought assurance from BSO that this will be addressed. The Trust has established a Quality Improvement and Cost Reduction (QiCR) programme which has a workstream which is focusing on absence management.

- **By 30th June 2014 95% of medical staff and 80% of other staff to have had an annual appraisal of their performance during 2013/14 and have an agreed personal development plan for 14/15.**

The Trust has rated the medical staff element of this target as achieved, however in relation to other staff it is rated as not delivered. The Trust provides appraisal training sessions for staff with 1,057 appraisers/reviewers trained to date. Appraisal and Development Review (ADR) information has been provided for each Directorate and agreement has been sought on how to achieve a higher level of compliance.

- **To plan for and deliver the implementation of NICE guidance in accordance with relevant circulars and provide assurance to the HSCB in line with Departmental Guidance.**

The Trust has rated this target as not delivered as at 31st March 2015 there is a number of clinical and other standards and guidelines recorded as 'not on track for full implementation'. Implementation of a significant percentage of these will require additional investment, with the remainder requiring more time to fully implement or they will require work to be taken forward on a regional basis. The Trust provides regular updates on progress towards implementation to the HSC Board.

DHSSPS also sets the Trust a number of service delivery targets each year. During 2014/15 the Trust experienced significant challenges in meeting the following targets:

- **From April 2014, no patient waits longer than 9 weeks from referral to commencement of AHP treatment.**

The number of patients waiting longer than the maximum waiting time for AHP services has continued to increase. This has been mainly due to a combination of increased referrals in Nutrition and Dietetics and a recurrent capacity gap in Occupational Therapy.

An elective capacity planning exercise has been ongoing since October 13 with the Trust and HSCB to address the key areas of concern. If the capacity gap within the 2 AHP specialties is addressed recurrently, a backlog will remain which will require non recurrent support to clear.

The AHP Regional Data Definitions have been revised and implemented to ensure consistent reporting across the region on AHP activity during 2015/16.

- **From April 2014, 95% of patients attending any Type 1, 2 or 3 A&E Department are either treated and discharged home, or admitted, within 4 hours of their arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.**

Across 2014/15, the Trust was able to ensure that 79% of patients attending its Type 1 Emergency Departments were able to successfully complete their unscheduled care pathway within four hours of arrival, with 25 patients waiting in excess of twelve hours over the winter period. Whilst these figures compare well within the region, the Trust recognises that it has significant gains to make if it is to consistently meet the four and twelve hour ministerial standards.

The Trust has assessed its unscheduled care pathway and infrastructure against that recommended by the Ministerial Taskforce. Significant gaps in infrastructure for Altnagelvin Hospital have been highlighted to the Commissioner. Across 2015/16, the Trust will work with the Commissioner to implement both the HSCB priorities for unscheduled care, and the proposals which are critical to improve performance on its Altnagelvin and SWAH hospital sites.

- **Clinical Coding**
Hospital Inpatient / Day Case Activity

- **Timeliness** - The current in-year rolling clinical coding timeliness standard is for at least 98% of hospital Inpatient and Day Case activity carried out during the 2014/15 year to be clinically coded within 3 months of the discharge month.
- **Depth of coding** - The recommended average depth of coding is set at a minimum of 3.5_codes per episode of care for the 2014/15 year and to show improvement towards achieving 4.0 codes per episode of care.
- **Outpatients with Procedures** - Designated Outpatients with Procedures are subject to a 2 month time lag for the following specialties:
 - Dermatology
 - General Surgery
 - Ophthalmology
 - Pain Management
 - Gynaecology
 - Plastic Surgery

The Trust is not meeting the coding timeliness standard of 98% coded within 3 months. This is due to a capacity gap and a high level of unqualified clinical coders and other factors affecting coding capacity e.g. maternity leave.

Current Performance against the 3 month timeline: 60.6%.

Depth of coding against the recommended average: 3.3.

In order to achieve the standard on an ongoing basis additional recurring resources are required to address the capacity gap and this has been accepted by the Commissioner on the basis of the demand/capacity exercise carried out, but is not funded at this point. Discussions continue between the Trust and Commissioner to address the capacity gap. Strenuous efforts have been taken to clear the 2014/15 backlog and a robust service improvement plan is in place which identifies a number of short and longer term measures to achieve and maintain the timeliness and depth of coding standard. Non-recurrent additional resources will be required to clear the backlog which has developed.

The Trust has been allocated recurring funding by the HSCB to address pressures and due to the importance of clinical coding the Trust has decided to apply some of this funding to employ two additional clinical coders.

Business Case Approval

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

Direct Award Contracts

The Trust has a Direct Award Contracts (DAC) Register which is maintained by the Director of Finance's office. A total of 90 DACs were completed by the Trust in 2014/15. COPE advice was obtained in respect of 50 of these DACs. 39 related to Pharmacy and 1 DAC was approved locally by Estates. The Trust has reconciled its

Register with that of BSO Pals and has ensured that it has had appropriate approval for its DACs with the exception of a short time period in respect of 3 DACs relating to pharmacy approved by the Permanent Secretary. A review has also been carried out on the DAC approvals in relation to the impact of the Public Procurement Regulations which came into effect on 26 February 2015.

Risk Management

The Trust Risk Management Strategy was reviewed in March 2014 and was approved as a Trust policy by Trust Board. 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. 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 coordinate the risk register and assurance framework.

The Risk Management Policy makes it clear at paragraph 7 that consideration must also be given to risks which are managed from outside the Trust and are owned elsewhere (e.g by the DHSSPSNI, HSCB, Contractors or other public service/voluntary organisations) that may impact on objectives. External risks are identified from a range of stakeholders including other Trusts, GPs, Service Users, RQIA, Deanery visits and other professional bodies. Managers must ensure that appropriate governance and contractual arrangements are in place to reduce and monitor risks which are outside of the Trust's direct control.

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

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

The Corporate Risk Register is reviewed on a monthly basis by the Corporate Management Team which considers progress on existing risks and identifies new risks for inclusion on the Register. The Corporate Risk Register is then reviewed quarterly by the Governance Committee for agreement and approval, and is shared at the next Trust Board meeting for information and posted on the Trust intranet for access by employees.

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'*.

A corporate incident reporting dashboard highlighting trends is considered by the Governance Committee quarterly. During the year the Trust focussed its efforts to increase the level of incident reporting. This resulted in an increase in reporting of 8% compared to the year ended March 14. Steps taken have included:-

- Revised Incident Reporting Policy August 2014;
- Targeting of zero/low reporting facilities and/or staff groups;
- Continuation of regular awareness training sessions across the Trust reinforcing the need for prompt reporting;
- Provision of ad hoc training on request;
- Further development of the corporate incident reporting dashboard to show trends in reporting;
- Reinforcing the need for regular incident reporting where an incident investigation highlights this to have been lacking.

Information Risk

The information held and used by the Trust can be divided into 2 broad categories: namely information retained within the Trust and information sent outside the organisation. The latter category of information is viewed as carrying an inherently higher level of risk and Trust efforts to improve the management of information risks during 2014/15 have continued to focus on this area.

For the period 1 April 2014 to 31 March 2015 the Western Trust had 3 information breaches which were considered by the Information Commissioner's Office (ICO). Details are provided in the Internal Governance Divergences section of this Statement.

The Trust takes seriously its responsibilities for data security and has a range of policies in place in relation to data protection and confidentiality. In addition, all laptops and USB sticks are encrypted to further reduce the risk of security breaches. Staff are encouraged to report information breaches so that measures can be taken to avoid a recurrence.

The Trust has made significant investment in recent years in its ICT network and backup infrastructures. This investment has enabled a high level of security to be maintained over information held internally. For information retained within the Trust, there are a range of policies and controls in place to protect the security of information held. Examples are physical access controls, restrictions on USB memory devices, computerised system/data access controls, encryption on portable devices as well as authentication and verification controls.

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

A number of the Trust's business systems are maintained on its behalf by the Business Services Organisation. All the information within these systems is held within a secure data centre managed by the Business Services Organisation. This data centre meets very high security and data management standards and has been externally assessed and accredited through various external quality standards such as ISO 20023. Access to these data centres is governed by internal HSC policies such as the Code of Connection and the Third Party Access agreement. The Business Services Organisation has provided assurance in relation to the controls surrounding the HSC Data Centres and specifically in relation to action taken relating to a hardware failure incident in July 2014.

Assurances on the application of security controls are received from the Trust's internal auditors on a range of Trust corporate and financial systems. Assurances are also provided by the Trust's management via the records management and ICT controls assurance standards.

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

Serious Adverse Incidents (SAIs)

In September 2013, DHSSPS issued revised guidelines for Reporting and Follow up of SAIs with full implementation expected from 1st April 2014. An implementation plan was immediately developed, led by the Trust's Governance Team. This included the training of senior managers and professionals on the newly introduced Level 1 Significant Event Audit Training commissioned by the Health and Social Care Board.

During the calendar year 2014 the Trust reported 105 SAIs to the Health and Social Board which was an increase from 56 in the calendar year 2013. This increase was partly due (18 incidents) to the change in criterion which now includes '*any death of a child in receipt of HSC services*'.

The Trust accepts that its patients and clients have a right to expect openness in the delivery of their health and social care service. The Trust is committed to ensuring that it provides a respectful response to those individuals and their families who have been affected by a serious incident when in receipt of clinical or social care services. It is Trust Policy when an SAI has been reported for the lead officer to involve the patient/client/family at the earliest opportunity.

In 2013 the Trust's Medical Director facilitated a redress workshop for Clinical Leads across the Trust. On the back of this workshop the Trust approved a Redress Policy in October 2014 which reflects best practice in dealing with individuals who have suffered harm.

Trust managers have a responsibility to ensure that learning from SAIs occurring within their areas of responsibility is communicated and applied. To support this process the Trust has developed a 'learning template' which requires Directorates to report centrally the learning from Serious Adverse Incidents, Complaints and Claims. The Trust has been working to reduce the number of outstanding SAI reports and has made significant progress in this regard although it continues to be a challenge for the Trust due to the clinical commitments of investigation team members. There is ongoing monitoring at a corporate level on progress of reports which have passed the submission deadline.

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

Regional learning from Serious Adverse Incidents, including Safety Quality Alerts issued from the HSCB and PHA, is disseminated and monitored by the Quality & Safety Team. The Trust continues to publish a quality and safety newsletter, 'Share to Learn', to highlight Trust wide learning. Recognising that there is a limit to the immediacy of written communication and to the volume of content, from August 2014 the Trust began to publish a 'Lesson of the week'. This sits on the Trust Intranet server and opens as a default on all desktop computers within the Trust.

Public Stakeholder Involvement

Following the launch of the Western Trust's Personal and Public Involvement (PPI) Strategy and Action Plan 2012 - 2015, the Trust has been monitoring the implementation of actions and progress is reported annually through the PPI Annual Progress Report. As the 2012-2015 Plan formally closed on 31st March 2015 the Trust is reviewing progress on the previous plan and will develop a new PPI Action Plan for the period 2015-2017 period during the summer of 2015.

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

The Trust hosted an 'Engage' Event for the second time in 2014. During 2014/15, the Trust approved the PPI Consultation Scheme which sets out the Trust's commitment

to appropriate, timely and inclusive consultation in accordance with Section 75 and PPI Guidelines.

The Trust in partnership with other Trusts and the PHA also developed new standards for PPI during 2014/15. There are five key standards;

- Leadership,
- Governance,
- Opportunities and Support for Involvement,
- Knowledge and Skills
- Measuring Outcomes to help further embed PPI across the HSC family.

These new standards have now become the renewed focus for PPI work and are being embedded into Directorate Action Plans to help ensure that the Trust upholds these new standards across all Directorates.

Assurance

The Board Assurance Framework which was developed in accordance with the DHSSPS guidance 'An Assurance Framework: a Practical Guide for Boards of DHSSPS Arm's Length Bodies', is updated on a quarterly basis and submitted to Governance Committee for approval. In 2014 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 completed a Board Governance Self-Assessment Tool in February 2014 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. This assessed the assurance mechanisms relating to Trust Board as having a green rating.

