

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2020

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

On

31st July 2020

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FOREWORD FROM THE CHAIRMAN

I am very pleased to launch this Annual Report of the operations of the Western Health and Social Care Trust for the year 2019-2020. The Report gives a comprehensive outline of the business and services of the Trust in what has been a challenging year.

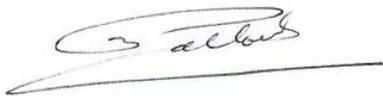
The Trust continues to be led in a most competent and steady manner by our Chief Executive, Dr Anne Kilgallen, and a strong team of Directors. During the year, we have had 3 retirements at Executive level and also no less than 5 changes in Non-Executive Directors so it has been a year of significant adjustment in the corporacy of the Board but I am proud to Chair a strong and cohesive team.

The Annual Accounts indicate steady and significant progress towards a 3-year Recovery Plan, which has been an important goal for the Trust.

The professional operations in our hospitals and community are always a tremendous challenge to our staff but as we approached the last quarter of the year none of us could have anticipated the challenge of Covid-19, a world-wide virus pandemic of massive proportions and the impact on all our countries and communities in terms of deaths has been so sad.

On behalf of the Board of the Trust, I have expressed the deep sympathy of us all to those families who have lost loved ones. I also again express our huge gratitude and admiration for the way our staff, our volunteers and indeed the wider community support services have worked selflessly to maintain services in our hospitals and communities, thank you so much.

I commend this Report to you as a statement of the work of the Western Health and Social Care Trust with good wishes.

A handwritten signature in black ink, appearing to read 'S Pollock', written over a horizontal line.

Mr Sam Pollock

Chairman

FOREWORD FROM THE CHIEF EXECUTIVE

As I write this review of the Trust's achievements for 2019/20 in May 2020, it is hard to remember a world pre Covid-19 Pandemic. All our lives have changed immeasurably, over the last few months.

I want to start by thanking all staff for the way they have embraced the challenges that this outbreak has presented. The cohesive seven day round-the-clock approach by teams has contributed to our robust planning and to our ability to effectively address the impact of the pandemic for our local population.

HSC and its services will change forever, and we are already looking at ways to retain all improvements which the new way of working has generated.

The Trust has had a wide range of other achievements during 2019/20, as follows:

Pathfinder: Our engagement with service users and stakeholders in Fermanagh and West Tyrone has and will greatly enrich the way we provide services to many in the population, particularly the more remote.

Our Implementation Groups continued to be well attended and their work will inform our future approaches.

Delivering Value/ Recovery Plan: 2019/20 represented the first full year of our programme. I am pleased to report excellent progress has been made across a wide range of services. Our finances have improved with a significant reduction in our recurrent deficit, and we have agreed a three year financial plan with Departmental colleagues.

Strategic Engagement in Learning Disability: The Trust has established major engagement with Carers, Families and Providers within the Learning Disability Programme. This will help to form part of all our future strategies and plans to ensure we meet the current and future needs of all Learning Disability clients.

We have successfully implemented Signs of Safety within Women and Children's Services. This will deliver long-term improved outcomes and experiences for families.

We have continued to implement Multi-Disciplinary Teams within Primary Care. This will have the twin impacts of supporting vulnerable Primary Care Services whilst also making Health and Social Care NI more integrated.

The introduction of expanded Ambulatory Care Pathways within Acute Hospital Services provides a more patient-focused service and minimises hospital stays for patients.

The Western Trust has led the Flow Coaching Academy across NI. This will provide other Trusts with the skills for Quality Improvement across a wide range of programmes.

There continues to be a substantial gap between the level of services we can provide, and the level of demand for those services. This results in many people waiting for access to our services much longer than we would want. We will continue to explore new ways of working to improve access; however, the fundamental resource issue remains largely outside our control. The Covid-19 Pandemic has increased this gap due to the need to scale back services.

We lost three Directors during 2019/20. After many years of dedicated service, Dermot Hughes (Medical Director), Kieran Downey (Deputy Chief Executive) and Lesley Mitchell (Director of Finance and Contracting) retired. I wish them well in their retirement.

I want to welcome our new Directors, Dr Catherine McDonnell (Medical Director) and Neil Guckian (Director of Finance and Contracting) to the Senior Management Team.

I welcome Mr Sam Pollock as Chairman of the Trust, Sam brings a wealth of experience across a wide range of areas and I look forward to working closely with him. I also welcome our new Non-Executive Directors, Rev Judi McGaffin, Professor Hugh McKenna, John McPeake, Sean Hegarty and Ruth Laird to our Trust Board.

Finally, I want to thank all staff, at every level in the organisation for the outstanding commitment you have shown during the year. I am continually humbled by the efforts of staff in so many areas, and believe that the population of the Western Trust is well served by their committed Health and Social Care staff.



Dr Anne Kilgallen
Chief Executive

PERFORMANCE REPORT

Performance Overview

Purpose

This section of the report presents the corporate perspective on the Western Health and Social Care Trust's performance over the period 2019-20. It also summarises the purpose and activities of the Trust and provides a brief description of the business model and operating environment, organisational structure and strategies. Key issues and risks that could affect the organisation in delivering against its objectives are identified and the section concludes with an outline of performance over the reporting period.

Director of Finances Performance Overview

This report reflects the successes and challenges in delivering services to and meeting the needs of the communities we serve.

The Department of Health (DoH) recognised the financial challenges facing the Trust and in February 2019 agreed to a formal (three year) Recovery Plan process for the stabilisation of the finances of the Trust. This Recovery Plan is to address an underlying deficit of £39m over the next three financial years. It is being overseen by the Trust Board and the Department of Health.

A Financial Plan was approved by Trust Board and agreed with the Department of Health (DoH) during the year.

The Trust has built on the Financial Recovery Programme to establish a new programme called "Working Together...Delivering Value", to agree and implement the financial recovery process. This work will be overseen by the Trust Board and by the Department of Health. This programme, along with the Trust's work on Pathfinder and Transformation, will be the Trust's strategic priority for the next 3 years. The Trust's Corporate Plan has been revised to reflect these priorities and has been submitted to the Department of Health.

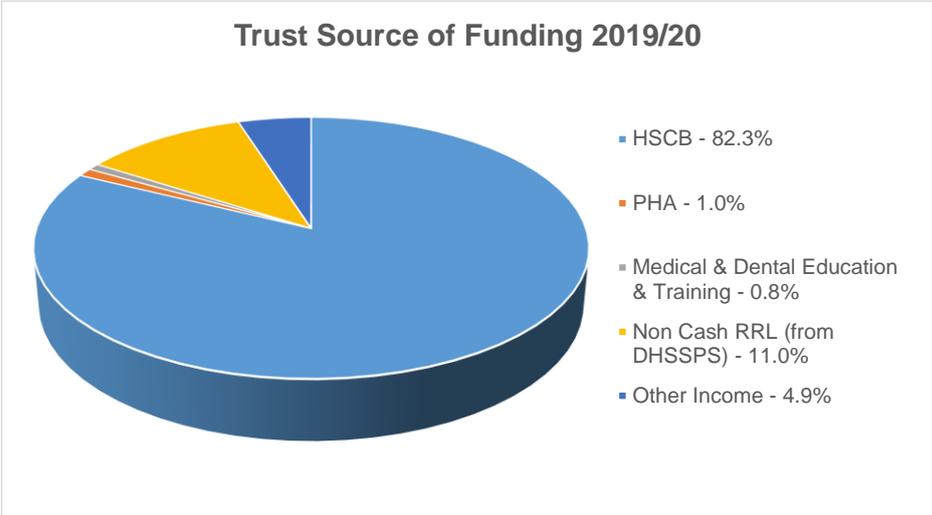
The Western Health and Social Care Trust

Purpose and Activities

The Western Health and Social Care Trust (the "Trust") is a statutory body, established on 1 April 2007, which is responsible for the delivery of safe and effective health and social care services to a population of approximately 300,000 people across the western part of Northern Ireland, covering a geography that stretches from Limavady in the north to Fermanagh in the south. The Western Trust also provides a range of specialist acute services to the northern part of the Northern Trust and to north Donegal through specific commissioning arrangements.

The Western Trust employs approximately 12,500 staff and had an annual income of over £840m in 2019/20.

The chart below illustrates the various sources from which the Trust receives its funding.



Business Model

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

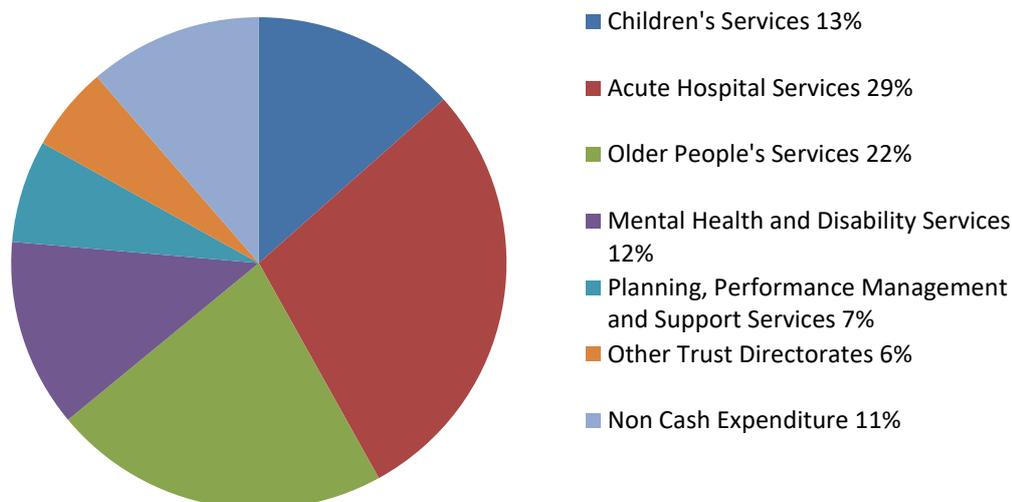
- Acute Services;
- Adult Mental Health and Disability Services;
- Primary Care and Older People's Services, and
- Women and Children's Services.

The service Directorates are supported by:

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

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

Trust Expenditure by Segment 2019/20



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

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

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

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



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

Further information on the services provided by the Trust can be obtained from the website: <https://westerntrust.hscni.net>

Vision and Values

The Trust's aim is "to provide high quality patient, people centred services through highly valued and engaged staff".

Key Issues and Risks

The Trust, in common with the health and social care system in general is facing tremendous challenges. The key challenges are:

- Demand - increasing demand for services year on year particularly in:
 - unscheduled care;
 - elective referrals;
 - mental health services; and
 - support in the home or through nursing home care.
- Workforce - the recruitment and retention of staff across a range of professions, particularly nursing, medical, allied health professionals, psychology and social work. During 2019/20, recruitment of staff in support of Transformation projects

placed additional pressure on core services, as a range of staff were recruited internally to these new areas of work.

- A Growing Older Population - Advances in screening, medicines and treatments as well as lifestyle and an improved economic environment, mean that people are living longer.
- Quality and Standards - Advances in our understanding of diseases, in medicine and technology mean minimum acceptable standards evolve. This requires service models to adapt and change to ensure consistently achieved quality outcomes.

The Governance Statement within this report sets out more detail on significant control issues facing the Trust.

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

Performance Overview

Each year the Department of Health (DoH) issues its Commissioning Plan Direction to the Health and Social Care Board, which contains the priorities and targets for the region. In turn, the Health and Social Care Board issues the Trust with an annual Commissioning Plan, which details what the Health and Social Care Board expects the Trust to deliver in the coming year. Each of the targets will have associated measures or performance indicators, by which the Trust's performance will be measured.

In recognition that some ministerial waiting times targets can no longer be sustainably met given the continuing increases in demand, the DoH requires Trusts to provide Performance Improvement Trajectories (PITs), setting out the forecast waiting times position for 2019/20.

These Performance Improvement Trajectories (PITs), which set out challenging targets in accordance with the HSC Performance Management Framework, were agreed with the Commissioners and the Department of Health. The majority of these targets were met or partially met.

The Trust monitors its performance against targets by means of a Performance Report which is produced every month and reviewed by the Trust Board.

Over the course of 2019/20, it has continued to be a challenge to meet the targets set, as is the case across HSC organisations. The growth of the ageing population, continually increasing demand for services and the financial challenges facing the health and social care system regionally, have impacted on the situation further.

The Trust continued to deliver very strong performance, particularly for those Cancer patients referred for urgent breast cancer assessment and treatment (who should

always be seen within 14 days), and those diagnosed with cancer requiring urgent treatment (98% of these patients should be treated within 31 days). Against these standards the Trust attained 99.9% and 99.2% respectively for the year overall. This was supported by sustained good performance in its diagnostic services.

There were significant challenges in the delivery of elective care due to the industrial action, which ran from late November 2019 to the first week of January 2020, and downturn of routine planned care as part of preparations for Covid-19. Throughout the year unscheduled demand also continued to increase which impacted on elective capacity.

Access to inpatient, daycase and outpatients has continued to be challenging during 2019/20, particularly for routine patients with 28% of patients waiting less than 13 weeks for inpatient or day case treatment and 22% waiting less than 9 weeks for an outpatient appointment. The Trust has deployed Waiting List initiatives funding (WLI) to support this position.

The performance against the 12-hour standard in the emergency department (ED) was also significantly affected during the year, in the main due to the difficulties in generating sufficient hospital beds early enough in the day. The length of time to discharge patients requiring more complex care into the community or their homes and nursing staff shortages were the main factors which reduced the ability to admit patients in a timely way. The Trust remains committed to continue to work with stakeholders to manage its resources in the most effective way to manage both demand and risk.

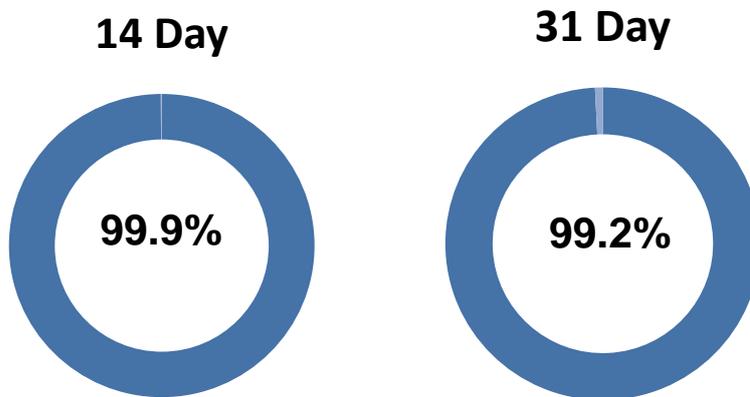
The Trust saw significant increases in demand for mental health services, including adult mental health, psychological therapies and child and adolescent mental health services (CAMHS). The Trust was successful in delivering an improved position for Adult Mental Health and CAMHS, however was challenged to maintain access to Psychological Therapies at the levels required in the performance improvement trajectory.

The Western Trust has an important role in providing cross border services, which the Trust values. In 2019/20, 209 Republic of Ireland (RoI) patients were treated in the North West Cancer Centre. During 2019/20, 70 people were assessed for urgent cross border cardiac intervention with 55 being suitable for primary percutaneous coronary intervention (PPCI).

Performance - Key Achievements

Our performance against the targets and the end-of-year position against them are summarised below:

Cancer Performance



- 99.9% of urgent breast cancer referrals were seen within 14 days, against a target of 100%;
- 99.2% of patients diagnosed with cancer received their first definitive treatment within 31 days of a decision to treat, against a target of 98%; and
- 61% of patients urgently referred with a suspected cancer began their first definitive treatment within 62 days, against a target of 95%.

Cancer Performance	Number of Patients
Urgent Breast Cancer Referral – 14 Days	3,091 patients seen
Decision to treat – 31 Days	1,673 began treatment

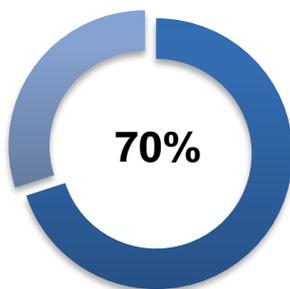
Fractures

- 87% of patients, where clinically appropriate, waited no longer than 48 hours for inpatient treatment for hip fractures, against a target of 95%. There was a 3.3% increase in hip fracture patients treated.

Specialist Therapies

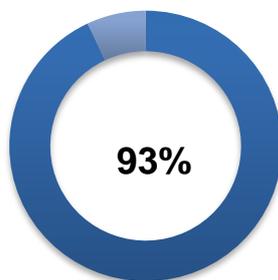
- No patients were waiting longer than three months to commence NICE approved specialist therapies for psoriasis.
- 28 patients were waiting longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis. Immunosuppressed patients did not start treatment due to the Covid-19 pandemic. No pneumonia vaccinations were available in the community which is required prior to commencing therapy.

Diagnostics



9 Week Diagnostic Tests

As at 31 March 2020, 70% of patients waited no longer than 9 weeks for a diagnostic test against a target of 75%.



Urgent Diagnostic Tests

During 2019/20, 93% of urgent diagnostic tests were reported on within 2 days of the test being undertaken.

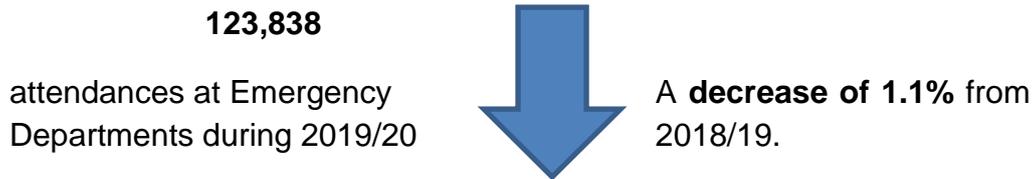
Diagnostics delivery has been impacted by both industrial action and cancellations due to Covid-19. In particular, a comprehensive plan to recover MRI performance has been affected.

80% of people waited less than 9 weeks for an imaging test.

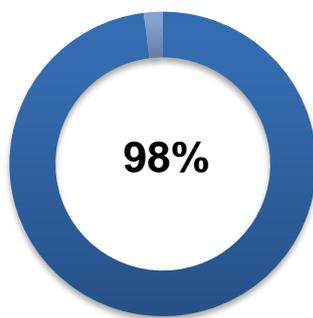
Discharges

- 97% of all mental health discharges took place within 7 days of the patient being assessed as medically fit for discharge, with 2% (35 patients) taking more than 28 days.
- 97% of all learning disability discharges took place within 7 days of patients being assessed as medically fit; this is a significant improvement from March 2019 (81%). Discharges taking more than 28 days decreased from 4 in March 2019 to 1 in March 2020.
- 97% (98% SWAH, 96% Altnagelvin) of all non-complex discharges from an acute hospital took place within 6 hours of the patient being assessed as medically fit for discharge.

Unscheduled Care



Hearing Aids



98% of hearing aids were fitted within 13 weeks compared to 84% in 2018/19.

Stroke Services

16% (57 patients) with confirmed ischaemic stroke received thrombolysis treatment. Therefore, the Trust met the target of 16%.

Direct Payments

Direct Payments uptake had increased to 1,417 against the Trust target of 1,400, therefore secured the target of 10% increase.

Self-Directed Support

5,694 (24% increase) service users and carers have been assessed or reassessed at review under the Self Directed Support approach.

Performance - Key Risks

Our performance against the targets and the end-of-year position against them are summarised below.

Emergency

The Trust has ensured that 63% of patients attending its Type 1 Emergency Departments (ED) completed their unscheduled care pathway within 4 hours of arrival, (56% in Altnagelvin and 60% in South West Acute Hospital).

7,261 patients waited in excess of 12 hours, (4,743 in Altnagelvin and 2,518 in South West Acute Hospital).

During 2019/20 there was a similar demand level as the previous year until March 2020 when ED attendances at SWAH, Altnagelvin and Omagh dropped significantly due to

Covid-19. However, timely admission from ED remained a challenge as normal admission pathways were displaced due to Covid-19 surge preparations as assessment areas were converted to Covid-19 inpatient areas.

Acute Discharges

The Trust achieved 79% of acute discharges within 48 hours with Altnagelvin achieving 72% and South West Acute 86%.

Complex Discharges

There were 4,513 complex discharges of which 525 took more than 7 days to discharge. This is an increase from 2018/19 (453). The Trust continues to face the challenge of patients presenting with very complex needs in the acute hospital and providing individual care packages or sourcing nursing home placements to meet those needs. A shortage of dementia nursing home placements is a particular challenge and has had an impact on the Trust’s ability to meet the targets set for the timely discharge of patients.

Elective Delivery of Core

The Trust agreed a Performance Improvement Trajectory with the Health and Social Care Board (HSCB) for elective Outpatients and Inpatient/Day Case activity. The agreed targets and actual performance for 2019/20 are set out in the table below.

Performance Area	Performance 2018/19	Predicted Performance 2019/20	Actual Performance 2019/20
IP/DC Core Elective	-11%	-11%	-14%
OP Core	-12%	-13%	-19%

There was a considerable impact on the delivery of routine elective work due to the Industrial action, which ran from November 2019 until January 2020, when decisions were made to cancel a range of activities in order to maintain safe services.

The Minster’s announcement during March 2020 required that many areas of routine planned care were stood down to prepare for the Covid-19 surge. Staff were re-trained and redeployed to ICU and designated Covid-19 acute respiratory wards to support surge rotas which resulted in a considerable drop in planned assessments and treatments delivered.

The Trust commenced an intensive use of “virtual” clinics with patients to enable outpatient assessments and reviews to continue where possible, and activity rose dramatically as clinical teams rapidly adopted these new ways of working.

GP referrals fell very considerably across March 2020, a variance of 2,975 less referrals from March 2019. As the GP service changed the method of delivery this changed the pattern of outpatient referrals and conversely impacted on waiting lists.

Inpatients, Daycases and Outpatients

28% of patients waited less than 13 weeks for inpatient/daycase (IP/DC) treatment against a target of 55% and 22% were waiting less than 9 weeks for a first out-patient appointment against a standard of 50%.

The HSCB made available funding of £2.676m to enable additional waiting list initiative (WLI) activity to be undertaken which included IP/DC activity. These allocations were directed to address areas of greatest risk and the Trust delivered 92% against this WLI budget. However, despite the additional funding, waiting times have continued to deteriorate across IP/DC and Outpatients, particularly for routine patients.

Cancer

61% of patients received their first definitive treatment within 62 days of being referred against a target of 95% and a Performance Improvement Trajectory of 73%.

The 62 day target remained challenging, reducing to 61% due to a range of factors including a change in clinical guidance for Urology (in line with best practice). A service improvement plan is in place and the cancer services team continue to work collaboratively with the acute service managers to ensure a continued 'joined-up' approach to sustained delivery of cancer performance.

Allied Health Professional (AHP) therapies

The number of patients waiting longer than 13 weeks for AHP services increased from 3,067 to 4,436 during 2019/20. There were significant increases in Physiotherapy and Dietetics services due to workforce issues and the loss of staff to Multi Disciplinary Teams (MDTs).

Despite a reduction in the number of Occupational Therapy patients waiting longer than 13 weeks, the speciality continues to experience the longest waits. During 2019/20 the HSCB made available funding of £298,000 to undertake waiting list initiatives within Occupational Therapy and Podiatry, which resulted in 4,575 new and review attendances across both specialities.

As part of decisions made to downturn planned activity due to Covid-19, urgent and essential AHP appointments were either delivered on a clinic or domiciliary visit basis. Routine review of cases has been facilitated through telephone contact for patients who have underlying clinical conditions which require on-going monitoring. The service has also introduced innovative approaches using photographic referrals submitted to Podiatry, which is supporting patients in their own homes and those in care homes.

Mental Health Services

At 31st March 2020, 358 patients waited longer than 9 weeks to access the **Child and Adolescent Mental Health Service (CAMHS)**, with the longest wait at 52 weeks. This was due to increasing demand, a growth in complex cases and a rise in emergency referrals coupled with loss of capacity due to workforce issues. However the service still ended the year in a much better position than originally predicted partly due to a contract with Youth Life.

This service continues to be challenging and looking forward it is expected that there will be continuing increases in demand, therefore work has started to consider how the Trust might respond to this area of need in a different way.

The number of patients waiting longer than 9 weeks to access **Mental Health services** reduced from 701 at 31 March 2019 to 477 at 31 March 2020, with a longest wait at 55 weeks. This improvement in performance and against the forecast position was achieved in the latter part of the year with the establishment of Primary Care MDT Triage, waiting list review and overtime clinics. Due to Covid-19, a number of outpatient appointments were cancelled at end of March 2020.

217 patients waited longer than 9 weeks to access **Dementia services**, with a longest wait at 37 weeks. Throughout the year, there was a deteriorating performance against the planned trajectory due mainly to workforce challenges at medical level, whereby gaps in staffing and a dependency on locum doctors meant that our resource was spread across seeing new patients, and reviewing those people who were already receiving a service. The focus was on seeing those at greatest risk in the community and ensuring inpatient care was effective, therefore, at times people waited longer to be seen at an outpatient clinic. In March 2020 a number of cancellations were made as part of decisions to downturn planned activity due to Covid-19.

937 patients waited longer than 13 weeks to access **Psychological Therapies**, with a longest wait of 124 weeks. Performance has deteriorated throughout the year due to an acknowledged gap between funded health service capacity and increasing demand and also recruitment issues. In March 2020 a number of cancellations were made due to Covid-19.

Waiting for a Social Work Allocation (Unallocated Cases)

The number of children waiting for a social work allocation fluctuated throughout 2019/20 with a significant increase in December 2019 (232). At March 2020, there were 214 unallocated cases, reflecting a 32% increase compared to March 2019 (162). It should be noted that all such cases are monitored and managed by senior social workers.

Performance - Other Issues

Long Term Liabilities

The most significant long-term liabilities of the Trust arise in two areas:

1. *Private Financing Initiatives (PFI)*

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

The overall PFI liability, excluding interest and service costs, for the two contracts as at 31 March 2020 was £118m. Further details of the PFI details can be found in Note 18 to the Accounts in Section 3 of this document.

2. *Provisions greater than 1 year*

The Trust provides for legal cases that are not yet settled and further detail on these is available in Note 15 to the accounts. Where a case is not expected to settle in the following year the provision is discounted and the provision is shown as a non-current liability in the Statement of Financial Position. At 31 March 2020, the Trust had £19 m of non-current provisions.

Public Sector Payment Policy 2019/2020

The Department requires that Trusts pay their non-HSC trade payables in accordance with applicable terms and appropriate Government Accounting guidance. The Trust's payment policy is consistent with applicable terms and appropriate Government Accounting guidance and its measure of compliance is:

Public Sector Payment Policy - Measure of Compliance	2020 Number	2020 £000s	2019 Number	2019 £000s
Total bills paid	267,573	487,613	253,918	467,157
Total bills paid within 30 days of receipt of an undisputed invoice*	243,311	457,412	233,706	435,111
% of bills paid within 30 days of receipt of an undisputed invoice	90.9%	93.8%	92.0%	93.1%
Total bills paid within 10 day target	200,613	405,923	196,744	387,787
% of bills paid within 10 day target	75.0%	83.2%	77.5%	83.0%

* New late payment legislation (Late Payment of Commercial Debts Regulations 2013) came into force on 16 March 2013. The effect of the new legislation is that a payment is normally regarded as late unless it is made within 30 days after receipt of an undisputed invoice. From 1 April 2015 the scope of the prompt payment compliance measurement increased to take account of all categories of supplier payments made by Trusts, with the only exception being payments made to other organisations within the broader HSCNI.

The amount of compensation paid for payment(s) being late is currently £246. This is also reflected as a fruitless payment in the Assembly Accountability Disclosure Notes.

Employee issues

The cumulative rate of absence for all Trust staff during 2019/20 was 7.11%.

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

Disability Policies

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

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

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

Accounts and Audit

The Trust has prepared a set of accounts for the year ended 31 March 2020 which have been prepared in accordance with Article 90(5) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health. The Trust accounts are set out in Section 3 of this document.

The Trust's External Auditor is the Comptroller and Auditor General who sub-contracted the audit to Grant Thornton for 2019/20. The Trust was charged £52,000 for the statutory audit of the accounts (£47,000 for Public Funds and £5,000 for Endowments and Gifts).

DIRECTORATE PERFORMANCE

Acute Services

ALTNAGELVIN

It has been a challenging year from an unscheduled care perspective with continued demand for this service. The Trust has supported further investment in Emergency Department nursing funded establishment to move this further towards normative without financial support from the HSCB/ DHSSPS. As part of service redesign the unscheduled care team has continued to develop its ambulatory care model which now incorporates Unscheduled Surgery and a chest pain nurse led service.

The Trust in collaboration with Capital Development and HSCB Commissioning colleagues has finalised a business case which includes plans for a new Emergency Department, Intensive Care Unit and Theatre Suite; this has been signed off by Trust Board in May 2020. In order to ensure we meet demand the current department will undergo refurbishment in summer 2020 circa £1.2m providing additional assessment space for patients.

New investment in Orthopaedic and Urology will provide enhanced capacity for orthopaedic trauma and elective patients and will see the transfer of southern sector Urology patients to the northern sector.

In order to ensure that we maximise our theatre and inpatient capacity the Trust has engaged experts in scheduling, Meridian Productivity, to focus on streamlining booking/ scheduling and use of theatre capacity.

The directorate remains committed to Quality Improvement and now has well established 'Big Rooms' including Orthopaedics, Mental Health and Emergency Care. Numerous staff have also completed qualifications in these areas.

SWAH/OHPCC

Pathfinder Initiative

The Fermanagh and West Tyrone Pathfinder was established in 2018 to consider how sustainable health and social care services can be provided for people in the Fermanagh and West Tyrone area in light of ongoing workforce challenges in the rural geography.

Phase 1: Pre-engagement and Engagement was undertaken in August 2018 - April 2019, presenting the rationale and seeking support for the project.

Phase 2: Analysis was undertaken in April 2019 - October 2019 with an analysis of community engagement and data gathered by the Public Health Agency.

Phase 3: Moving into Action commenced in November 2019 and builds a shared understanding of need, identifies solutions and creates Collaborative Implementation Groups. The priority themes have been identified as Community Care, Careers, Hospital Care, Mental Health and Primary Care. A series of workshops were held in January and February 2020 with agreed recommendations identified for the next steps.

For Hospital Care the workshop identified priorities and the actions to address these under the themes of:

- Workforce challenges;
- Improving the front door processes;
- Improving the delivery of care for inpatients;
- Extending into the community, and
- More effective networks.

Our Hearts Our Minds

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

Same Day Emergency Care

The Ambulatory Care service, funded under Transformation, operated from the Medical and Surgical Assessment unit, in South West Acute Hospital with four designated patient assessment stations. The service commenced in January 2019 seeing 877 patients from January 2019 to March 2020 with 94% of attendances sent home that day.

The main categories of care provided were blood and iron deficiency anaemia transfusions, investigations, respiratory treatment and pulmonary embolisms. GP referrals accounted for 40.9% of the referrals to the Same Day Emergency Care Service, with ED responsible for 28.1% of referrals and Re-attenders 16.2%.

The unit closed on 11 March 2020 being converted to a Covid-19 ward.

SAFER Patient Flow

The South West Acute Hospital site continues to implement the SAFER Patient Flow Care Bundle, which blends five elements of best practice, through a quality improvement approach.

S - Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A - All patients will have an Expected Discharge Date (EDD) and Clinical Criteria for Discharge (CCD), set by assuming ideal recovery and assuming no unnecessary waiting.

F - Flow of patients to commence at the earliest opportunity from assessment units to inpatient wards. Wards routinely receiving patients from assessment units will ensure the first patient arrives on the ward by 10am.

E - Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R - Review. A systematic multi-disciplinary team (MDT) review of patients with extended lengths of stay (longer than 7 days – also known as ‘stranded patients’) with a clear ‘home first’ approach.

Cancer and Diagnostics

Throughout 2019/2020, the Cancer and Diagnostics Hospital Management Team have worked together to further develop the shared aim of delivering high quality effective cancer diagnosis and treatment for the benefit of all patients.

We have built on last year’s achievements; maintaining accreditations across Endoscopy, Pathology and Radiotherapy, with Radiology and Medical Physics also being recommended for accreditation. We continue to work closely with our colleagues in the Republic of Ireland. A review of the SLA with the Republic of Ireland commenced in December 2019 to review the service provision for patients from Co Donegal. Although due to complete in April 2020, this will now be completed later in the year.

The radiotherapy department has continued to support innovation and research to ensure patients have access to the latest equipment and treatments, with targeted treatments and more treatment options available for patients. In 2019-20, over one thousand patients have been treated with a total 15,500 fractions (individual treatments) of radiotherapy.

Rising demand has made it challenging to meet cancer waiting time standards and work is underway to ensure diagnostic capacity and associated staffing is in place to meet additional demand.

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

Some key developments during 2019-20 include:

- Appointment of professorships for Clinical Lead of Oncology and Head of Physics within NWCC;
- Streamlining the patient journey with regard to commencing Systemic Anti-Cancer Treatment (SACT) with significant patient and staff impact;
- Development of the UGI oncology service in NWCC which has changed the pathway for those newly diagnosed in the Western Trust. All patients, except those who are potentially curative, can avail of palliative chemotherapy / radiotherapy locally;
- Increasing the number of clinical trials at The North West Cancer Centre. This research has the potential for improving the patient outcome for those taking part but also deepens our understanding of cancer to benefit patients in the future; and
- Increased number of calls to the 24-hour telephone triage helpline; providing advice to Oncology and Haematology patients receiving treatment at the NWCC; reducing the need to contact GPs.

