

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**ANNUAL REPORT AND ACCOUNTS OF THE TRUST FUNDS HELD BY THE WESTERN  
HEALTH AND SOCIAL CARE TRUST FOR THE YEAR ENDED 31 MARCH 2014**

Laid before the Northern Ireland assembly under Article 91(5) of the Health and Personal  
Social Services (NI) Order 1972 by the Department of Health, Social Services and Public  
Safety

4th July 2014

## INDEX

	Page
<b>Trust Funds (Endowments &amp; Gifts) Annual Report 2013/2014</b>	
1. Introduction	4
2. Address of principal office	4
3. Names of Trustees	4
4. Auditors	6
5. Bankers	6
6. Solicitors	6
7. Principal Advisors	7
8. Structure, governance and management	7
9. Objectives and activities	9
10. Financial review	9
11. Financial controls	10
12. Statement of risk	10
13. Reserves policy	10
14. Investment policy	10
15. Plans for future periods	10
16. Charities Act NI (2008)	10
17. Review of 2013/14	11
<b>Account of the Trust Funds held by the Western Health and Social Care Trust for the year ended 31 March 2014</b>	
18. Statement of Accounting Officer responsibilities	14
19. Certificates of Director of Finance, Chairman and Chief Executive	15
20. Governance Statement for 2013/2014	16
21. Certificate of Comptroller and Auditor General	25
22. Statement of Financial Activities for the Year Ended 31 March 2014	27
23. Statement of Financial Position as at 31 March 2014	28
24. Notes to the Accounts	29

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**TRUST FUNDS (ENDOWMENTS AND GIFTS)**

**ANNUAL REPORT 2013/2014**

## **Introduction**

Under Article 91 of the Health and Personal Social Services (NI) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) order 2003), the Trust is required to prepare annual accounts in respect of endowments and other property held on trust by it in a form determined by the Department of Health, Social Services and Public Safety.

This format is in accordance with the requirements of the Statement of Recommended Practice (SORP) 2005 “Accounting and Reporting by Charities” and includes a requirement to produce an annual report.

## **Address of Principal office**

Western Health and Social Care Trust Headquarters

MDEC Building

Altnagelvin Hospital site

Glenshane Road

Londonderry

BT47 6SB

## **Names of Trustees**

Under the Health and Personal Social Services (NI) Order 1972, as amended by Article 16 of the Health and Personal Social Services (NI) Order 1991, the Trust Board members of Western Health and Social Care Trust were the trustees of the Trust Funds during 2013/14.

The members of the Board with executive responsibility were as follows:

### Executive Members

Mrs E Way, Chief Executive

Mr K Downey, Executive Director of Social Work

Mr A Corry-Finn, Executive Director of Nursing

Mrs A Kilgallen, Medical Director (on sabbatical since 21<sup>st</sup> June 2013)

Mr A McKinney, Acting Medical Director (since 17<sup>th</sup> June 2013)

Mrs L Mitchell, Director of Finance and Contracting

The other members of the Trust Board are as follows:

### Non Executive Directors

Mr G Guckian

Mrs J Doherty

Mrs S Cummings

Mrs S O’Kane

Mrs B Stuart

Mr C Mulgrew

Mr B McCarthy

Mr N Birthistle

### Other Board Members

Mr J Lusby, Deputy Chief Executive

Mrs N Sheerin, Director of Human Resources

Mr T Millar, Director of Adult Mental Health and Disability Services

Mr A Moore, Director of Strategic Capital Development

Ms S Groogan, Director of Performance and Service Improvement (left 26<sup>th</sup> August 2013)

Ms T Molloy, Director of Performance & Service Improvement (started 1<sup>st</sup> November 2013)

Mrs G Hillick, Director of Acute Services (left 31<sup>st</sup> July 2013)

Mrs G McKay, Director of Acute Services (started 15<sup>th</sup> July 2013)

The Trustees employed the following professional advisors during the year:

**Auditors**

Northern Ireland Audit Office

106 University Street

Belfast

BT7 1EU

**Bankers**

Bank of Ireland

Spencer Road

Waterside

Londonderry

**Solicitors**

Directorate of Legal Services

Business Services Organisation

2 Franklin Street

Belfast

BT2 8DQ

## **Principal Advisors**

Department for Social Development

Charities Advisory Committee

Lighthouse Building

1 Cromac Place

Belfast BT7 2JB

## **Structure, governance and management**

The Trust Board acts as “corporate trustee” for the Endowments and Gifts (E&G) funds and is responsible for ensuring that these funds are held and managed separately from public funds. The Board manages Endowments and Gifts funds business as a separate agenda item as and when required.