Subsequently, in February/March 2014 Internal Audit carried out an audit of Board Effectiveness measuring it against the Board Governance Self-Assessment Tool. The Internal Audit report provided satisfactory assurance in relation to Board effectiveness and concluded that overall there is an adequate and effective system of governance, risk management and control. The Trust Board members concur with the findings of the Internal Auditors that the Trust Board is effective and is conducting its business in accordance with best practice.

The Board recognises, particularly post-Francis report publication, the need for Non-Executive Directors to secure assurance as to the reliability of and their understanding of the data provided by Executives as part of their role in providing effective oversight of the Trust. An example of this is that a review of the information provided to Trust Board on infection control issues was conducted by the Medical Director which resulted in more detailed analysis being provided.

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.

At a Trust Board workshop in February 2014 it was agreed that a Steering Group would be established to review the information provided to the Governance Committee. It was recommended that consideration should be given to aligning the agenda with the principles of Quality 2020 and this was adopted in 2014/15.

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 annual audit programme in January 2015 Internal Audit carried out a review of Risk Management and the Assurance Framework in the WHSCT and provided satisfactory assurance on the risk management systems in place. It was noted that overall there is an adequate and effective system of governance, risk management and control. No Priority 1 weaknesses were identified.

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

The Western Health and Social Care Trust assessed its compliance with the applicable Controls Assurance Standards, which were defined by the Department and against which a degree of progress was expected in 2014/15.

The Trust achieved the following levels of compliance for 2014/15:

Standard	DHSSPS Expected Level of Compliance	Achieved Level of Compliance	Reviewed by the Internal Audit Department
Buildings, land, plant and non-medical equipment	75%-99% (Substantive)	88% (Substantive)	Confirmed as Substantive
Decontamination of medical devices	75%-99% (Substantive)	93% (Substantive)	Not Verified
Emergency Planning	75%-99% (Substantive)	92% (Substantive)	Not Verified
Environmental Cleanliness	75%-99% (Substantive)	90% (Substantive)	Not Verified
Environmental Management	75%-99% (Substantive)	92% (Substantive)	Not Verified
Financial Management (Core Standard)	75%-99% (Substantive)	83% (Substantive)	Confirmed as Substantive

Fire Safety	75%-99% (Substantive)	92% (Substantive)	Not Verified
Fleet and Transport Management	75%-99% (Substantive)	83% (Substantive)	Not Verified
Food Hygiene	75%-99% (Substantive)	91% (Substantive)	Not Verified
Governance (Core Standard)	75%-99% (Substantive)	89% (Substantive)	Confirmed as Substantive
Health & Safety	75%-99% (Substantive)	85% (Substantive)	Not Verified
Human Resources	75%-99% (Substantive)	78% (Substantive)	Not Verified
Infection Control	75%-99% (Substantive)	90% (Substantive)	Confirmed as Substantive
Information Communication Technology	75% - 99% (Substantive)	82% (Substantive)	Not Verified
Management of Purchasing and Supply	75%-99% (Substantive)	77% (Substantive)	Not Verified
Medical Devices and Equipment Management	75%-99% (Substantive)	84% (Substantive)	Not Verified
Medicines Management	75%-99% (Substantive)	82% (Substantive)	Not Verified
Information Management	75%-99% (Substantive)	77% (Substantive)	Not Verified
Research Governance	75% -99% (Substantive)	91% (Substantive)	Confirmed as Substantive
Risk Management (Core Standard)	75%-99% (Substantive)	92% (Substantive)	Confirmed as Substantive
Security Management	75%-99% (Substantive)	91% (Substantive)	Not Verified
Waste Management	75%-99% (Substantive)	91% (Substantive)	Not Verified

Sources of Independent Assurance

Internal Audit

The Western Health and Social Care Trust has 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 2014/15 Internal Audit reviewed the following systems:

Reports Issued 2014/15	Assurance Provided
Review of Elective Care	N/A
Client Monies and Cash & Valuables Handling	Satisfactory
Adult Supported Living	Satisfactory
Asset Management	Satisfactory
Independent Homes	Satisfactory
Bank & Cash	Satisfactory
Mid-Year Follow Up	N/A
Endowment & Gift Funds	Satisfactory
Stock Control – Gransha	Satisfactory – Domestic Services Limited - Catering
Claims Management	Satisfactory
Health & Safety	Satisfactory
Financial Assessments & Direct Payments	Satisfactory – Financial Assessments Limited – Direct Payments
Information Governance	Satisfactory
Pharmacy Follow Up	N/A

Directorate Risk – Women & Children	Satisfactory
Bank Nursing – Tyrone & Fermanagh Hospital	N/A
Use of External Consultants	Substantial
Mandatory Training	Satisfactory
Performance Management	Satisfactory
Elective Care - Follow Up	N/A
Risk Management	Satisfactory
TYC & Efficiency Savings	Satisfactory
WLI – Independent Sector Follow up	N/A
Management of ICT Contracts	Satisfactory
HRPTS Access – Finance Staff	N/A
Year-End Follow Up	N/A
Review of Roles Matrix	N/A
Agency & Medical Locum	Limited
Non-Pay Expenditure	Limited
Management of Assurance Sources	Satisfactory
Review of controls at Craigdene & Fairview	N/A
Management of Escalation Beds	Satisfactory
Use of HRPTS	Limited
Domiciliary Care	Limited
Review of controls at 24 Pettigo Road	N/A
AFC Arrears	N/A
Controls Assurance Standards	N/A

In her annual report, the Head of Internal Audit provided the following opinion on the Trust's system of internal control:

“My overall opinion for the year ended 31 March 2015 is that there is a **satisfactory** system of internal control designed to meet the organisation's objectives. However, limited assurance has been provided in a number of areas and the use of the new financial systems requires further embedding”.

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

Catering Stock Control Gransha - Limited assurance was provided on the basis that stock control processes operating at the 3 catering stores that hold frozen foods were not operating effectively. Significant numbers of discrepancies between stock held and stock records were noted during counts in April 2014 and there was no evidence of appropriate follow up / investigation of discrepancies. The Audit Committee has requested that this area is re-audited in 2015/16 and expanded to include all catering stock stores in the Western Trust area.

Direct Payments - Limited assurance was based on the identification of deficiencies in controls around service monitoring and Access NI checks.

Non-Pay Expenditure – Limited assurance was provided on the basis that there was a significant backlog of goods and services received but not receipted, regular duplicate payment reports were not provided to the Trust and invoices are not tagged to contracts.

Agency and Medical Locum Expenditure – Limited assurance was provided on the basis that significant control weaknesses were identified in relation to the use of medical locum and agency staff that were not part of regional contracts, failure to use appropriate booking processes for non-medical agency staff, failure to complete locum placement assessment forms and the absence of a formal induction process for medical locums.

Use of HRPTS – Limited assurance was provided on the basis that roles and responsibilities between WHSCT and BSO Shared Service Payroll had not been documented, there were restrictions on the deployment of Employee Self Service (ESS) and Management Self Service (MSS), effective Staff in Post checks were not being conducted, user administration activity was not being monitored adequately and inaccurate payments were made to leavers. The Western Trust was the first Trust to implement the HRPTS system in September 2013.

Domiciliary Care - Limited assurance is provided on the basis that referrals were not always appropriately authorised, information on referral forms did not always correspond with information on Commcare/ Soscare and there was no evidence of verification checks being carried out by Social Services staff in one geographical area of the Trust. Furthermore, there were deficiencies in the arrangements for monitoring of contract care delivery by external providers.

A total of 25 Priority One findings (weaknesses that could have a significant impact on the system under review) were identified during 2014/15. The Audit Committee reviews management responses to Internal Audit recommendations and monitors progress in relation to implementation.

Internal Audit conducts formal follow-up reviews in respect of the implementation of the priority one and two internal audit recommendations agreed in the Internal Audit reports. Internal Audit presented a full report which showed that 93% of agreed actions have been fully or partially implemented.

The trust take seriously all issues highlighted by Internal Audit where less than satisfactory assurance is provided and actions will be taken during 2015/16 to address the deficiencies.

External Audit

The Report to those Charged with Governance in relation to the audit of the 2013/14 accounts was issued to the Trust on 1 August 2014. There were 9 recommendations of which 2 were classified as Priority One, 6 as Priority Two and 1 as Priority Three. The Audit Committee oversees the implementation of these recommendations.

Business Services Organisation

The Chief Executive of the Business Services Organisation has provided assurance regarding a range of services provided to the Trust. We have noted that there are a range of limited assurances provided by Internal Audit to the BSO in respect Shared Services, Information Management and the Regional Interpreting Service.

Due to the early implementation stage of the Shared Services Centres relating to Payroll, Payments and Income all BSO Internal Audit reports are discussed at Audit Committee and followed up through the Shared Services Customer Forum of which the Assistant Director of Finance is the Chair.

The BSO assurance letter has highlighted a difficulty in relation to stock accounting and provided information and assurance as to how the problem is being addressed.

Regulation and Quality Improvement Authority (RQIA)

Progress in implementing the recommendations made by RQIA following reviews is monitored by the Quality and Standards Committee and reported to the Governance Committee. There have been no Failure to Comply Notices issued to the Trust during 2014/15.

Others

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

- Regulation and Quality Improvement Authority – on the extent to which the services provided by the Trust, or those commissioned from third party providers, comply with applicable quality standards;

- Health & Safety Executive for Northern Ireland – on the extent to which the Trust is compliant with health and safety standards and legislation;
- Northern Ireland Fire & Rescue Service – on the extent to which the arrangements in place in the Trust’s facilities comply with applicable fire regulations;
- Medicines & Healthcare Regulatory Authority – on the systems and processes in place to ensure standards are maintained in the storage and use of medicines and to monitor compliance of the systems for quality management and haemovigilance within the Blood Bank;
- Clinical Pathology Accreditation (UK) Limited – on the extent to which systems within the Laboratory meet nationally agreed standards;
- ARSAC (Nuclear Medicine Licences) -these licences are held by the Radiation Protection Supervisor for Nuclear medicine. The licences are valid for five years from the date of issue or earlier in the event that the scope of practice changes and are renewed annually and are subject to external inspection by DHSSPS;
- HSDU Surveillance Assessment Reports – Independent assessment of the quality of service provided by HSDU;
- General Medical Council – in relation to appraisal and revalidation. GMC has accepted all the revalidation recommendations made by the responsible officer of the Trust which is the Medical Director. The Trust has been commended on the introduction of an electronic appraisal system. The GMC meets the Medical Director on a quarterly basis to discuss issues of professional concern.

Review of the Effectiveness of the System of Internal Governance

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

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

Internal Governance Divergences

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

The Inquiry into Hyponatraemia related deaths

Oral hearings of the public inquiry into the circumstances surrounding a number of hyponatraemia-related deaths have completed. During 2013/14 a number of staff (present and former) presented evidence to the Inquiry in relation to the children. The Chairman's report was initially expected in May 14. In December 2014 the Chairman advised that he has continued to make progress on his report and is aiming for the earliest possible publication date. In order to avoid any further disappointment he will not give another update until he can announce the publication date. The Trust continues to monitor compliance with the NPSA Safety Alert 22 (Reducing the Risk of Hyponatraemia-Related Deaths).

Pseudomonas

The Trust continues to manage the environmental risks in line with the recommendations in the final report following the Pseudomonas review. The full financial consequences of managing these risks are currently unfunded.

Slievemore Nursing Unit

Following successful mediation, facilitated by the Commissioner for Older People in NI the last remaining 5 patients transferred to Waterside Hospital for ongoing continuing care. Slievemore Nursing Unit closed on 5th January 2015.

Ralphs Close

The Trust's Adult Safeguarding Team concluded its investigation into Ralphs Close in 2013. Its safeguarding report was approved by Trust Board and all of the recommendations pertaining to the Trust have been implemented in full. Further announced and unannounced inspections by RQIA have provided assurance that all service improvements have been implemented and they are satisfied with the quality and standard of care provided.

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

Child Care Services

Family and Child Care Services continue to experience significant referral pressures particularly impacting on Family Intervention and Looked-After Children's Services. The Trust has invested in 8 permanent new social work posts to ensure the safety of the service and to ensure every looked after child has an allocated social worker from the Trust's Looked-After service. While the number of unallocated cases is reducing, child protection referrals continue to rise. Close scrutiny continues to be applied to this area. The Director of Social Work reports regularly through Trust Board in line with the obligations under the scheme of delegated statutory functions.