Our biggest commitment is to put patients at the heart of everything we do and to ensure we provide the highest quality care and treatment with very real patient benefits. This is evident through our kind and caring staff who 'go the extra mile' to meet the needs of patients and their families.

Clinical Psychology – Physical Health (Acute)

Service delivery has been reviewed in light of increasing demand in all funded specialties. Training in psychological thinking and processes to other professional groups e.g. nursing staff, dietetics, etc. has resulted in increased staff confidence in understanding psychological issues in patient groups which has led to better management of same, as well as more appropriate referrals being received.

New group-based initiatives are being trialled to address patient need particularly in areas of high demand – e.g. hypnotherapy to address physical and emotional symptoms for oncology patients.

Two members of staff are being funded to undergo Doctorate Level Training, which would enable them to apply for qualified posts within service when completed and allow independent working. Tracy McCrossan is completing a Doctorate in Health Psychology, in University of Liverpool. Pauline Doherty is completing a Doctorate in Counselling Psychology through British Psychological Society (independent route). Unscheduled care impact has reduced due to Transformation project which saw trialling of Mental Health Liaison Service (Psychiatry led sessions) to Acute Hospital (Altnagelvin site).

Adult Mental Health and Disability Services

Adult Mental Health Services

Royal College of Nursing Nurse of the Year 2019 Awards

In the Royal College of Nursing Nurse of the Year 2019 awards, Claire Kerr and Jennifer Jordan from Grangewood Hospital won the award for Inspiring Excellence in Mental Health and Learning Disability Nursing Category.

New Mental Health Unit in Omagh

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

Primary Care and Adult Psychological Therapies Service

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

Outstanding Serious Adverse Incidents (SAI's)

Within Adult Mental Health Services a recovery plan to address outstanding SAIs has been implemented. This has been enabled through the commissioning of training for Team Managers and Leaders who are being supported by an SAI panel of Senior Practitioners, clinicians and external mentoring. In addition the directorate has commissioned a number of external SAI reviewers through the HSC leadership centre to aid progress.

Adult Learning Disability Services

The changing demographic of adults with learning disabilities and their carers demonstrates that people are living longer and consequently requiring access to a greater range of services for health and social care. A number of regional reviews have indicated that Adult Learning Disability Services in the West had a significant differential in terms of investment.

Work has been ongoing over time to redress the inequity through additional investment and in 2019/20, the Trust confirmed further significant additional funding to address the problem. A prioritised spending plan has been developed in consultation with carers and service users through the established PPI/Co-Production process to inform investment in services to meet the needs of this population.

Community Team Investment

The Community Social Work Teams continue to evolve and work closely with their multi-disciplinary colleagues in the provision of a holistic service to service users and carers. There has been a significant growth in more personalised models, notably evidenced in the increase in e.g. service users/carers availing of direct payments allowing for more bespoke responses to assessed needs.

There is considerable activity led by Community Social Work in continuing the progression of the co-production agenda through Local Involvement Groups (LIGs), the Strategic Involvement Group (SIG) with representation from each of the LIGs and multi-agency working at the social work interface through the development of a Local Engagement Partnership (Phase 2 SW Strategy).

Adult Disability, Sensory Support, Autistic Spectrum Disorder and Community Brain Injury Services including Statutory Day Care

The changing societal demographics in respect of adults living longer are resulting in increased demand on services for individuals who have a range of health and social care needs.

The delegation of healthcare tasks for individuals living in the community with complex health and social care continues to be a challenge. Progress has been made in relation to a delegation panel being established under a quality improvement initiative to support this need and this has seen improved social care outcomes for individuals living in the community.

The provision of domiciliary care can be difficult to access particularly in the rural areas of the Trust. The introduction of direct payments within self-directed support has been beneficial, however, some rural areas continue to find the availability of domiciliary care and recruitment of personal assistants very difficult. PATHFINDER is exploring this to ascertain how we can develop services within rural localities.

Adult ASD, Physical Disability and Acquired Brain Injury

Numbers accessing self-directed support to support themselves and their carers to live as independently as they can in the community are increasing. These services have noted an increase in the use of direct payments which is offering increased choice, control and flexibility and reduction in nursing home placements.

The service continues to support informal carers by offering carer support assessments, working together to develop carer support plans, provide one-off or recurring short breaks. Carers Cash Grants and engagement with the Trust Carer Support Team are also promoted alongside signposting to the community and voluntary sector. The Physical Disability team has recently established 'Carer Drop In' sessions on a quarterly basis in the Strabane and Limavady localities. This was arranged following a PPI event and has proved to be popular with informal carers as they get an opportunity to meet in

a community setting; discuss any issues with professional staff and also receive peer support from other informal carers.

The GP Federation in conjunction with the WHSCT has established MDTs within GP Practices in the Northern Sector of the WHSCT. This has resulted in core teams receiving appropriate referrals that meet the threshold for statutory intervention with the MDTs in GP practices managing lower level cases and signposting to other relevant services. It has strengthened the relationship with the GP practices and information/support can be accessed more efficiently. During this current Covid-19 pandemic, the MDTs in GP practices have been very supportive, for e.g. the MDT SWs have been arranging food parcels for individuals who are shielding/isolated and ensuring they are sign posted to relevant organisations for support. This has reduced demand on core services and provided timely and effective outcomes for individuals in the community.

Physical Disability

There has been a decline in individuals accessing traditional day care with more opting for day opportunity in the community as there is an increasing range of services in the community that they can avail of. Quality improvement initiatives are currently being explored to develop referral pathways across the sub directorate which is promoting inclusion and delivering value. A review of traditional day care is also being undertaken to ascertain how it can be inclusive of day opportunities going forward.

The range of accommodation needs to be developed to meet the needs of young people living with physical disabilities, Autism and individuals with acquired brain injury. There is a high demand for suitable housing with support at different levels to include healthcare. Without adequate housing, individuals are being placed in nursing homes which results in significant bed pressure on nursing beds in the community which can then cause delays in discharges from acute hospitals. We are contributing to the supported living review which is currently being undertaken within the WHSCT to ascertain demand for the future and how the services can work together to deliver appropriate services/accommodation into the future.

Day Care

Following an audit within Glen Oaks Day Centre, a service improvement plan has been implemented, in conjunction with the Learning, Governance and Development Team. This improvement plan was shared with Regulation and Quality Improvement Authority (RQIA) and its focus is to promote users' independence through programmes of rehabilitative, therapeutic, social, recreational and educational activities. Individuals who attend the centre participate in a full and varied programme of activities to promote independence. Service users co-designed the entrance foyer of the building. The design change promotes the concept of a person-centred ethos and accommodates the needs of those with a sensory and/or physical disability and/or brain injury/and or autism.

Primary Care and Older People's Services

Delivering Value

The Directorate was set very challenging financial targets in order to stabilise the Trust's financial position during 2019/20. A number of proposals were put forward as part of the Delivering Value Project with plans put in place across the Directorate's range of services to support financial recovery and at the same time improve efficiency and productivity. The most successful of these proposals, which delivered considerable efficiencies in-year and assisted the Trust to both meeting increasing demand and address cost pressures, was the Domiciliary Care Rota Optimisation initiative.

Quality Improvement

Occupational Therapy - Mobile Working Project

Occupational Therapy Services within Community Paediatrics Occupational Therapy Service has been using Microsoft Teams technology to enhance and support clinical decision-making in the delivery of OT services, introducing improved interworking and interfacing, with the overall aim of improving quality outcomes for service users. This project has been very successful and will now be rolled out (subject to funding) across other services.

Community Occupational Therapy Drop-In Clinics

The Occupational Therapy service has established non-appointment drop-in clinics to manage service referrals for the assessment of non-complex service users, who are screened and provided with information packs, telling them how they can bring the required information/measurements regarding their environment to the clinic, to reduce the requirement for follow-up domiciliary visits. An evaluation of this service has identified that waiting times for these service users has reduced from 54 weeks to 13 weeks. This initiative has also had a significant impact on waiting list cleansing.

New Dementia Staff for the Acute Hospital

The Trust has appointed a Dementia Service Improvement Lead for acute hospital services, who will take forward the recommendations from the Northern Ireland audit of dementia care in the acute hospitals. A number of Dementia Companions for the acute hospital have also been recruited and will take up post in December. The overall purpose of the Dementia Companion role is to support and assist patients living with dementia who are admitted to an acute care ward by creating ward environments that are both person-centred and dementia friendly.

Staff Recruitment Pressures

Medical staffing recruitment pressures continued into 2019/20, which necessitated the continued employment of locum medical staff and the significant financial cost to the Directorate.

The recruitment of nursing, social work and AHP staff also continued to present challenges throughout the year. The Directorate has continued to ensure that

prioritisation of work is safely managed, whilst at the same time, pursuing timely recruitment processes.

Domiciliary Care Provision

Demand for domiciliary care provision has continued to increase during 2019/20. The Trust remains committed to supporting people who wish to remain in their own home with the provision of care packages that meets their ever-increasing complex care needs. However, it must be acknowledged that a waiting list is in place for domiciliary care and there are particular challenges in providing care for individuals living in the more rural areas of the Trust.

Delayed Transfers of Care

The Trust continues to face the challenge of patients presenting with very complex needs and providing individual care packages or sourcing nursing home placements that meet those needs. An emerging risk as a result of the delays in providing dementia nursing home placements on a timely basis has been the increase in the number of medically fit patients with complex behaviours being cared for in acute hospital wards. This risk has been added to the Directorate's risk register and we continue to work to mitigate this through ways of facilitating transfers from hospital into appropriate community settings. A significant programme of improvement work commenced in January 2020 and achieved an 80% reduction in the total number of delay days for people waiting to transfer out of an acute hospital. Despite this success, the demand on hospital services coupled with the complexity of individual needs means that transfer delays remains one of the main priorities and challenges for the directorate.

Women and Children's Services

Family and Child Care

Signs of Safety

Signs of Safety remains the regional approach to social work practice across Family and Childcare in Northern Ireland. Since the launch in June 2018, progress has been made in changing social work practice in line with this approach and the values underpinning it. To date in the WHSCT, 489 social workers have been trained to an introductory level and 121 social workers to an advanced level. This has further created a momentum in implementation. Alongside this, there have been at least 46 awareness-raising events with partner agencies which have targeted at least 1,651 from both the statutory and community sector. A Stakeholder Group has been established, working alongside the Project Team and overseen by the local Project Board, with systems in place to identify and share learning opportunity and highlight and develop plans to overcome challenges in implementation.

Adverse Childhood Experience (ACE) Conference

The roll out of ACE awareness and trauma aware information was carried out throughout the year. This included screening of the Resilience documentary, partnership working with MACE project and training for WHSCT frontline workers. The documentary was screened throughout the West to Trust staff, other statutory partners as well as our community and voluntary partners. This is aimed at starting the conversation about ACEs and how we as professionals can adapt our practices and ensure we are adopting a trauma informed approach. We will endeavour to continue this awareness raising campaign and ensure that the message of ACEs is disseminated throughout the whole Trust area.

In the Southern Sector, the ACE agenda forms one of the central pillars within Fermanagh and Omagh Community Planning. As well as the documentary screenings a strong partnership has been formed by Trust staff and the MACE project workers: as per previous update, this is a cross border initiative that will provide interventions for families who have had and/or are having ACEs. This partnership has seen the development of cross border working and sharing of good practice and further roll out of the project. Training has also been delivered by Clinical Psychologist Dr Karen Treisman to our frontline social work/family support staff throughout the Trust with 200 members of staff availing of 2 days training.

Further developments with NWRC have also taken place this year with the establishment of level 4 trauma informed training available to all internal college staff and it is hoped that this will be available to other professionals. The Best Start in Life steering group also agreed to a sub group that would look and report back to the main steering group on agreed actions to take the trauma agenda forward within the Trust.

Review of Model of Attachment Practice (MAP)

The Model of Attachment Practice continues to be rolled out across key family and childcare sectors such as fostering, children's disability, child and adolescent teams and child paediatrics. As previously reported MAP is embedded in the residential childcare homes. It is embedded in Therapeutic Foster care which applies a mixed skills model of intervention to support MAP trained foster carers who are entrusted with previously 'hard to place' children who present with complex emotional needs. MAP training is currently being provided for other foster carers in kinship and mainstream (non-kinship) provision.

As referenced, MAP adopts a 'whole' child approach to attune staff, parents and carers into the importance of meaningful relationships with children who are in need regardless of status. During the course of the previous financial year, the Trust met with regional leads whose task is to develop a regional model of attachment practice. The principles underpinning MAP will be central to informing the regional task. As previously noted MAP connects well to the other Trust's signature project, Signs of Safety.

Public Health

Getting Ready For Baby

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

Early Intervention Transformation Programme

The Early Intervention Transformation Programme (EITP) is an integrated health and education review for children in their pre-school year. EITP represents the coming together of six government departments, alongside private philanthropy, as part of the Delivering Social Change initiative. The Western Trust met the PHA target of a 60% roll out of over three year reviews within the nursery settings during the period from September 2019 until March 2020. Initial feedback from parents and nurseries is very positive. It is expected that a roll out to 80% of eligible children will take place in the next academic year.

Health Visiting

Health Visiting became part of the MDT workforce in the Derry Federation area and the resultant reduction in caseload size enabled Health Visitors to target antenatal visits. This has resulted in improved relationship building with families and women being more informed about breast feeding prior to delivery.

The Trust Human Milk Bank

The Human Milk Bank continues to provide donor breast milk to Neonatal Units throughout Ireland. Transport is being facilitated by Blood Bikers who provide a fast and efficient service both from the donor to the Milk Bank and from the Milk Bank to Neonatal Units. A comprehensive HACCP has been developed and the Milk Bank has registered with the Food Standards Agency.

Two new pasteurisers have been purchased to minimise the risk of Pseudomonas Ageronisa infection and the Milk Bank is awaiting the delivery of a Breast Milk analyser which will accurately determine the nutrient content of the milk to ensure it matches the needs of the recipient baby. The Milk Bank is able to meet the demand for supply throughout Ireland.

Contraception and Sexual Health

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

GUM Services

The Gum service has received funding to deliver Pre-exposure Prophylaxis (PrEP) to clients from the West. This was previously only available through the GUM service in Belfast and there were long waiting lists for PrEP services.

Family Nurse Partnership

The Family Nurse Partnership has extended the geographical area it covers with the addition of two further family Nurses who have been based in Omagh. The service now extends from Omagh to Enniskillen and also covers the Castledearg area.

Child and Adolescent Mental Health Services (CAMHS)

As required by the DoH Service Model for CAMHS, implementation of the Integrated Care Pathway will ensure that Trusts bring all existing emotional and mental health and well-being services together to provide a seamless service for children, young people and their families.

A single point of entry has now been formally adopted for Western Trust CAMHS. Joint discussion between CAMHS and Western Trust GP forum has been productive in agreeing a standardised referral form and information banner for their administration through CCG. For GPs, the main referrer to the service, this has assisted in the improved communication flow and security between the services and clarity on the information required for referral purposes. The establishment of a referral coordinator providing clinical screening and triage of referrals has further strengthened the referral process.

The development of a CAMHS Crisis Assessment Team has meant a reconfiguration of the service in keeping with the stepped care model. The objective is to provide a specialist team within the service meeting the needs of young people who require emergency mental health assessment and intervention on a timely basis.

The HSCB has worked collaboratively with HSC Trusts to implement a minimum dataset for monthly returns by Trusts to HSCB. The overall aim of this report is to improve accuracy of information collected in relation to CAMHS clinical activity and provide consistent regional information to decision makers and help scope out future direction of the service. The CAMHS data quality project was set up to further support clinicians in understanding the collation of data and significant improvements have been evidenced as a result. A CAMHS informatics post was also recruited.

Children's Autism Service

The Children's Autism Service exceeded its capacity and completed 468 diagnostic assessments with 79% of those assessed receiving a confirmed diagnosis of autism. The demand for autism assessment and intervention continues to outstrip capacity with 688 referrals for diagnostic assessment and 498 referrals for autism intervention accepted in 2019/20. Additional investment has been received within the Trust to establish support around early intervention for those referred for a diagnostic assessment. In addition, a review is currently ongoing by the PHA and HSCB in relation to Children's Autism Services and a framework has been developed in relation to Children's Emotional Health and Wellbeing which is in final draft stage. The Children's Autism Service has been actively involved with both processes.

The Children's ASD service undertook an evaluation of the autism intervention level 1 and 2 training sessions provided to parents/carers following a diagnosis of autism. 50 questionnaires were analysed and 96% of the comments were positive. Parent feedback indicated that the group workshops were a predominantly positive experience. The intervention sessions serve as a valuable source of support for parents whose children are experiencing similar difficulties and provided them with the opportunity to suggest improvements which will be incorporated into future training sessions.

To improve understanding of the face to face child assessment which takes place as part of the ASD diagnostic assessment process, the Children's ASD Service assisted by the Trust Communications Department have developed online videos which have been uploaded onto the Western Health and Social Care Trust website to explain the process. The videos can be used by parents/carers to prepare children and young people for their appointments as they clearly demonstrate where the assessment will take place, what it involves and in turn help to reduce anxieties around the assessment process.

A joint quality improvement initiative between ASD and Community Paediatrics is ongoing. This aims to reduce the wait for ASD assessment for children under 4 years who have been referred with a completed neurodevelopmental history by Community Paediatrics.

UNICEF

Midwifery, neonatal and health visiting services in the Omagh and Fermanagh areas were reaccredited as UNICEF Baby Friendly. An application for the Gold Award was submitted in November 2019 and the assessment completed in February 2020. The application was successful and Gold status was awarded.

Derry City and Strabane District Council and the Western Health and Social Care Trust are completing their second year of their partnership with Unicef participating in their 'Child Friendly Communities' programme. Since their successful bid to take part in the CFC programme, more than 130 participants to date have completed UNCRC training, as well as youth participation and involvement training.

The project has established a youth steering group as well as an adult steering group to oversee the direction and delivery of the CFC programme. These are held on a monthly basis and are made up of statutory, community and voluntary agencies. The youth steering group consists of young people from across the city and district, including young people known to social services. The programme has progressed and at its 'Discovery Day', agreed that Derry City and Strabane area would adopt Healthy Education and Learning and Equal and included badges alongside the three core badges that every city must work on, which are Communication, Culture and Cooperation and Leadership. The programme has been stalled due to the pandemic but we continue to meet with our youth steering group and we try to progress the

programme and share information nationally with other CFC programme areas throughout the UK. A full report on the discovery day and rationale for decisions made is available on request.

We will continue to make the key links with the Trust's Youth Participation group, 16+ team, LAC, Family Support, and other specific children and young people teams to ensure the voice of a cross section of our population is included within the programme.

Healthcare

Paediatrics

The team of staff from Children's Ward, Altnagelvin carried out a quality improvement project from September 2018 until June 2019, the aim of which was to improve the Discharge Process for Hospitalised Children attending Altnagelvin Hospital. This QI project was put forward to represent WHSCT at the HSC Quality Improvement Awards and was shortlisted for presentation to a judging panel on 8 January 2020 in Belfast. The team were chosen as recipients of the HSC QI Building Reliable Care award, which was presented at the HSC QI event on 4 March.

Community Dental Services

The National Community Dental Services Conference in October 2018 was awarded Best Conference in Derry in 2018 at the North West Business awards. Jude Anderson, Associate Specialist in Special Care Dentistry in the WHSCT and national CDS president organised the event and attended the ceremony with other Dental staff to accept the Award on 7/6/19. There was excellent feedback from delegates not only on the high quality of the speakers but also on the facilities and the welcome they received in the city.

In June, Dental staff attended a training day which focused on Adult Safeguarding, Complaints awareness, Medical gases and the use of multi-disciplinary teams in the management of dental patients with challenging behaviour. This training will help the dental team to improve the quality of care they give to their patients

A full time dentist has started work in SWAH. This will help to address long waiting times and will allow Oral Health assessments in nursing homes to be completed

Several carers/parents have uploaded compliments onto Facebook regarding the great job that Dental staff are doing and the kind and compassionate care that they provide. This is a great way to improve staff morale and feedback from patients.

A member of the Dental team is currently working on a Quality Improvement project with nurses to address the issue of hospital acquired pneumonia. It is hoped if this proves effective that the project can be rolled out throughout the Trust.

Medical

Quality and Safety

Since June 2019, the Risk Management Department provides monthly Health Check data to Directorate teams covering incidents, complaints and SAIs at sub-directorate level for all service directorates allowing them to review their performance and ensure that incidents and complaints are managed in a timely manner to ensure that learning is identified at an early stage. A Quality Improvement project on Incident Management in Adult Mental Health wards saw a significant reduction in the number of outstanding incidents in adult inpatient wards. This work was taken through the Safety Quality West programme and included increasing incidents handlers from 2 to 9 in the inpatient wards and training these new handlers as well as the nursing staff on these wards on incident reporting and management. The project was accepted as a poster presentation at the International Forum on Quality and Safety in Healthcare in Copenhagen in April 2020.

A significant review of the Trust's Risk Management policy was completed in July 2019 to bring it in line with Regional Guidance along with revisions to the Health and Safety policy and COSHH policy which have been approved by the Board.

During the Covid-19 Emergency, the Risk Management Team supported Managers across the Trust to provide advice and undertaking risk assessments to keep the service viable and keep patients and staff safe.

Quality Improvement

Safety Quality West (SQW) cohort 2 commenced on 14 October 2019 with 97 staff taking up interest with Quality Improvement work. The course includes, model for improvement, communication, teamwork, process mapping and patient involvement. Teams are very keen and motivated to improve services and are tasked with undertaking a project in their area using the QI methodology. Teams are assigned a mentor who supports the team throughout the duration of the course. Teams are due to graduate on 20th May 2020.

Flow Coaching Academy

The Western Trust has been successful in its application to become a QI faculty in Northern Ireland for Flow Coaching. Flow Coaching Academy NI (FCA) commenced training in May 2019 with 23 coaches from Trusts throughout Northern Ireland. The coaches are progressing well through their training and benefiting from the training on QI methodologies and coaching techniques. Our faculty team is "second to none" taking pride in providing FCA training to our coaches to help them strive in their goals to provide high quality care using the IOM's six aims: Safe, Effective, Patient-Centred, Timely, Efficient and Equitable care.

It provides a range of tools and skills that help us better understand the complex systems in which we work and deliver care. It then supports us to make changes that

will truly improve care delivered to patients/clients. The work happens at weekly one hour meetings known as 'Big Rooms'. It involves all teams and staff whom the patient/client may meet on their journey. These 'Big Rooms' are supported by two coaches, one with clinical expertise in the pathway and one who is independent to the pathway. Big Rooms were set up throughout the Trust and Regionally from September 2019 examples include stroke, oncology and frailty. The First Cohort is due to graduate in April 2020 and the application process for cohort 2 of Flow Coaching academy Northern Ireland is underway.

Bereavement Services

The Trust Bereavement co-ordinator continues to work closely with teams across the Trust to deliver on the Regional Bereavement Strategy, one such project is the Memory Box QI project within ICU, and during the year, this has been rolled out to other areas. Bereavement care training input continues in-house and externally with University of Ulster at Magee. A 'Finding Hope after Bereavement' course was co-produced and co-designed with WHSCT Recovery College. Two three hour sessions were delivered in Derry and Strabane in September, with the final course of autumn term delivered in Letterkenny, in November 2019.

As the Covid-19 Emergency emerged the Bereavement Co-ordinator worked to support staff and relatives in preparation for the changing environment developing bereavement packs which have been devised by the Trust for all families, not just those affected by Covid-19. On Altnagelvin and SWAH sites, the Mortuary will give these to funeral directors, who will then pass this on to the family. In Omagh, T&F and Gransha hospitals, these packs are available on the wards and will be given to funeral directors. A supply will also be sent to all care homes.

Bereavement training sessions have been provided for staff; these cover all changes that have taken place because of the Covid-19 situation and also inform staff of the advice and services, including helplines that are available to them.

Research and Development

C-TRIC 10th year anniversary

This year C-TRIC celebrated 10 years of a unique partnership between Derry City and Strabane District Council (DCSDC), Ulster University (UU) and the NHS through the Western Trust. C-TRIC have been instrumental in facilitating healthcare research, by bringing together clinicians, academic university staff and industry to achieve better outcomes for patients both locally and internationally.

TMED 10 Conference

To coincide with the 10th Anniversary, C-TRIC held its 10th TMED (Translational Medicine) Conference on 11th & 12th September 2019 in the City Hotel, with the theme of "Disruptive Innovation in Healthcare". The C-TRIC TMED Conference is a leading international meeting and this year we were privileged to welcome Professor Rafael Bengoa, the author of 'Chronicity' as well as 'Systems not Structures'. Professor

Bengoa opened TMED10 to an audience of approximately 250 delegates from leading local and international academics, clinic researchers and Industry involved in Life & Health Science.

International Clinical Trials Day 20th May 2019

The Research & Development Department hosted an event to celebrate the occasion with the theme “Be Part of Research”. The event illustrated how clinical trials and other types of studies are important to patients, researchers and healthcare professionals in different ways. A Social Media Dashboard was used to enable those involved in research to demonstrate why research is important to them.

Implementation of a UK Local Information Pack:

A UK Local Information Pack was introduced on 5th June 2019. One new feature of the UK Local Information Pack is the Organisational Information Document, which replaces the Site Specific Information Form, used in Northern Ireland.

Covid-19 Emergency

During the Covid-19 Emergency the C-Tric building became the designated location for staff testing. Research staff and the University supported this process. The Trust is participating in a number of Covid-19 research trials.

Infection Prevention & Control

Meticillen Resistant Staphylococcus Aureus (MRSA) Bacteraemia Surveillance

The Department of Health 2019/20 target for Meticillen Resistant Staphylococcus Aureus (MRSA) bloodstream infection was a maximum of five cases. A total of three cases were reported meeting this challenging target.

Clostridium Difficile Infection Surveillance

The Department of Health 2019/20 reduction target for the Trust for Clostridium difficile associated infection in 2018/19 was fifty six. A total of sixty three cases were reported, so this challenging target was not met.

Enhanced Gram Negative Bacteraemia (GNB) Surveillance

In response to the O’Neill Review on Antimicrobial Resistance, the United Kingdom has adopted two ambitions in relation to human health, i.e. to improve antibiotic prescribing and to reduce gram-negative bacteraemias (GNBs). The Department of Health 2019/20 reduction target for the Trust for healthcare-associated GNBs, specifically Escherichia coli, Klebsiella species and Pseudomonas aeruginosa is forty nine cases. A total of fifty nine healthcare-associated GNB cases have been reported. Therefore, the Trust did not achieve the target reduction.

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

WHST remained below the NI average for C-section SSI and figures for Orthopaedic SSI’s remained low.

Enhanced Ward Based Programmes

Enhanced ward-based programmes by the infection prevention and control nurses continue to be an effective methodology for improving standards of practice. This partnership working is focused on local surveillance information and other key performance indicators and will continue in 2020/21. This will be supported by the further development by the infection prevention and control nurses of e-learning programme and video clips on a number of aseptic principles. These will be able to be utilised by all staff not just in the Trust, but also across the region.

IPC began preparing for Covid-19 since late January 2020. However, events have changed dramatically since the outset, which has required the Team to provide advice and support to staff across the organisation and nursing homes regarding the efficient use of PPE and isolation facilities in accordance with updated guidance. Continual changes in types of PPE/suppliers caused anxiety among staff and the Team played a pivotal role in ensuring that PPE is used correctly.

Appraisal & Revalidation

The Western Trust continued to lead on the development and implementation of the Regional Medical Appraisal System. The system is now live across all five HSC Trusts and other HSC organisations. This project has also facilitated and encouraged collaborative working opportunities for the HSC organisations.

The Trust delivered four Appraisal & Revalidation training events during 2019/2020 to ensure that all non-training grade doctors are up to date on Appraisal & Revalidation process and requirements.

Medical and Dental Education

Medical Education and Training

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

The medical education faculty continues to expand in order to explore and enhance education and training opportunities for our medical students, trainees and medical staff. Teaching fellows have been recruited and they are well embedded in the undergraduate teaching and training programmes which includes simulation; this initiative is very much valued by the medical students.

A Paradox Workshop/Team Building Workshop took place for MedEdWest staff and faculty in July 2019. This was a great day exploring personalities and traits and their impact in teams. A paradox report was provided to each applicant which will be used as part of MDE staff appraisal and for CPD. Social events to include Mayor's Reception were organised as part of junior doctor induction this year to welcome our new trainees to the Trust, which was well received.

Below the Radar

Medical education worked closely with Below the Radar, a TV production company, who were commissioned by the BBC to do a documentary examining lives and training of young doctors in the West. The programme was broadcast in the autumn 2019 and was well received by the Public and Staff.

Step West/First Steps

The StepWest QI and Leadership programme was nominated, jointly with BHSCT, for Education team of the year at the BMJ awards.

Foundation Summit – Riddell Hall

An informative and thought provoking Foundation Summit was held in Riddell Hall in April 2019. The aims of the summit were to highlight the main issues experienced by F1 doctors in relation to Foundation training in NI at present and address these issues to improve NI F1 training. There was some disconcerting listening about how the F1 experience really is at ground level. MDE were ahead of the game and had currently been doing work on this area since October 2018.

Healthcare Team Challenge

Ten Health Care Teams from across NI which included all Health Care Professionals - Doctors, Nurses, HCAs, AHPs, students and Universities - competed against each other on Saturday 15th June 2019. The event took place across 3 sites in Belfast; Hydebank Reserve Army Centre, Belfast Activity Centre and Barnett's Demesne. Each team of 10 had to complete a rotation around 10 scenario stands which had a medical, leadership or adventurous theme. Medical Education and training secured prizes for the Medical Challenge and for Best Overall Performance.

New Ways of Teaching and Support

During the Covid-19 Emergency, the Medical Education Team re-designed training programmes to be responsive to the needs of doctors across the Trust using a range of new teaching methods including the use of Zoom technology to upskill staff in preparation for new roles.

Financing, Contracting and ICT

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

The key functions of this Directorate include:

- financial services, including statutory accounting and reporting;
- financial management;
- capital planning and investment;
- costing;
- value for money/efficiency support and dedicated financial expertise; and
- contracting with the voluntary, community and private sector for health and social care services.

The Finance Department supported the Trust in managing its £840m revenue and £32m capital spend. The Trust reported an underspend against its Capital Resource Limit target of £2.5M (due to Covid19 pressures).

The Trust successfully achieved its agreed control total of £21.7M.

The Directorate has prepared the statutory accounts, which confirm the Western Trust's financial position for 2019/20.

The Financial Management Division supported the development of the financial plan and monitoring during 2019/20, which included monthly financial performance reporting to Trust Board, HSC Board and Department Of Health. The division is also responsible for setting the annual budget for the Trust, which is devolved to Directors, Assistant Directors and Heads of Service and monitored monthly at Trust Board and Corporate Management Team meetings. The division is currently working on the 2020/21 Financial Plan and has also been providing extensive support to Covid-19 and the Trust financial recovery process.

The Capital, Costing and Efficiency Division have supported the Trust's extensive Capital programme by:

- monitoring & developing major business cases, such as:
 - Altnagelvin Hospital Redevelopment - North Wing;
 - Altnagelvin Hospital Redevelopment - Phase 5.2 – West Wing 'Nucleus' Building;
 - Cityside Health & Care Centre;
 - Acute Mental Health Unit at Omagh; and
 - Lisnaskea Health and Care Centre.
- provided support to the development of 312 capital business cases for additional funding.

The division has also provided programme support to the development and delivery of 'Working Together ...Delivering Value' programmes. A key area of work in 2019/20 for

the division was supporting the development of the 3 year Financial Recovery Plan, which has been agreed with the Department of Health.

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

Prompt Payment Performance

One of the key performance indicators of the Trust is prompt payment performance. A monitoring team within the Finance and Contracting Directorate is in regular contact with Trust managers reminding them to approve invoices on their workbench and following up with requisitioners to receipt goods. Directors receive regular reports on their staff's performance. During 2019-20, over 300 managers received training on their responsibilities and guidance on how to improve prompt payment performance. These actions have resulted in performance against the 30-day prompt payment target of 93.81% of value, 90.93% of volume, 83.25% of value, and 74.98% of volume against the 10-day target, with improvements in particular in the final two months of the year.

Access to Healthcare Department

The Access to Healthcare Department covers Paying Patients, Private Patients, Overseas Visitors and entitlement to free NHS treatment. The department continues to deliver on assessing patients' entitlement to free healthcare. The Access to Healthcare team identified 2,295 patients that appeared to have no Health & Care number or no valid Northern Ireland GP Registration and required further investigation and assessment. 250 cross border workers required verification and evidence to assess their entitlement to free healthcare. A further 2,100 new outpatient's referrals were examined for entitlement to free healthcare. Public Health Information Network (PHIN) data continues to be collected and submitted for eleven key specified performance measures. Information for 81 private inpatient/day case patients was collected during 2019/20. This is a statutory requirement under the Private Healthcare Market Investigation Order 2014. Patients from Europe presented with European Health Insurance Cards (EHIC), more than doubled again from the previous year with claims to the value of £138,826 processed and incentive payment to the Trust of 25%, £34,706. By using the access to healthcare tool, the department was able to identify an additional £91,451 of non-contract activity, which would not otherwise have been identified through routine processes.