The Trust Board has delegated responsibility for the day-to-day management of Endowments and Gifts to Trust senior managers in the areas most relevant to the particular Endowments and Gifts funds. The Trust Board has in place a Schedule of Delegated Authority specifically for Endowments and Gifts which names the individuals to whom this authority has been delegated together with the level of that authority. Changes to the Schedule must be approved by one of the following:

- Trust Board,
- Chief Executive,
- Deputy Chief Executive,
- Director of Finance & Contracting.

The Trust has in place an Endowment and Gifts Committee. The role of the committee is to oversee the administration, including banking arrangements, of E&G funds, their investment and disbursement. The normal purposes to which funds may be applied include all relevant expenditure likely to assist in the provision of health and social services in accordance with current legislation relating to E&G funds as well as Standing Financial Instructions and associated operational procedures of the Trust.

Membership of the Committee is as follows:

Mr B McCarthy, Non-Executive Director (Chairman)

Mr C Mulgrew, Non-Executive Director

Mrs J Doherty, Non-Executive Director

Mrs L Mitchell, Director of Finance and Contracting

Mrs N Sheerin, Director of Human Resources

Mr J Lusby, Deputy Chief Executive

Mrs G McKay, Director of Acute Services

Mr S Wade, Assistant Director of Finance

The Committee's terms of reference are to:

- Oversee the management of E&G funds in line with guidance in the Trust's Standing Financial Instructions, Departmental guidance and legislation
- ratify the creation of any new fund by the Director of Finance where funds and/or other assets are received from donors in circumstances where the wishes of the donor cannot be accommodated within the scope of an existing fund
- make recommendations on the potential for rationalisation of funds within statutory guidelines
- ensure that assets in the ownership of, or used by, the E&G fund will be maintained with the Trust's general estate and inventory of assets
- ensure that funds are not unduly or unnecessarily accumulated
- ensure that a Governance Statement is produced as part of the production of annual accounts for Endowments and Gifts Funds
- ensure that expenditure from Endowments & Gifts Funds is subject to appropriate value for money considerations including proper procurement procedures where applicable
- ensure that Annual Accounts are prepared in accordance with DHSSPS guidelines and submitted to the Trust Board within agreed timescales

- on behalf of the Trust Board, and on the advice of the Corporate Management Team, to authorise appropriate policies and procedures in relation to E&G Funds.

As the Trustees are directors of the Trust, the policies and procedures followed for recruitment, induction and training of these officers applies also to their role as Trustees.

During the year, none of the Trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Western Health and Social Care Trust Endowments and Gifts funds.

### **Objectives and Activities**

The objective of the Western Health and Social Care Trust was to ensure that charitable donations received by the Trust were appropriately managed, invested, expended and controlled, in a manner that was consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, the Trust's Policies and Procedures for the Management of Endowments and Gifts Funds and Departmental guidance and legislation.

During the year, Endowments and Gifts monies were expended in accordance with the wishes of the original donors of the Funds to further the education and welfare of staff and patients/clients and in purchasing new equipment.

### **Financial Review**

The Endowment and Gifts funds financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP) 'Accounting and Reporting by Charities' issued in March 2005, and with relevant guidance issued by the DHSSPS.

Where there is a legal restriction on the purposes for which a fund may be used, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes, and cannot themselves be spent, are accounted for as endowment funds.

The principal sources of income to the Endowments and Gifts funds are donations from patients, clients or members of the Public and income received from investment of Endowments and Gifts monies.

There are a number of funds for which the Trust is unable to use the funds for the originally intended purpose. A review of these funds has been carried out in 2013/2014 and a way forward has been agreed with the Charities Commission.

### **Financial Controls**

The Trustees of the funds are aware of their financial responsibilities for the money that is held on trust. Appropriate policies and procedures were in place to ensure these responsibilities were adequately discharged, and these are reviewed where appropriate.