Medical Staffing

The Trust continues to be dependent on the recruitment of middle grade (non-training) medical staff posts in some specialities and there is on-going reliance on the use of locum staff in a number of specialities to support the staffing deficit. Continuing discussion with the HSC Board and the Northern Ireland Medical and Dental Training Agency is taking place to attempt to address the gaps. The Trust is also experiencing recruitment and retention difficulties for consultant staff in a number of specialties including care of the elderly, medicine, palliative care, radiology and general surgery. This has resulted in the need to maintain viable emergency rotas by the use of locums. The Trust has commenced an international recruitment campaign which has shown some success and the Trust has appointed a number of candidates from overseas to these hard to fill posts.

Domiciliary Care Re-tendering

The Trust continues its discussions with its legal advisors and PaLS Social Care Procurement Team. Once these negotiations are concluded, the tender will be advertised via the Official Journal of the European Union (OJEU).

Business Services Transformation Programme (BSTP)

The use of the FPL system is embedded in the Trust and this element of the BSTP project has now entered the benefits realisation phase. The Trust is working with the Business Services Organisation (BSO) and the systems supplier to roll out the final pieces of system functionality and to review opportunities for further streamlining business processes to maximise efficiencies from the system.

Work is on-going to achieve stability of the HRPTS system. In December 2014, the Trust completed the roll out of the electronic interface between the HRPTS and e-Roster systems. Some elements of system functionality are still outstanding, the key items being the absence of the e-Recruitment functionality and restrictions on the reporting functionality available. Deployment of Employee Self Service and Manager Self Service continues, albeit the unavailability of funding for ICT and general system support resources poses a significant challenge. These issues limit the Trust's ability to derive the level of benefits envisaged in this element of the BSTP project.

The transfer of the Trust's Income, Payments and Payroll functions to the BSO brought with it a significant change in the previous business processes for Trust staff. Significant efforts are continuing to achieve implementation of these changes particularly in the areas of payments and payroll. Process stabilisation has still not been attained in these areas and significant, additional and unfunded Human Resources Department and Finance Department resources have had to be deployed to ensure business continuity during the year. Negotiations continue between the Trust and the Business Services Organisation (BSO) regarding the recurring charge from the BSO in relation to these functions.

It is anticipated that by the end of the 2015/16 financial year full systems functionality will be deployed and stability of the functions that have transferred to the Shared Services Centres will have been achieved. Full realisation of the benefits of new systems and process are not expected to be achieved before the end of the 2016/17 year.

The transfer of the Trust's Recruitment function to the BSO is currently scheduled for August 2015.

The efforts to achieve system and process stability in the above areas, in the context of resource constraints, continue to place a significant strain on the Trust's Human Resources, ICT and Finance Departments.

Trust Breakeven Position

The Trust has reported a deficit position throughout the year and has worked with the HSC Board in relation to handling the deficit. The Trust is reporting a deficit for 2014/15 of £6.644m. This deficit has arisen as a result of:

- A substantial in-year increase in the cost of medical locums to sustain services on the Altnagelvin and SWAH hospital sites (£2.4m);
- Increase in expenditure on domiciliary care packages to address critical need and winter pressures (£0.8m);
- Increase in costs associated with Looked After Children (£1.3m);
- Increase in costs associated with the Trust having to recruit 8 additional social workers to address unallocated cases (£0.3m);
- The costs associated with maintaining the staffing model for Ralph's Close – the HSCB had provided funding in 2013/14 (£0.75m)
- Junior doctor travel costs incurred in excess of funding (£0.5m)
- Delay, as a result of legal issues, with the release of the domiciliary care tender (£0.3m)

Due to the financial challenges facing the Trust during 2014/15 the DHSSPS requested the HSC Board to work with the Trust to understand the financial pressures it is facing, to review in conjunction with the Trust its financial processes and to also agree the financial position for 2015/16. This work covered phase 1 of the support project. A second phase has been agreed which will focus on the Trust moving towards recurrent breakeven and the work programme will cover the following areas:

- Specific projects identified through regional benchmarking;
- Clinical engagement to identify further reform proposals, including timescales, milestones and programme management arrangements;
- Specific supported project to identify opportunities to address the efficiency challenges with South West Acute Hospital; and
- Identified opportunities to reduce costs and services which minimise the impact on accessibility and quality of services while maintaining safety.

Learning Disabled Clients

Throughout 2014/15 the Trust continued to work with NI Housing Executive to develop a resettlement strategy for two individuals who were treated by the Trust under a Supervision and Treatment Order between June 2010 and June 2012. No firm plans have been presented by either the PSNI or the Housing Executive to the

Trust. This situation continues to be difficult given the number of complaints received from local residents and from parents whose children attend the nearby school.

Historical Institutional Abuse Inquiry

The Trust continues to cooperate fully with all relevant partners in relation to the Inquiry. The hearings associated with the voluntary Homes in the Western Trust area have been completed but the Trust continues to receive information requests in relation to residents placed by the Western Trust or its predecessors in Homes in other Trust geographical areas. Some of the information requested by the Inquiry dates back to the 1950s and 1960s and locating all the information requested was a substantial challenge. A significant resource continues to be deployed towards providing statements to the Inquiry to explain the steps that had been taken by the Trust to attempt to locate the information requested. The Trust is preparing files for 2 statutory homes listed for the Inquiry in June 2015.

Child Sexual Exploitation

The Trust continues to actively contribute to the Child Sexual Exploitation Action plan developed in response to the Marshall Report recommendations. All appropriate social work staff have been trained in new procedures for dealing with child sexual exploitation and the Trust continues to work closely with the PSNI to address the issues that are raised in respect of exploitation. The Trust has also appointed a CSE senior practitioner to support and develop the work ongoing locally.

The Trust continues to contribute to regional planning on Child Sexual Exploitation and in particular through the established work streams from Children's Services Improvement Board. The Trust has also input to the SBNI Thematic Review and will ensure that the findings and recommendations are addressed through the existing established fora when the report is approved and available in June 2015.

Oral Maxillofacial Services (OMFS)

Delivery against PFA cancer targets is monitored and managed on an ongoing basis to ensure best outcomes for patients. Good progress against cancer targets is evidenced by the annual returns delivered by the Trust. Due to a number of factors which arose in 2013/14 within the Oral Maxillofacial Service including medical staffing difficulties, a service capacity gap and the management of red flag and review patients, the Trust identified and reported to the Health and Social Care Board that 3 delayed diagnoses of cancer had taken place. The 3 affected patients were advised at this time.

These were reported as an early alert and SAIs in April 2014 and the reports were initially sent to the Board for consideration in October 2014. The reports have not yet been formally closed by the Health and Social Care Board.

Internal action has been taken to ensure that the process deficits identified have been addressed and these are being monitored on an ongoing basis through PFA cancer targets. The Trust is working with the Local Commissioning Group through the OMFS Delivery and Development Steering Group to address the demand/capacity issues and to develop a model of service which will reflect service needs and meet the needs of patients.

Unregulated Placements for Young People

There continues to be a number of children under 16 years placed in unregulated placements due to capacity issues within the Fostering Team and the inability to complete kinship assessments within prescribed timescales. This has resulted in children being placed in placements which have not been formally approved by the Fostering Panel and therefore are unregulated. Also, due to the continuing lack of appropriate accommodation options for young people aged 16/17 years who become Looked-After as a result of homelessness, the number being placed in unregulated placements continues to rise.

The Trust has re-allocated staff within Family and Child Care to increase the capacity of the Foster Care recruitment and assessment team from 4 to 6. This will assist in meeting the demand and a recovery plan is in place with an emphasis on ensuring that all stage one assessments are completed. In respect of accommodation options, a dedicated project is due to open in Enniskillen in July 2015 which will provide additional accommodation options for young people. The Trust has also engaged Action for Children to provide a supported lodging option and this scheme is at an advanced stage.

Significant Internal Control Issues arising during 2014/15:

Increased Waiting Times

Due to increasing demand within a number of specialties there remain a number of routine patients who are not being reviewed within their clinically indicated time. The Trust is working with the Commissioner to address capacity gaps within these services. Due to increasing financial pressures in 2014/15, and in the absence of WLI / IS funding to close agreed gaps within services, the waiting time position has continued to deteriorate and will do into 2015/16.

Reporting of Babies' Hip X-Rays

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

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

The Trust compiled an action plan following the review and is awaiting the appointment of a reporting radiographer. This incident was formally closed by the HSCB.

Compliance with DHSSPS Prompt Payment Target

DHSSPS has set Trusts a target of making payment to at least 95% all non-HSC trade creditors within 30 days of receipt of a valid invoice or delivery of goods/services, whichever is the later. The Trust's level of compliance with this target was 83.3% by number and 86.6% by value for 2014/15. The inability to meet the DHSSPS target compliance level arose primarily as a result of transitional problems following the deployment of electronic invoice approval processes for Trust managers and the transfer of the Trust payments function to a shared services centre. The Trust worked closely during the year with the shared services centre provider to resolve problem areas and the Trust's level of compliance improved as the 2014/15 year progressed.

Potential closure of Private Nursing Homes

During the year, the Trust was informed of the closure of one Nursing Home in the southern sector of the Trust's area. The Trust was also notified of a potential closure in another Nursing Home and staffing difficulties in a further Nursing Home in this sector. If one or both of these Homes had closed it would have presented significant challenges for the Trust to meet the accommodation needs of the clients. The Trust can now report that the issues affecting both of these Homes have stabilised and the services were maintained.

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

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

In relation to Learning Disability, all planned resettlements have now taken place and the one remaining individual from the 2014/15 cohort was resettled in March this year. This completes the resettlement of the long-stay population in the Western Trust for this client group. This has been a tremendous achievement for all involved and has transformed the lives of both service users and their families.

In relation to Mental Health Services, there are still 9 service users from the original cohort who will require to be resettled after the 31st March 2015. These individuals are resident in both the Gransha and Tyrone Fermanagh Hospital sites. However, the residential needs of this group along with other service users will be met by the construction of two new purpose built facilities in Omagh and Londonderry. The Omagh development has been approved and is currently submitted for planning approval. This will provide a 6-bedded nursing home facility as a step down to acute care and 12 individual flat lets operated under Supporting People standards. The remaining cohort in Londonderry will be accommodated in a 16-bedded new build and operated under Supporting People standards. Planning permission has been approved and the site is ready for construction.

The Trust has identified a small number of patients who currently will require to remain in hospital after 31 March 2015, due to their on-going treatment and some of whom are detained under the Mental Health Order.

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

Serious Adverse Incidents – Look Back Exercise

On 9th April 2014 the Chief Medical Officer wrote to Chief Executives, further to the Minister's announcement to the Assembly, regarding a review of the systems within Trusts to support the identification, investigation of, and learning from adverse incidents. The Trust was required to undertake a look back exercise into the handling of all SAIs reported between 1 January 2009 and 31 December 2013. The Trust developed an action plan to ensure compliance with the deadline for submission of the information to the Chief Medical Officer. A total of 206 SAIs were reviewed as part of the process. In order to provide an independent assurance the Minister asked RQIA to quality assure the work each HSC Trust had undertaken as part of this look-back exercise. RQIA was asked to document and report the collated findings from each Trust's review. The report of the findings of the RQIA review of the process within Trusts is awaited.

As part of the examination of governance arrangements for ensuring the quality of health and social care provision in Northern Ireland, Sir Liam Donaldson visited the Trust in August 2014 to review the arrangements in place for the management of SAIs and complaints as well as the involvement of patients and families. Following the publication of Sir Liam's report 'The Right Time, The Right Place' the Trust surveyed all staff to seek views on the report to enable the Trust to contribute to the development of a single response on behalf of all Trusts. The Trust was reassured that staff surveyed reported a high level of understanding and commitment to the process of reporting of adverse incidents.