The manager of the Access to Healthcare department was involved both regionally and in Trust groups in discussions in relation to Brexit during the year.

Self-Directed Support

A small team is in place to support payment and monitoring of direct payments made to clients who have chosen to purchase their own care as part of Self-Directed Support. This area of work continues to grow at a significant rate with a net additional 239 users during 2019/20 and 1,322 direct payments users at 31 March 2020. There has been over 50% net increase in users in the past 2 years. Over 11,600 recurring payments were processed during 2019/20 as well as almost 700 one-off payments, this is in addition to monitoring and relevant follow-up with direct payment users. A temporary resource was brought into the team during 2019-20 to help support the additional workload, in particular monitoring. Business cases were developed during the year for an increased resource within the team and an IT system to help address the growth in demand for this service provision. It is hoped that these will be approved and taken forward during 2020/21.

Financial Assessments

During 2019/20, aspects of the business case approved during 2018/19 were implemented with additional staff brought into the team. There have been significant delays in system procurement which should progress in 2020/21. Members of the team were involved in a quality improvement project which has led to the development of new processes and procedures. This work will continue during 2020/21.

Procurement

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

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

Did you know that during 2019/20 financial year, the Finance and Contracting Directorate:

- Made approximately 11,600 payments to clients who chose to receive direct payments to enable them to purchase their own care;

- Delivered effective income recovery and administration for a range of patients from other EU and non-EU states including 282 EU patients and 44 non-EU patients;
- Managed a fleet of approximately 250 leased car vehicles that are used by Trust employees;
- Reported 5 instances of suspected fraud within the WHSCT to BSO Counter Fraud and Probity services that progressed to investigations and supported progress in 14 other investigations;
- Administered 177 individual Endowment and Gift funds throughout the year, valued at approximately £2.7 million;
- Administered approximately 1,140 individual Patient Monies accounts throughout the year, equating to approximately £2.7 million in value;
- Administered approximately 8,000 individual assets on the Trust asset database;
- Delivered 17 training sessions on Effective Financial Governance to several hundred staff as part of the Delivering Value Toolkit;
- Provided advice and support to 503 budget holders collectively to manage the overall budget of over £800m;
- Provided formal budget training to 346 managers and one-to-one training on request;
- Provided support to the development of revenue business cases for additional funding;
- Managed 567 social care expenditure contracts with the community and voluntary sector on behalf of the Trust's Service Directorates with a combined value of £119.5m;
- Co-ordinated 72 Freedom of Information Act responses; and
- As part of the established More Fun Committee, the weekly 'Wednesday Weigh' Weight Loss Programme continued throughout the year in blocks of 12 week sessions.

Information Communications Technology

In 2019/20, the ICT Department continued to support a number of major projects which are currently being implemented throughout the Trust as follows:

Northern Ireland Electronic Care Record (NIECR)

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

- Digital Signoff - Following a pilot within Acute Medical Unit, work continued across the Trust to rollout electronic signoff. 60% of wards across the Trust are involved at various stages of implementation. Several wards have processes in place that have allowed labs to switch off the printers for these areas.
- Immediate Discharge Summary - This functionality was released in January 2020. Pilot areas have been identified by the Trust and a small implementation team including Pharmacy has been established for the pilot.
- Information Governance: NIECR documentation has been updated in accordance with GDPR and awaiting final signoff.
- Community Systems Integration - Along with Community encounters, documents from PARIS are now being displayed within NIECR.

- Patient Portal - Following a pilot with dementia patients this has now been extended to patients with diabetes.
- Performance - Web server and database upgrades have taken place, which has improved performance of the system. Performance continues to be monitored and enhancements made.

Electronic Document Transfer (EDT)

EDT is a regional solution to sending documents electronically between secondary care and primary care. The aim is to improve efficiency, patient safety and enhance the quality of care delivered across the HSCNI. The Western Trust went live on 22 July 2019 and sends approximately 30,000 outpatient letters per month via EDT. This means that these letters are no longer printed. The Western Trust has been consistently achieving above the 95% verification rate required, which ensures the letters are sent successfully.

CIS – Community Information System

The Community Information System (CIS), Paris, has been successfully implemented in 60 community services, the most recent of which are Adult Autism, Phase 2 of Learning Disability Services and Paediatric OT. In addition, the Trust's Referral Management Application (RMA) has now been stood down with all community referrals now being made through Paris. This was an important step towards implementing the Northern Ireland Single Assessment Tool (NISAT) on Paris. There are now over 4,000 staff using Paris in the Western Trust.

An interface has been implemented between the Clinical Communications Gateway (CCG) and Paris, allowing referrals made from GPs through CCG to be triaged directly on Paris.

A Paris mobile solution pilot continues within three Services (Community Respiratory Team, Community Children's Nursing and Learning Disability). A benefits realisation review is currently underway.

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

Human Resources

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

In 2019/20, the Trust, together with all HSCNI organisations, experienced an unprecedented period of Industrial Action from November 2019 – January 2020, in relation to pay and staffing levels, which caused widespread disruption to hospital and community services across the Trust. The HR Directorate was central to enabling the Trust to effectively manage the continuation of essential services during this period.

The Trust continues to experience challenges in meeting its demand for recruitment of medical and nursing staff as well as a number of other workforce areas, including AHP, Social Work and Social Care. The international recruitment programme continues together with a range of recruitment initiatives.



Recruitment & Resourcing

The Trust successfully appointed three Director posts during the 2019/2020 year, alongside a total of 2,300 appointments across the full range of staffing groups. The Transformation Programme continued during the year which included recruitment of additional posts to the programme. In the current labour market, there continues to be competition for limited staff resources not only within the HSC but also with other sectors and as a result the Trust remains heavily reliant on the use of agency staff, particularly locum doctors and experienced nurses in some specialities e.g. Emergency Department

The Trust's Resourcing Department has a Delivering Value Service Improvement plan which includes a range of actions to support Trust services in addressing their workforce needs and reduce the time to fill positions. The Resourcing Department continues to work collaboratively with the BSO Recruitment & Selection Shared Service Centre (RSSC), and as part of the regional Strategic Resourcing Innovation Forum (SRIF), to explore ways to improve the recruitment of non-medical staff to the Trust.

Physician Associate Role

We also introduced and recruited, as part of a regional HSC recruitment campaign, three New Graduate Year (NGY) Physician Associates, which is a brand new role to the service. The appointees will take up posts in May 2020, and will work alongside and under the supervision of doctors to deliver medical care as part of a multidisciplinary team. The specialties in which the Physician Associates will work are Acute and Emergency Care, and Surgery. To complement this, the Trust continues to provide clinical placements across a range of specialties to the next cohort of University of Ulster students undertaking the Physician Associate PGDip/MSc course.

In addition, preliminary discussions have begun regionally to scope out the specifications for a new replacement electronic recruitment system.

Medical HR

The Medical HR Team continues to support all aspects of the employment of medical staff, including the administration of all attributes of their contractual arrangements. The Trust remains heavily reliant on the use of agency doctors, however with the

implementation of Locum's Nest there has been an increase of engagement of internal locums filling shifts. Locum's Nest has been rolled out across the whole Trust and this has shown a reduction in medical locum costs and reliance on medical locum agencies. Some of the advantages are:

- A much quicker, hassle-free process to find, book and receive payment for Bank shifts;
- No more paperwork – submit timesheet in-app and track it all the way to payday; and
- Automatic recording of locum experience in the doctor's built-in CV.

To date we have 191 doctors registered with 31% filling of our shifts.

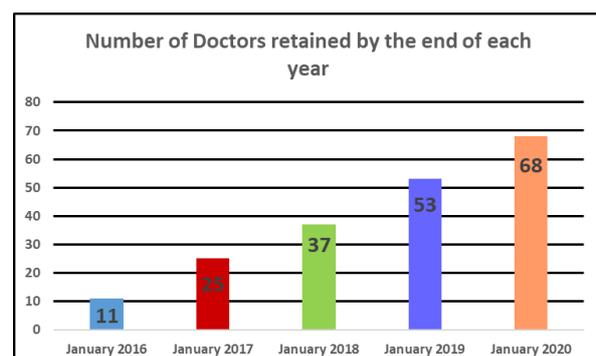
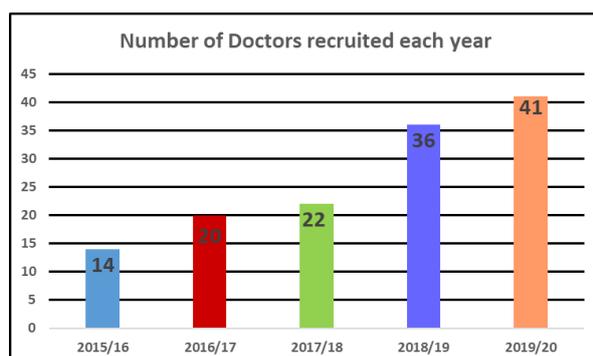
The team also continues to provide training and support on the e-job planning process of the Allocate e-job planning system for Consultant staff.

Within the Trust, we have introduced and appointed for the first time two Clinical Fellow positions in Emergency Medicine, within Altnagelvin Hospital. This has proven very successful and as a result, we are currently in the process of recruiting additional posts.

During 19/20 with the introduction of the Single Employer, NIMDTA has become responsible for some of the Medical Trainees. In August 2019 Trauma & Orthopaedics, Radiology and Histopathology were included in the first phase. In April 2020 the Foundation House Officer 1 (FY1) were also transferred across, and the next phase is to be August 2020. The Trust remains responsible for ensuring that the junior doctors' hours worked and working patterns are monitored to ensure compliance of their contractual arrangements.

International Medical Recruitment

The Medical Workforce Recruitment & Reform Project continues to work to attract international doctors, particularly to the difficult-to-fill posts, and has, at 31 March 2020, secured the appointment of 132 internationally recruited doctors since this project began in 2015. 68 of these doctors are still in post. The tables below details the work achieved by the project over the past 5 years.



1. • 132 new doctors recruited - further 19 in progress
2. • £2.5m savings delivered in 2019/20
3. • Improved induction programme for doctors
4. • More diverse & inclusive workforce
5. • Improved working environments
6. • Improved range, quality and access to services
7. • More developed and sustainable specialist services
8. • Successful appointment of staff to NW Cancer Centre
9. • Shared international best practice
10. • Introduction of advanced medical techniques

Terms and Conditions Department

The Terms and Conditions team continued to work closely with a range of partners including Payroll Service Centre (PSC), Recruitment Shared Service Centre (RSSC) and HSC Pensions Branch to deliver key pay and conditions services. In the administration of payroll and pensions, the team reviewed and revised processes to incorporate legislative and procedural changes and to improve service delivery and staff experience.

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

Following the implementation of a digital records management system last year, the team has continued to develop new processes to improve this system, with the introduction of electronic contracts and a streamlined new start process. This aims to improve the employee journey and to support a more responsive HR service for all staff.

The team successfully implemented the 2019/20 Agenda for Change pay award, which required the detailed review and reworking of approximately 5,000 individual staff pay records. This pay award restored pay parity with NHS England and marked the end of a prolonged period of significant Industrial Action.

The Trust enhanced the unpaid summer leave scheme, which resulted in a 106% increase in the numbers of staff accessing this flexible working option. The team also continued to address a range of other family friendly programmes, processing 528 Maternity/Adoption/Parental Leave Applications and 42 new Career Break applications.



Throughout the year the, Terms and Conditions team routinely facilitated and processed a wide range of staff employment transactions, including:

- Issue of in excess of 2,300 new or revised employment contracts;
- Process and issue of over 900 bank contracts;
- Issue of over 950 contract addendums;
- Process of over 10,000 contractual changes;
- Facilitation of 236 childcare voucher adjustments;
- Process of 191 retirement applications;



10,000+
contractual
changes

Occupational Health

8,917 staff attended the Occupational Health team, accessing a range of services including management referrals under the Attendance at Work Policy, pre-employment checks, physiotherapy and face-fit testing. The team carried out 373 Case Management meetings in relation to sickness absence. 2,214 new Management Referrals were carried out and 1,220 Preplacement Health assessments. Occupational Health dealt with approximately 3,458 enquiries from staff and managers throughout the Trust.

The flu vaccination programme saw approximately 2,800 staff availing of the vaccine. The Occupational Health department for the second year running engaged in the Safety Quality West Programme delivered by the Trust's Quality Improvement team.



This quality improvement project commenced in September 2019 and focused on Social Workers and their uptake of flu vaccination. Using the PDSA methodology, new ways of working were tested to enhance uptake of the vaccine in the social work population. This included working with NIAS and using the "flu bus". This programme had positive results and feedback and will be further developed and embedded in the 2020/21 vaccination programme.

Service improvement work has continued, with the roll out of condition pathways to increase consistency and best practice across the service. This has supported a reduction in the need for review appointments and has had a positive impact on waiting times for appointments.

Workforce Performance and Development Division

Management and Organisation Development

In 2019/20, the Management and Organisation Development (MDOD) team continued to provide high quality management and leadership development at all levels in the organisation.



2019/2020 saw the addition of the Steps to Success programme to our portfolio of leadership development offerings. The programme has its roots in the already hugely successful Grow and Inspire programmes, and has been designed to promote Collective Leadership i.e. the aspiration to develop leaders at all levels. Steps to Success is aimed at staff employed in bands 3 - 5 and will deliver a specific cohort for each Directorate.

In 2019/20, the MDOD team organised over 300 training events. 182 of these were for the Developing Capability toolkits, 3 of which were delivered by Management Development staff which ran throughout the year. The toolkit sessions amounted to 3,112 of the 5,672 participations managed by the team and were designed to support the Trust’s Delivering Value programme.



The Management Development team ran 105 of its’ own programmes, training 2,483 people including 879 new starts in the organisation as part of Trust’s Induction Programme.

In addition we administered the training for 22 information sessions for HSC Pension Service and 30 training events for other HR Teams including “Attendance at Work”, “Whistleblowing” and Case Investigator Training .



Mandatory Training

Since the Internal Audit of December 2018 we have continued our efforts to improve Mandatory Training compliance in both core and non-core (role required) training across the Trust. The Mandatory Training matrix has been updated and is published on the HR Hub, where all staff can check a list of mandatory / statutory training for their area of work.

Vocational Training

PSS Funding - Registrations for Qualifications

	Level 3 Diploma in HSC	Level 3 Diploma in Healthcare & Social Care Support	Level 5 Diploma in HSC (Adults Residential Management)	Level 5 Diploma in HSC (Adults Management)
AMH&LD	19	-	8	2
PCOP	13	3	-	-

Support Workers Fund – Registrations for Qualifications

	Level 3 Award in Healthcare & Social Care Support	Level 3 Certificate in Healthcare & Social Care Support	Level 3 Diploma in Healthcare & Social Care Support
ACUTE	3	7	10
PCOP	-	-	3
W&C	-	3	-

Maternity Support Workers' Role Development

The Vocational Training Team is supporting a development opportunity for Maternity Support Workers to undertake scrub units to enable them to support the Midwife in the theatre setting. The learners will be awarded a Level 3 Certificate in Healthcare & Social Care Support.

The Maternity Practice Nurse Educator is also undertaking her Level 3 Award in Assessing Competence in the Work Environment to become a qualified work-based assessor for these learners and future learners undertaking the Level 3 Certificate qualification.

Vocational Training Teams Annual Awards Ceremony

The Vocational Training Team held their Annual Award Ceremony on Friday 1st November 2019 in the MDEC, Altnagelvin Hospital to recognise the learners who had successfully completed their Vocational Qualifications in 2018 and 2019. Certificates were presented to learners by Dr Anne Kilgallen. In total 160 learners had completed a range of Vocational Qualifications, Essentials Skills and the K101 programme.

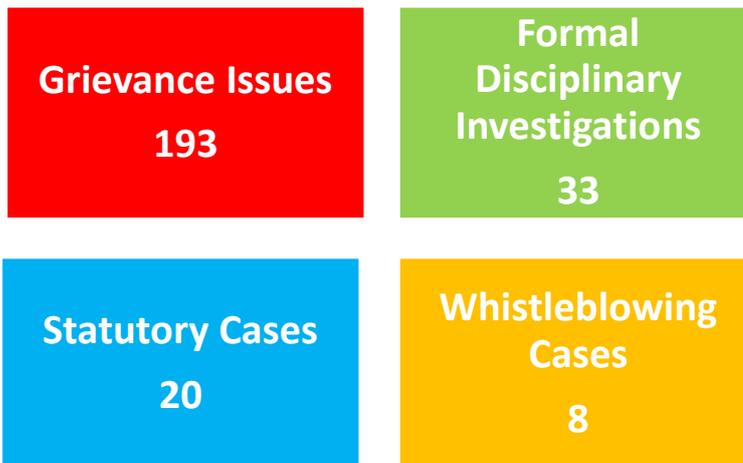


ASPIRE Placements

There were a total of **14 ASPIRE participants** who undertook work placements within the Trust in a range of roles including Nursing Assistant, Support Worker, Administration, Dietetic Assistant, Psychology Assistant and Peer Mentor.

Employee Relations

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



Whistleblowing

The “Your Right to Raise a Concern” week took place on 29th April to 3rd May 2019. A total of 246 employees attended awareness sessions organised throughout the Trust where attendees were informed about the importance of raising genuine concerns and the steps the Trust will take to resolve these concerns.



Difficult Conversations

To support the Trust's Delivering Value agenda Employee Relations developed 'Difficult Conversations' Training which was included within the Developing Capability Toolkit. This training provides managers with practical skills in engaging in difficult conversations with employees and colleagues to achieve individual and service level improvement. Phase 1 of this Toolkit was offered to Senior Managers and received an excellent evaluation rating. Given its success, Phase 2 offered this training to all staff with line management responsibility from Band 5 and above. A total of 426 employees have been trained to date and this training will now be offered on an ongoing basis.

426
managers
trained in
difficult
conversation
skills

Policy Development

The HR Policy Design Group has reviewed and updated a number of policies throughout 2019/20. These include the Gender Identity and Expression Policy, Your Right to Raise a Concern (Whistleblowing) Policy and the Recruitment and Selection Framework. Throughout 2019/20 HR has been actively involved in regional development of a revised Disciplinary, Grievance and Capability Procedures.

Conflict, Bullying & Harassment Policy

The new Conflict, Bullying & Harassment Policy, developed and revised based on feedback and best practice, was ratified by Trust Board on 4th April 2019. The new policy focusses on informal and immediate resolution approaches through active line management and mediation. Since the policy launch Employee Relations received 7 bullying or harassment complaints, and of these 6 were successfully resolved through the new informal approach.

Home Working Policy

The Mobile and Home Working Policy was ratified by Trust Board on 5th March 2020. This policy develops the commitment by the Trust to support, where possible, more flexible working arrangements to deliver value for both employees and the Trust. The

policy sets out the criteria and arrangements for mobile and/or home working and provides a framework for a consistent approach.

**Directorate Support Teams
Organisational Change**

The Delivering Value Programme has been the primary focus of the Directorate Support Teams during 2019/20. Utilising HR, service knowledge and workforce analytics, the DST teams have worked with the Service Directorates across the organisation to implement changes in working practices, reduce reliance on agency staff and stabilise the workforce. They have also supported the “deep dive” projects within the service areas, ensuring workforce issues were considered at all stages of the reform work and in line with best HR practice.

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

Attendance Management

Across both HR Directorate Support Teams (DST) approximately 610 cases have been managed to a conclusion in 2019/20, with a total of 184 cases ongoing. The teams worked to achieve a return to work for 464 employees, successfully redeployed 34 employees and terminated or supported ill health retirement for 112 employees.



A total of 69 absence training workshops have been held on the new Managing Attendance Policy and Procedures and 1,169 managers have attended.

Targeted workshops have been held with departments who have been identified as absence 'hot spots'. These workshops take a holistic approach to attendance management through the use of HR analytics to identify issues contributing to absence and develop a bespoke plan to improve attendance. DST held 16 of these workshops in 2019/20 with tailored action plans developed for each area.

Based on the success of 2 previous best practice workshops, which were facilitated by HR, and focused on initiatives to reduce absence in the Acute and Mental Health & Learning Disability Directorates it is intended to roll-out this approach to focus on improvements achieved within Community Sector during 2020/2021. This approach has enabled shared learning of the range of approaches managers have successfully implemented to reduce absence.

Workforce Stability

An annual exercise is now in place with HR Directorate Support teams working towards the reduction of staff on temporary or bank contracts. This involves an analysis completed in conjunction with the relevant managers, to identify staff with more than 4 years' continuous service who have gained permanency rights and are therefore entitled to be transferred from a temporary to permanent contract of employment.

A comparison of the baseline figures (2017) and the current position confirms an overall decrease of temporary staff with 4 years plus service of 80%. The analysis completed in 2019 showed that 50 staff that fall into this category remain within the employment of the Trust, which is a significant reduction over the last 3 years. This activity has contributed to assisting the Trust achieve stability within the workforce, improved engagement and lessened risk of trained staff leaving the organisation to secure permanent posts elsewhere.

HPMA HR Team of the Year

Directorate Support Team (Gransha) was a finalist in the Healthcare People Management Association Northern Ireland (HPMANI) **HR Team of the Year** in 2019/20. The team was one of three teams in NI to reach the final of these prestigious awards. The team was acknowledged for their work in shaping overall service strategies through setting objectives, responding to challenges and consistently adding overall value.

Workforce Planning, Analytics and Equality Monitoring

The Workforce Planning, Analytics and Equality Monitoring team has had a very productive year.



Absence Team

The Absence Team has developed and issued enhanced reporting for managers and Directorate Support Teams to help manage absence in line with the Managing Attendance at Work Policy. The Absence team has developed and rolled out additional monthly reporting on long term absence and analysis of 3+ episodes in a rolling calendar year. In addition, new absence analytics reports have been developed and are uploaded to the absence section of the HR Hub. These reports show historical absence information by cost centre, staff group and grade and allow comparison of the years 2018/19 and 2019/20. The Absence team has provided a support function to managers recording absence on HRPTS, to help train new managers and has introduced a monthly mailing list to managers to highlight payroll closedown deadlines and reminders on updating absence for staff who may be approaching half pay. This has led to a reduction in overpayments and helps to reduce the under-reporting of absence by ensuring that managers are aware of deadlines and implications of staff on long term absence.



Equality Monitoring

In addition to the annual Fair Employment return, this year work has commenced on the 3-yearly Article 55 review. This is a major piece of work identifying the numbers, trends and issues in the Trust over a 3 year period relating to the community background of staff in the Western Trust area compared to District Council areas and NI regional figures. The Equality Commission normally requests the report in the summer of the year which will start a process of review and analysis between the Trust and the Commission. This review will be in the new regional format which the team has been instrumental in developing.

Requisitions

In April 2019, the team developed and rolled out a SharePoint to allow managers to view the status of their requisition for recruitment. The site has proven very popular and the team are working to expand it to include metrics on approval times up to receipt by Human Resources staff and then approval time within Human Resources. This allows managers to be able to identify where improvements can be made in the time taken to fill posts.

Peripatetic teams

There has been a significant increase in the development of Peripatetic teams, which have required the Workforce team to provide the data to enable approval of recruitment to Peripatetic teams. This has led to a requirement for a dedicated resource to ensure the Peripatetic teams are fully resourced. The team has developed a Trust-wide procedure to ensure that staff are allocated and moved with the minimum of delays into wards/teams. There was a review of the peripatetic process mid-year and this led to a request for more in-depth reporting of peripatetic metrics, which is under development.

People Committee

A People Committee was established in January 2019 to provide assurance to Trust Board on the effectiveness of the Trust's arrangements for leadership, engagement, training, development and education of staff in the Western Health and Social Services Trust. The Committee is chaired by a Non-Executive Director of the Trust and during 2019/2020, the Committee met on 4 occasions to monitor and receive reports on workforce related issues. The Committee considers HR Metric information at each meeting i.e. Sickness absence, Mandatory Training compliance, uptake of Staff appraisal and Job Plans for Consultants. The Committee also hears from staff and volunteers regarding their experiences of working for/in the Trust. This year the Committee heard from a staff member regarding her career progression, a department that facilitates placements for Looked After Children, has introduced apprenticeships and supports their staff through professional qualifications, a Consultant who came to the Trust through the International Medical Recruitment project and a volunteer who became an employee and a retired person who now volunteers in the Trust.

Trades Unions Engagement



This has been a particularly challenging year with Industrial Action from November 2019 to January 2020 and then Covid-19 response.

The Trust continued to work in partnership with TU Side to keep patients and staff safe during these times.

Trades Unions' representatives are also members of other Trust working groups including Working Longer Group, Good Relations and Routes to Employment.

Industrial Action

The Trust built on its already positive partnership working with local and regional Trades Unions' representatives to prepare for the Industrial Action and to ensure the provision of safe and effective care to our inpatients and the most vulnerable in the community and the provision of emergency services at a time when services were already under particular pressure. There were:

- 30 days of preparation in advance of the Industrial Action;
- 316 derogation requests to keep essential services running;
- 50% of derogation requests were fully or partially approved by the Trust; and
- over 2,000 staff participated in the strike action.

Performance and Service Improvement

Estate Services

Environment & Energy

In 2019/20, the WHSCT Environment team received a platinum award for Environmental Benchmarking. This is the second year running that the Trust has secured the award, one of fifteen given out province wide from a range of companies within both public and private sectors. This award is evidence of the WHSCT commitment to environmental sustainability. The Trust's Waste Management Plan is being implemented with a strong focus on the minimisation of waste overall, and in particular the minimisation of waste sent to landfill. In 2019/20, the Trust achieved its target of recycling/recovering over 85% of non-hazardous waste.

In addition, the Energy Team were also able to achieve a "Good Quality Standard" for Combined Heat and Power (CHP) Quality Assurance for the first time. This is an important measure of how well the Trust utilises fuel outputs from its Combined Heat and Power (CHP) plant. The Trust also ran a very successful energy awareness campaign to help deliver on the Energy Management Strategy and Action Plan. For this year alone, the energy team have delivered an energy reduction of 7KWh/M2, which is a 1.8% improvement on energy performance overall.

Support Services

Maintaining Services

Support Services have maintained front line services during this challenging year. The early part of the year saw the majority of staff participate in Industrial Action alongside their other NHS colleagues. This proved a challenging time for all services, however services were maintained to patients across our catering, cleaning, portering, laundry and Switchboards.

The role played by support services workers during the Covid pandemic has been recognised nationally. Staff worked diligently behind the scenes in our hospitals and

community facilities across the Trust area, and many staff had to change their roles to support medical and nursing colleagues during this pandemic, and support the vital functioning of front lines services.

Emergency Planning

As part of the response to the significant industrial action from November 2019 – January 2020, the Trust invoked its business continuity plans to support the continuation of critical services, and the prior planning, testing, and use of the command and control arrangements helped the Trust to minimise disruption to services and continuing to deliver a whole range of hospital, community and corporate services.

Health Improvement, Equality and Involvement

The Health Improvement, Equality and Involvement Department (HIEI) works in partnership with statutory and community/voluntary organisations to reduce health inequalities and improve the health of our population, through commissioned and targeted programmes of work with local communities and with the community and voluntary sector.

The HIEI Department has also supported Trust staff in advising on ways to increase and improve the level of Patient and Public Involvement (PPI), to ensure patients, the public, service users and carers can influence their own care and treatment. The Involvement team are supporting a whole range of PPI Projects and service user groups, and provide PPI training sessions for staff as part of its annual programme of work. The Equality Team Support Trust staff in undertaking Equality Screening and this has increased significantly during the year.

Training is a key part of the work of the Department and across the year the training team completed 225 Training and Awareness sessions. This has resulted in 3,614 participants who have improved their capacity to support people to improve their health and wellbeing. Services were also provided directly to people living with Long term conditions supporting the delivery of four “Managing your Pain” programmes. The Diabetes Prevention Programme offered 20 programmes and assisted 553 people, registering a total weight loss of 253 kilogrammes.

Encouraging and empowering the health and wellbeing of Western Trust Staff is crucially important to the work delivered by the HIEI Team, and the Trust made a range of significant changes in 2019/20 to engage staff in health initiatives to support their wellbeing. The development of the TWIST West Website has proved an important building block in communicating and engaging with staff, and 10,889 staff visited the TWIST West website with 128,527 page views throughout the year.

From Mid-February and in response to Covid pandemic, the Department worked flexibly to respond to the health challenges facing our population. The HIEI Department has coordinated the WHSCT “Community Hub”, speaking directly to over 1,300 shielded patients and referring those that need support to our Councils and Community/Voluntary sector organisations for practical support. It is clear that the multi-agency approach will continue into the future and benefit from the learning during this period.

SWAH PFI

The South West Acute Hospital (SWAH) continues to be maintained as a high quality environment under the PFI contract arrangements with Northern Ireland Health Group

(NIHG) and their Facilities Maintenance service provider Interserve FM (IFM). The facility has been operational for eight years since opening in June 2012.

The Trust acknowledges the complexities and challenges as we work with PFI partners Northern Ireland Health Group (NIHG) and Interserve FM (IFM) to achieve the performance levels required under the contract in a sustained way, which will indicate the contract has reached “Steady State” operational standards relative to a PFI project of this maturity. This work remains in progress with Interserve FM continuing on a process of organisational change following the instability of their corporate parent Company Interserve PLC and the subsequent re-financing and administration process that resulted in the transfer to a new company; namely Interserve Group Limited.

During 2019/20, the Trust continued to implement a robust system of contract monitoring to ensure that PFI service provision is compliant with core statutory and contractual obligations essential to maintain the safety and quality standards necessary for an acute hospital, and this is reviewed formally twice per year through a PFI Assurance Report. During 2019/20 statutory compliance was considered satisfactory, and the emphasis remains on Safety and Quality, Risk Management and Financial Assurance, with the regime of performance monitoring and audits continuing to identify necessary improvements to the PFI provider. Improvements to the Planned Preventative Maintenance (PPM) systems and reporting at SWAH were completed at 31 March 2020 following a significant programme of work to upgrade the IFM Management Information System. This comprehensive system shall assist with the management and reporting of all PPM activity within the hospital.

Financial performance of the SWAH PFI remains strong with expenditure continuing to be maintained below the annual Unitary Charge. However, the level of performance penalties remains above standards projected for “Steady State”. As a result, 2019/20 has seen a growth in the volume of unresolved disputes and the formal contractual Dispute Resolution Procedure has been triggered.

The Trust has sought commitment from NIHG and their shareholders to the targets identified in the Savings and Efficiency Programme (2019-2022). With savings projects deferred from 2019/20, efforts need to be re-focused to bring the programme on track to achieve these targets within the 2020-2022 savings plan.

Transformation

£15.59m was allocated to the WHSCT in 2019/20 in support of the Transformation programme to take forward implementation of 78 projects supported by Confidence and Supply (C&S) funding. The Western Trust established an internal Transformation Programme Management Office (PMO) at the outset of this programme, and identified Trust project leads. The Transformation PMO sits within the Performance and Service Improvement Directorate (PSI).

The PMO has worked closely with each project lead, service planning, finance and HR colleagues to ensure full transparency and a professional approach to each project investment case, and the necessary business cases for each project were in place for every project by end June 2019. Commissioners confirmed financial allocations during July, August and September 2019, which were in the main aligned to inescapable commitments which had been in place at end March 2019 as opposed to the full value of each project. During the latter half of the year, the PMO undertook interim

assessments in support of identifying projects that should continue into 2020/21 and beyond alongside a range of projects that should cease.

The Trust prioritised a range of 37 projects to continue into 2020/21 and beyond subject to the availability of funding to an approximate value of £14.7m. The Trust also sought permission from the Department of Health to stand down a further 41 projects from 1st April, and that is awaited.

Communications

Corporate Communications continue to place a great emphasis on the development of its social and digital media platforms.

At the end of March 2020 the Trust's Facebook page had 37,980 followers (an increase of 10,900 since end of March 2019). In 2019/20, posts on the Trust's Facebook gained a total reach of 15.7 million with an average of 17,100 reach on each post. A total of 913 stories and videos were shared gaining a total of 1.5 million engagements (likes, comments and shares) with an average of 1,600 engagements on each post.

The Trust's Twitter account had a total of 9,572 followers (an increase of almost 3,000 since end of March 2019). Total tweet impressions of 3,638,000 in 2019/20.

Corporate Communications launched the Trust's Instagram account in July 2019. The new social media channel has grown since the launch to a following of 3,903 at the end of March 2020 and it continues as a useful channel to promote stories and content for this new audience.

The Trust launched its new website at the end of January 2020, providing clear and current information for patients and the general public. The site has approximately 809 visitors per day and 24,600 unique visitors each month. The site has been visited almost 300,000 times this year.

Corporate Communications has supported over 884 media queries in 2019/20. Issuing 249 press releases/good news stories to local, regional and cross border media (approximately 20 each month).