### **Statement of risk**

The management of risk in relation to the Endowments and Gifts was closely aligned with the Trust's risk management procedures. These are outlined in detail in the Governance Statement contained within the Trust's Endowments and Gifts annual financial statements.

### **Reserves policy**

The Endowments and Gifts funds were not entered into future commitments and so there has been no requirement to create any reserves for this. Activities were only authorised when funding was available.

### **Investment Policy**

For investment purposes the available balances on the Endowments and Gifts were invested in either bank deposits for short term funds or for longer term investments in the Northern Ireland Central Investment Fund for Charities, which was established under the Charities Act (NI) 1964, and is managed by the Department for Social Development.

## **Plans for future periods**

The Endowment and Gifts Committee has put in place plans for effectively managing Endowment and Gifts funds in 2014/2015 and for ensuring that funds are utilised effectively and appropriately.

## **Charities Act (NI) 2008**

The Charities Act (NI) 2008 provides the broad legislative framework for charities in Northern Ireland. It established the requirement for a compulsory register of all charities operating in Northern Ireland to be maintained, it provided a charity test to define what is and what is not a charity, it put in place new requirements for all public collections and it established a Charity Commission. While the legislation provides this broad framework, some amendments are required to the legislation which have not yet been approved by the NI Assembly. The process of compiling a register of charities is underway.

The test to define what constitutes a charity under the legislation requires 2 criteria to be met: namely to be established for charitable purposes and to provide a public benefit. An examination of the Act and the draft guidance from the Charity Commission indicates that the Trust's Endowment and Gift funds meet these criteria and are therefore required to be registered as a charity. This is currently being progressed with the Charity Commission.

## **Review of the year 2013/14**

The achievements and financial performance of the Trust with regard to management of Endowments and Gifts funds are set out in individual sections below.

### Achievements and Performance

During the year the Endowments and Gifts continued to engage in activities commensurate with their objectives. £662k was expended on charitable activities, in accordance with the Trust's policies and procedures in relation to expenditure from Endowments and Gifts.

The net market value of funds invested in the Central Investment Fund for Charities increased by £67k, contributing to an overall market value of £2,112k at 31 March 2014. Investment income of £85k was received during the year.

### Income

During the year income totalling £519k was received, a decrease of £70k compared to prior year. £434k was received in donations compared to £488k in 2012/13. Investment income fell by £16k to £85k.

### Expenditure

Total direct charitable expenditure for the year amounted to £655k, an increase of £144k from 2012/13.

Governance costs for the financial administration of the funds amounted to £7k being the audit fee costs only for 2013/14.

### Financial position at year end

Total fund balances were £3,668k, consisting of £3,194k of restricted funds, £234k of unrestricted funds and £240k of endowment funds.



Mrs Elaine Way, Chief Executive

12 June 2014



Mr Gerard Guckian, Chairman

12 June 2014

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**TRUST FUNDS (ENDOWMENTS AND GIFTS) ACCOUNTS FOR THE YEAR**

**ENDED 31 MARCH 2014**

## **Statement of Accounting Officer responsibilities**

Under the Health and Personal Social Services (NI) 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 respect of endowments and other property held on trust by it in a form determined by the Department of Health, Social Services and Public Safety. The financial statements are prepared on an accruals basis and must provide a true and fair view.

In preparing the financial statements the Accounting Officer is required to:

- observe the Accounts direction issued by the Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- make judgements and estimates on a reasonable basis.
- state whether applicable accounting standards as set out in Charities SORP 2005 have been followed, and disclose and explain any material departures in the financial statements.
- keep proper accounting records.
- ensure an effective governance framework and establish arrangements for the prevention and detection of fraud and corruption.

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

## 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 29 to 35) which I am required to prepare on behalf of the Western Health and Social Care Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Western Health and Social Care Trust and in accordance with the accounting policies for HSC Charitable Trust Funds as approved by the Department of Health, Social Services and Public Safety.



Director of Finance

12 June 2014

I certify that the annual accounts set out in the financial statements and notes to the accounts (page 29 to 35) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Chairman

12 June 2014



Chief Executive

12 June 2014

## **WESTERN HEALTH AND SOCIAL CARE TRUST**

### **GOVERNANCE STATEMENT 2013/14**

#### ***Scope of Responsibility***

The Board of the Western Health and Social Care Trust is accountable for the internal governance framework. As Accounting Officer and Chief Executive of the Trust, I have responsibility for maintaining a sound governance framework 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, Social Services and Public Safety.