Elective Care Performance

In 2014/15 the Trust continued to be a strong performer within elective care in comparison to other Trusts. It achieved an excellent performance in a number of key elective care areas eg imaging services, endoscopy and diagnostics. The Trust also achieved 99% of its inpatient/day case acute core activity against SBA target, 98% for review outpatient appointments and 95% for new outpatient appointments. However during 2014/15 the Trust faced a number of key challenges in the delivery of its elective care services which culminated in a deterioration of its performance in some area from the 2013/14 position. These challenges included the following:

- No additional WLI (Waiting List Initiative) funding in Q3 & Q4 – the impact of this was notable in the increase in waiting times in a number of specialities in which the Trust has a recognised capacity gap and has relied on additional WLI funding to address this funding gap and ensure that waiting times are maintained . Key service areas included:
 - Rheumatology New Outpatients (NOP)
 - Gastroenterology NOP,
 - Respiratory NOP,
 - General surgery NOP & Inpatient/ Day Case (IP/DC)
 - ENT IP/DC
 - Orthopaedics NOP and IP/DC,
 - Neurology NOP,
 - Oral surgery NOP,
 - Pain management NOP and IP/DC

- Impact of 'Paused Patients in Independent Sector' – in October 2014 due to lack of funding the HSCB advised Trusts to 'pause' the patient journey of any patient who was awaiting an appointment in the Independent Sector and that their patient pathway would not restart until April 2015. This resulted in a number of the Trust's longest waiting patients at the end of March 2015 being 'paused patients' in the Independent Sector.
- Impact of Contingency measures – during 2014/15 as part of the Trust's measures to address its financial challenges the Trust got approval from the HSCB to 'downturn' some of its elective activity which resulted in a reduction in 17 beds within the specialty of ENT and Oral Surgery. The Trust also had to stand down its Elective Procedures Unit which provided dedicated beds for elective care, to manage unscheduled admissions.
- Lack of availability of beds for routine elective admissions – during 2014/15 the Trust continued to face increasing demand from unscheduled care admissions into Altnagelvin and SWAH which resulted in the Trust having to prioritise red flag and urgent patients over routine elective patients.

The Trust in 2015/16 will continue to work hard to improve its elective care performance through robust performance management arrangements. Key actions for 2015/16 are as follows:

- Development and approval by HSCB of Improvement Plans aimed at improving performance for key specialties including ENT NOP, ENT IP/DC, Orthopaedics NOP, Orthopaedics IP/DC and Neurology
- Continued close monitoring of all areas of elective care through weekly Elective Care Group
- Working closely with HSCB to plan for additional WLI investment, if it becomes available, following the outcome of the June Monitoring Bid
- Bed remodelling to establish an Elective Procedural Unit (EPU) to 'ring-fence' beds
- Implementation of an Unscheduled Care Workstream to reduce the impact of unscheduled care demands on elective care.

Information Breaches

The Trust had 3 information breaches during 2014/15 which were considered by the Information Commissioner's Office (ICO) as follows:

- The first case involved the theft of two Trust computers containing sensitive personal data which was reported to the ICO on 24 October 2013. The ICO contacted the Trust on 6 February 2014, 6 March 2014 and 11 April 2014 seeking additional information to enable an assessment of what further action may be necessary. The Trust responded to these requests and the ICO decision identified that further steps need to be taken to ensure Information Management security across the network is appropriate.
- In the second case, a fax containing sensitive personal information relating to a patient was sent in error to an office building in Enniskillen. This was reported to the ICO on 10th March 2014. Having considered the circumstance of the

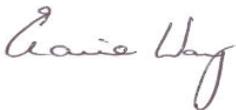
case and the action taken by the Trust, the ICO decided not to take any formal enforcement action against the Trust.

- The third case related to Medical Records released to an individual under a Subject Access Request (SAR) which contained misfiled information relating to two other patients. This was reported to the ICO in June 2014 and the ICO has decided that it is likely that the Trust as Data Controller has breached the 7th Data Protection Principle. The ICO requested that the Trust Chief Executive as Data Controller should sign an undertaking and this occurred on 28th April 2015.

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 Trust has operated a sound system of internal governance during the period 1 April 2014 to 31 March 2015.



Elaine Way
Chief Executive & Accounting Officer
11 June 2015

WESTERN HEALTH AND SOCIAL CARE TRUST

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

I certify that I have audited the financial statements of the Western Health and Social Care Trust and its group for the year ended 31 March 2015 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise the Consolidated Statements of Comprehensive Net Expenditure, Financial Position, Changes in Taxpayers' Equity, Cash Flows, and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

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

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

Opinion on regularity

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

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the group's and of Western Health and Social Care Trust's affairs as at 31 March 2015 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health, Social Services and Public Safety directions issued thereunder.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with Department of Health, Social Services and Public Safety directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

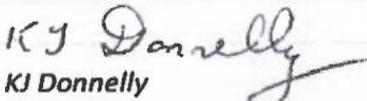
Matters on which I report by exception

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

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

Report

I have no observations to make on these financial statements.


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

25 June 2015

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR YEAR ENDED 31 MARCH 2015

	NOTE	2015 £000s		2014 £000s	
		Trust	Consolidated	Trust	Consolidated
Expenditure					
Staff costs	3.1	(342,265)	(342,265)	(328,678)	(328,678)
Depreciation	4	(22,313)	(22,313)	(19,228)	(19,228)
Other Expenditures	4	(254,930)	(255,462)	(220,278)	(220,933)
		<u>(619,508)</u>	<u>(620,040)</u>	<u>(568,184)</u>	<u>(568,839)</u>
Income					
Income from activities	5.1	19,578	19,578	20,639	20,639
Other Income	5.2	11,464	11,945	10,215	10,734
Deferred Income	5.3	0	0	0	0
		<u>31,042</u>	<u>31,523</u>	<u>30,854</u>	<u>31,373</u>
Net Expenditure		<u>(588,466)</u>	<u>(588,517)</u>	<u>(537,330)</u>	<u>(537,466)</u>
Revenue Resource Limit (RRL)	25.1	581,822	581,822	535,208	535,208
Add back charitable trust fund net expenditure			51		136
Surplus / (Deficit) against RRL		<u>(6,644)</u>	<u>(6,644)</u>	<u>(2,122)</u>	<u>(2,122)</u>

**OTHER COMPREHENSIVE
EXPENDITURE**

	NOTE	2015		2014	
		£000s		£000s	
Items that will not be reclassified to net operating costs:		Trust	Consolidated	Trust	Consolidated
Net gain/(loss) on revaluation of property, plant and equipment	6.1/10/6.2/10	33,088	33,088	35,823	35,823
Net gain/(loss) on revaluation of intangibles	7.1/10/7.2/10	0	0	0	0
Net gain/(loss) on revaluation of charitable assets		0	0	0	0
Items that may be reclassified to net operating costs:		0	0	0	0
Net gain/(loss) on revaluation of available for sales financial assets		0	0	0	(69)
Total comprehensive expenditure for the year ended 31 March 2015		<u>(555,378)</u>	<u>(555,429)</u>	<u>(501,507)</u>	<u>(501,712)</u>

The notes on pages 80 to 134 form part of these accounts.

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2015

	NOTE	2015		Restated 2014	
		Trust	Consolidated	Trust	Consolidated
		£000s	£000s	£'000	£'000
Non Current Assets					
Property, plant and equipment	6.1/6.2	587,619	587,619	578,449	578,449
Intangible assets	7.1/7.2	2,394	2,394	256	256
Financial Assets	8.01	0	2,244	0	2,112
Trade and other receivables	12.0	1	1	3	3
Other current assets	12.0	0	0	0	0
Total Non Current Assets		590,014	592,258	578,708	580,820
Current Assets					
Assets classified as held for sale	9.0	1,225	1,225	0	0
Inventories	11.0	4,930	4,930	4,686	4,686
Trade and other receivables	12.0	15,822	15,807	15,500	15,480
Other current assets	12.0	1,438	1,438	698	698
Intangible current assets	12.0	0	0	0	0
Financial assets	8.1	0	0	0	0
Cash and cash equivalents	13.0	692	2,227	3,320	4,943
Total Current Assets		24,107	25,627	24,204	25,807
Total Assets		614,121	617,885	602,912	606,627
Current Liabilities					
Trade and other payables	14.0	(65,434)	(65,449)	(74,674)	(74,721)
Other liabilities	14.0	(2,767)	(2,767)	(2,492)	(2,492)
Intangible current liabilities	14.0	(255)	(255)	(230)	(230)
Provisions	16.0	(8,828)	(8,828)	(7,110)	(7,110)
Total Current Liabilities		(77,284)	(77,299)	(84,506)	(84,553)
Non Current Assets plus/less Net Current Assets / Liabilities		536,837	540,586	518,406	522,074
Non Current Liabilities					
Provisions	16.0	(9,310)	(9,310)	(8,193)	(8,193)
Other payables > 1 year	14.0	(131,022)	(131,022)	(133,787)	(133,787)
Financial liabilities	8.0	0	0	0	0
Total Non Current Liabilities		(140,332)	(140,332)	(141,983)	(141,980)
ASSETS LESS LIABILITIES		396,505	400,254	376,426	380,094
Taxpayers' equity					
Revaluation Reserve		101,078	101,078	67,990	67,990
SoCNE Reserve		295,427	295,427	308,436	308,436
Other Reserves – Charitable Funds			3,749		3,668
		396,505	400,254	376,426	380,094

The notes on pages 80 to 134 form part of these accounts.



11th June 2015

Signed (Chairman):

Date:



11th June 2015

Signed (Chief Executive):

Date:

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2015

	NOTE	2015 £000s	2014 £000s
Cash flows from operating activities			
Net expenditure after interest		(588,517)	(537,466)
Adjustments for non cash costs		70,387	34,478
(Increase)/decrease in trade and other receivables		(1,065)	(1,659)
<i>Less movements in payables relating to items not passing through the NEA:</i>			
Movements in liabilities relating to the purchase of property, plant and equipment			
Movements in receivables relating to the sale of intangibles			
Movements in receivables relating of finance leases			
Movements in receivables relating to PFI and other services concession arrangement contracts		0	
(Increase)/decrease in inventories		(244)	(220)
Increase/(decrease) in trade payables		(11,737)	(8,127)
<i>Less movements in payables relating to items not passing through the NEA:</i>			
Movements in payables relating to the purchase of property, plant and equipment		5,914	(3,413)
Movements in payables relating to the purchase of intangibles		0	
Movements in payables relating to finance leases		0	
Movements in payables relating to PFI and other services concession arrangement contracts		0	(160)
Use of provisions	16	(2,980)	(11,185)
Net cash outflow from operating activities		(528,242)	(527,752)
Cash flows from investing activities			
(Purchase of property, plant and equipment)	6	(47,718)	(34,730)
(Purchase of intangible assets)	7	(2,203)	
Proceeds on disposal of property, plant and equipment		47	83
Proceeds on disposal of intangibles			
Proceeds on disposal of assets held for resale			
Drawdown from investment fund			
Share of income reinvested			
Net cash outflow from investing activities		(49,874)	(34,647)
Cash flows from financing activities			
Grant in aid		575,400	565,000
Capital element of payments – finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		0	0
Net financing		575,400	565,000
Net increase / (decrease) in cash and cash equivalents in the period		(2,716)	2,601
Cash and cash equivalents at the beginning of the period	13	4,943	2,342
Cash and cash equivalents at the end of the period	13	2,227	4,943

The notes on pages 80 to 134 form part of these accounts.

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2015

	NOTE	SoCNE Reserve	Revaluation Reserve	Charitable Fund	Total
		£000s	£000s	£000s	£000s
Balance at 31 March 2013		280,711	32,167	3,737	316,615
Changes in taxpayers' equity 2013-14					
Grant from DHSSPS		565,000	0	0	565,000
Transfers between reserves (Comprehensive expenditure for the year)		(537,330)	35,823	(69)	(501,576)
Transfer of asset ownership Non cash charges – auditors' remuneration	4	55	0	0	55
Balance at 31 March 2014		308,436	67,990	3,668	380,094
Changes in taxpayers' equity 2014-15					
Grant from DHSSPS		575,400	0	0	575,400
(Comprehensive expenditure for the year)		(588,466)	33,088	81	(555,297)
Non cash charges – auditors' remuneration	4	57	0	0	57
Balance at 31 March 2015		295,427	101,078	3,749	400,254

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

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

1.1 Accounting convention

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

1.2 Currency and Rounding

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

1.3 Property, Plant and Equipment

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

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the entity;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £1,000; or
- collectively, a number of items have a cost of at least £1,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings

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

A valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance and Personnel. The valuers are qualified to meet the ‘Member of Royal Institution of Chartered Surveyors’ (MRICS) standard.

Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

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

Fair values are determined as follows:

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

Modern Equivalent Asset

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

Assets Under Construction (AUC)

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

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on the indexed amount.

Revaluation Reserve

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

1.4 Depreciation

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

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

Asset Type	Asset Life
Buildings / Dwellings	25 – 80 years
Leasehold property	Remaining period of lease
IT assets	3 – 10 years
Intangible assets	3 – 10 years
Other Equipment including Plant and Machinery, Transport and Furniture and Fittings equipment	3 – 15 years

1.5 Impairment loss

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

1.6 Subsequent expenditure

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

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

1.7 Intangible assets

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

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

- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights.

Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

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

Intangible assets acquired separately are initially recognised at fair value.

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

1.8 Non-current assets held for sale

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

Assets classified as held for sale are not depreciated.

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

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

de-recognised when it is scrapped or demolished.

1.9 Inventories

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

1.10 Income

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

Grant in aid

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

1.11 Investments

The Trust does not have any investments.

1.12 Other expenses

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

1.13 Cash and cash equivalents

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

1.14 Leases

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

The Trust as lessee

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

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

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

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

1.15 Private Finance Initiative (PFI) transactions

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

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

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

Services received

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

PFI assets

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

PFI liability

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

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

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

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

Lifecycle replacement

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

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

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

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

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

Other assets contributed by the Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

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

1.16 Financial instruments

- Financial assets

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

- Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

- Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within HSC bodies in creating risk than would apply to a non public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities. Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trusts in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

- Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

- Interest rate risk

The Trust has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

- Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

- Liquidity risk

Since the Trust receives the majority of its funding through its principal Commissioner which is voted through the Assembly, it is therefore not exposed to significant liquidity risks

1.17 Provisions

In accordance with IAS 37, provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using DFP's discount rate of 2.2% in real terms (2.8% for employee early departure obligations.)

The Trust has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the affect of any change in the discount rate.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.18 Contingencies

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS37 are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS37 are stated at the amounts reported to the Assembly. Under IAS 37, the Trust discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

1.19 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31st March 2015. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is also included in the estimated cost.

Retirement benefit costs

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

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2012 valuation for the HSC Pension Scheme will be used in the 2014/15 accounts.

1.20 Reserves

Statement of Comprehensive Net Expenditure Reserve

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets.

1.21 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.22 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 24 to the accounts.

1.23 Government Grants

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

DFP has issued new guidance effective from 1 April 2011. Government grant reserves are no longer permitted. Income is generally recognised when it is received. In exceptional cases where there are conditions attached to the use of the grant, which, if not met, would mean the grant is repayable, the income should be deferred and released when obligations are met. The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.24 Losses and Special Payments

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.25 Charitable Trust Account Consolidation

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

It is important to note however the distinction between public funding and the other monies donated by private individuals still exists.

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

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

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

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards have an effective date of January 2013, and EU adoption is due from 1 January 2014.

Accounting boundary IFRS are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A review of the NI financial process is currently under discussion with the Executive. Should this go ahead, the impact on DHSSPS and its Arm’s Length Bodies is expected to focus around the disclosure requirements under IFRS 12, “Disclosure of Interests in other entities”.

Management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2015

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 reflects the realignment of directorates that took place in 2009/10 therefore making meaningful comparison from year to year limited.

Directorate	2015			2014		
	Staff Costs £000s	Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	Other Expenditure £000s	Total Expenditure £000s
Children's Services	62,487	21,560	84,047	60,642	22,164	82,806
Acute Hospital Services	125,392	43,135	168,527	115,986	53,122	169,108
Older People's Services	68,999	66,800	135,799	66,854	66,054	132,908
Mental Health and Disability Services	43,595	29,685	73,280	42,343	30,334	72,677
Planning, Performance Management and Support Services	30,312	20,489	50,801	30,432	32,801	63,233
Other Trust Directorates	11,726	22,356	34,082	12,422	4,948	17,370
Expenditure for Reportable Segments net of Non Cash Expenditure	342,511	204,025	546,536	328,679	209,423	538,102
Non Cash Expenditure			72,972			30,082
Total Expenditure per Net Expenditure Account			619,508			568,184
Income Note 5			31,042			30,854
Net Expenditure			588,466			537,330
Revenue Resource Limit			581,822			535,208
Surplus / (Deficit) against RRL			(6,644)			(2,122)

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.1 Staff Costs

Staff costs comprise:

	2015			2014
	Permanently Employed Staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	277,997	15,679	293,676	280,314
Social security costs	22,746	0	22,746	22,549
Other pension costs	27,981	0	27,981	27,554
Sub-Total	328,724	15,679	344,403	330,417
Capitalised staff costs	(2,138)		(2,138)	(1,739)
Total staff costs reported in Statement of Comprehensive Net Expenditure	326,586	15,679	342,265	328,678
Less recoveries in respect of outward secondments			(434)	(743)
Total net costs			341,831	327,935

Total Net costs of which:

	£000s	£000s
Western HSC Trust	342,265	328,678
Total	342,265	328,678

Staff costs exclude £2,138k charged to capital projects during the year (2014 £1,739K)

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2014/15 accounts.

3.2 Average Number Of Persons Employed

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

	2015			2014
	Permanently Employed Staff Number	Others Number	Total Number	Total Number
Medical and dental	483	50	533	529
Nursing and midwifery	3,149	82	3,231	3,232
Professions allied to medicine	440	2	442	465
Ancillaries	784	40	824	825
Administrative and clerical	1,463	13	1,476	1,594
Ambulance staff	0	0	0	0
Works	135	0	135	149
Other professional and technical	377	0	377	353
Social services	1,409	32	1,441	1,364
Other	196	0	196	224
Total average number of persons employed	8,436	219	8,655	8,735
Less average staff number relating to capitalised staff costs	56	0	56	45
Less average staff number in respect of outward secondments	6	0	6	19
Total net average number of persons employed	8,374	219	8,593	8,671

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.3 Senior Employees' Remuneration

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

Name	2014/15					2013/14					2014/15				
	Salary £000s	Bonus / Performance pay £000s	Benefits in Kind (Rounded to nearest £100)	Pension Benefits	Total £000s	Salary £000s	Bonus / Performance pay £000s	Benefits in Kind (Rounded to nearest £100)	Pension Benefits	Total £000s	Real increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	CETV at 31/03/14 £000s	CETV at 31/03/15 £000s	Real increase in CETV £000s
Non-Executive Members															
Mr G Guckian	25-30	0	0	0	25-30	25-30	0	0	0	25-30	0	0	0	0	0
Mrs J Doherty	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mrs S Cummings	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mrs S O'Kane	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mr C Mulgrew	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mr B McCarthy	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mr N Birthistle	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Mrs B Stuart	5-10	0	0	0	5-10	5-10	0	0	0	5-10	0	0	0	0	0
Executive Members															
Mrs E Way	130-135	0	2,400	2,000	135-140	125-130	0	1,600	(5,000)	120-125	2	230	1,319	1,378	59
Mrs L Mitchell	90-95	0	1,400	25,000	115-120	90-95	0	1,200	1,900	90-95	7	132	558	607	49
Mr K Downey	75-80	0	2,400	38,000	110-115	70-75	0	2,200	(4,700)	70-75	8	162	793	864	71
Mr A Corry-Finn	95-100	0	0	30,000	120-125	90-95	0	0	(4,700)	85-90	7	181	920	992	72
Dr A Kilgallen (went on secondment 21/06/13)	25-30	0	0	(28,000)	0-5	105-110	0	0	23,000	120-125	(6)	63	336	317	(19)
Mr A McKinney (1314 from 17/06/13)	200-205	0	0	n/a	200-205	160-165	0	0	237,000	395-400	(38)	281	1,659	1,449	(210)
Mr J Pentland (from 10 April 2014 to 25 July 2014)	20-25	0	0	0	20-25	0	0	0	0	0	0	0	0	0	0
Other Board Members															
Mr J Lusby	95-100	0	1,800	3,000	100-105	95-100	0	1,800	(26,000)	70-75	2	189	1,048	1,095	47
Mrs N Sheerin (left 30 June 2014)	20-25	0	500	n/a	20-25	80-85	0	1,900	(14,000)	70-75	No longer in WHSCT employment	0	0	0	0
Mr T Millar	80-85	0	4,400	15,000	95-100	75-80	0	0	(146,000)	(65-70)	5	114	532	572	40
Mrs S Groogan (left 26/08/13)	0	0	0	0	0	25-30	0	0	0	25-30	No longer in WHSCT employment	0	0	0	0
Mr A Moore	70-75	0	0	15,000	85-90	70-75	0	0	(1,000)	70-75	4	127	685	734	49
Ms G Hillick (left 31/07/13)	0	0	0	0	0	20-25	0	0	0	20-25	No longer in WHSCT employment	0	0	0	0
Mrs T Molloy (1314 from 1 Nov 2013)	90-95	0	25	16,000	105-110	35-40	0	100	51,000	85-90	5	67	296	328	32
Mrs G McKay (1314 from 15/07/13)	70-75	0	1,200	14,000	85-90	50-55	0	0	106,000	155-160	4	90	393	426	33
Mrs A McConnell (started 9 June 2014)	75-80	0	0	55,000	125-130	Not in post in 2013/14	0	0	0	0	11	111	410	471	61

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.3 Senior Employees' Remuneration

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

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

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

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

Mr McKinney is beyond the threshold for calculation of CETV and so this is not applicable in the 2014/15 year.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.4 Reporting of early retirement and other compensation scheme exit packages

Comparative data to be shown (in brackets) for previous year.

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2015	2014	2015	2014	2015	2014
<£10,000	0	0	0	0	0	0
£10,001 - £25,000	0	0	0	1	0	1
£25,001 - £50,000	0	0	0	2	0	2
£50,001 - £100,000	0	0	1	3	1	3
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	1	0	1	0
£200,001 - £250,000	0	0	0	0	0	0
£250,001 - £300,000	0	0	0	0	0	0
£300,001 - £350,000	0	0	0	0	0	0
£350,001 - £400,000	0	0	0	0	0	0
Total number of exit packages by type	0	0	2	6	2	6
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	0	0	246	333	246	333

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 4. 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.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.5 Staff Benefits

	2015 £000s	2014 £000s
Staff benefits	0	0

3.6 Trust Management Costs

	2015 £000s	2014 £000s
Trust Management Costs	19,361	18,275
Income:		
RRL	581,822	535,208
Income per Note 5	31,042	30,854
Non cash RRL for movement in clinical negligence provision	(5,280)	(2,921)
Total Income	607,584	563,141
% of total income	3.2%	3.2%

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

3.7 Retirements Due To Ill-Health

During 2014/15 there were 25 early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £164k. These costs are borne by the HSC Pension Scheme.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years.

The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions.