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

The development of a Public Affairs, Relations and Engagement Strategy is now underway. The Trust engages with local MLAs and MPs through face-to-face all party briefings, with additional video conference briefings held during Covid-19 planning, six in total in 2019/20. In total five Public Representative's eBriefs have been issued providing updated information on Trust business, announcements and good news stories. A number of briefings have also been provided to councillors in each Council area throughout the year on a range of Health matters.

The Team has also focussed on Internal Communication within the Trust. We have produced 8 editions of NOW newsletter, each edition containing an average of 22 articles. Updates to internal intranet site (StaffWest) were carried out daily to ensure accurate and up to date information is available to all staff.

Strategic Capital Development

Altnagelvin Hospital Redevelopment - North Wing



The first phase of the new £70m North Wing building opened in February 2019. Three medical wards relocated to the new facility, allowing patients to be cared for in a modern, therapeutic, acute hospital environment. Construction of the final phase is programmed to be complete by summer 2020 and will provide the hospital with three new wards and a new main entrance. The Trust anticipate the new facility will be commissioned and operational shortly after handover, with the new ward space being used to relocate trauma and orthopaedic patients from the existing Tower Block wards. This major development will significantly improve accommodation for patients and visitors to the hospital and provide modern state of the art facilities for staff delivering essential in-patient services.

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

An outline business case to expand and enhance critical services located in the West Wing (Nucleus Building) of the hospital was approved by Trust Board in March 2020 and has now been forwarded to the Department of Health for consideration and approval. With a focus on unscheduled care, theatre and critical care accommodation, the business case supports the provision of additional space and capacity for these essential services, ensuring future demands for services can be met. The business case also reviewed the location of emergency imaging services to ensure essential service adjacencies are provided.

Cityside Health and Care Centre

As part of Tranche 2 of the regional Primary Care Infrastructure Development programme, the Directorate in consultation with Service Directorates has developed a Strategic Outline Case and Outline Business Case for the development of a GP hub facility. This project has received Strategic Outline Case approval and the outline

business case was approved by Trust Board in March 2020 and has now been forwarded to the Department of Health for consideration and approval. This development is in line with the Department of Health's vision document, "Health and Wellbeing 2026: Delivering Together," and will have the main objectives of:

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

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

Acute Mental Health Unit at Omagh

The business case for the Acute Mental Health Facility was submitted to the Department of Health for consideration and approval.

In the interim, the Department has been working with the Trust to provide in-year funding to take forward some minor capital improvements to the Trusts existing mental health facilities.

Lisnaskea Health and Care Centre

During 2019/20, the Trust submitted the outline business case for Lisnaskea Health and Care Centre and continues to work with Department of Health to respond to advisor comments and queries.

The OBC supports the case for a new-build facility at a cost of £18.5million to accommodate primary and community services that will serve the population of Lisnaskea and the surrounding East Fermanagh area. The project will improve accessibility of services, enable increased integrated working and support strategic direction for reform of health care.

Rathview Mental Health Extended Recovery and Rehabilitation Unit

The Rathview Mental Health Extended Recovery and Rehabilitation Unit located near to the Tyrone and Fermanagh Hospital was completed in April 2018.

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

This £3.7 million project supports the Trust's aim to provide a range of enhanced community based services for people with mental health problems, promoting recovery and individual autonomy, and reducing over-reliance on inpatient care.

Work is progressing on the project's Post Project Evaluation (PPE), a draft of which will be available in April 2020. This will then enable the final Internal Peer Review for the project to be completed.



Disposal of Tyrone County Hospital and Riverside House

The site was placed on the public sector trawl and a number of expressions of interest were received, but subsequently withdrawn. The site was then put onto the open market in June 2019, and following engagement with a number of interested parties, the marketing process was concluded in December 2019 with interested parties invited to submit closing bids.

Trust Board have approved a bid and subject to the signing of a contract of sale it is anticipated completion will be in spring 2020.

Environmental Issues (Sustainability Report)

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

The Trust's Waste Management Plan continues to be implemented through the minimisation of waste and the amount sent to landfill. In 2019/20, the Trust achieved its target of recycling/recovering over 85% of non-hazardous waste. Expenditure for clinical waste has also reduced by 24% over the years from 2016/17.

The Trust has established a dedicated Energy Management Team, which is tasked with delivering on the Trust's sustainability work plan. In 2019/20, the Trust invested approximately £600,000 in a range of energy efficiency improvement projects. Completion of these schemes will enable the Trust to work towards its

objective of lowering net energy consumption by 30% by 2030 in accordance with the Management Strategy and Action Plan for Northern Ireland. For 2019/20, the team has delivered a Heat/Light/Power (HLP) KPI improvement of 1.8%, measuring 7KWh/M2 in 2019/20. The team delivered a saving of £813,000 in energy related efficiency savings under the Delivering Value initiative for 2019/20.

In addition to the investment above, the Energy Management Team are currently developing an investment bid for regional funding of further energy initiatives to include LED Lighting and Natural Gas conversion schemes.

Essential Business Relationships

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

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



2 July 2020

Dr Anne Kilgallen

Date

Chief Executive and Accounting Officer

ACCOUNTABILITY REPORT

Governance Report

DIRECTORS REPORT

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

Name	Position on the Board
Mr Sam Pollock	Chairman (from 1 May 2019)
Dr Anne Kilgallen	Chief Executive
Mr Niall Birthistle	Chairman (Tenure completed 30 April 2019)
Mr Joe Campbell	Non-Executive Director and Chair of the Audit Committee
Dr Catherine O'Mullan	Non-Executive Director
Ms Ruth Laird	Non-Executive Director
Dr John McPeake	Non-Executive Director
Mr Sean Hegarty	Non-Executive Director
Dr George McIlroy	Non-Executive Director (tenure completed 31 January 2020)
Ms Mary Woods	Non-Executive Director (tenure completed 31 January 2020)
Prof Hugh McKenna	Non-Executive Director (from 13 March 2020)
Rev Judi McGaffin	Non-Executive Director (from 13 March 2020)
Mr Kieran Downey	Deputy Chief Executive (retired 8 July 2019)
Ms Deirdre Mahon	Executive Director of Social Work and Director of Women and Children's Services
Dr Bob Brown	Executive Director of Nursing and Director of Primary Care and Older People's Services
Mrs Geraldine McKay	Director of Acute Services
Ms Karen O'Brien	Director of Adult Mental Health and Disability Services
Dr Dermot Hughes	Medical Director (retired 30 June 2019)
Dr Catherine McDonnell	Responsible Officer role (1 July – 31 July 2019)
Dr Catherine McDonnell	Medical Director (from 1 August 2019)
Mrs Teresa Molloy	Director of Performance and Service Improvement
Mrs Ann McConnell	Director of Human Resources

Mrs Lesley Mitchell	Director of Finance and Contracting (retired 30 June 2019)
Mrs Karen Bryson	Interim Director of Finance and Contracting (1 July -11 August 2019)
Mr Neil Guckian	Director of Finance and Contracting (from 12 August 2019)
Mr Alan Moore	Director of Strategic Capital Development

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

1. The Trust has arrangements in place to consult with employees and their representatives. The most significant formal mechanism is the Trust's Joint Forum. This is governed by a formal agreement, which sets down the arrangements for management and Trade Union Side partnership working in relation to consultation and negotiation on employment matters. In addition, the Trust has established a Joint Local Negotiating Committee. This forum focuses on employment matters relating to doctors. The Trust has a range of partnership groups in place, which allow consultation on pay issues and reform and modernisation proposals.
2. The Department of Health requires the Trust to pay its creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. Details of compliance with the Code are given in the Performance overview section.
3. The Trust participates in the HSC Pension Scheme and Note 1.20 to the Accounts at Section 3 of this document outlines the accounting treatment adopted.
4. The Trust maintains a Register of Interests covering directors and key management staff and operates procedures to avoid any conflict of interest. On the basis of a review of this Register, it has been confirmed that none of the Board members, members of the key management staff or other related parties had undertaken any material transactions with the Western Health and Social Care Trust during the year. The Register can be viewed by contacting the Chief Executive's Office. Further detail is provided in Note 21 to the Accounts at Section 3 of this document.
5. For the period 1 April 2019 to 31st March 2020, the Western Trust reported five security incidents /information breaches to the Information Commissioner's Office (ICO). The Incidents were reported to the ICO on the 8th August 2019, 13th January 2020, 24th January 2020, 4th February 2020, and 10th February 2020. The ICO acknowledged receipt of these incidents and allocated Case Reference numbers. The ICO have reviewed all five incidents and advised that "No further action" was being taken.
6. The Trust has an Audit Committee which is a formal Committee of the Board and membership is as follows:
 - Mr Joe Campbell – Non-Executive Director (Chair)

- Ms Ruth Laird – Non-Executive Director
- Dr Catherine O’Mullan – Non-Executive Director
- Dr Anne Kilgallen – Chief Executive (in attendance)
- Mr Neil Guckian – Director of Finance & Contracting (in attendance)

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

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

REPORT FROM NON-EXECUTIVE BOARD MEMBERS

The Non-Executive Directors have experienced significant change during 2019.

At 30 April 2019, the Chairman Niall Birthistle completed his tenure, and Sam Pollock was appointed from 1 May 2019.

In April 2019, we welcomed three new Directors, Ruth Laird, John McPeake and Sean Hegarty. At 31 January 2020 two Directors completed their tenure, George McIlroy and Mary Woods. On 13 March 2020, Hugh McKenna and Judi McGaffin joined the Board.

Non-Executive colleagues wish to thank and pay tribute to our Chairman Niall Birthistle and outgoing Non-Executive Directors Mary Woods and George McIlroy, all who left during the year.

A key priority for 2019/20 has been the induction for all new Directors, and a range of training and information sessions were held across Directorates.

Directors have continued to bring balance, independence of mind and a diverse external perspective to the work of the Board, Committee meetings and strategic workshops providing appropriate levels of challenge, scrutiny and support for the Trust's accountability, helping assure the achievement of its objectives, engaging with key stakeholders and contributing to the leadership of the organisation.

The Trust completed a Board Governance Self-Assurance Tool which was reported to Trust Board on 13 June 2019. This included measuring the impact of the Board using a case study approach. The Trust scored Satisfactory in all areas.

The work of the Board and its Committees is outlined in some detail within the Governance Statement. Non-Executive Director's commitment and dedication to their roles is clearly evident from the Committee reports, minutes and assurances.

The Audit and Risk Committee, Governance Committee, People Committee, Remuneration Committee, Finance and Performance Committee, Endowments and Gifts Committee and Adoption Committee have all met their Terms of Reference during 2019/20.

The Board had many areas to focus on during 2019/20, including:

- Assurances over the Delivering Value Programme,
- Serious Adverse Incident Management – particularly the creation of the rapid review group,
- Oversight of standards of care in a range of care homes in the Independent Sector,
- Risk Management and Corporate Governance oversight,
- Assurances on quality and safety of services and performance and finance,
- Commitment to the Regional (and local) response to the Hyponatraemia Report,
- Planning for and oversight of Industrial Action,
- Planning and oversight of the response to the Covid19 Pandemic.

Looking forward to 2020/21 Trust Board will continue to work on Serious Adverse Incidents and to consider the appropriate nature and extent of the Trust's risk appetite.

Initially 2020/21 will be dominated by the Covid19 response, along with oversight of the rebuilding of services.

The Trust Board revised its Committee structures during 2019/20 and, on 5 March 2020, approved the Terms of Reference for a new 'Improvement through Involvement Committee' to provide assurance with regard to co-production and learning from experience.

Non-Executive Directors will continue to review the Agenda for Trust Board and its Committees to ensure appropriate balance and assurance. Particular attention will be given to information flows and formats to make sure assurance levels are appropriate.

Corporate Plan 2019-2021

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

Financial Recovery Plan Programme

In common with the wider Health & Social Care System, the Trust is facing significant financial challenges. During both 2018/19 and 2019/20, we were unable to achieve a breakeven position, although this has been recognised by the DoH, who have allocated a Control Total in each of these years.

A Control Total is a means of supporting achievement of the fiscal framework through providing authorisation of spend which forms part of a multi-year financial recovery process where necessary in an Arm's Length Body. This arrangement is expected to continue in 2020/21.

The Trust has been able to operate within its Control Total in 2019/20, thereby ensuring all expenditure is deemed regular (within Managing Public Money NI and the Trust's Management Statement and Financial Memorandum).

Financial Management and Control through the Recovery Plan period has been maintained through the Delivering Value Management Board, Chief Executive (monthly) Assurance Meetings and regular interface between senior finance and Directorate staff.

Trust Board oversight is provided monthly through detailed scrutiny at Finance and Performance Committee and reports to the Public Board meeting.

The Recovery Plan Oversight Group is made up of senior departmental officials (Permanent Secretary and Deputy Secretary), with Chief Executive and Director attendance from the Trust and representation from HSCB. This structure is designed to provide assurance on progress toward the stabilisation of the Trust's finances.

In 2019/20 excellent progress has been made – in October CMT approved a three year Financial Plan, this was subsequently approved by both Trust Board and the Departmental Oversight Group.

At 31 March 2020, the Trust has achieved its first key milestone – i.e. to reduce the recurrent deficit to £29m from £50m (£39m plus a savings target of £11.3m for 2019/20). This was achieved through a combination of cash savings, regional funding and management / prevention of pressures.

The oversight arrangements for the Recovery Plan will continue into 2020/21 and 2021/22, although the Covid-19 Pandemic has diverted management attention in the short-term.

Pathfinder Initiative for the Population of Fermanagh and West Tyrone

Pathfinders are initiatives that are sponsored by the Department of Health. They are intended to provide increased support to health and care economies where there are specific challenges to providing high quality and sustainable services to the local population in the long term using the current service model. The Pathfinder Initiative is committed to identifying the health and social care needs of the population of Fermanagh and West Tyrone for the 10-year period to 2029; and to co-produce appropriate and deliverable proposals along with a costed implementation plan to achieve sustainable delivery of health and social care services in the Fermanagh and West Tyrone area. During 2019/20 there continued to be significant engagement with the population of Fermanagh and West Tyrone, with a wide range of sessions organised on Health and Social Care related topics.

STATEMENT OF ACCOUNTING OFFICER'S RESPONSIBILITIES

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

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

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

The Permanent Secretary of the Department of Health, as Principal Accounting Officer for Health and Personal Social Services Resources in Northern Ireland, has designated Dr Anne Kilgallen of Western Health and Social Care Trust as the Accounting Officer for the Trust.

The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the HSC Body's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

GOVERNANCE STATEMENT

Scope of Responsibility

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

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

Trust senior executives meet regularly throughout the year with colleagues in the Department of Health and the HSC Board / Public Health Agency and other Trusts. They participate in a wide range of meetings, including accountability meetings with the Department of Health and performance management meetings with the HSC Board. They also take part in regional meetings such as Adult Safeguarding Board, Transformation Implementation Group and Directors' meetings, Hyponatraemia Project Board and Work streams, which enable collaboration and establishment of consistent approaches to strategic planning, service improvement, transformation, commissioning, contracting and e-health matters in accordance with regional policy direction.

The Trust also has effective partnership arrangements in place with organisations including local councils, Health Service Executive (HSE), a wide range of community and voluntary sector organisations and public representatives. The Trust is committed to involving and engaging with service users, carers and the wider public and there are also effective patient and client forums in place for a wide range of services to maximise the involvement of patients and clients in determining the manner of delivery of their own treatment and care through a range of local projects the transformation agenda and the pathfinder project.

Compliance with Corporate Governance Best Practice

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

The Trust Board has completed an annual Board Governance Self-Assessment Tool since 2013, which is based on the structure issued by the Department of Health. In June 2019, the Board signed off the Governance Self-Assessment Tool.

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. In the previous year the Trust completed a review of its governance structures and has implemented a revised structure: Audit and Risk Assurance Committee; Remuneration Committee; Governance Committee; Endowment and Gifts Committee; Improvement through Involvement Committee; People Committee; and Finance and Performance Committee. This revised structure was approved at Trust Board in the prior year and has been kept under regular review thereafter.

The Trust Board

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

This includes:

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

The Chief Executive is accountable to the 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 the Trust Board for Clinical and Social Care Governance arrangements respectively. In addition, the Executive Director of Nursing provides professional advice and assurance to the Trust Board on all nursing matters.

The Trust Board met 10 times in the 2019/20 financial year and all meetings were quorate. Members' attendance is formally recorded in the Trust Board minutes and the detail is given in the table below. Standing items on Trust Board agenda include Quality and Safety, Infection Prevention and Control, Environmental Cleanliness, Corporate Risk Register and Board Assurance Framework, Performance Management and Financial Performance. The Board assesses its performance using the Board Governance Self-Assessment Tool. The assessment concluded that all areas are compliant with the exception of the Whole Board Development Programme, with one action to be completed in relation to non-executive member's induction. Progress against this action is being monitored at the Trust Board. The Board also commissions Internal Audit to review its effectiveness.

Name	Title	Meetings to attend	Meetings attended
Mr N Birthistle	Chairman (Tenure completed 30 April 2019)	1	1
Mr S Pollock	Chairman (Commenced post 1 May 2019)	9	9
Dr A Kilgallen	Chief Executive	10	9
Mr J Campbell	Non-Executive Director	10	7
Ms M Woods	Non-Executive Director (Tenure completed 31 January 2020)	9	7
Dr G McIlroy	Non-Executive Director (Tenure completed 31 January 2020)	9	9
Dr C O'Mullan	Non-Executive Director	10	9
Ms R Laird	Non-Executive Director	10	8
Dr J McPeake	Non-Executive Director	10	8
Mr S Hegarty	Non-Executive Director	9	8
Mrs G McKay	Director of Acute Services	7	6
Mr K Downey	Deputy Chief Executive (Retired on 1 July 2019)	3	3
Ms D Mahon	Executive Director of Social Work and Director of Women and Children's Services	10	9
Dr B Brown	Executive Director of Nursing and Director of Primary Care and Older People's Services	10	9
Ms K O'Brien	Director of Adult Mental Health and Disability Services	10	8
Dr D Hughes	Medical Director (Retired on 30 June 2019)	3	3

Name	Title	Meetings to attend	Meetings attended
Dr C McDonnell	Medical Director (from 1 August 2019)	7	6
Mrs T Molloy	Director of Performance and Service Improvement	10	9
Mrs A McConnell	Director of Human Resources	10	10
Mrs L Mitchell	Director of Finance and Contracting (Retired on 30 June 2019)	3	3
Mr N Guckian	Director of Finance and Contracting (from 12 August 19)	6	6
Mr A Moore	Director of Strategic Capital Development	10	9
Mrs A Friel	Acting Director of Acute Services	3	2
Mrs K Bryson	Acting Director of Finance and Contracting	1	1
Prof H McKenna	Non-Executive Director (from 13 March 2020)		
Rev J McGaffin	Non-Executive Director (from 13 March 2020)		

Audit and Risk Assurance Committee

The Audit and Risk Assurance Committee, which has a central role in the Trust's Governance Framework, is a formal Committee of the Board comprised of three Non-Executive Directors. The role of the Committee is set out in formal terms of reference and includes:

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

The Trust's internal and external auditors as well as other appropriate Trust staff attend the Committee meetings on a regular basis. The Committee follows the best practice guidance set out in the Audit and Risk Assurance Committee Handbook (NI) (April 2018) and assesses its performance by reviewing its compliance with this guidance on an annual basis. The Committee has completed its self-assessment for 2019/20 and has adapted the updated National Audit Office template for this purpose. The outcome of the assessment for 2019/20 is that the Committee is performing effectively in all areas. The Chairman of the Committee briefs the Trust Board following each

Committee meeting and the Trust Board receives an annual report on the performance of the Committee. The Committee met four times during 2019/20 and all meetings were quorate. Attendance was as follows:

Name	Title	Meetings to attend	Meetings attended
Mr J Campbell	Non-Executive Director (Chair)	4	4
Dr C O'Mullan	Non-Executive Director	4	4
Mrs R Laird	Non-Executive Director	3	2
Dr A Kilgallen	Chief Executive	4	1
Mrs L Mitchell	Director of Finance and Contracting (Retired 30 June 2019)	2	2
Mr N Guckian	Director of Finance and Contracting (from 12 August 2019)	2	2

Governance Committee

The role of the Board is to oversee the management and governance of the Trust. Trust Board has primary responsibility for effective governance and the Chairman must ensure that the Board keeps this at the centre of its work. The Trust Governance Organisational structure has developed over time. A Trust Board workshop was held on Thursday 29 March 2018 to review the reporting arrangements, membership and papers considered by Governance Committee. A working group involving non-executive representatives and Trust governance staff were asked to consider reporting arrangements and information and develop a discussion document to be shared with the Board and Governance Committee. This was approved by the Board in August 2018. Revised membership of Governance Committee came into effect from December 2018 and the arrangements continue to be kept under review as the Organisation and Priorities evolve. The Committee meets quarterly and an attendance register is kept. Governance Committee is currently chaired by a non-executive Director with two other non-executive director members and executive directors as outlined within the revised Terms of Reference.

The Governance Committee met four times during 2019/20 and attendance by members was as follows:

Name	Title	Meetings to attend	Meetings attended
Dr A Kilgallen	Chief Executive	4	3
Dr G McIlroy	Non-Executive Director	3	3
Mr J Campbell	Non-Executive Director	4	4
Dr J McPeake	Non-Executive Director	4	2
Mrs G McKay	Director Of Acute Services	4	2

Name	Title	Meetings to attend	Meetings attended
Ms D Mahon	Director of Women and Children's Services	4	2
Dr B Brown	Director of Primary Care and Older People's Services	4	3
Ms K O'Brien	Director of Adult Mental Health and Disability Services (from 16 April 2018)	4	4
Dr C McDonnell	Medical Director	4	4
Mrs T Molloy	Director of Performance and Service Improvement	4	3
Mr A Moore	Director of Strategic Capital Development	4	1

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

Governance Committee Sub Committees - there are three formal sub-committees of Governance Committee. The Corporate Governance Sub Committee, the Clinical and Social Care Governance Sub-Committee and the Quality and Standards Sub-Committee. These Sub-Committees meet quarterly and the Chairs provide a report to the Governance Committee:

- **Corporate Governance Sub-Committee** - is chaired by the Director of Planning and Performance and provides assurance to the Governance Committee that assurance and risk management arrangements relating to corporate Governance are effective;
- **Clinical and Social Care Governance Sub-Committee** - is jointly chaired by the Medical Director and the Director of Nursing. Its work is to provide strategic direction and oversight of risk management arrangements relating to Clinical and Social Care Governance in the Trust. There are a number of working groups that will feed into this Committee, including for example Morbidity and Mortality Outcomes and Healthcare Associated Infections Accountability;
- **Quality and Standards Sub-Committee** - is chaired by the Executive Director of Social Work and oversees the implementation of clinical and social care standards and guidelines throughout the Trust and provides assurance to the Governance Committee that appropriate systems are in place to monitor standards relating to quality of care;
- **Rapid Review Group** - In October 2018 the Trust established a Rapid Review group which is Director led and meets weekly. The purpose of the Group is to monitor and assess the review of SAIs, Red Incidents, High Risk Complaints, Claims and Inquests to maximize the potential for identifying and sharing learning as quickly as possible for sharing across the Organisation and where appropriate the Region. The Rapid Review Group provides a quarterly report to Governance Committee and;
- **Corporate Safety Group** - In March 2020 an Interim Corporate Safety Group the Board approved the establishment of a Corporate Safety Group as part of the organisation's arrangements to provide assurance to Trust

Board/Governance Committee and support the Corporate Management Team (CMT) in overseeing incident trends and other risks identified through the Risk Management Governance Arrangements.

Directorate Governance Groups - individual directors have a responsibility for governance arrangements within their respective Directorates and they have established Directorate Governance Groups. These met regularly during 2019/20 to progress the governance agenda and provide Directorate assurance. Directors formally report to Governance Committee using an agreed reporting template.

Remuneration Committee - this Committee meets to monitor the performance and development of the Chief Executive and all other Senior Executives. It approves the performance objectives of the Chief Executive and other Senior Executives, assesses their performance in line with established policies and circulars and considers their future development needs. It recommends to Trust Board pay awards and performance related pay, where appropriate, in line with Circulars.

It is chaired by the Chair and includes a further three Non-Executive Directors. The Committee met once during 2019/20, – on 17 December 2019; this meeting was fully quorate. Details of members’ attendance are given in the table below. The Chair brings the recommendations of the Remuneration Committee to Trust Board following each meeting and its recommendations are discussed under Confidential Items. The Committee therefore met the requirements of its terms of reference for 2019/20.

Name	Title	Meetings to attend	Meetings attended
Mr S Pollock	Chair	1	1
Dr J McPeake	Non-Executive Director	1	1
Mrs R Laird	Non-Executive Director	1	1
Mrs M Woods	Non-Executive Director	1	0
Dr Anne Kilgallen	Chief Executive (In attendance)	1	1
Mrs A McConnell	Director of Human Resources (In attendance)	1	1

Finance and Performance Committee - this Committee meets in advance of Trust Board to consider in detail the financial and performance information, which is to be presented at the formal Board meeting. The Committee is comprised of two non-executive directors and the Directors of Finance and Performance and Service Improvement. The Chair of the Committee is asked to comment at each Board meeting on any issues relating to the finance and performance reports, which need to be highlighted.

The Committee met ten times during the year and on all but four occasions meetings were deemed quorate. The non-quorate meetings were due to the non-availability of non-executive directors. In all other respects, the Committee fulfilled the requirements of its terms of reference during the year.

Name	Title	Meetings to attend	Meetings attended
Mr S Hegarty	Non-Executive Director (Chair) (from 8 April 2019)	8	8
Dr G McIlroy	Non-Executive Director (tenure ended 31 January 2020)	8	8
Mrs T Molloy	Director of Performance and Service Improvement	10	8
Mrs L Mitchell	Director of Finance and Contracting (retired 30 June 2019)	2	2
Mrs K Bryson	Acting Director of Finance and Contracting (from 1 July 2019 – 11 August 2019)	1	0
Mr N Guckian	Director of Finance and Contracting (from 12 August 2019)	7	6

Endowments and Gifts Committee - the purpose of this Committee is to oversee and fulfil the responsibilities of the Board as Trustees of Endowments and Gifts Funds. The Committee is made up of two non-executive directors and is supported by a number of Trust officers. The Committee met on four occasions during 2019/20 and was fully quorate. Details of members’ attendance are set out in the table below. The Chairman of the Committee briefs the Trust Board following each meeting. The committee therefore met the requirements of its terms of reference for 2019/20. The Committee had agreed an action plan for the year and received an update against actions at every meeting. The Committee is satisfied with the performance against the action plan for 2019/20.

Name	Title	Meetings to attend	Meetings attended
Dr G McIlroy	Non-Executive Director (Acting Chair until 31 January 2019)	3	3
Dr J McPeake	Non-Executive Director, Chair	3	3
Mr S Hegarty	Non-Executive Director	3	2
Ms K O’Brien	Director of Adult Mental Health and Disability Services	4	2
Mrs G McKay	Director Of Acute Services	4	1

Mrs A McConnell	Director of Human Resources	4	2
Mrs L Mitchell	Director of Finance and Contracting (Retired 30 June 2019)	1	1
Mr N Guckian	Director of Finance and Contracting (from 12 August 2019)	3	2

Engagement and Experience Committee - the Trust Board revised its Committee structures during 2019, and as part of that work agreed the establishment of a new Committee to give assurance and leadership on all aspects of co-production, involvement and learning from experience. A committee chair and non-executive membership were agreed to lead on workshops and meetings to bring forward a Terms of Reference. Board discussions to support the development of the new committee were held in the final quarter of 2019/20, and the Board approved the establishment of the “Improvement Through Involvement Committee” at its Trust Board meeting on 5 March 2020.

People Committee - the purpose of this Committee is to provide assurance to Trust Board on the effectiveness of the Trust’s arrangements for leadership, engagement, management, training, development and education. The Committee is made up of two Non-Executive Directors (one of whom is the Chair) and is supported by a number of Trust officers. The Committee was established following a review of Governance arrangements and met on 4 occasions during 2019/20. Details of members’ attendance are set out in the table below. The Chair of the Committee briefs Trust Board following each meeting.

Name	Title	Meetings to attend	Meetings attended
Dr C O’Mullan	Non-Executive Director (Chair)	4	4
Mrs R Laird	Non-Executive Director	3	2
Dr A Kilgallen	Chief Executive	4	3
Mrs A McConnell	Director of Human Resources	4	4
Dr D Hughes	Medical Director (up to 31 July 2019)	1	1
Dr C McDonnell	Medical Director (from 1 August 2019)	3	2
Dr B Brown	Executive Director of Nursing	4	2
Ms D Mahon	Executive Director of Social Work	4	3

Business Planning and Risk Management

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

The Trust has in place a Corporate Plan covering the period 2019/20 to 2020/21 which sets out its key priorities during this period.

In line with Department of Health requirements, the Trust also produces an annual Trust Delivery Plan (TDP) which details the key actions that will be taken forward by the Trust in 2019/20 in response to the Health and Social Care Board/Public Health Agency Commissioning Plan. The Trust Delivery Plan for 2019/20 was prepared in line with the customary timetable. However, the Trust was not able to reach financial balance and considerable further discussion was needed to bring forward a financial plan for 2019/20 which would be accepted. Agreement was reached on a final control total for 2019/20 in January 2020 and the final TDP was subsequently approved by Trust Board on 5 March 2020, submitted to the HSCB, and approved.

Monitoring of delivery of ministerial targets from the Trust Delivery Plan was carried out by exception at internal Trust accountability meetings, and through the Trust's "Health Check" scorecard. This was reviewed on a monthly basis by the Trust's Corporate Management Team at the Delivering Value Management Board, and key issues reported to Trust Board. The HSC Board holds HSC Trusts to account through an Accountability Review process which they manage and which is in line with the draft HSC Performance Framework established by the Department of Health.

The customary oversight and accountability processes were impacted by the considerable work required to prepare for and manage the period of Industrial Action (November 19 - January 20), and latterly the Covid-19 Pandemic surge planning and preparation (February - March 20).

Business Case Approval

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

Direct Award Contracts

The Trust has a Direct Awards Contracts (DAC) Register which is maintained by the Director of Finance's office. A total of 104 DACs were completed by the Trust in 2019/20 with a combined value of approximately £7.5m. Three of the 104 DACs processed in 2019/20 required approval from the Permanent Secretary.

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

Risk Management

The Trust's Risk Management Policy is in line with the regional approach to Risk Management using the ISO3000 Risk Management Standard, and was formally approved by Trust Board in July 2019. The policy clarifies the leadership and accountability arrangements for ensuring that appropriate systems are in place throughout the Trust to manage and control risks relating to the achievement of Trust

objectives, together with clear systems for identifying and controlling risks, so that all Trust employees understand their role in managing risk, which will lead to measurable improvements in patient/client and staff safety. The policy clarifies individual staff responsibilities on reporting and managing risks. Training on the principles of risk management is seen as an integral part of the training of staff at all levels of the Organisation.

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. The policy has a statement on risk appetite and guidance for managers when considering new and emerging risk.

The Risk Management Policy makes it clear that consideration must also be given to risks which are managed from outside the Trust and are owned elsewhere. 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.

As part of the board-led system of risk management, the Corporate Risk Register is reviewed on a monthly basis by the Corporate Management Team (CMT). 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 the Governance Committee on significant risks within their areas of responsibility.

Any material changes to the Corporate Risk Register must be approved by the CMT and the Trust Board. The Corporate Risk Register is reviewed quarterly by the Governance Committee. It is also tabled at Audit and Risk Assurance Committee on a quarterly basis to provide assurance on the management of corporate risks. The Risk Register is published with Trust Board Papers and is posted on the Trust intranet for access by employees. A Trust Board Risk Register Workshop was held on 3 October 2019 with all Board Members to consider and review Trust Corporate Risks. The Risk Register was last presented to Trust Board on 5th March 2020.

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. Ensuring that learning from SAs, incidents, complaints, litigation and inquests is effective is a continual challenge and the Trust has continued to work to develop systems to ensure that learning is highlighted and escalated.

The Trust has a range of tools for sharing such learning including a quarterly governance report which is shared with each Directorate Governance Group, the 'Share to Learn' newsletter which is published twice a year and a "lesson of the week", which is uploaded to the Trust intranet and is accessible on the front screen. Ward staff are encouraged to use the lesson as part of their safety brief. Where there is evidence that

learning should be shared regionally, the Trust's Rapid Review Group will consider and approve the learning letter prior to submission to the HSCB.

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

A Quality and Safety Corporate Dashboard, which includes trends in relation to incidents, claims and complaints, is also considered by the Governance Committee quarterly. During the year, the information provided to Governance Committee has been refined to reflect the 'Quality Health Check' information provided to Teams and Directors and for Chief Executive Assurance meetings with Service Directors.

The Regional Patient Safety Incident Reporting Climate Survey found that for the Western Trust 41.8% of respondents strongly agreed that the organisation turns lessons learned from incidents into actions that improve the patient care system. This was the highest amongst all 5 Trusts.