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

#### ***Compliance with Corporate Governance Best Practice***

The Trust applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements by undertaking continuous assessment of its compliance with Corporate Governance best practice.

During 2011/12 the Chairman and Chief Executive reviewed governance best practice in the English NHS system and assessed the Trust's arrangements against the same. Arising from this review, it was determined that the Trust had complied with the general requirements of good corporate governance. A paper on governance arrangements was considered by the Trust's Governance Committee in March 2012, following which, two Trust Board workshops were held in November 2012 and March 2013 to review whether the Trust could improve further. As a result, Non-Executive Directors were aligned to individual Service Directorates and now attend Directorate Governance Groups.

In 2013, at the request of DHSSPS, the Trust Board completed its first annual Board Governance Self-Assessment Tool which is based on the structure and format used by the Department of Health in the NHS. In February 2014, a Trust Board Workshop was held to complete the self-assessment for 2013/14. At this workshop it was also agreed that a steering group would be established to review the information provided to the Governance Committee meetings. It agreed that consideration should be given to aligning the agenda with the principles of Quality 20/20.

## ***Governance Framework***

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

- **Trust Board** has primary responsibility for effective governance and the Chairman must ensure that the Board keeps this at the centre of its work. The Chief Executive is accountable to Trust Board for the quality of care and services provided across the Trust. The Trust Board receives assurance on quality and safety of services, performance and finance from the assurance framework and the structure of the supporting committees. The Medical Director and Director of Social Care are accountable to Trust Board for Clinical and Social Care Governance arrangements across the Trust. Trust Board met 11 times in the 2013/14 financial year and all meetings were quorate. Members' attendance is formally recorded in the Trust Board minutes. Standing items on Trust Board Agenda include Quality and Safety, Corporate Risk Register, Assurance Framework, Performance Management and Financial Performance.
- **Endowments and Gifts Committee** - The purpose of this Committee is to oversee and fulfil the responsibilities of the Board as Trustees of endowments and gifts funds. The Committee is made up of 3 Non-Executive Directors and is supported by a number of Trust officers. The Committee met on 3 occasions during 2013/14 and was fully quorate. The Chairman of the Committee briefs the Trust Board following each meeting.
- **Audit Committee** - The Audit Committee is a formal Sub Committee of the Board comprised of 3 Non-Executive Directors. The Trust's internal and external auditors as well as other appropriate Trust staff attend the Committee meetings on a regular basis. The Audit Committee follows the best practice guidance set out in the Audit Committee Handbook and assesses its compliance with this guidance on an annual basis. The Chairman of the Audit Committee briefs the Trust Board following each Audit Committee meeting and Trust Board receives an annual report on the performance of the Committee. The Committee met 6 times during 2013/14 and all meetings were quorate.
- **Governance Committee** - In accordance with national best practice guidance, the Trust Board adopts an integrated approach to governance and risk management. This provides a co-ordinated source of information and assurance to Board members on all aspects of governance including financial, organisational, clinical and social care. Governance Committee membership includes all Trust Board members and it is chaired by the Trust's Chairman. The Committee meets quarterly and an attendance register is kept. The Trust has a range of governance structures in place to support the Governance Committee and these are:
  - Quality and Safety Accountability Forum
  - Chief Executive Healthcare Acquired Infection (HCAI) Accountability Forum
  - Directorate Governance Groups
- **Remuneration Committee** - This Committee advises the Board on performance, development, appropriate remuneration and terms of service for the Chief Executive and all Senior Executives. It is chaired by the Chairman and includes 3 Non-Executive Directors. The Committee met on 2 occasions during 2013/14 and was

fully quorate. The Chairman of the Committee briefs the Trust Board following each meeting.

### ***Business Planning and Risk Management***

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

The Trust's business planning process is carried out in accordance with DHSSPS guidance and results in the production of an annual Trust Delivery Plan. The plan is developed in response to the priorities set out in the Joint Commissioning Plan. Each Director is accountable for delivering against the elements of the Trust Delivery Plan that fall within his/her area of responsibility. Monitoring of the extent to which the Trust is meeting its obligations from the Trust Delivery Plan is carried out via internal Trust accountability meetings and performance against Trust Delivery Plan targets is regularly reviewed by the Trust's Corporate Management Team and Trust Board.