A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2014/15 accounts.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 4 OPERATING EXPENSES

4.0 Operating Expenses are as follows:-

	2014/15		2013/14	
	Trust	Consolidated	Trust	Consolidated
Purchase of care from non-HPSS bodies	59,746	59,746	64,786	64,786
Revenue grants to voluntary organisations	9,160	9,160	8,888	8,888
Capital grants to voluntary organisations	0	0	0	0
Personal social services	31,174	31,174	27,925	27,925
Recharges from other HSC organisations	2,111	2,111	1,574	1,574
Supplies and services – Clinical	41,151	41,151	40,108	40,108
Supplies and services - General	7,013	7,013	6,397	6,397
Establishment	9,268	9,268	9,515	9,515
Transport	1,640	1,640	1,773	1,773
Premises	18,086	18,086	19,280	19,280
Bad debts	(98)	(98)	391	391
Rentals under operating leases	0	0	0	0
Rentals under finance leases	0	0	0	0
Finance cost of finance leases	0	0	0	0
Interest charges	12,627	12,627	12,458	12,458
PFI and other service concession arrangements service charges	4,114	4,114	3,998	3,998
Research & development expenditure	5	5	0	0
Clinical negligence – other expenditure	0	0	0	0
BSO services	4,214	4,214	3,117	3,117
Training	899	899	746	746
Professional fees	0	0	0	0
Patients travelling expenses	624	624	462	462
Costs of exit packages not provided for	246	246	333	333
Elective care	0	0	0	0
Other Charitable Expenditure	0	532	0	655
Miscellaneous expenditure	2,290	2,290	3,037	3,037
Non-cash items				
Depreciation	22,313	22,313	19,228	19,228
Depreciation – On Balance sheet PFI (funded by notional non cash RRL)	5,464	5,464	4,636	4,636
Amortisation	73	73	111	111
Impairments	39,274	39,274	3,785	3,785
(Profit) on disposal of assets (excluding profit on land)	(37)	(37)	(71)	(71)
(Profit) on disposal of intangibles	0	0	0	0
Loss on disposal of property, plant & equipment (including land)	14	14	94	94
Loss on disposal of intangibles	0	0	0	0
Provisions provided for in year	5,984	5,984	7,107	7,107
Cost of borrowing of provisions (unwinding of discount on provisions)	(169)	(169)	(227)	(227)
Auditors' remuneration	57	63	55	62
Add back of notional charitable expenditure	0	(6)	0	(7)
Total	277,243	277,775	239,506	240,161

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 5 INCOME

5.1 Income from Activities

	2015 £000s		2014 £000s	
	Trust	Consolidated	Trust	Consolidated
GB/Republic of Ireland Health Authorities	867	867	1,634	1,634
HSC Trusts	291	291	635	635
Non-HSC – Private Patients	361	361	579	579
Non HSC – Other	0	0	0	0
RTA	1,403	1,403	1,441	1,441
Clients contributions	16,656	16,656	16,350	16,350
Total	19,578	19,578	20,639	20,639

5.2 Other Operating Income

	Trust	Consolidated	Trust	Consolidated
Other income from non-patient services	6,905	6,905	7,700	7,700
Supporting people	1,206	1,206	1,206	1,206
Seconded staff	434	434	743	743
Charitable and other contributions to expenditure by core trust	333	333	326	326
Donations / Government grant / Lottery funding for non-current assets	2,586	2,586	240	240
Charitable Income received by Charitable Trust Fund	0	398	0	434
Investment Income	0	83	0	85
Profit on disposal of land	0	0	0	0
Interest receivable	0	0	0	0
Total	11,464	11,945	10,215	10,734

5.3 Deferred Income

	Trust	Consolidated	Trust	Consolidated
Income released from conditional grants	0	0	0	0
Total	0	0	0	0
Total income	31,042	31,523	30,854	31,373

WESTERN HEALTH AND SOCIAL CARE TRUST
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015
NOTE 6.1 Consolidated Property, Plant and Equipment – Year Ended 31 March 2015

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2014	41,620	470,649	19,974	37,243	77,042	7,578	31,815	3,108	689,029
Indexation	0	0	0		1,304				1,304
Additions	667	8,239	182	23,330	4,175	505	3,578	1,128	41,804
Donations/ Government grant/Lottery funding				2,331	216		8	28	2,583
Reclassifications		(700)			(572)	4	277	121	(870)
Transfers	(1,225)	2,515		(2,515)					(1,225)
Revaluation	6,310	43,108	1,575						50,993
(Impairments charged to SoCNE)	(4,944)	(80,961)	(5,431)						(91,336)
Impairment charged to the revaluation reserve	(76)	(16,781)	(1,453)						(18,310)
Reversal of impairments (indexn)					(1,506)	(398)	(98)	(26)	0
Disposals									(2,028)
At 31 March 2015	42,352	426,069	14,847	60,389	80,659	7,689	35,580	4,359	671,944
At 1 April 2014	0	38,974	2,424	0	48,379	4,400	14,384	2,019	110,580
Indexation	0	0	0		899				899
Reclassifications		(702)			(74)	(3)	(86)		(865)
Transfers									0
Revaluation									0
Impairment charged to the SoCNE		(49,102)	(2,960)						(52,062)
Impairment charged to the revaluation reserve									0
Reversal of impairments (indexn)					(1,494)	(392)	(98)	(20)	0
Disposals									(2,004)
Provided during the year		13,448	626		7,528	771	5,132	272	27,777
At 31 March 2015	0	2,618	90	0	55,238	4,776	19,332	2,271	84,325
Carrying Amount									
At 31 March 2015	42,352	423,451	14,757	60,389	25,421	2,913	16,248	2,088	587,619
At 31 March 2014	41,620	431,675	17,550	37,243	28,663	3,178	17,431	1,089	578,449
Asset financing									
Owned	42,352	208,815	14,757	60,389	25,421	2,913	16,248	2,088	372,983
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (So FP) PFI and other service concession arrangements contracts	0	214,636	0	0	0	0	0	0	214,636
Carrying Amount									
At 31 March 2015	42,352	423,451	14,757	60,389	25,421	2,913	16,248	2,088	587,619

Of which:
Trust 587,619
Charitable trust fund 0

Any fall in value through negative indexation or revaluation is shown as an impairment

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £5,792k (2014: £8,875k).

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

	2015 £000s	2014 £000s
Donations	130	240
Government grant	2,456	0
Lottery funding	0	0

Where the funder provides cash rather than physical assets, any difference between the cash provided and the fair value of the assets acquired should be disclosed

WESTERN HEALTH AND SOCIAL CARE TRUST
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015
NOTE 6.2 Consolidated Property, Plant and Equipment – Year Ended 31 March 2014

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2013	41,740	429,911	18,112	29,085	66,310	6,938	23,278	2,697	618,071
Indexation		36,770	1,571		1,686			46	40,073
Additions		8,235	291	13,175	6,180	1,456	8,626	337	38,300
Donations/ Government grant/Lottery funding					240				240
Reclassifications									0
Transfers		(474)		(5,017)	5,450		(89)	28	(102)
Revaluation		2							2
Impairment charged to the SoCNE	(85)	(3,700)							(3,785)
Impairment charged to the revaluation reserve	(35)	(95)							(130)
Reversal of impairments (indexn)									
Disposals					(2,824)	(816)			(3,640)
At 31 March 2014	41,620	470,649	19,974	37,243	77,042	7,578	31,815	3,108	689,029
Depreciation									
At 1 April 2013	0	24,411	1,647	0	43,024	4,570	10,720	1,755	86,127
Indexation		2,805	180		1,107			30	4,122
Reclassifications									0
Transfers									0
Revaluation									0
Impairment charged to the SoCNE									0
Impairment charged to the revaluation reserve									0
Reversal of impairments (indexn)									0
Disposals					(2,745)	(788)			(3,533)
Provided during the year		11,758	597	0	6,993	618	3,664	234	23,864
At 31 March 2014	0	38,974	2,424	0	48,379	4,400	14,384	2,019	110,580
Carrying Amount									
At 31 March 2014	41,620	431,675	17,550	37,243	28,663	3,178	17,431	1,089	578,449
At 1 April 2013	41,740	405,500	16,465	29,085	23,286	2,368	12,558	942	531,944
Asset financing									
Owned	41,620	222,238	17,550	37,243	28,663	3,178	17,431	1,089	369,012
Finance leased									
On B/S SoFP PFI and other service concession arrangements contracts		209,437							209,437
Carrying Amount									
At 31 March 2014	41,620	431,675	17,550	37,243	28,663	3,178	17,431	1,089	578,449
Asset financing									
Owned	41,740	208,238	16,465	29,085	23,286	2,368	12,558	942	344,682
Finance leased									0
On B/S SoFP PFI and other service concession arrangements contracts		197,262					0	0	197,262
Carrying Amount									
At 1 April 2013	41,740	405,500	16,465	29,085	23,286	2,368	12,558	942	531,944

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 7.1 Consolidated Intangible Assets – Year Ended 31 March 2015

	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 2014	1,546	1	0	4	0	0	0	0	1,551
Indexations									0
Additions	2,203								2,203
Donations / Governance grant / Lottery funding	3								3
Reclassifications	5								5
Transfers									0
Revaluation									0
Impairment charged to the SoCNE									0
Impairment charged to the revaluation reserve									0
Disposals									0
At 31 March 2015	3,757	1	0	4	0	0	0	0	3,762
Amortisation									
As at 1 April 2014	1,295	0	0	0	0	0	0	0	1,295
Indexation									0
Reclassifications									0
Transfers									0
Revaluation									0
Impairment charged to the SoCNE									0
Impairment charged to the revaluation reserve									0
Disposals									0
Provided during the year	73								73
At 31 March 2015	1,368	0	0	0	0	0	0	0	1,368
Carrying Amount									
At 31 March 2015	2,389	1	0	4	0	0	0	0	2,394
At 31 March 2014	251	1	0	4	0	0	0	0	256

Asset financing

Owned	2,389	1		4					2,394
Finance leased	0	0		0					0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0		0					0
Carrying Amount									
At 31 March 2015	2,389	1	0	4	0	0	0	0	2,394

WESTERN HEALTH AND SOCIAL CARE TRUST
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015
NOTE 7.2 Consolidated Intangible Assets – Year Ended 31 March 2014

	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 2013	1,441	1		4					1,446
Indexation									0
Additions	3								3
Donations / Government grant / Lottery funding									0
Reclassifications									0
Transfers	102								102
Revaluation									0
Impairment charged to the SoCNE									0
Impairment charged to the revaluation reserve									0
Disposals									0
At 31 March 2014	1,546	1	0	4	0	0	0	0	1,551
Amortisation									
At 1 April 2013	1,184								1,184
Indexation									0
Reclassifications									0
Transfers									0
Revaluation									0
Impairment charged to the SoCNE									0
Impairment charged to the revaluation reserve									0
Disposals									0
Provided during the year	111								111
At 31 March 2014	1,295	0	0	0	0	0	0	0	1,295
Carrying Amount									
At 31 March 2014	251	1	0	4	0	0	0	0	256
At 1 April 2013	257	1	0	4	0	0	0	0	262
Asset financing									
Owned	251	1		4					256
Finance Leased									
On B/S (SoFP) PFI and other service concession arrangements contracts									
Carrying Amount									
At 31 March 2014	251	1	0	4	0	0	0	0	256
Asset financing									
Owned	257	1		4					262
Finance leased									0
On B/S (SoFP) PFI and other service concession arrangements contracts									0
Carrying Amount									
At 1 April 2013	257	1	0	4	0	0	0	0	262

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 8 FINANCIAL INSTRUMENTS

	Investments £000s	2015 Assets £000s	Liabilities £000s	Investments £000s	2014 Assets £000s	Liabilities £000s
Balance at 1 April	2,112	0	0	2,045	0	0
Additions						
Disposals						
Revaluations	132	0	0	67	0	0
Balance at 31 March	2,244	0	0	2,112	0	0
Trust Charitable Trust Fund	2,244			2,112		
Total	2,244	0	0	2,112	0	0

Note 8.1

The market value of the investments as at 31 March 2015

	Held in UK £000s	Held Outside UK £000s	2015 Total £000s	2014 Total £000s
Investment properties			0	
Investment listed on Stock Exchange			0	
Investments in CIF			0	
Investments in a Common Deposit Fund or Investment Fund	2,244	0	2,244	2,112
Unlisted securities			0	
Cash held as part of the Investments in connected Other investments			0	
Total market value of fixed asset investments	2,244	0	2,244	2,112

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

	Land		Total	
	2015 £000s	2014 £000s	2015 £000s	2014 £000s
Cost				
At 1 st April	0	0	0	0
Transfers in	1,225	0	1,225	0
Transfers out	0	0	0	0
(Disposals)	0	0	0	0
Impairment	0	0	0	0
At 31st March	1,225	0	1,225	0
Depreciation				
At 1 April				
Transfers in	0	0	0	0
Transfers out	0	0	0	0
(Disposals)	0	0	0	0
Impairment	0	0	0	0
At 31st March	0	0	0	0
Carrying amount at 31st March	1,225	0	1,225	0