Information Governance, Records Management

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

The Trust has a corporate Information Governance Steering Group (IGSG), which reports to the Trust's Corporate Governance Sub-committee, to support its requirement for assurance in this area. The Trust has adopted the new Information Management guidance and assurance checklist to maintain the best practice standards set out in the new guidance document in order to be able to both provide assurance to the Department and for BSO Internal Audit purposes.

Information Governance Training

Latest figures supplied by management development for completion of Mandatory Information Governance training show a 3 year compliance figure which equates to 63% of staff in the Trust. This is not compliant with the requirement to evidence a rolling compliance of 100% over a 3 year period. A programme of work to increase compliance has been undertaken, but only small gains have been made.

Freedom of Information (FOI) Yearly Report

The Trust complies with the requirement to process FOI requests within the legislative timeframe. This is monitored on a calendar year basis and the 2019 position is set out below.

FOI performance				
Year	Requests received	Compliance with 20 day deadline	Missed deadline	Overall compliance
2019	431	398	33	92.3%

Of the 33 responses which missed the deadline, 19 of those responses were no more than 5 days late. Responses were provided in all cases.

Data Protection - Subject Access Request (SAR) update

The right of access under data protection legislation, commonly referred to as “subject access request” (SAR), gives individuals the right to obtain a copy of their own personal data. Under data protection legislation (GDPR) the timeframe for responding to most SARs is 1 month, however this can be extended by a further two months if the request is “complex” or the Trust has received a number of requests from the individual.

Performance is monitored by the Trust on a calendar year basis and the 2019 position is set out below.

SAR performance (requests for patient/client records)				
Year	Requests received	Total processed within 30 days	Total processed between 30 and 90 days	Overall compliance (% within 90 days)
2019	4,134	3,449	469	95%

During the 2019 calendar year (January – December), the Trust received a total of 4,134 requests for copies of patient/client records. This is an increase of over 17% on the previous year (2018) and a 37% increase from the year 2017 (pre-GDPR).

Information Risk

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

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

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

The Trust is also committed to ensuring the security of information held in electronic form in accordance with its ICT security Policy. The Trust is aware of the global risk of Cyber Security. In 2019/20 the Western Trust did not experience any direct Cyber related outages, however there has been a number of Ransomware/Cyber related incidents within HSCNI. The Trust continues to work on the Regional and Local Cyber Security

work programmes. The Trust attends the Regional project board meetings and has organised their own Local project board meeting for each quarter. A regional **Cyber Security Incident Response Handbook** has been developed in the event of a Major Cyber incident occurring in a Trust or Trusts. This handbook sets out who and which agencies should be contacted in the event of an attack on either an individual Trust or on multiple Trusts.

In 2019/20 ICT conducted Cyber Security Training and Update sessions with different directorates and departments across the Trust. Advice has been provided on Business Continuity, the need for desk top exercises and for the “securing of” 3rd party provider devices as well as their contracts with the Trust.

In October 2019, ICT established an internal Vulnerability Management Group (VMG) which comprises of members of different teams within ICT. This group meets on a fortnightly basis to discuss, plan, remediate or deal with identified vulnerabilities. The group uses data from the Tenable and CounterAct products as well as other external sources such as NHS CareCerts, NCSC, various media and Cyber intelligence businesses.

In Quarter 4 of 2019, ICT participated in a BSO Internal Audit relating to Managing User Privileges and Risk Management Regime. There were no priority 1 Findings and Recommendations, with a satisfactory assurance level.

Recommendations are being taken forward and, where appropriate, included within work programmes.

Serious Adverse Incidents (SAIs)

During the calendar year 2019, the Trust reported 86 SAIs to the Health and Social Board which was an increase from 73 in the calendar year 2018. 28% related to incidents involving suicide and 33% related to clinical care issues.

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

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

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

The Trust accepts that its patients and clients have a right to expect openness in the delivery of their health and social care service. The Trust is committed to providing candour in relation to SAIs and is working with the DoH and partners to progress IHRD recommendations to help achieve this. It is Trust policy when an SAI has been reported for the lead officer to involve the patient/client/family at the earliest opportunity. The HSC Board on behalf of the Department monitor the Trust compliance with the family engagement checklist twice yearly. The RRG also monitors compliance with engagement requirements monthly. The training initiated in 2018 on SAIs and engagement with families underpins the Trust commitment to engagement with families and aligns with specific IHRD recommendations on candour.

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

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

SAI training currently is provided as a section of the mandatory incident reporting training to all staff. This is available monthly with extra sessions on demand. SAI-specific training sessions are also provided on an ad-hoc basis. SAI review methodology training programme has been delivered to staff in Maternity and Mental Health services in 2018 with further sessions completed in 2019 and 2020 for all other Directorates. Approximately 120 across the Trust have now been trained.

The Trust hosted a Serious Adverse Incident (SAI) Learning event on 2 October 2019. The event focused on the SAI process, including the requirements regarding involvement of patients and families using examples to help illustrate the requirements for a high quality report and identifying effective learning. Learning from recent SAIs applicable across the Trust was shared and there was interactive session on improving Trust processes for sharing learning. There was also a question and answer session to help assist any staff involved in reviews facing challenges with the SAI process.

Regional learning from SAIs, including Safety Quality Alerts issued from the HSCB and Public Health Agency, is disseminated and monitored by the Quality and Safety Team. These learning letters are recorded on a database and a lead officer is identified to coordinate implementation of any actions. The Trust provides assurance to the HSCB/PHA regarding implementation. The Trust continues to publish a quality and safety newsletter, 'Share to Learn', to highlight Trust wide learning. The Trust also publishes a 'Lesson of the week' which is identified and raised through RRG to ensure learning is shared in an immediate and accessible format on the Trust Intranet. The Trust also generates regional learning through SAI reviews and from other sources through the regional learning template, introduced in 2018 by the HSCB. In the period April 2019 to March 2020 the RRG raised 6 learning templates for sharing regionally to HSCB/PHA.

In January, the Trust reported to Trust Board its performance against the targets for submission of SAI reports to the Health and Social Board with an acknowledgement that this is a significant challenge for the Trust. In addition, learning during the year from the experiences of families and staff involved in SAIs and an RQIA review of governance processes in AMHDS has provided a deeper insight and focus into how our systems, processes and safety and quality culture must continuously improve.

To address this, the Trust has initiated a number of actions and has developed a Safety and Quality Management System Action Plan which will be monitored by Trust Governance Committee. This work must enhance the cultures of Safety & Quality and Openness at all levels to support appropriate identification, dissemination and application of learning with robust systems for assuring that this is the case.

The Trust continues to work with clinicians and the PHA to ensure compliance with the child death review and notification process. In the calendar year 2019, 18 child death reviews were reported under this process.

The Trust appointed a regional Morbidity and Mortality (M&M) Facilitator to help ensure the system is in place and maintained to appropriately record and review all deaths. In the financial year to March 2020, funding has been secured for this previously unfunded post and for the administration support for the RRG these are important roles to ensure these vital forums for capturing and sharing of learning are maintained. Any relevant SAI reports are also considered at M&M meetings.

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

Fraud and Suspected Fraud

The Western Trust takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place a Fraud Policy and Fraud

Response Plan, both of which were last updated during 2018/19 to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. The designated Fraud Liaison Officer (FLO) of the Trust promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services Team and provides advice to personnel in relation to fraud reporting arrangements. All staff are invited to participate in fraud awareness training in support of the Fraud Policy and Fraud Response Plan. Fraud update reports are provided to the Audit and Risk Assurance Committee.

Public Stakeholder Involvement

The Trust Board revised its Committee structures during 2019, and as part of that work agreed to the establishment of a new Committee to give assurance and leadership on all aspects of co-production, involvement and learning from experience. A Committee chair and non-executive membership were agreed, who led on workshops and meetings to bring forward a Terms of Reference. Board discussions to support the development of the new Committee were held in the final quarter of 2019/20, and the Board approved the establishment of the “Improvement Through Involvement Committee” at its Trust Board meeting on 5th March 2020. It was agreed to schedule the first meeting of the Committee in May 2020.

Assurance

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

The Trust completes an annual Board Governance Self-Assessment Tool as a means of assessing its own effectiveness. The Board Governance Self-Assessment Tool is intended to help Arm’s Length Bodies (ALBs), improve the effectiveness of their Board and provide Board members with assurance that it is conducting its business in accordance with best practice. The 2018/19 assessment was approved by the Trust Board in May 2019 with the 2019/20 assessment currently being completed.

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

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

A key source of assurance is the reports from Internal Audit and the audit plan is based on key risks and systems within the organisation. In accordance with the 2019/20 annual internal audit plan, BSO Internal Audit carried out an audit on Board Effectiveness in the Western HSC Trust (WHST), during February and March 2020 and have reported satisfactory assurance.

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.

In January 2020 the Trust requested support from an external consultant to undertake a review of corporate governance within the Trust, specifically corporate governance arrangements within the Medical directorate in supporting the revised Governance Framework and in the context of existing governance arrangements within all other directorates, benchmarking against best practice and recommending a way forward against any deficits identified. The outcome of the review is expected in August 2020.

Self-assessment against standards:

Following the removal of the requirement to formally complete controls assurance standards the Trust continues to implement a self-assurance process. The outcome of the process for 2019/20 is summarised in the table below:

Area	Trust Level of Compliance
Buildings, land, plant and non-medical equipment	Substantive
Decontamination of medical devices	Substantive
Emergency Planning	Substantive
Environmental Cleanliness	Substantive
Environmental Management	Substantive
Fire Safety	Substantive
Fleet and Transport Management	Substantive
Food Hygiene	Substantive
Human Resources	Substantive
Infection Control	Substantive

Area	Trust Level of Compliance
Information Communication Technology	Substantive
Management of Purchasing and Supply	Substantive
Medical Devices and Equipment Management	Substantive
Medicines Management	Substantive
Information Management	Substantive
Research Governance	Substantive
Security Management	Substantive
Waste Management	Substantive

EU Exit

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. On 31 January 2020, the Withdrawal Agreement between the UK and the EU became legally binding and the UK left the EU. The future relationship between the EU and the UK will be determined by negotiations taking place during the transition period ending 31 December 2020. As uncertainty still exists regarding the Northern Ireland Protocol, this is under review in conjunction with key stakeholders. The Trust will continue to work collaboratively with colleagues during 2020-21 across the Department, HSC and wider to ensure we are appropriately prepared for the end of the transition period and the new dispensation.

Review of Fit Testing of Masks

In early June the Trust received an alert from the PHA regarding a potential issue with some of the fit testing completed by an external contractor in a number of HSC Trusts, including the Western Trust, during the COVID-19 surge period. The fit testing contractor has subsequently advised the Trust that, in a number of cases, the fit testing equipment was calibrated to a setting not applied in Northern Ireland but which was in line with World Health Organisation and Republic of Ireland recommendations.

As a precautionary measure, to reassure staff that the masks are being fitted to the appropriate standards, the Trust has urgently taken forward a review of all fit testing completed during this period including making contact with all staff whose results are affected, to advise them of the issue and to arrange to reschedule them for retesting as soon as possible.

Trust managers have now contacted all staff involved and the Trust will be implementing additional measures to review and monitor fit testing outcomes moving forward to ensure that this situation cannot recur.

Budget Position and Authority

The Assembly passed the Budget Act (Northern Ireland) 2020 in March 2020 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2019-20 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2020 also authorised a Vote on Account to authorise departments' access to cash and use of resources for the early months of the 2020-21 financial year. While it would be normal for this to be followed by the 2020-21 Main Estimates and the associated Budget (No. 2) Bill before the summer recess, the Covid-19 emergency and the unprecedented level of allocations which the Executive has agreed in response, has necessitated that the Budget (No. 2) Bill is instead authorising a further Vote on Account to ensure departments and their Arms' Length Bodies have access to the cash and resources through to the end of October 2020, when the Main Estimates will be brought to the Assembly and the public expenditure position is more stable.

Sources of Independent Assurance

The Trust obtains independent assurance from the following sources:

Internal Audit

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

In 2019/20 Internal Audit reviewed the following systems:

Reports Issued 2019/20	Assurance Provided
Payments to Staff	Limited
Core HR Audit (specific to HRPTS)	Satisfactory
Travel, Subsistence and Expenses	Limited – Leased Cars Satisfactory – T&S
Non Pay Expenditure	Satisfactory
Management of Petty Cash	Satisfactory
Asset Management	Satisfactory
New Horizon	Satisfactory
Client Monies in Independent Sector Homes	Satisfactory - 5 Homes Limited - 2 Homes

Reports Issued 2019/20	Assurance Provided
E-Rostering	Limited
Domiciliary Care	Unacceptable
Registration and Inspection of Childminding and Daycare settings	Limited
Incident Management (Regional Audit)	Limited
Infection Control – Antimicrobial Stewardship	Limited
Care Management	Limited
Pharmacy Procurement and Contract Management: Pharmacy Contracts	Satisfactory
Board Effectiveness	Satisfactory
ICT Audit	Satisfactory
Mortality and Morbidity	Limited
An Independent College	Limited

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

However, weaknesses in control were identified in some areas, which gave rise to a number of unacceptable or limited assurance ratings being provided in a number of reports. The issues giving rise to these assurance assessments are set out below:

- **Payments to Staff**

Limited assurance was provided on the basis that the control environment for timesheet processing is not sufficiently robust and work is required to strengthen control over the robustness of the Staff in Post process within the Trust. There is also the issue of the absence of documentation to support / justify 2 substantial recurring payments that have been in place for some time, both of which have the potential to be overpayments. The Trust is reviewing documentation in this case to assure itself that overpayments have not occurred.

- **Travel, Subsistence and Expenses**

Limited assurance was provided in relation to Leased Cars on the basis that there was lack of robust control over the operation of the leased car scheme. A number of instances were noted where the Trust appeared to be contributing more to the cost of lease car than they should be.

- **Client monies in Independent Sector Homes**

Limited assurance was provided in relation to 2 homes. In one home, Limited assurance was provided on the basis that the home had borrowed money from the resident's savings account. This has since been repaid with interest. At the

second home, limited assurance was provided on the basis that resident monies were not being transferred from the business bank account to the resident accounts on a timely basis.

- **E rostering**

Limited assurance was provided on the basis that there was a lack of reporting visibility of access to the system, privileges and activity. There was also a need to strengthen control over the password control and failed logins.

- **Registration and Inspection of Childminding and Daycare settings**

Limited assurance was provided on the basis that there is a need to strengthen control over inspection processes including the retention of records that underpin inspection reports and the quality assurance process. Issues were also noted in relation to evidencing the implementation of recommendations made and the absence of a programmed of planned inspections.

- **Incident management (Regional audit)**

Limited assurance was provided on the basis that control over incidents arising in Independent Sector is not robust; one identified Serious Adverse Incident (SAI) was not reported and investigated within reasonable timeframe; there are significant delays in the reporting of incidents; and there are also considerable delays in completing investigations and closing incidents. Whilst providing Limited assurance, Internal Audit would highlight that the management of the identified SAI is unacceptable.

- **Domiciliary Care**

Unacceptable assurance was provided on the basis that significant payments were continuing to be paid without any validation or checking in advance by Social Workers. This represented a material gap in control. There was evidence that the Commcare system was not being kept up to date for commissioned activity and this means that Management could not easily or readily check that invoices agree to commissioned activity.

- **Infection Control – Antimicrobial Stewardship**

Limited assurance was provided on the basis that the number and type of exceptions noted during sample testing evidenced that staff are not consistently complying with Trust policy. The Trust is not meeting 2 of the 4 PHA antimicrobial stewardship targets. Issues were also noted with the internal monitoring arrangements including the absence of consistency across the Trust in relation to antimicrobial stewardship audits performed, reporting of results and opportunities for shared learning.

- **Care Management**

Limited assurance was provided on the basis that standardised care plans were not in place across the Trust and care plans were not routinely completed in full. Testing also identified significant time delays from the completion of the service user assessment to the completion of the care/support plan. Evidence of service user consent to share all relevant information at all stages of the care management process was not clearly documented in all instances.

- **Mortality and morbidity**

Limited assurance was provided on the basis that the required timescales for Consultant review and discussion at M&M Groups were not consistently

followed and a significant percentage of deaths have not been reviewed by a Consultant or discussed at M&M meetings as required. Furthermore, the process was not yet capturing learning in a consistent and effective manner.

- **An Independent College**

Limited assurance was provided on the basis that there was duplicate funding with DfC in respect of 1 resident, resident bank accounts were not being appropriately controlled and managed and food costs were not being appropriately repaid to two residents. Some enhancements to the internal control systems were recommended in Internal Audit Reports and these have been or are being implemented.

BSO Shared Services Audits

A number of audits were conducted in BSO Shared Services during 2019/20, as part of the BSO Internal Audit Plan. The recommendations in these shared services audit reports are the responsibility of BSO management to take forward and the reports were presented to BSO Governance and Audit Committees. Given that WHSCT is a customer of BSO Shared Services, the final reports were shared with the WHSCT and a summary of the reports was provided to the Trust's Audit and Risk Assurance Committee. A summary of audits completed during the year is as follows:

Shared Service Audit	Assurance
Payroll Service Centre (Follow up review September 2019)	Satisfactory
Accounts Payable Shared Service	Satisfactory
Shared Services Accounts Receivable	Satisfactory

Internal Audit has provided Limited Assurance in relation to the Payroll Service Centre (PSC). Improvements in control are reported specifically in the areas of managing customer queries, yearly basic earnings assessment process and payroll validation checking process. However, significant previously reported issues remain in respect of development of PSC knowledge, capacity and written procedures, management of overpayments and employer superannuation system calculations.

External Audit

The Report to those Charged with Governance in relation to the audit of the 2018/19 accounts was issued to the Trust on 13 August 2019. There were six recommendations of which one was classified as priority one, three were classified as priority two and two as priority three. The Audit and Risk Assurance Committee oversees the implementation of these recommendations.

Business Services Organisation (BSO)

The Chief Executive of the Business Services Organisation has provided assurance regarding a range of services provided to the Trust. As noted above, Internal Audit has reported limited assurance for Payroll Shared Services Centre during 2019/20, but has provided satisfactory assurance across all other areas audited. The assurance letter

from BSO provides assurance that the recommendations to address control weaknesses have or are being implemented.

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

Regulation and Quality Improvement Authority (RQIA)

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

An Improvement Notice was issued to the Western Health and Social Care Trust on 22 July 2019 and extended on 05 February 2020, in relation to the recognition and management of adverse incidents and near misses across the Mental Health and Disability Services Directorate.

Fire Enforcement

The Trust has not received any Fire Enforcement Notices during 2019/20.

Other Assurance Sources

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

- **Regulation and Quality Improvement Authority** – on the extent to which the services provided by the Trust, or those commissioned from third party providers, comply with applicable legislation or quality standards;
- **Health and Safety Executive for Northern Ireland** – on the extent to which the Trust is compliant with health and safety standards and legislation;
- **Northern Ireland Fire and Rescue Service** – on the extent to which the arrangements in place in the Trust's facilities comply with applicable fire regulations;
- **Medicines and Healthcare Regulatory Authority** – on the systems and processes in place to ensure standards are maintained in the manufacture storage and use of medicines and to monitor compliance of the systems for quality management and haemovigilance within the blood bank;
- **Clinical Pathology Accreditation (UK) Limited (now replaced by United Kingdom Accreditation Service (UKAS)** – on the extent to which systems within the laboratory meet nationally agreed standards;
- **ARSAC (Nuclear Medicine Licences)** - these licences are held by the Radiation Protection Supervisor for Nuclear medicine and Medical Physics. The licences are valid for five years from the date of issue or earlier in the event that the scope of practice changes and are renewed annually and are subject to external inspection by DoH;

- **Hospital Sterilisation Decontamination Unit (HSDU) Surveillance Assessment Reports** – Independent assessment of the quality of service provided by HSDU;
- **Comparative Health Knowledge System (CHKS)** - in relation to ISO 9001 Certification that the Radiotherapy quality management system is being maintained to an appropriate standard and Oncology Service Accreditation demonstrating that the Radiotherapy service is fit for purpose and adhering to recognised best practice; and
- **General Medical Council** – in relation to appraisal and revalidation. The GMC has accepted all the revalidation recommendations made by the responsible officer of the Trust which is the Medical Director. The Trust has been commended on the introduction of an electronic appraisal system which is currently being adopted regionally. The GMC meets the Medical Director on a quarterly basis to discuss issues of professional concern.

Review of the Effectiveness of the System of Internal Governance

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

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

Covid-19

The World Health Organisation (WHO) declared the outbreak of Coronavirus disease (Covid-19) a global pandemic on 11 March 2020. Following which the Department and its ALBs immediately enacted emergency response plans across the NI Health sector. There is UK-wide coordinated approach guided by the scientific and medical advice from respective Chief Medical Officers and Chief Scientific Advisers informed by the emergent evidence nationally and internationally. Evidence-based UK-wide policies and guidelines continue to be carefully followed in conjunction with the PHA issuing local guidelines and ensuring readily accessible and continually updated advice. The pandemic has had extensive impact on the health of the population, all health services

and the way business is conducted across the public sector. Protecting the population, particularly the most vulnerable, ensuring that health and social care services were not overwhelmed, saving lives through mitigating the impact of the pandemic and patient and staff safety has remained at the forefront throughout health's emergency response. This has required a number of measures to urgently repurpose and temporarily reconfigure the provision of services, and to identify additional capacity including the need to ensure availability of appropriate Personal Protective Equipment. Financial measures have been put in place by the NI Executive to enable NI to tackle the response to Covid-19 and Health has obtained essential financial support from this package of measures to assist in the ongoing fight against Covid-19.

Contingency arrangements have been in operation including the establishment of an Emergency Operations Centre within the Department to support HSC colleagues' frontline response to the pandemic. Given the wide ranging impact and the need to react immediately to changing healthcare needs, this has had an effect on the ability to conduct routine health business with a need to curtail non-urgent healthcare activity in order to re-direct resources to deal with the pandemic. There have been substantial resourcing impacts across the Department and ALBs to scale up the response to ensure adequate staff resourcing to meet increasing demands which included calling on volunteers, retired medical staff and medical students to rally together to strive to enable an optimum response to the pandemic.

Social distancing measures were implemented in line with The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020 and the health sector played an important part in ensuring the NI population were aware of the need to adhere to the measures to reduce risk of transmission. The actions of the health sector throughout the continued response to the pandemic are based on the ongoing assessment of three key criteria: the most up-to-date scientific evidence; the ability of the health service to cope; and the wider impacts on our health, society and the economy. Across healthcare, leading on the testing of Covid-19 in NI has and continues to be a key priority with testing centres being set up across the country including mobile testing. The Department's Expert Advisory Group has overseen the strategic approach to testing in NI. The Minister of Health is a member of the Ministerial Testing Taskforce, chaired by the Secretary of State for Health, and so NI is fully engaged with the strategy for testing at a national level. NI testing capacity has also been increased through Health's facilitation of the UK Coronavirus National Testing Programme. Northern Ireland Contact Tracing Service began contact tracing all confirmed cases of Covid-19 on 18 May 2020. Volunteers have been recruited and redeployed across the health sector and the team is being scaled up to strive to ensure that every conceivable effort is made to continue to limit transmission as lockdown measures across the region are eased. The Department has prepared a Covid-19 Test, Trace and Protect Strategy which sets out the public health approach to minimising Covid-19 transmission in the community in Northern Ireland. The Chief Medical Officer has established a Strategic Oversight Board for the NI Covid-19 strategy which will bring all of the key elements together – namely testing, contact tracing, information and advice, and support -

working together with colleagues across the HSC to endeavour to maintain community transmission at a low level and respond to clusters of infection localised in NI. The early outcome is more favourable than the modelling of the reasonable worst case scenario and the Department and HSC are no longer in emergency response mode, some areas have been able to be stood down in recent times although there is a need to continue to remain vigilant and in a state of operational readiness to react should a resurgence occur.

Alongside the ongoing and changing needs of response to Covid-19 there is an urgent need to seek to rebuild wider healthcare services and confidence in the community. Officials have over recent weeks carried out an urgent project to assess the impact of Covid-19 on HSC services delivery. On 9 June 2020 a new Strategic Framework was launched aimed at rebuilding health and social care services. The key aim will be to incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing Covid-19 conditions. A new Management Board for Rebuilding HSC Services has also been created. This will broadly consist of senior Department of Health officials, Trust Chief Executives and other HSC leaders. Covid-19 has had a profound impact on the delivery of health and social care services and across the HSC plans are incrementally being enacted to begin recovery whilst planning for a potential second wave. The Department is continuing to work closely across the HSC to support and define the requirements and opportunities to meet continuing and rapidly changing pressures in these unprecedented and challenging times.

Internal Control Divergences

I confirm that my organisation meets, and has in place controls to enable it to meet, the requirements of all extant statutory obligations, that it complies with all standards, policies and strategies set by the Department; the conditions and requirements set out in the MSFM, other Departmental guidance and guidelines and all applicable guidance set by other parts of government. Any significant control divergences are reported below.

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

1. Closure of Acute Beds in Altnagelvin Hospital

The Trust previously reported on the impact of the closure of Acute Beds in Altnagelvin Hospital, due to insufficient nurse staffing levels.

Update as at 31 March 2020

All beds have been open in Altnagelvin Hospital from April 2019.

The Trust believes the control divergence has been addressed and can be managed at Directorate level.

2. Obstetrics and Gynaecology Middle Tier Rota at SWAH

The Trust previously reported on the challenges with Obstetrics and Gynaecology Middle Tier Rota at SWAH, particularly the shortage of medical staff.

Update at 31 March 2020

The Trust has addressed its issues in relation to the middle tier rota through engagement of additional locum staff to fulfil roles.

The Trust believes this Control Divergence can now be managed at Directorate level, however, the Trust would again highlight the reduced level of trainee posts within small local acute hospitals such as SWAH, and this can impact on future middle grade applications.

3. Potential Closure of Private Nursing Homes

The Trust previously reported on the challenges faced regarding the potential closure of Private Nursing Homes.

Update at 31 March 2020

The Trust has continued to work closely with Independent Sector Providers, to maintain viability of Private Nursing Homes.

At 31 March 2020, all Homes in the Trust continue to operate and are open to admissions.

This issue remains on the Directorate Risk Register and has been the subject of continuing liaison with Independent Sector providers with a view to generating additional capacity.

The Trust believes this issue is being adequately managed at Directorate level.

4. Business Services Transformation Programme (BSTP) (Payroll)

The Trust previously reported on the stability of Payroll Services, following transfer to the Business Services Organisation (BSO) as a shared service.

Update at 31 March 2020

At the year end, it has been confirmed that the Internal Audit report for Payroll has a limited assurance, however Internal Audit acknowledge progress from previous years.

During the year, all Trusts have been working with the shared service, through the Customer Assurance Board and the Business Systems Forum and additional resources have been deployed with BSO to make the required improvements.

The Trust believes this issue can be de-escalated to the Directorate governance arrangements.

5. Derrylin Fire

The Trust previously reported on the challenges regarding the fire in Derrylin which resulted in a Case Management Review.

Update at 31 March 2020

The Trust has received the Action Plan from the Case Management Review, and recommendations have been implemented.

The Trust believes this control divergence has been addressed.

6. Milk Bank

The Trust previously reported on the challenges with the Milk Bank.

Update at 31 March 2020

The Human Milk Bank service continues to provide a service to neonatal units and paediatric wards throughout the Island of Ireland. Delivery of donor milk is done by the Blood Bike Service and there have been no issues with transport. The supply is adequate to meet the demand for the service and additional staff have been deployed into the Milk Bank to ensure continuity of supply during the Covid-19 pandemic.

The Trust believes this Control Divergence has been addressed.

7. Risks Associated With Nitrous Oxide Waste Gases

The Nitrous Oxide issue has been addressed in the Trust; each affected department has carried out a risk assessment process which resulted in exposure monitoring. This raised issues in Maternity, with a few spurious results in endoscopy and theatres which were addressed.

Update at 31 March 2020

The maternity department was most problematic, Estates worked with the department and increased the scavenging of the gas by introducing localised extract, staff were subsequently retested and exposure levels are within the allowed limits

The Trust believes this Control Divergence has been addressed.

8. Aortic Stenosis

The Trust previously reported on the challenges in Aortic Services.

Update at 31 March 2020

In May 2018, the Trust reported that Clinical staff have highlighted concerns regarding patients in the Southern Sector of the Trust diagnosed with Aortic Stenosis, primarily under the care of a retired consultant. The concern was around referral for therapy and subsequent follow up. The Trust also notified the Coroner's Medical Adviser of two patients who have died after assessment and discharge. The SAI report was submitted to the HSCB in June 2019. The learning from the incident has been shared. As part of the Regional Learning arising from the Review, the Public Health Agency issued a Regional Learning Letter ref: (LL/SAI2020/035(AS) in January 2020 in response to the recommendations arising from the Review.

The Trust initiated a review process, providing regular Sit Reps to the Department of Health. 43 patients in the SWAH catchment area 'Cohort 1' were called for review at specially established clinics. In the Omagh Area 'Cohort 2', 12 Cardiology patients were called for review, and a third scoping exercise was undertaken of the review of aortic valve patients from the Northern sector of the WHSCT. This exercise was completed in June 2019. A total of 62 patients required further follow-up. No major

defects were found in any of the patients reviewed. Cardiology patients within the Western Trust are currently being seen for review and diagnostic tests within the DoH agreed times. The Final Closure SitRep report was submitted to the Department of Health on 22nd July 2019.

The Trust believes this Control Divergence has been addressed.

9. Information Breaches

The Trust reported on security incidents /information breaches to the Information Commissioner's Office (ICO) during 2018/19.

Update at 31 March 2020

For the period 1 April 2019 to 31st March 2020, the Western Trust reported five security incidents /information breaches to the Information Commissioner's Office (ICO). The Incidents were reported to the ICO on the 8th August 2019, 13th January 2020, 24th January 2020, 4th February 2020, and 10th February 2020. The ICO acknowledged receipt of these incidents and allocated Case Reference numbers. The ICO have reviewed all 5 incidents and advised that "No further action" was being taken.

The Trust believes that this issue can be managed at Directorate risk level.

10. Heating Network (Metering and Billings) Regulations 2014 – Review 2018

The Trust is required to consider whether or not it is a "heat supplier" under the new Regulations and if so, must notify/register with the National Measurement and Regulation Office (NMRO) of all "in-scope" heat networks. The Regulations requires the Trust to maintain compliance for all "heat customers" and confirm this via a review every 4 years, submitted to the NMRO.

Update at 31 March 2020

The Trust has now undertaken a full review of all 3rd part customers, detailing how "Heat" recharges are applied. This has been submitted to the NMRO, who have confirmed that the Trust is now fully compliant with Regulation 3 (the duty to notify). The Trust believes this Control Divergence has been addressed.

11. Thermoblate Procedures

The Trust previously reported on the challenges in relation to Thermoblate Procedures.

Update at 31 March 2020

There has been a reduction in the number of cases performed. This is now only performed by a Consultant. An alternative device has been approved by the Associate Medical Director (for Quality and Safety) following legal advice.

The Trust believes this Control Divergence can now be managed at Directorate level.

12. Case Management Reviews (S.B.N.I)

The Trust previously reported on the challenges faced in relation to Safeguarding Board NI Case Management Reviews, particularly the number of cases being notified to the Safeguarding Board for consideration.

Update at 31 March 2020

The number of ongoing Case Management Reviews for the Trust have reduced during 2019/20.

The Trust now believes this risk can be managed through the regional Case Management Review (NI) process.

The Trust believes this Control Divergence has been addressed.

13. Dunmurry Manor Care Home

The Trust previously reported on the challenges faced in the learning arising from Dunmurry Manor Care Home, particularly the observations and recommendations from the commissioner for Older People's report and the subsequent Independent Review.

Update at 31 March 2020

In January 2020, DoH created a regional Dunmurry Manor Care Home group, to oversee the implementation of learning as a result of the Independent Review. This has involved reviewing all recommendations specific to Trusts and will continue to be part of the Trust's overall Assurance and Quality Monitoring Programme.

The Trust has created additional Governance and Assurance structures in this area.

The Trust believes this issue can be addressed through existing Directorate Governance Structures.

14. SWAH PFI – Sustainability of FM Provider Risk

The Trust previously reported the risk that Interserve FM (IFM) would be unable to sustain the PFI contract at SWAH, leading to service disruption or the potential loss of services and resulting in the need for Northern Ireland Health Group (NIHG) to appoint a new Hard FM Service Provider.

Update at 31 March 2020

This risk was escalated by the Trust as an Early Alert to the Department of Health in December 2018 following the instability of IFM's corporate parent Company Interserve PLC and the subsequent re-financing and administration process that resulted in the transfer to a new company; namely Interserve Group Limited.

Following the completion of the administration process, which was closely monitored by the Trust and government advisers, the risk of service disruption at South West Acute Hospital due to the loss of the Hard FM supplier was de-escalated from the Trust's corporate risk register at the end of 2019 and is now monitored at Directorate level. NIHG's contingency plan is considered robust. There are control measures in place to manage this risk.

The Trust believes this Control Divergence has been addressed.

Significant Internal Control Issues – update on previously reported issues that are not yet closed – as at 31 March 2020.