The revised Risk Management Policy (March 2013) clarifies the leadership and accountability arrangements for ensuring that appropriate systems are in place throughout the organisation to manage and control risks to the achievement of Trust objectives. The Policy clarifies individual staff responsibilities on identifying, reporting, recording and managing/monitoring risks. As an appendix to the Policy a Risk Register flowchart provides guidance on the system for escalation of risk.

The Corporate Risk Register is reviewed on a monthly basis by the Corporate Management Team which considers progress on existing risks and identifies new risks for inclusion on the Register. The Corporate Risk Register is then presented to Governance Committee for agreement and approval and subsequently posted on the intranet. Trust Board also receive an updated Corporate Risk Register at each meeting.

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 Directorate Risk Register are considered at these meetings. Directors are required to report on a quarterly basis to Governance Committee on significant risks within their areas of responsibility.

The Trust actively encourages the reporting of incidents and risks and staff have embraced the learning culture by participating in incident reviews which focus on the lessons for improvement for the organisation as a whole. To support this process a learning template has been developed that requires Directorates to report the learning from serious incidents, claims and complaints. The Trust continues to publish a quality and safety newsletter to highlight Trust-wide learning. Directorates and individuals are encouraged to contribute to this publication.

To support Directorates in the management of risk, staff from the Quality and Safety Department provide on-going training on all aspects of risk management and patient safety.

## ***Information Risk***

The information held and used by the Trust can be divided into 2 broad categories; namely information retained within the Trust and information sent outside the organisation. The latter category of information is viewed as carrying an inherently higher level of risk and Trust efforts to improve the management of information risks during 2013/14 have continued to focus on this area.

For the period 1 April 2013 to 31 March 2014 the Western Trust had 4 information breaches to report to the Information Commissioner's Office (ICO). None of these incidents related to Endowment and Gift Funds information.

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

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

Information risks are recorded on the Information Department, Finance Department and IT Department risk registers.

A number of the Trust's business systems are maintained on its behalf by the Business Services Organisation. All the information within these systems is held within a secure data centre managed by the Business Services Organisation. This data centre meets very high security and data management standards and has been externally assessed and accredited through various external quality standards such as ISO 20023. Access to these data centres is governed by internal HSC policies such as the Code of Connection and the Third Party Access agreement.

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

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

## *Assurance*

The Board Assurance Framework which was developed in accordance with the DHSSPS guidance 'An Assurance Framework: a Practical Guide for Boards of DHSSPS Arm's Length Bodies', is updated on a quarterly basis and submitted to Governance Committee and Trust Board for agreement.

The Trust completed a Board Governance Self-Assessment Tool in February 2014, which assessed the assurance mechanisms relating to Trust Board as having a green rating.

The Trust Board reviewed its governance arrangements during 2012/13. As part of its consideration, the Board recognised, particularly post-Francis report publication, the need for Non-Executive Directors to secure assurance as to the reliability of and their understanding of the data provided by Executives as part of their role in providing effective oversight of the Trust.

At the Trust Board workshop in February 2014 it was also agreed that a Steering Group would be established to review the information provided to the Governance Committee. It was agreed that consideration should be given to aligning the agenda with the principles of Quality 20/20.

A key source of assurance is the reports from Internal Audit and the audit plan is based on key risks and systems within the organisation. As part of its annual audit programme for 2013/14, Internal Audit reviewed the Trust's governance arrangements and in December 2013 reported satisfactory assurance on the system of internal control for Risk Management and the Assurance Framework. The Head of Internal Audit reported that overall there is an adequate and effective system of governance, risk management and control.

In February/March 2014 Internal Audit carried out an audit of Board Effectiveness measured against the Board Governance Self-Assessment Tool which 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 Internal Audit report provided satisfactory assurance in relation to Board effectiveness and concluded that overall there is an adequate and effective system of governance, risk management and control.

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

The Western Health and Social Care Trust assessed its compliance with the applicable Controls Assurance Standards, which were defined by the Department and against which a degree of progress was expected in 2013/14.