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

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 10 IMPAIRMENTS

	Property, Plant and Equipment £000s	2015 Intangibles £000s	Total £000s
Total value of impairments for the period	57,584	0	57,584
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	(18,310)	0	(18,310)
Impairments charged to Statement of Comprehensive Net Expenditure	39,274	0	39,274

	Property, Plant and Equipment £000s	2014 Intangibles £000s	Total £000s
Total value of impairments for the period	3,915	0	3,915
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	(130)	0	(130)
Impairments charged to Statement of Comprehensive Net Expenditure	3,785	0	3,785

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 11 INVENTORIES

Classification	2015 £000s		2014 £000s	
	Trust	Consolidated	Trust	Consolidated
Pharmacy Supplies	2,500	2,500	2,246	2,246
Theatre Equipment	422	422	340	340
Building and Engineering Supplies	57	57	66	66
Fuel	107	107	167	167
Community Care Appliances	1,164	1,164	1,188	1,188
Laboratory Materials	422	422	456	456
Stationery	0	0	0	0
Laundry	1	1	4	4
X-Ray	44	44	35	35
Stock held for resale	9	9	9	9
Orthopaedic equipment	0	0	0	0
Heat, light and power	0	0	0	0
Other	204	204	175	175
Total	4,930	4,930	4,686	4,686

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

12.1 Trade receivables and other current assets

	2015 £000S		2014 £000S	
	Trust	Consolidated	Trust	Consolidated
Amounts falling due within one year				
Trade receivables	3,800	3,800	4,668	4,668
VAT receivable	5,768	5,768	4,069	4,069
Other receivables – not relating to fixed assets	6,254	6,239	6,763	6,743
Trade and other receivables	15,822	15,807	15,500	15,480
Prepayments and accrued income	1,438	1,438	698	698
Other current assets	1,438	1,438	698	698
Intangible current assets	0	0	0	0
Amounts falling due after more than one year				
Other receivables	1	1	3	3
Trade and other receivables	1	1	3	3
Prepayments and accrued income	0	0	0	0
Other current assets falling due after more than one year	0	0	0	0
TOTAL TRADE AND OTHER RECEIVABLES	15,823	15,808	15,503	15,483
TOTAL OTHER CURRENT ASSETS	1,438	1,438	698	698
TOTAL INTANGIBLE CURRENT ASSETS	0	0	0	0
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	17,261	17,246	16,201	16,181

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

12.2 Trade Receivables and Other Current Assets: Intra-Government Balances

	Amounts falling due within 1 year 2014/15 £000s	Amounts falling due within 1 year 2013/14 £000s	Amounts falling due after more than 1 year 2014/15 £000s	Amounts falling due after more than 1 year 2013/14 £000s
Name				
Balances with other central government bodies	172	288	0	0
Balances with local authorities	0	0	0	0
Balances with NHS /HSC Trusts	939	432	0	0
Balances with public corporations and trading funds	0	0	0	0
Intra-Government Balances	1,111	720	0	0
Balances with bodies external to government	16,134	15,458	1	3
Total receivables and other current assets at 31 March	17,245	16,178	1	3

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 13 CASH AND CASH EQUIVALENTS

	Core Trust	2015 £000s CTF	Consolidated	Core Trust	2014 £000s CTF	Consolidated
Balance at 1 st April	3,320	1,623	4,943	580	1,762	2,342
Net change in cash and cash equivalents	(2,628)	(88)	(2,716)	2,740	(139)	2,601
Balance at 31st March	692	1,535	2,227	3,320	1,623	4,943
The following balances were held at 31st March were held at						
	Core Trust	2015 £000s CTF	Consolidated	Core Trust	2014 £000s CTF	Consolidated
Commercial banks and cash in hand	692	1,535	2,227	3,320	1,623	4,943
Balance at 31st March	692	1,535	2,227	3,320	1,623	4,943

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 14.1 TRADE PAYABLES AND OTHER LIABILITIES

	2015 £000s		2014 £000s	
	Trust	Consolidated	Trust	Consolidated
Amounts falling due within one year				
Other taxation and social security	10,936	10,936	10,302	10,302
VAT payable	0	0	0	0
Bank overdraft	0	0	0	0
Trade capital payables – property, plant and equipment	15,284	15,284	18,971	18,971
Trade revenue payables	24,081	24,096	27,503	27,550
Payroll payables	13,107	13,107	15,795	15,795
BSO payables	2,026	2,026	2,103	2,103
Other payables	0	0	0	0
Trade and other payables	65,434	65,449	74,674	74,721
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	2,767	2,767	2,492	2,492
Other current liabilities	2,767	2,767	2,492	2,492
Carbon reduction commitment	255	255	230	230
Intangible current liabilities	255	255	230	230
Total payables falling due within one year	68,456	68,471	77,396	77,443
Amounts falling due after more than one year				
Imputed finance lease element of on balance sheet (SoFP)PFI and other service concession arrangements contracts	131,022	131,022	133,787	133,787
Total non current payables	131,022	131,022	133,787	133,787
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	199,478	199,493	211,183	211,230

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 14 TRADE PAYABLES AND OTHER LIABILITIES

14.2 Trade Payables and Other Liabilities – Intra-Government Balances

	Amounts falling due within 1 year 2014/15 £000s	Amounts falling due within 1 year 2013/14 £000s	Amounts falling due after more than 1 year 2014/15 £000s	Amounts falling due after more than 1 year 2013/14 £000s
Balances with other central government bodies	12,471	11,637	0	0
Balances with NHS /HSC Trusts	3,079	3,253	0	0
Intra-Government Balances	15,550	14,890	0	0
Balances with bodies external to government	52,921	62,553	131,022	133,787
Total payables and other liabilities at 31 March	68,471	77,443	131,022	133,787

14.3 Loans

The Trust did not have any loans payable at either 31 March 2015 or 31 March 2014.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 15 PROMPT PAYMENT POLICY

15.1 Public Sector Payment Policy – Measure of Compliance

The Department requires that Trusts pay their non HSC trade payables in accordance with the Better Payments Practice Code and Government Accounting Rules. The Trust's payment policy is consistent with the Better Payments Practice Code and Government Accounting Rules and its measure of compliance is:

	2015 Number	2015 Value £000s	2014 Number	2014 Value £000s
Total bills paid	122,279	192,772	113,413	178,225
Total bills paid within 30 days of receipt of an undisputed invoice	101,859	166,972	99,531	160,557
% of bills paid within 30 days of receipt of an undisputed invoice	83.3%	86.6%	87.8%	90.1%
Total bills paid within 10 day target or under agreed terms	79,553	134,102	78,702	141,947
% of bills paid within 10 day target or under agreed payment terms	65.1%	69.6%	69.4%	79.6%

15.2 The Late Payment of Commercial Debts Regulations 2002

Amount of compensation paid for payment (s) being late	£ 814
Amount of interest paid for payment(s) being late	<u>642</u>
Total	<u>1,456</u>

This is also reflected as a fruitless payment in note 26

* New late payments 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.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 16 PROVISIONS FOR LIABILITIES AND CHARGES- 2015

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

Comprehensive Net Expenditure Account charges	2015 £000s	2014 £000s
Arising during the year	8,546	9,808
Reversed unused	(2,562)	(2,701)
Cost of borrowing (unwinding of discount)	(169)	(227)
Total charge within operating costs	5,815	6,880

Analysis of expected timing of discounted flows

	Pensions relating to Former directors £000s	Pensions relating to other staff £000s	Clinical negligence £000	Other £000s	2015 £000s
Not later than one year	0	16	6,628	2,184	8,828
Later than one year and not later than five years	0	63	1,845	1,322	3,230
Later than five years	0	178	0	5,902	6,080
At 31 March 2015	0	257	8,473	9,408	18,138

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 16 PROVISIONS FOR LIABILITIES AND CHARGES- 2014

	Pensions relating to former directors £000s	Pensions relating to other staff £000s	Clinical negligence £000s	Other £000s	2014 £000s
Balance at 1 April 2013	0	333	12,290	6,985	19,608
Provided in year	0	13	5,083	4,712	9,808
(Provisions not required written back)	0	(34)	(2,019)	(648)	(2,701)
(Provisions utilised in the year)	0	(18)	(10,143)	(1,024)	(11,185)
Cost of borrowing (unwinding of discount)	0	0	(143)	(84)	(227)
At 31 March 2014	0	294	5,068	9,941	15,303

Analysis of expected timing of discounted flows

	Pensions relating to Former directors £000s	Pensions relating to other staff £000s	Clinical negligence £000	Other £000s	2014 £000s
Not later than one year	0	18	2,631	4,461	7,110
Later than one year and not later than five years	0	48	2,437	1,094	3,579
Later than five years	0	228	0	4,386	4,614
At 31 March 2014	0	294	5,068	9,941	15,303

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 17 CAPITAL COMMITMENTS

	2015	2014
	£000s	£000s
Property, plant & equipment	93,507	6,369
Intangible assets		
	<u>93,507</u>	<u>6,369</u>

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 18 COMMITMENTS UNDER LEASES

18.1 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods:

Buildings

	2015 £000s	2014 £000s
Not later than 1 year	713	675
Later than 1 year and not later than 5 years	1,146	1,214
Later than 5 years	543	822
	<u>2,402</u>	<u>2,711</u>

Other

Not later than 1 year	44	18
Later than 1 year and not later than 5 years	12	0
Later than 5 years	0	0
	<u>56</u>	<u>18</u>

18.2 Finance Leases

The Trust had no Finance Leases at 31 March 2015 or 31 March 2014.

18.3 Operating Leases

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

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 19 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

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

The Trust has not entered into any off statement of Financial Position PFI Schemes in 2013/14 or 2014/15.

19.2 On Statement of Financial Position PFI Schemes

Total obligations on statement of financial position service concession arrangements for each of the following periods:

	2015	2014
	£000s	£000s
Rentals due within one year	14,799	14,759
Rentals due later than one year and not later than five years	58,460	58,659
Rentals due later than five years	259,617	274,349
	<hr/>	<hr/>
	332,876	347,767
Less interest element	(199,087)	(211,488)
Present value of obligations	<hr/> 133,789	<hr/> 136,279

Present value of obligations on statement of financial position PFI schemes for the following periods:

	2015	2014
	£000s	£000s
Due within one year	2,767	2,492
Due later than one year and not later than five years	12,964	12,041
Due later than five years	118,058	121,746
	<hr/>	<hr/>
Total	<hr/> 133,789	<hr/> 136,279

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 19 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

19.3 Charge to the Statement of Comprehensive Net Expenditure Account and future commitments

	2015 £000s	2014 £000s
Amounts included within operating expenses in respect of off balance element of on balance sheet (SoFP) PFI and other service concession arrangement transactions	0	0
Amounts included within operating expenses in respect of the service element of on balance sheet (SoFP) PFI and other service concession arrangement transactions	4,114	3,998
	4,114	3,998

The payments to which the Trust is committed in respect of the service element of the PFI is as follows:

	2015 £000s	2014 £000s
Not later than one year	4,193	4,112
Later than one year and not later than five years	17,777	17,348
Later than five years	133,957	138,534
Total	155,927	159,994

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 20 OTHER FINANCIAL COMMITMENTS

The Trust did not have any other financial commitments at either 31 March 2015 or 31 March 2014.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 21 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

The Trust did not have any financial instruments at either 31 March 2015 or 31 March 2014.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 22 CONTINGENT LIABILITIES

Clinical Negligence

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.

	2015 £000s	2014 £000s
Clinical negligence	1,209	999
Public liability	5	4
Total	1,214	1,003

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 23 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 £581m.

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 2014/15. 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 2014/15 £000s	Amount paid by Trust during 2013/14 £000s
Mr Niall Birthistle (North West Play Resource Centre)	Non-Executive Director	16	8
Mrs Stella Cummings (British Red Cross)	Volunteer	23	27
Mrs Joan Doherty (Londonderry Methodist City Mission)	Company Secretary	21	16
Mrs Joan Doherty (North West Regional College) - not included in disclosure interest 14/15	Governor	n/a	5
Mrs Barbara Stuart (EXTERN)	Trustee	1,068	1,277

Mr Gerard Guckian, Chairman

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

During 2013/14, the Western Health and Social Care Trust made payments of approximately £8k and received income of £411k from the South Eastern HSC Trust for the provision of goods and services. At 31st March 2014, the Trust was owed £398k by and owed £143k to the South Eastern HSC Trust.