1. Medical Staffing

The Trust previously reported on the over reliance on medical locums to fill gaps in consultant, staff grade and training grade posts.

Update at 31 March 2020

The Trust continues to have an over reliance on Locums and the cost for 2019/20 was £22.9m (£20.6m in 2018/19). The Trust continues to work to reduce this reliance. A Recovery Plan Working Group has been created to reduce Locum reliance and app based technology has been deployed to facilitate local NHS staff to do additional shifts. This continues to be evaluated.

The Trust has also provided a licence for an electronic roster for non-consultant level Medical staff. This will assist in the management of Medical Locums.

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

The Trust previously reported on the challenges of staffing issues in South West Acute Hospital Emergency Department.

Update at 31 March 2020

The position in ED SWAH is now more stable, (at Consultant grade). We continue to use a high level of Locums at middle grade, and for Nursing.

Plans are progressing with the Nursing workforce to stabilise permanent staffing.

3. Emergency Department (ED) Altnagelvin

The Trust previously reported on the challenges of staffing issues in Altnagelvin Hospital Emergency Department.

Update at 31 March 2020

Additional nursing staff have been recruited to stabilise the Nursing workforce, and this will reduce reliance on high cost agency nursing.

4. Locum Expenditure - Off-Contract (Medical and Nursing Agency Staff)

The Trust previously reported on the significant reliance on off-contract Medical and Nursing Agency Staff, and the governance / procurement risks resulting from this.

Update at 31 March 2020

Linked to the above, given the level of reliance on Agency staffing (medical and nursing), it continues to be necessary to go off-contract to service medical and nursing staff from an agency.

5. Gaps in Theatre Nursing Rota

The Trust previously reported on the significant nursing vacancies across its theatres.

Update at 31 March 2020

The Trust continues to experience vacancies across its Theatres.

The Trust has also instigated a Workstream for Theatre Operational Efficiency which will include an analysis of workforce.

6. Restriction of Neurology Service

The Trust previously reported on the challenges of restriction of the Neurology Service, particularly the impact of withdrawal of an external consultant.

Update at 31 March 2020

The Trust has reviewed its local neurology workforce and is seeking to recruit an additional consultant. HSCB approval for an additional post is currently being sought to mitigate the significant risk to patients in the Trust area.

7. Learning Disabled Clients – regional hospital bed provision / community infrastructure

The Trust previously reported on the significant pressures with regard to recruiting and maintaining a suitable and stable workforce to meet the needs of the Learning Disability population.

Update at 31 March 2020

The Trust continues to experience challenges in the recruitment and maintenance of a suitable and stable workforce across the range of required health and social care professionals to develop an appropriate community and in-patient infrastructure to meet the needs of the Learning Disability clients. Relevant factors include a lack of suitably qualified staff applying for posts and the pace of the recruitment process causing significant delays in getting appointable staff into post which at times has resulted in potential staff taking up other positions in the interim. Continued gaps in both the nursing and social care workforce has the knock on effect of increasing pressures on existing staff teams with consequent implications for staff absence in community settings this has a direct impact on the ability to allocate cases. Similar challenges in the recruitment of the Allied Health Professionals have also impacted negatively on waiting times for example in Occupational and Psychological Therapies services.

There are newly emerging issues in respect of availability of psychiatrists with the use of locums not providing the consistent relation-based work that is important with this service user group. Specifically relating to psychiatry, the Trust continues to have an unresolved position in respect of the completion of Financial Capacity Assessments. This is a need in an increasing number of cases which requires that the work be undertaken independently at considerable additional cost.

We continue to experience pressures connected to the provision of residential short breaks, most particularly in the Northern sector. A phased re-opening of a contracted facility will take time for service users/carers to re-establish their confidence in its capacity to meet the needs of their loved ones. Early phase work is ongoing in respect of utilisation of another Trust facility as a short break resource which has the potential to provide some important capacity in this area given the range of demanding and complex caring responsibilities.

A growing number of service users with complex needs have experienced prolonged delays in their discharge from Lakeview Hospital. This is predominantly due to the lack of suitable community accommodation and care/support provision particularly for those, who alongside their learning disability, also experience severe autism or have a forensic history. While these patients and their families would wish for placements within their locality this is very difficult to achieve particularly in terms of the specialist and intensive support required. This situation is not unique to the Western Trust area with Providers across Northern Ireland seemingly being very challenged in their ability to recruit and retain the calibre of staff required. The impact of placement breakdown is particularly significant for this service user group. An added pressure is the significant cost associated with the development/availability of the more bespoke type placements.

Furthermore, the lack of medium secure provision across Northern Ireland for adults with Learning Disability has added to the challenges in managing complex cases of this nature and has presented dilemmas for Trust staff in working alongside the court and legal system.

The delayed discharges and the consequent lack of patient flow has impacted negatively on the availability on Lakeview's core function as in-patient provision to deliver a dedicated assessment and treatment service both to the local population and more widely across the region as part of bed management availability. The situation is further challenged by the limited availability of in-patient facilities at Muckamore Abbey Hospital, including in particular the absence of the Patient Intensive Care Unit. This has resulted in a very inappropriate admission to Lakeview Hospital, which aside from being a highly unsuitable environment for the particular patient, has also placed both staff and the other patients in situations of high risk. Regional work is ongoing regarding a service model for learning disability which has the intended outcome of positively addressing such issues.

8. Health Visiting Northern Sector

The Trust previously reported on the challenges faced in Health Visiting (Northern Sector), particularly the level of vacancies in Health Visiting teams, the resulting high caseloads, and backlogs of assessments.

Update at 31 March 2020

This continues to be a risk for the Trust. We have dedicated non-recurrent funding to train additional Health Visiting staff, and this will result in a number of additional staff, in future years.

9. Child Care Services

The Trust previously reported on the challenges in Child Care Services, particularly the high number of Children in Need, the high number of children on the Child Protection Register and the challenges facing childcare services at the front door and this feeds pressure further into the system.

Update at 31 March 2020

The demands within Corporate Parenting, and in particular the high level of Looked after Children, continues to be a pressure.

The Trust has invested in service development (and redesign), such as Signs of Safety for all Family and Childcare Social Work staff. In addition, the Directorate has embraced the Delivering Value approach and is reviewing its services and pathways as part of the 'strengthening the relationship pathway for Family and Childcare'. The aim of this work is to focus on culture and pathways and processes as a means of reducing the Looked after population.

Staffing challenges in the Southern Sector continues, and additional recruitment continues.

The Directorate has made progress in the first year of the Delivering Value project, with a focus on repatriation of expensive Out of Trust care, and improved management of service pressures. This will be a 3 year project.

10. Shortage of Radiologists

The Trust previously reported on the challenges with the shortage of Radiologists.

Update at 31 March 2020

The Trust has managed to recruit internationally and has developed the role of Advanced Practitioner Radiographers to assist in addressing this risk. The residual risk is primarily in Breast Radiology.

The Radiology situation in the Trust has changed considerably during 2019/20. The International Recruitment process has been very successful over the last few years, with a total of 7 Consultant Radiologists joining the Altnagelvin Team. Two out of the seven radiologists have applied for permanent posts and have been successful. One of the permanent post holders is a breast radiologist and this has significantly reinforced the Trust Breast team. The Breast team now comprises two Permanent Consultants, one NHS part-time Consultant and a Consultant Radiographer. Staffing issues remain within Radiology in South West Acute Hospital. A recruitment exercise is planned for early 2020/21. One International applicant has accepted a post and is expected to join the team in Autumn 2020.

11. Cellular Pathology

The Trust previously reported on the challenges regarding Cellular Pathology.

Update at 31 March 2020

There is a significant shortage of Consultant Pathologists, the Trust is funded for 8 whole time equivalent staff (wte) but there are currently 5.85 wte staff (i.e. 3.85wte permanent and 2.0wte locum). There was one applicant from international recruitment one applicant through local recruitment both of whom took posts elsewhere. The posts were re-advertised with no applicants. International and local recruitment is still being pursued. Routine reporting is outsourced to Source Bioscience as there is not sufficient capacity to meet the demand in-house and the need to outsource reduced dramatically

with the appointment of the second locum. Funding for digital reporting workstations for consultant homes was secured and the workstations have been delivered to secure additional sessional work from existing consultants. The Trust is ready to go-live, however, the regional go-live of digital reporting has not been implemented as yet. One wte Biomedical Scientist (cytology screener) has left the department and two wte staff are on restricted duties from screening within cytology, which is having an impact on meeting the screening workload, the SLA with Belfast Trust and Biomnis demand. There is a shortage of scientists trained in this area due to the proposed move to primary HPV testing in the region for which there is currently no agreed date. To address this, approval was sought to secure 2 wte locum Biomedical Scientists to stabilise service delivery. They took up position in November 2019. The funding is within budget and all options have been scoped. A working group with all consultants and senior bio-medical sciences staff was established, effective from 14 January 2019, to address issues and an action plan developed with the Assistant Director chairing. This working group continued to meet with General Manager chairing, meetings have continued until early 2020 but have been postponed in March 2020 due to Covid-19 situation.

There are control measures in place to manage this risk.

12. Clinical Microbiology

The Trust previously reported on the challenges within Clinical Microbiology.

Update at 31 March 2020

There is funding for 2 wte consultants for this Trust-wide service with 2 wte consultants currently in post. If one of the consultants were to leave, or be absent long-term, the clinical microbiology service and infection control consultant lead could not be sustained and would collapse. The funding level for microbiology consultants has not increased since the early 2000's despite the significant increase in workload over the last fifteen years. The most recent service development has been the opening of the Cancer Centre in November 2016. No additional funding was provided to Microbiology for this. A one in two on-call rota is not appropriate or safe for this service and, currently, support is provided by 2 consultants within the Belfast Trust to provide a 1:3 rota at weekends. When Consultants are on annual leave or sick leave, it is necessary to secure a locum Consultant which is not always possible. A business case has been developed for 2 wte additional Consultant Microbiologists. A PID has been developed under Delivering Value to reduce expenditure on locums by recruiting consultants. Approval has not been given yet to proceed with temporary consultant cover for 2 years. A job description for the consultant post has been given specialty approval. International recruitment has been pursued to no avail. A Locum Consultant has been secured for 6 months to address workload pressures and ensure service sustainability during Covid-19.

There are control measures in place to manage this risk.

13. Child and Adolescent Mental Health Services

The Trust previously reported on the challenges in Child and Adolescent Mental Health Services (CAMHS), particularly the high level of vacant posts at Mental Health Practitioner level.

Update at 31 March 2020

This continues to be a key risk for the Trust, which has increased due to the impact of recruitment within Multi-Disciplinary Teams in GP Practices, and retirement of additional staff.

The Trust has continually tried to recruit a range of posts, and will continue to do so. In addition, we have engaged with Independent Sector agencies to assist in capacity. Recruitment processes continue in this area. As a result of the vacancies, there are increased waiting times for this service.

The Trust is reviewing the services to consider alternative pathways and interventions.

14. Fermanagh Social Services

The Trust previously reported on the challenges in Fermanagh Social Services, particularly the staffing issues in Fermanagh Gateway and Family Intervention Service due to staff vacancies.

Update at 31 March 2020

This continues to be a risk in 2019/20, however the Trust has identified and placed a number of newly qualified social workers in these teams. The full benefit of this will not be realised until 2020/21.

15. Unregulated Placements for Young People

The Trust previously reported on the challenges with unregulated placements for young people.

Update at 31 March 2020

During 2019/20 the Trust experienced high levels of unregulated placements for young people living in the community. As a result of this, the Trust has developed a Homeless Model with HSCB, funding has been allocated and intensive support is in place. Given the risks in this area, however, the Trust will continue to closely monitor placements.

16. Elective Care Performance and Increased Waiting Times

We previously reported on the significant gap between demand and capacity for Elective Care Services, resulting in lengthening waiting times.

Update at 31 March 2020

This continues to be the case, with priority resources being given to red flag and clinically urgent cases. Waiting times have continued to grow across a wide range of specialities, and this is expected to continue in 2020/21.

17. Trust Breakeven Position

The Trust previously reported on the recurrent deficit and the need for a Recovery Plan.

Update at 31 March 2020

In February 2019, the Trust agreed a 3 year Recovery Plan with DoH and HSCB. This estimated the deficit at £39m at 31 March 2019.

In 2019/20, the Trust had an additional savings requirement of £11.3m, which created a recurrent deficit of over £50m.

The Trust was allocated a Control Total of £21.7m for 2019/20, and expenditure has been managed within this Total.

As part of the Recovery Plan process, the Trust has been able to reduce its recurrent deficit from over £50m to £29.3m. This reduction of £21m represents excellent progress in the first year, and has been achieved through savings plans, regional funding and management of pressures. The deficit for 2019/20 of £21.7m is after non-recurring income from the Department of Health which may not be received in future years which explains the difference between the recurrent deficit and the 2019/20 result.

The Trust will continue to work towards improving its financial stability over the remainder of the Recovery Plan period.

18. Compliance with Department of Health (DoH) Prompt Payment

The Trust previously reported on the failure to meet the requirements of payment of at least 95% of all non-HSC trade creditors within 30 days of receipt of a valid invoice or delivery of goods/services, whichever is the later.

Update at 31 March 2020

The Trust's level of compliance with this target is 93.8% by value and 90.9% by volume (93.1% by value and 92% by volume last year).

The last 2 months of the year showed a significant improvement (97% by value and 95% by volume). It is hoped that this momentum can continue into 2020/21, when business as usual picks up again.

A wide range of activities were implemented in 2019/20 including support for nurse agency invoices and domiciliary care invoices. The Trust has a Prompt Payment Action Plan in place which is reviewed regularly and key actions have been identified to address further improvements.

19. Domiciliary Care Services – Internal Audit Assurance

The Trust previously reported on the unacceptable Internal Audit assurance in relation to the management of Domiciliary Care Services.

Update at 31 March 2020

The Trust has now received a follow-up audit report which has recognised some improvements, but continues to give an Unacceptable assurance.

The Trust has developed a range of actions for this complex area and will be implementing these over the coming months.

It had been hoped that a follow-up review could be carried out prior to year-end, however Covid-19 preparations have prevented this from happening.

The Trust will monitor Domiciliary Care Services closely during 2020/21 with a view to increasing assurances in this area. This will be a key priority for the Trust in 2020/21.

20. Social Care Procurement

The Trust previously reported on the challenges with Social Care Procurement, in particular the requirement to have procurements in place for all relevant social care contracts.

Update at 31 March 2020

By virtue of the introduction of the Public Contract Regulations 2015, social care procurement became subject to the same procurement regulations as other goods and services for the first time. The Trust, in conjunction with all other HSC bodies, is working to put arrangements in place to ensure compliance with the new regulations. In order to minimise the risk of non-compliance, all HSC bodies are extending Centre of Procurement Expertise cover for social and healthcare services in the light touch regime. This is being taken forward via a formally constituted project, reporting to Regional Procurement Board. During 2019/2020, progress has been made across a number of social care areas.

21. Leases PEL (11)01

The Trust previously reported on the adherence to the PEL for leases.

Update at 31 March 2020

The Trust continues to work on leases that are “holding over” and processes are in place to ensure approved SOCs are in place prior to any new leases being taken. With regard to leases granted, the Trust along with other ALB’s are working with the Department of Health (DoH) and Directorate of Legal Services to develop and implement new procedures. The Trust reports on PEL compliance in its annual Property Asset Management Plan, which is submitted to Trust Board and DoH for approval.

22. Report on Inquiry into Hyponatremia - related deaths

The Trust previously reported on the challenges faced with the report on the inquiry into Hyponatremia-related deaths.

The report on the inquiry into hyponatremia-related deaths was published in January 2018. This report makes ninety-six recommendations covering a range of areas including: candour; paediatric clinical; SAI reporting and investigation; SAI related death; training and learning; and governance.

Update at 31 March 2020

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

Project Board chaired by an Executive Director of the Trust. Project board continue to meet bi-monthly to take stock of the Trusts position in relation to actions.

Updates and requests from the IHRD work streams are also tabled at this forum. In response to the publication of the regional update report issued by the Department of Health on 16 December 2019, the Trust arranged a facilitated workshop for 12th March 2020 to benchmark existing arrangements and consider implications for local practice and the extent of change required. Due to the ongoing Covid-19 emergency, the workshop had to be postponed until later in the year.

The 120 individual actions arising from the 96 recommendations have been delegated to 9 work-streams that report to the Implementation Programme Management Group at the Department. There are Trust representatives on most of these work streams including Non-Executive Directors.

The Trust continues to work on the implementation of the report's recommendation and is represented on the various regional work streams.

23. Cyber Security

The Trust previously reported on the risk of managing the risk of cyber attack.

Update at 31 March 2020

Cyber Security remains a global phenomenon and the risk to organisations still is high. In 2019/20, the Western Trust did not experience any direct Cyber related outages however there has been a number of Ransomware/Cyber related incidents within HSCNI. The Trust continues to work on the Regional and Local Cyber Security work programmes. The Trust attends the Regional project board meetings and has organised their own Local project board meeting for each quarter. A regional Cyber Security Incident Response Handbook has been developed in the event of a Major Cyber incident occurring in a Trust or Trusts. This handbook sets out who and which agencies should be contacted in the event of an attack on either an individual Trust or on multiple Trusts.

In 2019/20, ICT conducted Cyber Security Training and Update sessions with different directorates and departments across the Trust. Advice has been provided on Business Continuity, the need for desktop exercises and for the "securing of" 3rd party provider devices as well as their contracts with the Trust.

In October 2019, ICT established an internal Vulnerability Management Group (VMG) which comprises of members of different teams within ICT. This group meets on a fortnightly basis to discuss, plan, remediate or deal with identified vulnerabilities. The group uses data from the Tenable and CounterAct products as well as other external sources such as NHS CareCerts, NCSC, various media and Cyber intelligence businesses.

In Quarter 4 of 2019, ICT participated in a BSO Internal Audit relating to Managing User Privileges and Risk Management Regime. There were no priority 1 Findings and Recommendations, with a satisfactory assurance level.

Recommendations are being taken forward and, where appropriate, included within work programmes.

24. Ebbay Ltd (Sanville Nursing Home)

The Trust previously reported on the difficulties in sustaining services within the Drumclay facility in Fermanagh.

Update at 31 March 2020

The Trust has been operating a 14 bedded Intermediate Care facility within Drumclay (from August 2019). This lease will operate until August 2020, and the Trust will consider its options over the next few months.

Significant Internal Control Issues arising during 2020 that are now closed.

1. Owen Mor Care Centre

The Trust previously reported on the challenges in Owen Mor Care Centre, in particular the Regulation and Quality Improvement Authority (RQIA) Improvement notices served on the Home.

Update at 31 March 2020

In December 2019, the RQIA communicated that Owen Mor Care Centre was compliant with the Improvement notices that had been issued earlier in 2019.

The Trust is satisfied, based on its internal governance and contract review processes, that the required standards of care are being maintained in the Home.

The Trust believes this Control Divergence has been addressed.

2. Springlawn Nursing Home

The Trust previously reported on the challenges in Springlawn Nursing Home, in particular the RQIA findings as a result of the Inspection process.

Update at 31 March 2020

The Home achieved compliance with RQIA requirements on 17 July 2019.

The Trust is satisfied, based on its internal governance and contract review processes, that the required standards of care are being maintained in the Home.

The Trust believes this Control Divergence has been addressed.

3. Brooklands Nursing Home

The Trust previously reported on the challenges in Brooklands Nursing Home, in particular the RQIA findings as a result of the Inspection Process.

Update at 31 March 2020

The Home achieved compliance with RQIA requirements on 14 October and 12 November 2019.

The Trust is satisfied, based on its internal governance and contract review processes that the required standards of care are being maintained in the Home.

The Trust believes this Control Divergence has been addressed.

4. Three Rivers Care Centre

The Trust previously reported on the challenges in Three Rivers Care Centre, particularly the issues emerging from the RQIA inspection process.

Update at 31 March 2020

The Home achieved compliance with RQIA requirements on 28 October 2019.

The Trust is satisfied, based on its internal governance and contract review processes, that the required standards of care are being maintained in the Home.

The Trust believes this Control Divergence has been addressed.

5. Knockmoyle Nursing Home

The Trust previously reported on the challenges within Knockmoyle Nursing Home, particularly the issues emerging from the RQIA inspection process.

Update at 31 March 2020

The Home achieved compliance with RQIA requirements on 20 September 2019 and 17 October 2019.

The Trust is satisfied, based on its internal governance and contract review processes, that the required standards of care are being maintained in the Home.

The Trust believes this Control Divergence has been addressed.

6. Oral and Maxillo Facial Surgery (OMFS) Service Review

The Trust previously reported on the challenges in relation to the Oral and Maxillo Facial Surgery (OMFS) Service Review.

Update at 31 March 2020

During the summer, there were two unexpected deaths in post-operative Head and Neck Cancer. Both had been patients within Critical Care. There was also a separate incident involving a patient who experienced respiratory difficulties post operatively. Both unexpected deaths were reported as SAIs. A decision was made that this particular surgery would be temporarily transferred to the Ulster Hospital while the SAIs are being reviewed. Alongside this, it was agreed to invite the Royal College of Surgeons to undertake a Service Review of Head and Neck Cancer within the Trust. The Royal College Review visit was carried out on 18th and 19th November 2019. The College Report was issued on 15th January 2020. The Trust is working to address the recommendations from the College to allow the Trust to lift the suspension/moratorium on head and neck cancer surgery provided by the OMFS service. It is anticipated that

the Trust will have met all these recommendations by May 2020 and the service will recommence. The Trust continues to work closely with the South Eastern Health and Social Care Trust regarding the transfer of cases to their care and ensuring the appropriateness of their cancer pathway.

An action plan, which is now fully compliant, has been prepared, and the Trust can respond to the service review team and surgery will recommence on week commencing 5 May 2020.

The Trust believes this Control Divergence has been addressed.

7. Colposcopy

The Trust previously reported on the challenges in Colposcopy, particularly the change in referral pathway which resulted in a surge in the number of review patients.

Update at 31 March 2020

This issue, which resulted in increasing waiting times and patients not being seen within the 8-week waiting time target, has been reviewed by the key stakeholders with the Colposcopy lead. This has resulted in amendments to the referral pathway to address the issue.

The Trust believes this Control Divergence has been addressed.

8. Children's Disability – Behaviour Support Therapy

The Trust previously reported on the challenges in Children's Disability – Behaviour Support Therapy.

Update at 31 March 2020

The Trust has addressed the Behaviour Support Therapy issues within Children's Disability which are now being managed at a Directorate level, through normal line management processes.

The Trust believes this Control Divergence has been addressed.

9. Children's Disability – RISE NI

The Trust previously reported on the challenges faced within Children's Disability – RISE NI, particularly the change in category of access to the service.

Update at 31 March 2020

During 2019/20, the Trust proactively managed this issue. Referrals have reduced as the revised referral criteria have become embedded in normal practice.

The Trust believes this Control Divergence has been addressed.

10. The Valley Private Nursing Home

The Valley PNH geographically is within Southern Trust area, however the Trust commission up to 30 places in the Home.

During 2019/20, RQIA issued seven Failure to Comply notices (in July 2019). In December 2019, RQIA served the Responsible Person with a Notice of Proposal to Cancel Registration.

The Trust worked closely with the Host Trust (Southern Trust) to monitor standards and provide advice and support whilst the Provider developed and implemented its Recovery Plan for RQIA.

In February 2020, RQIA approved a change in the registration status of the Home to an alternative provider and, as at 31 March 2020, this arrangement is working effectively.

We continue to utilise our Governance and Continuity oversight process to monitor standards of care in the Home.

The Trust has viewed that this Control Divergence is now closed.

Significant Internal Control Issues arising during 2020 that are not yet closed – as at 31 March 2020.

1. Staffing and Service Pressures at the North West Cancer Centre (NWCC)

The North West Cancer Centre has been operational since November 2016. It provides radiotherapy and chemotherapy for patients from NI across a range of tumour sites and provides radiotherapy for patients from ROI together with some concurrent radiotherapy/chemotherapy. The centre is funded for 11 wte Consultant Oncologists, and currently has 8 wte in post. This includes a consultant who is on long term unplanned leave and this role is currently covered by a long term agency locum. This equates to a reduction of approx. 30% of total consultant workforce. The service is currently supported by 2 wte specialist registrars and 1 wte LAT, all Clinical Oncology trainees. The service was previously supported by an additional Medical Oncology registrar, however due to the loss of the substantive Consultant Medical Oncologist within NWCC in April 2019, this training post was withdrawn. The Centre has funding for 5 wte Speciality doctors; currently there are 3 substantive appointments. The team are working collectively to ensure continued service delivery. The Trust continues to discuss the position with HSCB and regional colleagues to ensure that the oncology pressures are viewed on a regional basis. All tumour sites are currently being covered by the existing team and as the team expands, there will be an opportunity to re-profile resources across the sites to provide the service model. Recruitment processes are underway including international recruitment. An early alert has been issued to the Department of Health and monthly updates are being provided.

Ward 50 is a 27 bed inpatient ward providing care for oncology and haematology patients. To enable staff to provide safe and effective care, four beds remain closed (March 20 position) leaving 23 inpatient beds available. It is anticipated that further beds will open over the next 12 months pending available experienced workforce. The lead nurse will continue to monitor the development of the newly appointed nursing staff as well as available workforce to replace staff who have been seconded to other

positions, long-term sick and maternity leave before opening the remaining closed beds.

2. Adult Mental Health And Disability Service

Adult Mental Health and Disability Service received a RQIA improvement notice (IN000002) on 22 July 2019 in relation to recognition and management of adverse incidents and near misses. The Trust developed and submitted an action plan to the RQIA to assist them in meeting compliance by 22 Oct 2019. An Early Alert was submitted to the Department on 18 July 2019 advising that this was going to be issued. Within this period there has been two additional Early Alerts 24 May 2019- fatality on the in-patient psychiatric ward; cause of death unconfirmed at this time. This was reported to RQIA and is being reviewed as a Serious Adverse Incident (SAI). On 14 June 2019, an incident with the potential to cause death from a ligature occurred within an in-patient psychiatric ward. There was no physical harm to the individual but previous incidents of this nature have resulted in death.

The RQIA carried out a further inspection on 13 and 14 November 2019, and met with Trust representatives on 20 December 2019. Acknowledging improvements the RQIA determined that a further period of time was required for the Trust to fully address and embed all improvements required under the notice, which has been extended until 22 June 2020 (IN00002E). In addition, the Trust has committed to undertake a review of its psychiatric intensive care operating model employing independent external expertise. However, the Covid-19 crisis is an impediment to progress.

3. Mental Capacity Act

The Mental Capacity Act (NI) 2016 came into effect on 02/12/2019. The Act has placed specific duties on the WHSCT including the arranging of assessments of mental capacity and best interests and the provision of associated medical examinations and reports. The Trust has also been tasked with establishing multi-disciplinary 3 person panels for approval of applications and with making arrangements for short-term detentions in acute settings. The Department of Health has stipulated that all newly identified deprivations of liberty must be assessed and authorised under the new framework. Existing cases within the community have been deemed as 'Legacy Cases', with the Department of Health specifying that all Legacy Cases are to be assessed and authorised under the new Framework by December 2020.

Meeting the statutory obligations under the new legislation has not been without its challenges. GP practices across the region have been invited to contract with the Trusts on MCA work via the NI LES. To date three practices in the WHSCT have signed up to the contract in respect of their own patients. This is an area of critical need, as the absence of medical reports will prevent applications being authorised. Our medical colleagues in the acute sector have additionally advised that they often do not have the capacity to complete additional MCA work.

A further challenge for the Trust is the completion of assessments and authorisations on Legacy Cases by the Department of Health mandated deadline. Challenges related to medic availability have hampered the progression of this work with a more recent postponement being necessary due to pressures related to Covid-19 and the need to reduce footfall in nursing/residential home facilities. Plans are in place for recruitment by the Trust of medical staff to support these responsibilities, which hopefully will be fruitful and will positively influence the Trust's ability to meet the associated legal requirements.

4. Challenges in recruiting Psychiatrists

Psychiatry continues to face challenges in recruiting to vacant posts and in supporting service developments. There are currently 2 Learning Disability consultant vacancies; two Adult Community consultant vacancies and a speciality doctor vacancy. Sick leave and maternity leaves add to these pressures. Recruitment to existing vacancies is ongoing.

Primary Care and Older People (PCOP) are experiencing similar recruitment issues, requiring Adult Mental Health and Disability (AMHD) to support Mental Health Office (MHO) requirements, adding to the pressure on AMHD resources.

The directorate has a patient / service user centred program of review, reconfiguration and transformation of services. This includes development of the medical workforce, particularly within Primary care teams and within the Physical and Sensory Disability sub-directorate. It is proposed to access demographic funding to support these changes, however it is recognised that this will provide limited funding as other service developments also require support from this funding source.

5. Strabane District and Caring Services

The Trust identified performance issues with this provider through our normal contract management processes across their three contract Lots within the Trusts Domiciliary Care Contract. The Trust issued 2 performance notices to this provider for each of their contracts in each lot – 6 in total. The Trust engaged proactively with this provider and agreed a performance implementation action plan to address the identified areas for improvement. The Trust continue to support this provider to ensure complete compliance with performance notices issued, comprehensive progress has been achieved thus far.

6. Colposcopy

The Trust cytology laboratory commenced HPV co-testing of cervical smears in March 2019 following a combination of learning from the local cervical cytology invasive audit framework, Serious Adverse Incidents including a patient recall episode and due to the high volume of cervical smears received. In common with all other regional laboratories in 2019, the WHSCT screening statistics were not meeting achievable benchmarks (standards set out within the Cervical screening Programme) and this represented a significant governance issue whereby patients were on balance likely to be receiving a

false negative result. To mitigate any risk these cytology samples had adjunct High Risk HPV testing concurrently with cytology, which remained the primary screening test, between March and October 2019 to correctly identify at risk patients and ensure correct management. In addition, screening staff used this period for ongoing development and learning to improve cytology competencies and of note the laboratory statistics for cytology screeners returned to meet the achievable benchmark standards. The Trust, in October 2019, aligned again with the rest of the region. The region has not yet made a policy decision on primary HPV testing and is now at variance with England, Scotland, Wales and Republic of Ireland.

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 (MPMNI).

Further to considering the accountability framework within the Trust, as detailed above, and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the Western Health and Social Care Trust has operated a sound system of internal governance during the period 1 April 2019 to 31 March 2020.

Signed



2 July 2020

Dr Anne Kilgallen

Date

Chief Executive and Accounting Officer

REMUNERATION AND STAFF REPORT

Remuneration Report

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

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

- Mr Sam Pollock, Chairman
- Mr John McPeake, Non-Executive Director
- Mrs Ruth Laird, Non-Executive Director
- Mrs Mary Woods, (until 31 January 2020) Non-Executive Director

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

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

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

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

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

Senior Management Remuneration (Audited)

Name		Salary	Bonus / Performance Pay	Benefits in Kind (rounded to nearest £100)	Total	Salary	Bonus/ Performance Pay	Benefits in Kind (rounded to nearest £100)	Total
		2019/20 £'000s	2019/20 £'000s	2019/20 £	2019/20 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £	2018/19 £'000s
Mr N Birsthite (Chairman)	Left 30/04/19	0-5	0	0	0-5	30-35	0	0	30-35
Mr S Pollock (Chairman)	Started 01/05/19	25-30	0	0	25-30 (see note 1)	0	0	0	0
Mrs J Doherty	Left 31/03/19	0	0	0	0	5-10	0	0	5-10
Mrs S Cummings	Left 31/03/19	0	0	0	0	5-10	0	0	5-10
Mrs S O'Kane	Left 31/03/19	0	0	0	0	5-10	0	0	5-10
Dr J McPeake	Started 01/04/19	5-10	0	0	5-10	0	0	0	0
Mr S Hegarty	Started 08/04/19	5-10	0	0	5-10	0	0	0	0
Ms R Laird	Started 01/04/19	5-10	0	0	5-10	0	0	0	0
Ms M Woods		5-10	0	0	5-10	5-10	0	0	5-10
Mr J Campbell		5-10	0	0	5-10	5-10	0	0	5-10
Dr G McIlroy		5-10	0	0	5-10	5-10	0	0	5-10
Dr C O'Mullan		5-10	0	0	5-10	5-10	0	0	5-10

Non-Executive Directors are not members of the HSC superannuation scheme.