A number of the Standards are applicable to Endowment & Gift funds and they are set out below. The Trust achieved the following levels of compliance for 2013/14:

<b>Standard</b>	<b>DHSSPS Expected Level of Compliance</b>	<b>Achieved Level of Compliance</b>	<b>Reviewed by the Internal Audit Department</b>
Financial Management (Core Standard)	75%-99% (Substantive)	83% (Substantive)	Confirmed as Substantive
Governance (Core Standard)	75%-99% (Substantive)	89% (Substantive)	Confirmed as Substantive
Information Communication Technology	75% - 99% (Substantive)	81% (Substantive)	Not Verified
Management of Purchasing and Supply	75%-99% (Substantive)	78% (Substantive)	Confirmed as Substantive
Medical Devices and Equipment Management	75%-99% (Substantive)	82% (Substantive)	Confirmed as Substantive
Risk Management (Core Standard)	75%-99% (Substantive)	90% (Substantive)	Confirmed as Substantive

### *Sources of Independent Assurance*

#### **Internal Audit**

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

The last Internal Audit review of Endowment & Gift Funds was carried out during 2011/12 and satisfactory assurance was provided on the operation of the control system.

In 2013/14 Internal Audit reviewed a number of areas that are applicable to the management of Endowment & Gift Funds. The details are as follows:

Ordering and Receipt of Goods (FPL)	Satisfactory Assurance
Risk Management	Satisfactory Assurance
Board Effectiveness	Satisfactory Assurance
ICT Governance	Satisfactory Assurance

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

My overall opinion for the year ended 31 March 2014 is that there is a **satisfactory** system of internal control designed to meet the organisation's objectives. However, it should be noted that limited assurance has been provided in a number of areas. In general, procurement (beyond the COPE) and contract management processes require strengthening going forward. Controls in the new financial systems also require further and prompt development.

The Audit Committee has reviewed management responses to Internal Audit recommendations and monitors progress in relation to their implementation.

I take seriously all issues highlighted by Internal Audit where less than satisfactory assurance is provided and actions will be taken during 2014/15 to address any deficiencies raised.

The Trust also receives independent assurance from the Northern Ireland Audit Office on the regularity of expenditure and on whether the Trust's financial records present a true and fair view of the organisation's financial activities.

### ***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 governance 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 governance framework by the Board, the Audit Committee and the Governance Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

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

### ***Internal Governance Divergences***

#### **Significant Internal Control Issues – update on previously reported issues**

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

As part of the implementation of the BSTP project, the Trust introduced a new finance and procurement (FPL) system in November 2012. Whilst the FPL system was particularly problematic initially, it is now well embedded in the Trust. The technical issues have been largely addressed and the Trust continues to work with the central BSTP Team and the contractor on any outstanding procedural and technical matters. This element of the BSTP project is now entering the benefits realisation phase.

The Trust replaced its human resources, payroll and travel systems (HRPTS) in September 2013. Implementation was achieved successfully for core Human Resources and Finance staff and the Trust is working with the central BSTP Team to secure implementation of some key pieces of outstanding functionality. The system's self-service functionality has been deployed to over 3,000 Trust managers and staff. Deployment of this functionality to the remaining Trust staff will be completed during 2014/15 subject to funding for ICT and other system support resources being made available.

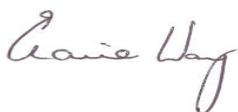
The Trust transferred its accounts receivable, accounts payable and payroll functions to the regional shared services centres during the latter half of 2013/14. The Trust and the shared services centres are currently facing significant challenges as staff familiarise themselves with new business processes and operational procedures. The Trust and the Shared Services Centres have formal arrangements in place for jointly managing through to process stabilisation.

A revised timetable for implementation of the e-Recruitment module within HRPTS has meant that the timeline for transfer of the Trust's Recruitment function to the Recruitment Shared Services Centre has been modified. The recruitment service is due to transfer in autumn 2014.

## **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 Endowment and Gift funds, as detailed in Managing Public Money NI.

Further to considering the accountability framework within the Trust and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the Trust has operated a sound system of internal governance during the period 1 April 2013 to 31 March 2014.