Executive Directors

Mrs Elaine Way, Chief Executive

Mrs Way is a Board Member of North West Play Resource Centre. During 2014/15, the Trust made payments of £15,566 to North West Play Resource Centre. During 2013/14, the Trust made payments of £8,704 to North West Play Resource Centre. Mrs Way had no involvement in the decisions to procure the services from North West Play Resource Centre.

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

Mr Corry Finn is Vice President of NI Hospice. During 2014/15 the Trust made payments of £130,447 to NI Hospice. During 2013/14 the Trust made payments of £116,067 to NI Hospice.

Other Board Members and Senior Managers

Some other Trust Board members and senior managers have disclosed interests in organisations from which the Trust purchased services in 2014/15. The details are set out below. The officers listed had no involvement in the decisions to procure the services from the organisations concerned.

Mr John McGarvey, Assistant Director, Primary Care and Older People

Mr McGarvey is a Representative Governor with WELB for St Patrick's School, Gortin. During 2014/15, the Trust made payments to WELB of £60,015 and received £24,939 from WELB. During 2013/14, the Trust made payments to WELB of £48,762 and received £2,616 from WELB.

Mrs Rosaleen Harkin, Assistant Director Adult Mental Health and Disability Services Directorate

Mrs Harkin is married to the manager of Action Mental Health, New Horizons, an organisation which provides a range of day care and other services to Trust clients. During 2014/15 the Trust made payments of £463,260 to Action Mental Health. During 2013/14 the Trust made payments of £501,816 to Action Mental Health. At 31 March 2014 the Trust owed £8,691 to Action Mental Health.

Dr Conor O'Hare, Clinical Lead Anaesthetics & Intensive Care

Dr O'Hare is Chairman of the Medical Advisory Board of North West Independent Hospital. During 2014/15, the Trust made payments of £3,126,014 and received income of £226,242 from NWIH. At 31 March 2015 the Trust was owed £60,330.

During 2013/14, the Trust made payments of £4,258,022 and received income of £185,760 from NWIH. At 31 March 2014 the Trust owed £124,644 to NWIH and was owed £26,943

Ms Karen Meehan, TYC Programme Manager

Ms Meehan is a Board Member of Derry Well Woman. During 2014/15 the Trust made payments of £118,074 to Derry Well Woman. During 2013/14 the Trust made payments of £118,023 to Derry Well Woman.

Ms Diana Cody, Consultant

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

Mr Gavin Kirby, Lead Pharmacist for Patient services

Mr Kirby is Director of Concierge Practitioners Ltd. During 2014/15 the Trust made payments of £256,947 to Concierge Practitioners Ltd. During 2013/14 the Trust made payments of £191,930 to Concierge Practitioners Ltd and owed £8,594 as of 31 March 2014.

Mr Seamus Wade, Assistant Director, Finance

Mr Wade is a member of the Board of Governors at St Columba's Long Tower Primary School. During 2014/15, the Trust made payments to WELB of £60,015 and received £24,939 from WELB.

Mr Martin Quinn, Acting Assistant Director Adult Mental Health and Disability

Mr Quinn is a member of the Board of Governors at St Oliver Plunkett School. During 2014/15, the Trust made payments to WELB of £60,015 and received £24,939 from WELB.

Mrs Michelle McMackin, Manager Strabane District Day Centre

Mrs McMackin is a councillor with Strabane District Council. During 2014/15, the Trust made payments to Strabane District Council of £3,802 and received income of £2,390 and was owed £198 as at 31 March 2015.

Mrs McMackin is a member of the Board of Governors at Evisk School. During 2014/15, the Trust made payments to WELB of £60,015 and received £24,939 from WELB.

Mrs Jennifer McKinney, Principal Practitioner, Family and Childcare

Mrs McKinney is a Locum Family Therapist with Contact NI. During 2014/15, the Trust made payments to Contact NI of £1,500.

Mrs Vivien Coates, Assistant Director

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

R Thompson, Consultant Surgeon

Mr Thompson is a member of the Medical Advisory Committee with North West Independent Hospital. During 2014/15, the Trust made payments of £3,126,014 and received income of £226,242 from NWIH. At 31 March 2015 the Trust was owed £60,330.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 24 THIRD PARTY ASSETS

The Trust held £3,391k cash at bank and in hand at 31/3/15 which relates to monies held by the Trust on behalf of patients. This has been excluded from cash at bank and in hand amounts reported in the accounts. A separate audited account of these monies is maintained by the Trust.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 25 FINANCIAL PERFORMANCE TARGETS

25.1 Revenue Resource Limit

The Trust is given a Revenue Resource Limit which it is not permitted to overspend.

The Revenue Resource Limit (RRL) for HSC Trust is calculated as follows:

	2015 Total £000s	2014 Total £000s
HSCB	500,022	489,703
PHA	6,131	5,793
SUMDE & NIMDTA	5,283	5,234
Non cash RRL (from DHSSPS)	67,509	30,082
	<hr/>	<hr/>
Total Agreed RRL	578,945	530,812
Adjustment for income received re donations / government grant / lottery funding for non-current assets	(2,587)	(240)
Adjustment for PFI and other service concession arrangements/IFRIC12	5,464	4,636
	<hr/>	<hr/>
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	581,822	535,208
	<hr/> <hr/>	<hr/> <hr/>

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 25 FINANCIAL PERFORMANCE TARGETS

25.2 Capital Resource Limit

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

	2015 Total £000s	2014 Total £000s
Gross Capital Expenditure	44,007	38,303
Less IFRIC 12/PFI and other service concession arrangements spend	0	(160)
(Receipts from sales of fixed assets)	(25)	(85)
Net capital expenditure	<u>43,982</u>	<u>38,058</u>
Capital Resource Limit	<u>43,982</u>	<u>38,059</u>
Overspend/(Underspend) against CRL	<u>0</u>	<u>(1)</u>

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 25 FINANCIAL PERFORMANCE TARGETS

25.3 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.

	2014/15 £000s	2013/14 £000s
Net Expenditure	(588,466)	(537,330)
RRL	581,822	535,208
Surplus / (Deficit) against RRL	(6,644)	(2,122)
Break even cumulative position (opening)	(1,832)	290
Break even cumulative position (closing)	(8,476)	(1,832)

Materiality Test:

	2014/15 %	2013/14 %
Break even in year position as % of RRL	-1.14%	-0.40%
Break even cumulative position as % of RRL	-1.46%	-0.34%

Trust Breakeven Position

The Trust has reported a deficit position throughout the year and has worked with the HSC Board in relation to handling the deficit. The Trust is reporting a deficit for 2014/15 of £6.644m. This deficit has arisen as a result of:

- A substantial in-year increase in the cost of medical locums to sustain services on the Altnagelvin and SWAH hospital sites (£2.4m);
- Increase in expenditure on domiciliary care packages to address critical need and winter pressures (£0.8m);
- Increase in costs associated with Looked After Children (£1.3m);
- Increase in costs associated with the Trust having to recruit 8 additional social workers to address unallocated cases (£0.3m);
- The costs associated with maintaining the staffing model for Ralph's Close – the HSCB had provided funding in 2013/14 (£0.75m)
- Junior doctor travel costs incurred in excess of funding (£0.5m)
- Delay, as a result of legal issues, with the release of the domiciliary care tender (£0.3m)

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 26 LOSSES AND SPECIAL PAYMENTS

Type of loss and special payment	2014-15		2013-14	2012-13
	No of Cases	£		£
Cash losses				
Cash Losses - Theft, fraud etc	1	190	0	1,172
Cash Losses - Overpayments of salaries, wages and allowances	0	0	1,021	3,084
Cash Losses - Other causes	0	0	4,477	9,593
	1	190	5,498	13,849
Administrative write-offs				
Bad debts	86	105,376	19,488	19,048
	86	105,376	19,488	19,048
Fruitless payments				
Late Payment of Commercial Debt	10	1,456	1,110	0
	10	1,456	1,110	0
Stores losses				
Losses of accountable stores through any deliberate act	44	15,770	25,591	30,478
Other stores losses	70	81,855	50,805	72,594
	114	97,625	76,396	103,072
Special Payments				
Compensation payments				
- Clinical Negligence	36	1,264,706	903,500	870,750
- Public Liability	4	16,500	34,250	42,000
- Employers Liability	22	366,944	374,316	117,331
	62	1,648,150	1,312,066	1,030,081
Ex-gratia payments	12	1,500	9,266	15,246
Extra contractual	13	19,986	19,500	18,956
Subtotal	298	1,874,283	1,443,324	1,200,252

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 26 LOSSES AND SPECIAL PAYMENTS

26.1 Special Payments

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

26.2 Other Payments

There were no other payments made during the year.

26.3 Losses and Special Payments over £250,000

Losses and special payments over £250,000	Number of cases	2014/15 £	2013/14 £	2012/13 £
Special Payments	0	0	0	0
Clinical Negligence Cases	0	0	6,491,897	455,995
Subtotal	0	0	6,491,897	455,995
Grand Total	298	1,874,283	7,935,221	1,656,247

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 27 POST BALANCE SHEET EVENTS

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

The Accounting Officer authorised these financial statements for issue on 11th June 2015.

WESTERN HEALTH AND SOCIAL CARE TRUST
PATIENTS'/RESIDENTS' MONIES ACCOUNTS
YEAR ENDED 31 MARCH 2015

STATEMENT OF TRUST'S RESPONSIBILITIES IN RELATION TO PATIENTS' / RESIDENTS' MONIES

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Trust is required to prepare and submit accounts in such form as the Department may direct.

The Trust is also required to maintain proper and distinct accounting records and is responsible for safeguarding the monies held on behalf of patients/residents and for taking reasonable steps to prevent and detect fraud and other irregularities.

WESTERN HEALTH AND SOCIAL CARE TRUST - PATIENTS AND RESIDENTS MONIES

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

I certify that I have audited Western Health and Social Care Trust's account of Monies held on behalf of Patients/ Residents for the year ended 31 March 2015 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

Respective responsibilities of the Trust and auditor

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

Scope of the audit of the account

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

I am required to obtain evidence sufficient to give reasonable assurance that the financial transactions recorded in the account conform to the authorities which govern them.

Opinion on regularity

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

Opinion on account

In my opinion:

- the account properly presents the receipts and payments of the monies held on behalf of the patients and residents of Western Health and Social Care Trust for the year ended 31 March 2015 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, Social Services and Public Safety directions issued thereunder.

Matters on which I report by exception

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

- adequate accounting records have not been kept; or
- the account is not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with Department of Finance and Personnel's guidance.

Report

I have no observations to make on this account.

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

25 June 2015

WESTERN HEALTH AND SOCIAL CARE TRUST

YEAR ENDED 31 MARCH 2015

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

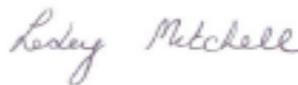
Previous Year	<u>RECEIPTS</u>			
£			£	£
	Balance at 1 April 2014			
1,643,496	1. Investments (at cost)	1,919,406		
310,646	2. Cash at Bank	105,584		
9,100	3. Cash in Hand	9,900		2,034,890
695,616	Amounts Received in the Year			1,348,118
12,789	Interest Received			8,097
2,671,647	TOTAL			3,391,105

<u>PAYMENTS</u>			
636,757	Amounts paid to or on behalf of Patients/Residents		1,173,415
	Balance at 31 March 2015		
1,919,406	1. Investments (at cost)	2,096,689	
105,584	2. Cash in Bank	110,951	
9,900	3. Cash in Hand	10,050	2,217,690
2,671,647	TOTAL		3,391,105

Cost Price	Schedule of investments held at 31 March 2015	Nominal Value	Cost Price
£	Investment	£	£
1,919,406	Bank of Ireland	2,096,689	2,096,689

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

Director of Finance:



Date:

11th June 2015

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

Chief Executive:



Date:

11th June 2015