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

Non-Executive Directors		Salary	Bonus / Performance Pay	Benefits in kind ****(rounded to nearest £100)	Pension Benefits	TOTAL	Salary	Bonus / Performance Pay	Benefits in kind****(rounded to nearest £100)	Pension Benefits	TOTAL	Real Increase in pension and related lump sum at age 60	Total accrued pension at age 60 and related lump sum	CETV at 31st March 2019	CETV at 31st March 2020	Real increase in CETV
		2019/20 £'000s	2019/20 £'000s	2019/20 £	2019/20 £'000s	2019/20 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £	2018/19 £'000s	2018/19 £'000s	2019/20 £'000s	2019/20 £'000s	2018/19 £'000s	2019/20 £'000s	2018/19 £'000s
Executive Directors																
Dr A Kilgallen	Chief Executive	125-130	0	0	1	130-135	130-135	0	0	230	360-365	5-7.5	130-135	739	807	68
Mrs L Mitchell *** (until 30/06/19)	Director of Finance and Contracting	20-25	0	0	0	20-25	95-100	0	2,300	-6	90-95	N/A	N/A	N/A	N/A	N/A
Mrs K Bryson (01/07/19 to 11/08/19)	Director of Finance and Contracting	5-10	0	0	0	5-10	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A
Mr N Guckian (From 12/08/19)	Director of Finance and Contracting	55-60	0	0	25	80-85 (see note 2)	0	0	0	0	0	2.5-5	110-115	638	696	58
Mr K Downey *** (left 30/06/19)	Director of Women & Children	15-20	0	0	0	15-20	75-80	0	2,600	0	75-80	N/A	N/A	N/A	N/A	N/A
Dr B Brown	Director of Primary Care & Older People Services	95-100	0	0	12	105-110	95-100	0	0	378	475-480	0-2.5	110-115	657	697	41
Dr D Hughes *** (to 30/06/19)	Medical Director	30-35	0	0	0	30-35	190-195	0	0	0	190-195	N/A	N/A	N/A	N/A	N/A
Dr C McDonnell ** (From 01/07/19)	Medical Director	125-130	0	0	13	140-145 (see note 3)	0	0	0	0	0	5-7.5	220-225	1222	1321	99
Mrs D Mahon	Director of Women and Children's Service	75-80	0	2,000	3	80-85	25-30	0	0	17	40-45	2.5-5	125-130	706	763	56
Other Board Members																
Mrs G McKay *	Director of Acute Services	70-75	0	2,700	0	70-75	70-75	0	2,200	0	70-75	N/A	N/A	N/A	N/A	N/A
Mr A Moore	Director of Strategic Capital Development	70-75	0	0	(15)	55-60	75-80	0	0	0	75-80	0-2.5	140-145	812	815	3
Mrs T Molloy	Director of Performance & Service Improvement	90-95	0	0	12	100-105	90-95	0	0	15	105-110	0-2.5	80-85	495	531	36
Mrs A McConnell	Director of Human Resources	70-75	0	0	10	80-85	75-80	0	0	-2	70-75	0-2.5	120-125	668	703	35
Mrs K O'Brien	Director of Adult Mental Health and Disability Services	75-80	0	0	10	85-90	70-75	0	0	39	110-115	0-2.5	70-75	395	426	31

Note 1 Full year effect 30-35

Note 2 Full year effect 115-120

Note 3 Full year effect 205-210

* No longer in pension scheme

** C McDonnell's salary figures are inclusive of a payment of arrears covering 2 financial years

*** Not Trust employee as at 31/3/20

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

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

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

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

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

Fair Pay Disclosures

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce, excluding agency staff and excluding the highest paid director. Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. The agency staff have not been taken into account in the median remuneration calculation. In 2018/19 and 2019/20 the highest paid Director was the Medical Director.

	2019/2020	2018/2019
Highest paid Director Total Remuneration (£'000)	190-195	190-195
Median Total Remuneration (£)	28,243	24,668
Ratio of Highest paid Director to Median Remuneration	6.9	7.7

In 2019/2020, 2 employees received remuneration in excess of the highest paid Director.

The Medical Director's salary figures are inclusive of a payment of arrears covering 2 financial years.

Remuneration ranged from £17,652 to £341,015 (2018/19 £16,943 to £280,870). The lowest salary relates to Band 2 in the Trust.

Staff Report

Details of the Senior Trust staff as at 31 March 2020 are as follows. For the purposes of this note, senior staff is interpreted as including staff at Tier 3 and Band 8c in the Trust.

Level	Post	Grade	No.
Tier 1	Chief Executive	Senior Executive Payscale	1
Tier 2	Director	Senior Executive Payscale	9
Tier 2	Director	Consultant Contract	1
Tier 3	Senior Manager	Agenda for Change – Band 9	1
Tier 3	Senior Manager	Agenda for Change – Band 8c	43
Tier 3	Associate Director	Consultant Contract	2
Total			57

The gender split of Senior Trust staff was 36 females and 21 males.

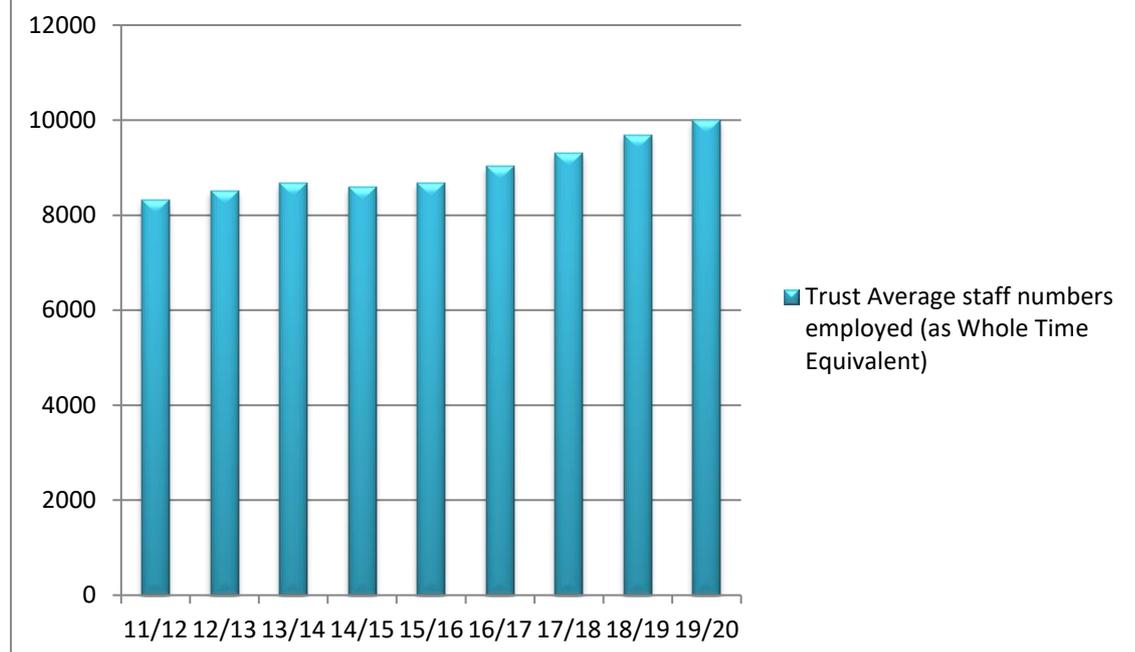
The average number of whole time equivalent persons employed during the year was as follows: (The section below has been subject to audit)

	2020 Permanently Employed Staff No.	2020 Others No.	2020 Total No.	2019 Total No.
Medical and dental	571	99	670	645
Nursing and midwifery	3,409	271	3,680	3,515
Professions allied to medicine	558	26	584	571
Ancillaries	858	86	944	931
Administrative and clerical	1,549	83	1,632	1,593
Works	139	0	139	142
Other professional and technical	467	0	467	466
Social Services	1,564	112	1,676	1,632
Other	241	0	241	226
Total average number of persons employed	9,356	677	10,033	9,721
Less average staff number relating to capitalised staff costs	(26)	0	(26)	(26)
Less average staff number in respect of outward secondments	(7)	0	(7)	(5)
Total net average number of persons employed	9,323	677	10,000	9,690

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

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

Trust Average staff numbers employed (as Whole Time Equivalent)



Staff costs incurred by the Trust during 2019/20 comprise the following:
(The section below has been subject to audit)

	2020		2019	
	Permanently Employed Staff £000s	Others £000s	Total £000s	Total £000s
Wage and salaries	349,694	42,368	392,062	364,374
Social security costs	33,723	0	33,723	31,572
Other pension costs	64,207	0	64,207	43,464
Sub Total	447,624	42,368	489,992	439,410
Capitalised staff costs	(1,043)		(1,043)	(992)
Total staff costs reported in Statement of Comprehensive Net Expenditure	446,581	42,368	488,949	438,418
Less recoveries in respect of outward secondments			(519)	(325)
Total net costs			488,430	438,093

Total Net costs of which:	2020 £000s	2019 £000s
Western HSC Trust	488,949	438,418
Charitable Trust Fund	0	0
Consolidation Adjustments	0	0
Total	488,949	438,418

Staff costs exclude £1,043k charged to capital projects during the year (2019: £992k).

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. A valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) is used in 2019/20 accounts.

The Trust made no off payroll payments to staff during 2019/20.

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

The gender split of the Trust's workforce is currently 80% female, 20% male.

The cumulative rate of absence for all Trust staff during 2019/2020 was 7.11%.

The Trust does not have any staff benefit schemes.

Trust Management Costs	2020 £000s	2019 £000s
Trust Management Costs	23,596	21,633
Income:		
Revenue Resource Limit	799,685	674,675
Income per Note 4	40,357	36,836
Non cash RRL for movement in clinical negligence provision	(9,577)	(6,833)
Less interest receivable	0	0
Total Income	830,465	704,678
% of total income	2.8%	3.1%

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

Reporting of early retirement and other compensation scheme – exit packages audited

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2020	2019	2020	2019	2020	2019
<£10,000	0	0	0	1	0	1
£10,001 - £25,000	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
£200,001 - £250,000	0	0	0	0	0	0
£250,001 - £300,000	0	0	0	0	0	0
£300,001 - £350,000	0	0	0	0	0	0
£350,001 - £400,000	0	0	0	0	0	0
Total number of exit packages by type	0	0	0	1	0	1
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	0	0	0	5	0	5

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 (Northern Ireland) Order 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at note 3. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC Pension Scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Retirements Due To Ill-Health

During 2019/2020, there were 21 early retirements from the Trust, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £62k. These costs are borne by the HSC Pension Scheme.

ASSEMBLY ACCOUNTABILITY AND AUDIT REPORT

Funding Report

Regularity of Expenditure

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

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

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

Liquidity and Cash Flow

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

Long term expenditure plans

Private Financing Initiatives (PFI)

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

The overall PFI liability excluding interest and service costs, for the two contracts as at 31 March 2020 was £118m. Further details of the PFI details can be found in Note 18 to the Accounts in Section 3 of this document. The current net book value of the two relevant assets was £239m as at 31 March 2020.

Provisions greater than 1 year

The Trust provides for legal cases that are not yet settled and further detail on these is available in Note 15 to the accounts. Where a case is not expected to settle in the following year the provision is discounted and the provision is shown as a non-current liability in the Statement of Financial Position. At 31 March 2020, the Trust had £19m of non-current provisions.

Losses and Special Payments

(The section below has been subject to audit)

Type of loss and special payment	2019-20		2018-19	
	No of Cases	£	£	£
Total number of losses	218			
Total value of losses		615,209	625,367	
Special payments				
Total number of special payments	94			
Total value of special payments		1,013,909	1,393,615	
Special Payments over £250,000				
Compensation payments:				
- Clinical Negligence	3	1,216,667	1,778,848	
- Other	1	315,000		
Subtotal	4	1,531,667	1,778,848	

Fees and charges (Audited)

The Western Health and Social Care Trust does not have material income generated from fees and charges.

Remote Contingent Liabilities

(The section below has been subject to audit)

All contingent liabilities which the Trust is aware of are stated in Note 20 to the Accounts at Section 3 of this document.

Notation of gifts

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

Going Concern

The consolidated financial statements of the Trust as at 31st March 2020 have been prepared on a going concern basis. Please also see details of the Financial Recovery Programme outlined in the Directors' report on page 72.

Complaints

Complaints Reporting

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

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

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

During 2019/20, the Trust opened 497 formal complaints which were sent out to the relevant service areas for investigation and, where services provided have fallen below acceptable standards, appropriate action is taken to prevent recurrence. Where learning is identified through investigation of complaints, it is highlighted and shared.

The Trust received 4961 written compliments i.e. via card, letter or email during the year. We have been using an electronic system throughout the year and are now able to provide some information on the reasons why people compliment our staff and services.

Reports are provided regularly to the Governance Committee which highlights performance on how complaints are managed, examples of learning and types of compliments received.

The Trust has a documented policy for the management of complaints which is currently being updated. The following principles underpin the Trust's approach to dealing with complaints:

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

The Assistant Director for Quality and Safety has overall responsibility for providing assurance regarding the management of complaints within the Trust.

The Trust Board revised its committee structures during 2019, and as part of that work, began to establish a new committee to give assurance and leadership on all aspects of

co-production. A committee chair and non-executive membership were agreed to lead on workshops and meetings to bring forward a Terms of Reference. Board discussions to support the development of the new committee were held in the final quarter of 2019/20, and the Board approved the establishment of the "Improvement Through Involvement Committee" at its Trust Board meeting on 5th March 2020.

It was agreed to schedule the first meeting of the committee in May 2020.



Dr Anne Kilgallen
Chief Executive & Accounting Officer

2 July 2020

Date

WESTERN HEALTH AND SOCIAL CARE TRUST – PUBLIC FUNDS

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

Opinion on financial statements

I certify that I have audited the financial statements of the Western Health and Social Care Trust for the year ended 31 March 2020 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the group's and of the Western Health and Social Care Trust's affairs as at 31 March 2020 and of the group's and the Western Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Emphasis of Matter

I draw attention to Note 5.1 of the financial statements, which describes the material valuation uncertainties for Land and Buildings due to the consequences of the COVID-19 pandemic. My opinion is not modified in respect of the matter.

Opinion on regularity

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

Basis of opinions

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

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs(UK) require me to report to you where:

- the Western Health and Social Care Trust's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Western Health and Social Care Trust have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Western Health and Social Care Trust's ability to continue to adopt the going concern basis.

Other Information

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

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

Opinion on other matters

In my opinion:

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

Responsibilities of the Trust and Accounting Officer for the financial statements

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

Matters on which I report by exception

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

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

Report

A report on the valuation of land and buildings is not considered necessary, as the circumstances are beyond the control of management.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU
24 July 2020

ANNUAL ACCOUNTS

**Western Health and Social Care Trust
Annual Accounts for the Year Ended 31 March 2020**

WESTERN HEALTH AND SOCIAL CARE TRUST

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 135 to 179) which I am required to prepare on behalf of the Western HSC Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Western HSC Trust and with the accounting standards and policies for HSC bodies approved by the Department of Health.



Director of Finance

.....02 July 2020.....Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 135 to 179) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



.....Chairman

.....02 July 2020.....Date



.....Chief Executive

.....02 July 2020.....Date

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2020

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

	Note	Trust	CTF	2020 £000s Consolidated Adjustments	Consolidated	Trust	CTF	2019 £000s Consolidated Adjustments	Consolidated
Income									
Revenue from contracts with customers	4.1	31,277	0	0	31,277	28,721	0	0	28,721
Other operating income	4.2	9,080	572	(39)	9,613	8,115	491	(36)	8,570
Deferred income		0	0	0	0	0	0	0	0
Total operating income		40,357	572	(39)	40,890	36,836	491	(36)	37,291
Expenditure									
Staff costs	3	(488,949)	0	0	(488,949)	(438,418)	0	0	(438,418)
Purchase of goods and services	3	(187,083)	0	0	(187,083)	(148,736)	0	0	(148,736)
Depreciation, amortisation and impairment charges	3	(85,626)	0	0	(85,626)	(25,712)	0	0	(25,712)
Provision expense	3	(11,973)	0	0	(11,973)	(8,269)	0	0	(8,269)
Other expenditures	3	(70,509)	(781)	39	(71,251)	(97,401)	(788)	36	(98,153)
Total operating expenditure		(844,140)	(781)	39	(844,921)	(718,536)	(788)	36	(719,288)
Net operating Expenditure		(803,783)	(209)	0	(803,992)	(681,700)	(297)	0	(681,997)
Finance income	4.2	0	96	0	96	0	94	0	94
Finance expense	3	(17,549)	0	0	(17,549)	(17,349)	0	0	(17,349)
Net expenditure for the year		(821,332)	(113)	0	(821,445)	(699,049)	(203)	0	(699,252)
Revenue Resource Limit (RRL)	23.0	799,685			799,685	674,675			674,675
Add back charitable trust fund net expenditure			113		113		203		203
Surplus / (Deficit) against RRL		(21,647)	0	0	(21,647)	(24,374)	0	0	(24,374)

	Note	Trust	CTF	2019 £000s Consolidated adjustments	Consolidated	Trust	CTF	2018 £000s Consolidated adjustments	Consolidated
Items that will not be reclassified to net operating costs:									
Net gain/(loss) on revaluation of property, plant and equipment	5.1/8/5.2/8	73,532			73,532	11,632			11,632
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/8	0			0	0			0
Net gain/(loss) on revaluation of charitable assets			(140)		(140)		143		143
Items that may be reclassified to net operating costs:									
Net gain/(loss) on revaluation of investments					0		0		0
Total comprehensive expenditure for the year ended 31 March 2020		(747,800)	(253)	0	(748,053)	(687,417)	(60)	0	(687,477)

The notes on pages 139 to 184 form part of these accounts. All donated funds have been used by Western Health and Social Care Trust as intended by the benefactor. It is for the Endowments and Gifts Committee within Trusts to manage the internal disbursements. The Committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, departmental guidance and legislation. All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

WESTERN HEALTH AND SOCIAL CARE TRUST

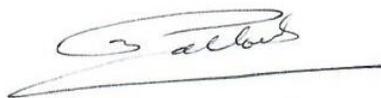
CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2020

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

	Note	2020 Trust £000s	Consolidated £000s	2019 Trust £000s	Consolidated £000s
Non Current Assets					
Property, plant and equipment	5.1/5.2	761,010	761,010	739,608	739,608
Intangible assets	6.1/6.2	2,065	2,065	3,046	3,046
Financial Assets	7	0	2,378	0	2,518
Trade and other receivables	13	0	0	0	0
Other current assets	13	0	0	0	0
Total Non Current Assets		763,075	765,453	742,654	745,172
Current Assets					
Assets classified as held for sale	10	1,499	1,499	1,666	1,666
Inventories	11	6,528	6,528	6,115	6,115
Trade and other receivables	13	17,944	17,960	18,597	18,598
Other current assets	13	3,316	3,316	2,531	2,531
Financial assets	7	0	0	0	0
Cash and cash equivalents	12	2,322	2,750	2,053	2,632
Total Current Assets		31,609	32,053	30,962	31,542
Total Assets		794,684	797,506	773,616	776,714
Current Liabilities					
Trade and other payables	14	(109,116)	(109,162)	(88,999)	(89,068)
Other liabilities	14	(3,900)	(3,900)	(3,662)	(3,662)
Provisions	15	(18,462)	(18,462)	(4,793)	(4,793)
Total Current Liabilities		(131,478)	(131,524)	(97,454)	(97,523)
Total Assets less Current Liabilities		663,206	665,982	676,162	679,191
Non Current Liabilities					
Provisions	15	(19,046)	(19,046)	(25,364)	(25,364)
Other payables > 1 year	14	(114,198)	(114,198)	(118,098)	(118,098)
Financial Liabilities	7	0	0	0	0
Total Non Current Liabilities		(133,244)	(133,244)	(143,462)	(143,462)
Total assets less total liabilities		529,962	532,738	532,700	535,729
Taxpayers' equity and other reserves					
Revaluation Reserve		191,338	191,338	117,999	117,999
SoCNE Reserve		338,624	338,624	414,701	414,701
Other Reserves - Charitable Funds		0	2,776	0	3,029
Total equity		529,962	532,738	532,700	535,729

The notes on pages 139 to 184 form part of these accounts. The financial statements on pages 133 to 184 were approved by the Board on and were signed on its behalf by:

Signed (Chairman):



Date: 2 July 2020

Signed (Chief Executive):



Date: 2 July 2020

WESTERN HEALTH AND SOCIAL CARE TRUST
CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 MARCH 2020

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

	Note	2020 £000s	2019 £000s
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure		(821,445)	(699,252)
Adjustments for non cash costs		97,350	33,944
(Increase)/decrease in trade and other receivables		(147)	(298)
(Increase)/decrease in inventories		(413)	(1,974)
Increase/(decrease) in trade payables		20,094	1,677
Less movements in payables relating to items not passing through the NEA:			
Movements in payables relating to the purchase of property, plant and equipment		476	1,609
Movements in payables relating to the purchase of intangibles		0	0
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other services concession arrangement contracts		(401)	(388)
Use of provisions	15	(4,622)	(5,499)
Net cash inflow / (outflow) from operating activities		(709,108)	(670,181)
Cash flows from investing activities			
(Purchase of property, plant and equipment)	5	(32,075)	(36,766)
(Purchase of intangible assets)	6	(131)	(960)
Proceeds on disposal of property, plant and equipment		94	473
Net cash outflow from investing activities		(32,112)	(37,253)
Cash flows from financing activities			
Grant in aid		745,000	710,500
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		(3,662)	(3,355)
Net financing		741,338	707,145
Net increase / (decrease) in cash and cash equivalents in the period			
Cash and cash equivalents at the beginning of the period	12	2,632	2,921
Cash and cash equivalents at the end of the period	12	2,750	2,632

The notes on pages 139 to 184 form part of these accounts.

WESTERN HEALTH AND SOCIAL CARE TRUST

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

FOR THE YEAR ENDED 31 MARCH 2020

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

For the year ended 31 March 2020

	Note	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
Balance at 31 March 2018		398,857	110,711	3,089	512,657
Changes in Taxpayers' Equity 2018-19					
Grant from DoH		710,500	0	0	710,500
Other reserves movements including transfers		4,344*	(4,344)*	0	0
(Comprehensive expenditure for the year)		(699,049)	11,632	(60)	(687,477)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3	49	0	0	49
Balance at 31 March 2019		414,701	117,999	3,029	535,729
Changes in Taxpayers' Equity 2019-20					
Grant from DoH		745,000	0	0	745,000
Other reserves movements including transfers		15	0	0	15
(Comprehensive expenditure for the year)		(821,332)	73,532	(253)	(748,053)
Transfer of asset ownership		193	(193)	0	0
Non cash charges - auditors' remuneration	3	47	0	0	47
Balance at 31 March 2020		338,624	191,338	2,776	532,738

*this movement incorporates correction for historical error re revaluation reserve movements associated with past disposal of assets

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS

STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

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

1.2 Currency and Rounding

These accounts are presented in UK Pounds sterling and rounded in thousands.

1.3 Property, Plant and Equipment

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

Recognition

Property, plant and equipment *must* be capitalised if:

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

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

Valuation of Land and Buildings

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

The last valuation was carried out on 31 January 2020 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard.

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

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

Fair values are determined as follows:

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

Modern Equivalent Asset

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

Assets Under Construction (AUC)

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

Short Life Assets

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

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

Revaluation Reserve

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

1.4 Depreciation

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

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

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

1.5 Impairment loss

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

1.6 Subsequent expenditure

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

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

1.7 Intangible assets

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

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

- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; *and*
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

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

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

Intangible assets acquired separately are initially recognised at fair value.

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

1.8 Non-current assets held for sale

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

Assets classified as held for sale are not depreciated.

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

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

1.9 Inventories

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

1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract. Income relates directly to the activities of the Trust and is recognised when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer

of the goods or services promised. Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

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 Western HSC Trust does not have any investments. The Western HSC Charitable Trust Funds Investments are stated at market value as at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year.

1.12 Research and Development expenditure

Following the introduction of the 2010 European System of Accounts (ESA10), from 2016-17 there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure. As a result, additional disclosures are included in the notes to the accounts.

1.13 Other expenses

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

1.14 Cash and cash equivalents

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

1.15 Leases

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

The Trust as lessee

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

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

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

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

The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting

periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

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

1.16 Private Finance Initiative (PFI) transactions

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

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

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

Services received

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

PFI Asset

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

PFI liability

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

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

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

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

Lifecycle replacement

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

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

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

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

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

Other assets contributed by the Trust to the operator

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

1.17 Financial instruments

- **Financial assets**

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

Financial assets are initially recognised at fair value. IFRS 9 introduces the requirement to consider the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the Trust's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument.

- **Financial liabilities**

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

Financial liabilities are initially recognised at fair value.

- **Financial risk management**

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within HSC bodies in creating risk than would apply to a non-public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities.

Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trusts in undertaking activities. Therefore, the HSC is exposed to little credit, liquidity or market risk.

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

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

1.18 Provisions

In accordance with IAS 37, provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows, as at 31 March 2020, using DoF-issued discount rates of:

Rate	Time period	Real rate
Nominal	Short term (0 – 5 years)	0.51%
	Medium term (5 – 10 years)	0.55%
	Long term (10 - 40 years)	1.99%
	Very long term (40+ years)	1.99%
Inflationary	Year 1	1.9%
	Year 2	2.0%
	Into perpetuity	2.0%

Note that PES issued a combined nominal and inflation rate table to incorporate the two elements – please refer to this table as necessary, as included within issuing email of circular HSC(F) 37-2019.

The discount rate to be applied for employee early departure obligations is -0.5% with effect from 31 March 2020.

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

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

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

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it.

The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.19 Contingent liabilities/assets

In addition to contingent liabilities disclosed in accordance with IAS 37, the Trust discloses for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37, are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly.

Under IAS 37, the Trust discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

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

1.20 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31 March 2018. It is not normally anticipated that the level of untaken leave will vary significantly from year to year. As a result of the Covid-19 pandemic arising in the final weeks of the financial year, significant numbers of staff were unable to avail of the last element of their annual leave. To account for this, the Trust has increased the level of untaken leave by 1.5 days at year end. This is a management estimate.

Retirement benefit costs

Past and present employees are covered by the provisions of the HSC Pension Scheme.

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2019-20 accounts.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

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

Revaluation Reserve

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

1.22 Value Added Tax

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

1.23 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 21 to the accounts.

1.24 Government Grants

The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.25 Losses and Special Payments

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

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

1.26 Charitable Trust Account Consolidation

Trusts are required to consolidate the accounts of controlled charitable organisations and funds held on trust into their financial statements. As a result, the financial performance and funds have been consolidated. Trusts have accounted for these transfers using merger accounting as required by the FRM.

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

All funds have been used by Health and Social Care Trust as intended by the benefactor. It is for the Gifts and Endowments/Charitable Trust Fund Committee within Trusts to manage the internal disbursements. The committee ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, Departmental guidance and legislation.

All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

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

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

IFRS 16 *Leases* replaces IAS 17 *Leases* and is effective with EU adoption from 1 January 2019. In line with the latest advice from HM Treasury and the Financial Reporting Advisory Board, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2021'

Management consideration of the impact on introduction of IFRS 16 on initial application remains under consideration and will be fully determined in 2020-21.

'The IASB issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards were effective with EU adoption from 1 January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2021-22, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.'

1.28 Going Concern

The consolidated financial statements of the Trust as at 31st March 2020 have been prepared on a going concern basis. Please also see details of the Financial Recovery Programme outlined in the Directors' report on page 68.

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The Trust is managed by way of a directorate structure, each led by a Director, providing an integrated healthcare service for the resident population. The Directors along with Non-Executive Directors, Chairman and Chief Executive form the Trust Board which coordinates the activities of the Trust and is considered to be the Chief Operating Decision Maker. The information disclosed in this statement does not reflect budgetary performance and is based solely on expenditure information provided from the accounting system used to prepare the accounts. The information disclosed reflects the realignment of directorates that took place in 2009/10 therefore making meaningful comparison from year to year limited.

Directorate	2020			2019		
	Staff Costs £000s	Other Expenditure £000s	Total Expenditure £000s	Staff Costs £000s	Other Expenditure £000s	Total Expenditure £000s
Children's Services	84,133	31,445	115,578	81,538	40,722	122,260
Acute Hospital Services	193,480	52,431	245,911	171,303	53,312	224,615
Older People's Services	97,638	92,299	189,937	86,630	85,998	172,628
Mental Health and Disability Services	57,907	48,814	106,721	45,606	35,510	81,116
Planning, Performance Management and Support Services	38,395	19,648	58,043	35,189	19,913	55,102
Other Trust Directorates	17,396	30,509	47,905	18,154	27,995	46,149
Expenditure for Reportable Segments net of Non Cash Expenditure	488,949	275,146	764,095	438,420	263,450	701,870
Non Cash Expenditure			97,594			34,015
Total Expenditure per Net Expenditure Account (Note 3)			861,689			735,885
Income (Note 4)			(40,357)			(36,836)
Net Expenditure			821,332			699,049
Revenue Resource Limit (Note 23)			799,685			674,675
Surplus / (Deficit) against RRL			(21,647)			(24,374)

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2020

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, Chair and Chief Executive form the Trust Board which coordinates the activities of the Trust and is considered to be the Chief Operating Decision Maker. The information disclosed in this statement does not reflect budgetary performance and is based solely on expenditure information provided from the accounting system used to prepare the accounts.

Information that the Chief Operating Decision Maker uses for decision making includes monthly Management Information that would be reported using the Directorate structure referred to above.

Acute Directorate

- Cancer and Diagnostics (includes Laboratory & Radiology Services)
- Surgery and Elective Care
- Medicines and Unscheduled Care
- Pharmacy

These services are delivered at the Acute Hospital Sites at Altnagelvin Area Hospital, South West Acute Hospital and Omagh Hospital & Primary Care Complex.

Directorate of Adult Mental Health & Disability Services

- Provides a range of hospital and community services for Adult Mental Health, Learning Disability & Physical Disability clients including social services, community nursing, home treatment, crisis response, and specialist teams.

Directorate of Primary Care and Older People's Services

- Domiciliary care, residential and nursing care and dementia support
- District nursing, social services and allied health professionals supporting the elderly population
- Specialist services such as, continence and GP out of hours and minor injuries units and all aspects of supporting people in the community
- Partnership working with Voluntary and community organisations

Directorate of Women and Children's Services

- Includes all health services provided for children and adolescents, paediatric wards and special care baby units located in Acute facilities
- Children's' Disability services including respite, CAMHS, Children Community nursing of complex needs, Dental services
- Corporate Parenting
- Family support, Early Years, Health visiting and school nursing are included together with all Sure Start Projects.
- Social Services Training Unit

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

Directorates of Performance and Service Improvement and Support services

- Office of the Chief Executive
- Finance, Contracting & ICT Directorate
- Human Resource Directorate, (including Occupational Health)
- Performance & Service Improvement Directorate (Facilities Management, Communications Team, Corporate Planning and Performance Improvement)
- Medical Directorate (Governance Patient/Client Safety, Research & Development, Medical & Dental Education and Infection Prevention & Control)

WESTERN HEALTH AND SOCIAL CARE TRUST
ANNUAL ACCOUNTS 31 MARCH 2020
NOTE 3 OPERATING EXPENSES

	Trust £000s	2020 CTF £000s	Consolidation adjustments £000s	Consolidated £000s	Trust £000s	2019 CTF £000s	Consolidation adjustments £000s	Consolidated £000s
3.1 Operating Expenses are as follows:-								
Staff costs:								
Wages and salaries ^	391,019			391,019	363,382			363,382
Social security costs	33,723			33,723	31,572			31,572
Other pension costs	64,207			64,207	43,464			43,464
Purchase of care from non-HPSS bodies *	115,779			115,779	108,306			108,306
Revenue grants to voluntary organisations	1,254			1,254	1,188			1,188
Personal social services *	29,900			29,900	27,821			27,821
Recharges from other HSC organisations	2,399			2,399	2,042			2,042
Supplies and services – Clinical	55,902			55,902	52,023			52,023
Supplies and services – General	7,033			7,033	6,695			6,695
Establishment	8,391			8,391	9,207			9,207
Transport	2,181			2,181	1,941			1,941
Premises	22,997			22,997	22,660			22,660
Bad debts	965			965	477			477
Interest charges	12,922			12,922	12,853			12,853
PFI and other service concession arrangements service charges	4,627			4,627	4,496			4,496
BSO services	5,970			5,970	5,863			5,863
Training	1,583			1,583	1,586			1,586
Patients travelling expenses	736			736	1,015			1,015
Other Charitable Expenditure	0	781	(39)	742	0	786	(36)	752
Miscellaneous expenditure	2,507			2,507	5,279			5,279
Non-cash items								
Depreciation	26,208			26,208	25,729			25,729
Depreciation - On Balance sheet PFI (funded by notional non cash RRL)	4,780			4,780	4,621			4,621
Amortisation	1,101			1,101	911			911
Impairments	53,537			53,537	(5,549)			(5,549)
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(53)			(53)	(15)			(15)
Loss on disposal of property, plant & equipment (including land)	1			1	0			0
Increase/Decrease in provisions (provision provided for in year less any release)	12,403			12,403	8,780			8,780
Cost of borrowing of provisions (unwinding of discount on provisions)	(430)			(430)	(511)			(511)
Auditor's remuneration	47	5		52	49	5		54
Add back of notional charitable expenditure	0	(5)		(5)	0	(5)		(5)
Total	861,689	781	(39)	862,431	735,885	786	(36)	736,637

^Further detailed analysis of staff costs is located in the Remuneration and Staff Report on pages 118-125 within the Accountability Report.

* Includes reclassification of Domiciliary care expenditure in 19/20 and 18/19.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2020

NOTE 4 INCOME

4.1 Revenue from Contracts with Customers

	Trust £000s	CTF £000s	Consolidation adjustments £000s	2020 Consolidated £000s	Trust £000s	2019 CTF £000s	Consolidatio n adjustments £000s	Consolidated £000s
GB/Republic of Ireland Health Authorities	3,944			3,944	4,261			4,261
HSC Trusts	390			390	372			372
Non-HSC-Private Patients	572			572	638			638
Road Traffic Accident income	1,477			1,477	1,399			1,399
Clients contributions	20,381			20,381	18,927			18,927
Seconded staff	525			525	324			324
Other income from non-patient services	3,988			3,988	2,800			2,800
Total	31,277	0	0	31,277	28,721	0	0	28,721

4.2 Other Operating Income

	Trust £000s	CTF £000s	Consolidation adjustments £000s	Consolidated £000s	Trust £000s	CTF £000s	Consolidatio n adjustments £000s	Consolidated £000s
Other income from non-patient services	7,510		(39)	7,471	6,737		(36)	6,701
Supporting people	1,326			1,326	1,307			1,307
Charitable and other contributions to expenditure by core trust	0			0	0			0
Donation / Government grant / Lottery funding for non-current assets	244			244	71			71
Charitable Income received by Charitable Trust Fund	0	572		572	0	491		491
Investment Income	0	96		96	0	94		94
Research and development	0			0	0			0
Profit on disposal of land	0			0	0			0
Interest receivable	0			0	0			0
Total	9,080	668	(39)	9,709	8,115	585	(36)	8,664
Total Income	40,357	668	(39)	40,986	36,836	585	(36)	37,385

**WESTERN HEALTH AND SOCIAL CARE TRUST
ANNUAL ACCOUNTS 31 MARCH 2020**

NOTE 5.1 Consolidated Property, Plant and Equipment – Year Ended 31 March 2020

	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 2019	47,145	669,308	19,359	36,136	101,633	9,269	49,805	12,852	945,507
Indexation	0			0	1,625	115	0	24	1,764
Additions		9,645	1,022	10,974	4,195	898	3,351	1,978	32,063
Donations / Government grant / Lottery funding					154		4	23	181
Reclassifications	200	27,895		(28,095)					0
Transfers	(561)	(3,506)	(91)	5	(108)		(67)	(44)	(4,372)
Revaluation	9,405	3,540	(2,212)						10,733
Impairment charged to the SoCNE	(8,560)	(51,356)	(281)						(60,197)
Impairment charged to the revaluation reserve	(1,753)	(25,394)	(511)						(27,658)
Reversal of impairments (indexation)	1,667	3,595	1,449						6,711
Disposals	(31)		0	0	(6,713)	(810)	(96)		(7,650)
At 31 March 2020	47,512	633,727	18,735	19,020	100,786	9,472	52,997	14,833	897,082
Depreciation									
At 1 April 2019	0	76,691	2,910	0	80,139	6,110	35,355	4,694	205,899
Indexation				0	1,351	80		10	1,441
Reclassifications									0
Transfers		(4,172)	(20)		(110)		(68)	(46)	(4,416)
Revaluation		(86,715)	(3,518)						(90,233)
Impairment charged to the SoCNE									0
Impairment charged to the revaluation reserve									0
Reversal of impairments (indexation)									0
Disposals	0	0	0	0	(6,712)	(799)	(96)		(7,607)
Provided during the year		17,541	742		6,788	788	4,025	1,104	30,988
At 31 March 2020	0	3,345	114	0	81,456	6,179	39,216	5,762	136,072
Carrying Amount									
At 31 March 2020	47,512	630,382	18,621	19,020	19,330	3,293	13,781	9,071	761,010
At 31 March 2019	47,145	592,617	16,449	36,136	21,494	3,159	14,450	8,158	739,608
Asset financing									
Owned	47,512	390,931	18,621	19,020	19,330	3,293	13,781	9,071	521,559
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (So FP) PFI and other service concession arrangements contracts	0	239,451	0	0	0	0	0	0	239,451
Carrying Amount									
At 31 March 2020	47,512	630,382	18,621	19,020	19,330	3,293	13,781	9,071	761,010

Of which: £000,000

Trust 761
Charitable Trust Fund 0

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under PFI agreements is £4,780k (2019: £4,621k).

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

	2020 £000	2019 £000
Donations	181	71
Government grant	63	0
Lottery funding	0	0
Total	244	71

As a result of the recent and ongoing COVID-19 pandemic events, and in line with current RICS guidance, LPS have advised that market evidence gathered as part of the recent 5-yearly valuation has attached to it, due to the worldwide impact of the pandemic, an increased level of uncertainty in terms of informing opinions of value. Whilst at this stage there is no evidence of impairment as at year-end, the future impact of COVID-19 on land and building values cannot yet be accurately assessed therefore the need for further future valuations will remain under consideration, subject to resources.

**WESTERN HEALTH AND SOCIAL CARE TRUST
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NOTE 5.2 Consolidated Property, Plant and Equipment – Year Ended 31 March 2019

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2018	46,150	641,820	18,654	27,559	96,435	8,129	48,891	9,802	897,439
Indexation	742	14,233	538	0	1,117	122	0	152	16,904
Additions	0	7,247	167	13,460	5,679	1,388	4,739	2,865	35,545
Donations / Government grant / Lottery funding	0	0			28	0	4	39	71
Reclassifications	231	4,651		(4,882)					0
Transfers	(1,304)	(362)							(1,666)
Revaluation									0
Impairment charged to the SoCNE	(21)	(1,278)							(1,299)
Impairment charged to the revaluation reserve		(2,150)							(2,150)
Reversal of impairments (indexation)	1,556	5,251			41				6,848
Disposals	(209)	(104)			(1,667)	(370)	(3,829)	(6)	(6,185)
At 31 March 2019	47,145	669,308	19,359	36,136	101,633	9,269	49,805	12,852	945,507
Depreciation									
At 1 April 2018	0	58,019	2,107	0	74,325	5,743	34,314	3,791	178,299
Indexation		1,942	76		945	92		67	3,122
Reclassifications									0
Transfers									0
Disposals		0	0		(1,667)	(370)	(3,829)	(6)	(5,872)
Provided during the year		16,730	727		6,536	645	4,870	842	30,350
At 31 March 2019	0	76,691	2,910	0	80,139	6,110	35,355	4,694	205,899
Carrying Amount									
At 31 March 2019	47,145	592,617	16,449	36,136	21,494	3,159	14,450	8,158	739,608
At 1 April 2018	46,150	583,801	16,547	27,558	22,110	2,386	14,577	6,011	719,140
Asset financing									
Owned	47,145	354,144	16,449	36,136	21,494	3,159	14,450	8,158	501,135
Finance leased	0	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	238,473	0	0	0	0	0	0	238,473
Carrying Amount	47,145	592,617	16,449	36,136	21,494	3,159	14,450	8,158	739,608
Asset financing									
Owned	46,150	347,477	16,547	27,558	22,110	2,386	14,577	6,011	482,816
Finance leased									0
On B/S (SoFP) PFI and other service concession arrangements contracts		236,324							236,324
Carrying Amount	46,150	583,801	16,547	27,558	22,110	2,386	14,577	6,011	719,140
Carrying amount comprises									
Western HSC Trust at 31 March 2019	47,145	592,617	16,449	36,136	21,494	3,159	14,450	8,158	739,608
Western HSC Trust charitable trust fund at 31 March 2019									
Total carrying amount 31 March 2019	47,145	592,617	16,449	36,136	21,494	3,159	14,450	8,158	739,608
Carrying amount 31 March 2018									
Western HSC Trust at 31 March 2018	46,150	583,801	16,547	27,558	22,110	2,386	14,577	6,011	719,140
Western HSC Trust charitable trust fund at 31 March 2018									0
Total carrying amount 31 March 2018	46,150	583,801	16,547	27,558	22,110	2,386	14,577	6,011	719,140
Carrying amount 31 March 2017									
Western HSC Trust at 31 March 2017	46,036	489,764	15,454	115,466	26,750	2,717	14,808	4,577	715,572
Western HSC Trust charitable trust fund at 31 March 2017									0
Total carrying amount 31 March 2017	46,036	489,764	15,454	115,466	26,750	2,717	14,808	4,577	715,572

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NOTE 6.1 Consolidated Intangible Assets – Year Ended 31 March 2020

	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 2019	6,846	1	0	150	0	0	0	0	6,997
Additions	68								68
Donations / Government grant / Lottery funding	63								63
Transfers	(33)								(33)
Disposals	(26)								(26)
At 31 March 2020	6,918	1	0	150	0	0	0	0	7,069
Amortisation									
As at 1 April 2019	3,850	1	0	100	0	0	0	0	3,951
Transfers	(22)								(22)
Disposals	(26)								(26)
Provided during the year	1,051			50	0	0	0	0	1,101
At 31 March 2020	4,853	1	0	150	0	0	0	0	5,004
Carrying Amount									
At 31 March 2020	2,065	0	0	0	0	0	0	0	2,065
At 31 March 2019	2,996	0	0	50	0	0	0	0	3,046
Asset financing									
Owned	2,065	0	0	0	0	0	0	0	2,065
Finance leased									0
On B/S (SoFP) PFI and other service concession arrangements contracts									0
Carrying Amount at 31 March 2020	2,065	0	0	0	0	0	0	0	2,065

Any fall in value through negative indexation or revaluation is shown as an impairment. The fair value of assets funded from the following sources during the year was:

	2020 £000	2019 £000
Donations	68	0
Government grant	63	0
Total	131	0

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NOTE 6.2 Consolidated Intangible Assets – Year Ended 31 March 2019

	Software Licence £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Licences, Trademarks & Artistic Originals £000s	Patents £000s	Goodwill £000s	Payments on Account & Assets under Construction £000s	Total £000s
Cost or Valuation									
At 1 April 2018	5,886	1	0	150	0	0	0	0	6,037
Indexation									0
Additions	960								960
Donations / Government grant / Lottery funding Reclassifications									
At 31 March 2019	6,846	1	0	150	0	0	0	0	6,997
Amortisation									
At 1 April 2018	2,990	0	0	50	0	0	0	0	3,040
Disposals									0
Provided during the year	860	1		50					911
At 31 March 2019	3,850	1	0	100	0	0	0	0	3,951
Carrying Amount									
At 31 March 2019	2,996	0	0	50	0	0	0	0	3,046
At 1 April 2018	2,896	1	0	100	0	0	0	0	2,997
Asset financing									
Owned	2,996	0	0	50	0	0	0	0	3,046
Carrying Amount									
At 31 March 2019	2,996	0	0	50	0	0	0	0	3,046
Asset financing									
Owned	2,896	1	0	100	0	0	0	0	2,997
Carrying Amount									
At 31 March 2018	2,896	1	0	100	0	0	0	0	2,997

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NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of Western Health and Social Care Trust are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the Trust's expected purchase and usage requirements and the Trust is therefore exposed to little credit, liquidity or market risk.

	2020 Non-current assets £000s	2020 Assets £000s	2020 Liabilities £000s	2019 Non-current assets £000s	2019 Assets £000s	2019 Liabilities £000s
Balance at 1 April 2019	2,518	0	0	2,375	0	0
Revaluations	(140)	0	0	143	0	0
Balance at 31 March 2020	2,378	0	0	2,518	0	0
Trust Charitable Trust Fund	2,378	0	0	2,518	0	0
Total	2,378	0	0	2,518	0	0

Note 7.1

The market value of the investments as at 31 March 2020 is:

	Held in UK £000s	Held Outside UK £000s	2020 Total £000s	2019 Total £000s
Investment in a Common Deposit Fund or Investment Fund	2,378	0	2,378	2,518
Total market value of fixed asset investments	2,378	0	2,378	2,518

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NOTE 8 INVESTMENTS

Market value of investments as at 31 March 2020

	2020		2019
	Held in UK £000s	Held outside UK £000s	Total £000s
Investment properties			
Investments listed on Stock Exchange			
Investments in CIF			
Investment in a Common Deposit Fund or Investment Fund	2,378		2,378
Unlisted securities			
Cash held as part of the investment portfolio			
Investments in connected bodies			
Other investments			
Total market value of fixed asset investments	2,378	0	2,378

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NOTE 9 IMPAIRMENTS

	2020		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	53,537	0	53,537
Impairments which revaluation reserve covers (shown in Other comprehensive expenditure statement)	27,757	0	27,757
Total value of impairments for the period	81,294	0	81,294

	2019		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total Impairments charged / (credited) to Statement of Comprehensive Net Expenditure	5,549	0	5,549
Impairments which revaluation reserve covers (shown in Other comprehensive expenditure statement)	2,150	0	2,150
Total value of impairments for the period	7,699	0	7,699

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NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

	Land		Buildings		Other		Total	
	2020 £000s	2019 £000s	2020 £000s	2019 £000s	2020 £000s	2019 £000s	2020 £000s	2019 £000s
Opening balance at 1 April 2019	1,304	0	362	145	0	0	1,666	145
Transfers in	0	1,304	0	362	0	0	0	1,666
Transfers out	0	0	(17)	0	0	0	(17)	0
(Disposals)	0	0	0	(145)	0	0	0	(145)
Impairment	(20)	0	(31)	0	0	0	(51)	0
Impairment to revaluation reserve	(99)	0	0	0	0	0	(99)	0
Closing Balance 31 March 2020	1,185	1,304	314	362	0	0	1,499	1,666

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

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NOTE 11 INVENTORIES

Classification	2020		2019	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Pharmacy Supplies	4,654	4,654	3,596	3,596
Theatre Equipment	302	302	357	357
Building and Engineering Supplies	240	240	56	56
Fuel	218	218	383	383
Community Care Appliances	275	275	641	641
Laboratory Materials	409	409	700	700
X-Ray	91	91	26	26
Stock held for resale	8	8	6	6
Other	331	331	350	350
Total	6,528	6,528	6,115	6,115

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NOTE 12 CASH AND CASH EQUIVALENTS

	Core Trust £000s	2020 CTF £000s	Consolidated £000s	Core Trust £000s	2019 CTF £000s	Consolidated £000s
Balance at 1st April 2019/2018	2,053	579	2,632	2,207	714	2,921
Net change in cash and cash equivalents	269	(151)	118	(154)	(135)	(289)
Balance at 31st March 2020/2019	2,322	428	2,750	2,053	579	2,632

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

Commercial banks and cash in hand	2,322	428	2,750	2,053	579	2,632
Balance at 31st March 2020/2019	2,322	428	2,750	2,053	579	2,632

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NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER CURRENT ASSETS

	2020				2019			
	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s
Amounts falling due within one year								
Trade receivables	7,234	0	0	7,234	7,163	0	0	7,163
VAT receivable	5,353	0	0	5,353	5,968	0	0	5,968
Other receivables - not relating to fixed assets	5,357	16	0	5,373	5,466	11	(10)	5,467
Trade and other receivables	17,944	16	0	17,960	18,597	11	(10)	18,598
Prepayments	3,316	0	0	3,316	2,531	0	0	2,531
Other current assets	3,316	0	0	3,316	2,531	0	0	2,531
Total trade and other receivables	17,944	16	0	17,960	18,597	11	(10)	18,598
Total other current assets	3,316	0	0	3,316	2,531	0	0	2,531
Total Intangible current assets	0	0	0	0	0	0	0	0
Total receivables and other current assets	21,260	16	0	21,276	21,128	11	(10)	21,129

The balances are net of a provision for bad debts of £3,529k (2019 £2,692k).

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NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER CURRENT LIABILITIES

Note 14.1 Trade payables and other current liabilities

	2020				2019			
	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s	Trust £'000s	CTF £'000s	Consolidated adjustments £'000s	Consolidated £'000s
Amounts falling due within one year:								
Other taxation and social security	23,071			23,071	13,601			13,601
Trade capital payables – property, plant and equipment	7,065			7,065	9,331			9,331
Trade revenue payables	35,112	46		35,158	31,877	79	(10)	31,946
Payroll payables	32,570			32,570	25,311			25,311
Clinical negligence payables	874			874	976			976
Other payables	0			0	0			0
Accruals	2,284			2,284	1,553			1,553
Accruals - relating to property, plant and equipment	8,140			8,140	6,350			6,350
Trade and other payables	109,116	46	0	109,162	88,999	79	(10)	89,068
Current part of imputed finance lease element of PFI contracts and other service concession arrangements	3,900	0	0	3,900	3,662	0	0	3,662
Other current liabilities	3,900	0	0	3,900	3,662	0	0	3,662
Total payables falling due within one year	113,016	46	0	113,062	92,661	79	(10)	92,730
Amounts falling due after more than one year								
Imputed finance lease element of PFI contracts and other service concession arrangements	114,198	0	0	114,198	118,098	0	0	118,098
Total non current payables	114,198	0	0	114,198	118,098	0	0	118,098
Total trade payables and other current liabilities	227,214	46	0	227,260	210,759	79	(10)	210,828

14.2 Loans

The Trust did not have any loans payable at either 31 March 2020 or 31 March 2019

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NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2020

	Clinical negligence £000s	Other £000s	2020 £000s
Balance at 1 April 2019	18,534	11,623	30,157
Provided in year	10,620	2,520	13,140
(Provisions not required written back)	(630)	(107)	(737)
(Provisions utilised in the year)	(3,773)	(849)	(4,622)
Cost of borrowing (unwinding of discount)	(413)	(17)	(430)
At 31 March 2020	24,338	13,170	37,508

Provisions have been made for 6 types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Early Retirement, Injury Benefit, Employment Law and Restructuring (CSR). The provision for Early Retirement and Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated as appropriate level of provision based on professional legal advice.

Comprehensive Net Expenditure Account charges

	2020 £000s	2019 £000s
Arising during the year	13,140	10,719
Reversed unused	(737)	(1,939)
Cost of borrowing (unwinding of discount)	(430)	(511)
Total charge within operating costs	11,973	8,269

Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2020 £000s
Not later than one year	13,290	1,493	18,462
Later than one year and not later than five years	6,445	1,697	4,463
Later than five years	4,603	9,980	14,583
At 31 March 2020	24,338	13,170	37,508

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NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES- 2019

	Clinical negligence £000s	Other £000s	Total £000s
Balance at 1 April 2018	15,886	11,501	27,387
Provided in year	9,094	1,625	10,719
(Provisions not required written back)	(1,765)	(174)	(1,939)
(Provisions utilised in the year)	(4,185)	(1,314)	(5,499)
Cost of borrowing (unwinding of discount)	(496)	(15)	(511)
At 31 March 2019	18,534	11,623	30,157

Provisions have been made for six types of potential liability: Clinical Negligence; Employer's and Occupier's Liability; Early Retirement; Injury Benefit; and Employment Law and Restructuring (CSR). The provision for Early Retirement and Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims, and Employment Law, the Trust has estimated an appropriate level of provision based on professional legal advice.

Analysis of expected timing of discounted flows

	Clinical negligence £000s	Other £000s	2019 £000s
Not later than one year	3,628	1,165	4,793
Later than one year and not later than five years	10,519	1,770	12,289
Later than five years	4,387	8,688	13,075
At 31 March 2019	18,534	11,623	30,157

**WESTERN HEALTH AND SOCIAL CARE TRUST
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NOTE 16 CAPITAL COMMITMENTS

Contracted capital commitments at 31 March not otherwise included in these financial statements are:

	2020	2019
	£000s	£000s
Property, plant & equipment	8,356	10,880
Total	8,356	10,880

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Finance Leases

The Western Health and Social Care Trust had no finance leases at 31 March 2020 or 31 March 2019.

17.2 Operating Leases

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

Obligations under operating leases comprise

Buildings	2020	2019
	£000s	£000s
Not later than 1 year	1,069	670
Later than 1 year and not later than 5 years	503	692
Later than 5 years	45	105
Total	1,617	1,467

Other	2020	2019
	£000s	£000s
Not later than 1 year	62	148
Later than 1 year and not later than 5 years	13	0
Later than 5 years	0	0
Total	75	148

17.3 Operating Leases

The Western Health and Social Care Trust does not act as lessor and as such does not anticipate any future income for operating leases.

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NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

18.1 Off-balance sheet PFI contracts and other service concession arrangements

The Trust had no off balance sheet PFI contracts as at 31 March 2020 or 31 March 2019.

18.2 On Statement of Financial Position (SOFP) PFI Schemes

The Trust is committed to make the following payments during the next year:

The total amount charged in the Statement of Comprehensive Net Expenditure in respect of the service element of on-balance sheet (SoFP) PFI or other service concession transactions was £4,627k (2018-19:£4,496k). Total future obligations under on-balance sheet PFI and other service concession arrangements are given in the table below for each of the following periods:

	2020 £000s	2019 £000s
Minimum lease payments:		
Due within one year	14,566	14,646
Due later than one year and not later than five years	57,618	57,614
Due later than 5 years	187,924	202,374
Total	260,108	274,634
Less interest element	142,010	152,874
Present value	118,098	121,760
Service elements due in future periods:		
Due within one year	4,761	4,627
Due later than one year and not later than five years	20,462	19,877
Due later than five years	109,180	114,471
Total service elements due in future periods	134,403	138,975
Total Commitments	252,501	260,735

NOTE 19 OTHER FINANCIAL COMMITMENTS

The Trust did not have any other financial commitments at either 31 March 2020 or 31 March 2019

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 20 CONTINGENT LIABILITIES

Material contingent liabilities are noted in the table below, where there is a 50% or less probability that a payment will be required to settle possible obligations. The amounts or timing of any outflow will depend on the merits of each case.

	2020 £000s	2019 £000s
Clinical negligence	2,199	2,289
Public liability	121	113
Employer's liability	73	93
Accrued leave	0	0
Injury benefit	0	0
Other	0	0
Total	2,393	2,495

Additional points to note:

- i.) The Trust is aware of a number of legal cases and appeals across the UK which are testing employment issues, for example, payment of allowances or enhancements while on sick or annual leave, and rate of payment for sleep in duties. The Trust is working regionally to ascertain the impacts which these cases may have but are not in a position at this stage to quantify the liability (if any) and will keep the outcomes of these cases and their appeals under close review.

- ii.) Change in discount rate:

The Department of Justice has power to set the personal injury discount rate for Northern Ireland in consultation with the Government Actuary and the Department of Finance. The rate is currently 2.5% however, the Department has consulted the statutory consultees on a proposed change to the rate to -1.75%. Once their responses are received, the Minister will consider these and make a final decision. As a final decision on this consultation remains outstanding at this time significant uncertainty remains around the timing and the financial effect therefore it is not currently possible to quantify the potential impact on the [insert name of entity] of any change in discount rate.

In Northern Ireland the discount rate currently has to be set in accordance with legal principles set out by the House of Lords in *Wells v Wells*. However, the Department also proposes to take forward a consultation on changing how the rate is set. Both England and Wales and Scotland have already made primary legislation which changed how their discount rates are set and have reviewed their rates under these new legislative frameworks.

Court of Appeal judgement on backdated holiday pay

On 17 June 2019, the Court of Appeal ruled in respect of Northern Ireland Industrial Tribunal's November 2018 decision on cases taken against the PSNI on backdated Holiday Pay. The Supreme Court is currently considering whether to hear an appeal of this decision. This is an extremely rare and complex case with a significant number of issues that still need to be worked through and HSC implications determined and resolved, including further legal advice with regards to the impact of the judgement; the scope; timescales; process of appeals and engagement with Trade Unions. The legal issues

arising from this judgment and the implications for the HSC sector will need further extensive consideration. Until there is further clarity on the specifics, based on the inherent uncertainties in the final decision that will be made from an HSC perspective, and the fact that there is currently neither legally nor constructively an obligation for the HSC, a possible obligation exists and a reliable estimate cannot be provided at this time, until the HSC implications are fully explored and concluded.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 21 RELATED PARTY TRANSACTIONS

The Trust is an arm's length body of the DHSSPS and as such, the DHSSPS is a related party from which the Trust has received income during the year of £795m.

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 2019/20. 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 2019/20 £s	Amount paid by Trust during 2018/19 £s
Dr John Mc Peake (NIFHA Belfast)	NED/Chair	£150.00	0

Dr Anne Kilgallen, Chief Executive

Dr Kilgallen is a Board member of Children's Health Ireland. During 19/20, the Western Health and Social Care Trust received income from Children's Health Ireland of £4k and was owed £789 at 31st March 2020.

Dr Robert Brown, Director of Nursing and PCOP

Dr Brown is a Trustee of Queen's University Belfast, Nursing Institute. During 2019/20, the Western Health and Social Care Trust made payments of approximately £42k to Queen's University Belfast and received income of £4k. The Western Trust was owed approximately £114k from Queen's University Belfast at 31st March 2020.

During 2018/19, the Western Health and Social Care Trust made payments of approximately £119k to Queens University Belfast and received income of £5k. The Western Trust was owed approximately £3k from Queens University Belfast at 31st March 2019.

Mrs Deirdre Mahon, Director of Women and Children's Services

Mrs Mahon is an Associate of Leonard Consultancy. During 2019/20, the Western Health and Social Care Trust made payments of approximately £2k to Leonard Consultancy. During 2018/19, the Trust made payments to Leonard Consultancy of £14k.

Other Senior Managers

Some other senior managers have disclosed interests in organisations from which the Trust purchased services in 2019/20. The details are set out below. The officers listed had no involvement in the decisions to procure the services from the organisations concerned

Mrs Vivien Coates, Assistant Director

Mrs Coates is a Professor Clinical Nursing Practice with Florence Nightingale Foundation with the University of Ulster.

During 2019/20, the Western Health and Social Care Trust made payments of approximately £297k to University of Ulster. The Western Trust was owed approximately £7k from the University of Ulster at 31st March 2020.

During 2018/19, the Western Health and Social Care Trust made payments of approximately £204k to University of Ulster. The Western Trust was owed approximately £2k from the University of Ulster at 31st March 2019.

Mr Charles Mullan, Divisional Clinical Director Diagnostics

Mr Mullan is an honorary Contract Consultant Radiologist with Belfast HSC Trust. During 2019/20, the Western Health and Social Care Trust made payments of £706k to Belfast HSC Trust and received income of £104k. The Western Trust was owed approximately £2k from Belfast HSC Trust at 31st March 2020. Mr Mullan is also an Expert Member for the BSO. During 2019/20 the Western Health and Social Care Trust received income of £302k from BSO.

Mr David Mulholland, Consultant

Mr Mulholland is a Consultant at the North West Independent Hospital. During 2019/20, the Western Health and Social Care Trust made payments of approximately £419k to North West Independent Hospital and received income of £159K.

During 2018/19, the Western Health and Social Care Trust made payments to the North West Independent Hospital of £655k and received income of £195k.

Mr Ciaran Mullan, Associate Medical Director

Mr Mullan is a GP Partner of Riverside Practice Strabane. During 19/20, the Western Health and Social Care Trust made payments to the Riverside Practice of £313 and received income of approximately £68k from GP Practice Strabane.

Ms Sandra Mc Neill, Consultant

Ms Mc Neill is a DHOS/TPD for O&G Training for NIMDTA. During 19/20, the Western Health and Social Care Trust made payments to NIMDTA of approximately £505K and received income of approximately £7k from NIMDTA.

Ms Cathy Magowan, Carers Coordinator

Ms Magowan is a Director of the Fermanagh Community Transport. During 19/20, the Western Health and Social Care Trust made payments to Fermanagh Community Transport of approximately £2k.

Mrs Carol Scoltock, Head of Hospital Social Work/Discharge Services

Mrs Scoltock is a General Visitor of the Office of Care & Protection. During 19/20, the Western Health and Social Care Trust made a payment to the Office of Care & Protection of £98.00.

WESTERN HEALTH AND SOCIAL CARE TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 22 THIRD PARTY ASSETS

The assets held at the reporting period date to which it was practical to ascribe monetary values comprised £2,784k. They are set out in the table below.

	2020 £000s	2019 £000s
Monetary assets such as bank balances and monies on deposit	2,784	2,498
Total	<u>2,784</u>	<u>2,498</u>

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 23 FINANCIAL PERFORMANCE TARGETS

23.1 Revenue Resource Limit

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

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

	2020 Total £000s	2019 Total £000s
Health and Social Care Board	687,506	626,307
Public Health Authority	8,201	7,691
Supplement for undergraduate Medical and Dental Education & NI Medical and Dental Training Agency	6,918	6,733
Non cash RRL (from DoH)	92,814	29,394
Total Agreed RRL	795,439	670,125
Adjustment for income received re donations / government grant / lottery funding for non-current assets	(244)	(71)
Adjustment for PFI and other service concession arrangements / IFRIC 12	4,780	4,621
Adjustment for Research and Development under ESA10	(290)	0
Total Revenue Resource limit to statement comprehensive net expenditure	799,685	674,675

23.2 Capital Resource Limit

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

	2020 Total £000s	2019 Total £000s
Gross Capital Expenditure	32,131	36,505
Less IFRIC 12/PFI and other service concession arrangements spend	(401)	(388)
(Receipts from sales of fixed assets)	(43)	(473)
Net capital expenditure	31,687	35,644
Capital Resource Limit	33,918	35,644
PHA R&D Income	290	0
Overspend / (Underspend) against CRL	(2,521)	0

The year-end CRL underspend of £2.521m includes unused ring-fenced funds of £50k relating to R&D Capital Grant, which was not retracted by PHA.

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL ACCOUNTS 31 MARCH 2020

NOTE 23 FINANCIAL PERFORMANCE TARGETS

23.3 Financial Performance Targets

The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of RRL limits.

	2020 Total £000s	2019 Total £000s
Net expenditure	(821,332)	(699,049)
RRL	799,685	674,675
Surplus / (Deficit) against RRL	(21,647)	(24,374)
Break-even cumulative position (opening)	(32,665)	(8,291)
Break-even cumulative position (closing)	(54,312)	(32,665)

Materiality Test:

	2019/20 Total %	2018/19 Total %
Break even in year position as % of RRL	-2.71%	-3.61%
Break even cumulative position as % of RRL	-6.79%	-4.84%

The Trust breakeven position has been described in more detail in the Governance Statement, included in this document on page 74.

The WHSCT had an agreed deficit of £21.7m in 2019/20. The year-end deficit of £21.647m includes unused ring-fenced funds of £43k relating to Confidence and Supply funds for Mental Health, which was not retracted by DoH.

WESTERN HEALTH AND SOCIAL CARE TRUST

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NOTE 24 EVENTS AFTER THE REPORTING PERIOD

The Working Time (Coronavirus) (Amendment) Regulations (Northern Ireland) 2020 came into operation on 24 April 2020 and allows those workers who are unable to take annual leave as result of the pandemic to carry over up to four weeks' annual leave into the next two leave years. Any exemption will apply only to circumstances where workers are unable to take their leave as a result of the outbreak, and carry over of annual leave will be limited to the next two leave years. The change in regulations may lead to an increase in the value of accrued annual leave carried over in the next two years by the Trust. It is not possible for the Trust to give a reasonable estimate of the impact at this time.

NOTE 25 DATES AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 24 July 2020.

WESTERN HEALTH AND SOCIAL CARE TRUST
PATIENTS'/RESIDENTS' MONIES ACCOUNTS
YEAR ENDED 31 MARCH 2020

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

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

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

WESTERN HEALTH AND SOCIAL CARE TRUST - PATIENTS' AND RESIDENTS' MONIES

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

Opinion on account

I certify that I have audited Western Health and Social Care Trust's account of monies held on behalf of patients and residents for the year ended 31 March 2020 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

In my opinion the account:

- properly presents the receipts and payments of the monies held on behalf of the patients and residents of the Western Health and Social Care Trust for the year ended 31 March 2020 and balances held at that date; and
- the account has been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

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

Basis of opinions

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

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs(UK) require me to report to you where:

- the Western Health and Social Care Trust's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Western Health and Social Care Trust have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Western Health and Social Care Trust's ability to continue to adopt the going concern basis.

Responsibilities of the Trust for the account

As explained more fully in the Statement of Trust's Responsibilities in relation to patients/residents monies, the Trust is responsible for the preparation of the account.

Auditor's responsibilities for the audit of the account

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

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

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

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

Matters on which I report by exception

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

- adequate accounting records have not been kept; or
- the account is not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit.

Report

I have no observations to make on this account.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU
24 July 2020

WESTERN HEALTH AND SOCIAL CARE TRUST

YEAR ENDED 31 MARCH 2020

ACCOUNT OF MONIES HELD ON BEHALF OF PATIENTS/RESIDENTS

Previous Year £	Receipts		£	£
	Balance at 1 April 2019			
2,003,476	1. Investment (at cost)		2,227,793	
156,108	2. Cash at Bank		260,356	
9,800	3. Cash in Hand		9,500	2,497,649
1,475,172	Amounts received in the year			2,110,772
4,317	Interest Received			7,728
3,648,873	Total			4,616,149
	Payments			
1,151,224	Amounts paid to or on behalf of patients / Residents			1,832,582
	Balance at 31 March 2020			
2,227,793	1. Investments (at cost)		2,612,521	
260,356	2. Cash in Bank		160,646	
9,500	3. Cash in Hand		10,400	2,783,567
3,648,873	Total			4,616,149

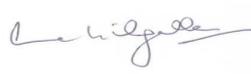
Cost Price £	Schedule of investments held at 31 March 2020 Investment	Nominal Value £	Cost Price £
2,227,793	Bank of Ireland	2,612,521	2,612,521

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: 2 July 2020

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

Chief Executive: 

Date: 2 July 2020

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