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**Elaine Way**

**Chief Executive & Accounting Officer**

**12 June 2014**

## **WESTERN HEALTH AND SOCIAL CARE TRUST - CHARITABLE TRUST FUNDS**

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

I certify that I have audited the financial statements of the Western Health and Social Care Trust for the year ended 31 March 2014 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. These comprise the Statement of Financial Activities, the Statement of Financial Position and the related notes. These financial statements have been prepared under the accounting policies set out within them.

#### **Respective responsibilities of the Accounting Officer and auditor**

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

#### **Scope of the audit of the financial statements**

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

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

#### **Opinion on regularity**

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

### **Opinion on financial statements**

In my opinion:

- the financial statements give a true and fair view of the state of the Western Health and Social Care Trust's Charitable Trust Fund's affairs as at 31 March 2014 and of its incoming and outgoing resources for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health, Social Services & Public Safety directions issued thereunder.

### **Opinion on other matters**

In my opinion the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Matters on which I report by exception**

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

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

### **Report**

I have no observations to make on these financial statements.

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

26 June 2014

## WESTERN HEALTH AND SOCIAL CARE TRUST

### Statement of Financial Activities for the year ended 31 March 2014

	Note	Unrestricted Funds £'000	Restricted Funds £'000	Endowment Funds £'000	2014 Total Funds £'000	2013 Total Funds £'000
<b>INCOMING RESOURCES</b>						
Incoming resources from generating funds						
Voluntary Income	2	9	417	8	434	488
Investment income	3	4	81	0	85	101
<b>Total Incoming Resources</b>		<b>13</b>	<b>498</b>	<b>8</b>	<b>519</b>	<b>589</b>
<b>RESOURCES EXPENDED</b>						
Charitable Activities	5	(49)	(605)	(1)	(655)	(511)
Governance Costs	4	(7)	0	0	(7)	(7)
<b>Total resources expended</b>		<b>(56)</b>	<b>(605)</b>	<b>(1)</b>	<b>(662)</b>	<b>(518)</b>
<b>Net Incoming/(Outgoing) Resources before other recognised gains and losses</b>		<b>(43)</b>	<b>(107)</b>	<b>7</b>	<b>(143)</b>	<b>71</b>
<b>OTHER RECOGNISED GAINS/LOSSES</b>						
Gains/(losses) on investment assets	7	5	55	7	67	206
<b>Net Movement in Funds</b>		<b>(38)</b>	<b>(52)</b>	<b>14</b>	<b>(76)</b>	<b>277</b>
<b>Adjustment to add back:</b>						
Notional Audit Fee		7	0	0	7	7
<b>Net Movement in Funds excluding Notional Audit Fees</b>		<b>(31)</b>	<b>(52)</b>	<b>14</b>	<b>(69)</b>	<b>284</b>
<b>RECONCILIATION OF FUNDS</b>						
<b>Fund balances brought forward at 1 April 2013</b>		<b>265</b>	<b>3,246</b>	<b>226</b>	<b>3,737</b>	<b>3,453</b>
<b>Fund balances carried forward at 31 March 2014</b>		<b>234</b>	<b>3,194</b>	<b>240</b>	<b>3,668</b>	<b>3,737</b>

The notes at pages 29 to 35 form part of this account.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### Statement of Financial Position as at 31 March 2014

	Notes	31 March 2014 £000	31 March 2013 £000
<b>Fixed Assets</b>			
Investments:			
Investments	7	2,112	2,045
<b>Total Fixed Assets</b>		<u>2,112</u>	<u>2,045</u>
<b>Current Assets</b>			
Debtors	8	15	16
Short term investments and deposits		1,595	1,432
Cash at bank and in hand.		28	330
<b>Total Current Assets</b>		<u>1,638</u>	<u>1,778</u>
<b>Creditors: Amounts falling due within one year</b>	9	(82)	(86)
<b>Net Current Assets/ (Liabilities)</b>		<u>1,556</u>	<u>1,692</u>
<b>Total Assets less Current Liabilities</b>		<u>3,668</u>	<u>3,737</u>
<b>Net Assets</b>		<u>3,668</u>	<u>3,737</u>
<b>Funds of the Charity</b>			
Restricted income funds		3,194	3,246
Endowment funds		240	226
Unrestricted income funds			
Unrestricted income funds	10	234	265
<b>Total unrestricted funds</b>		<u>234</u>	<u>265</u>
<b>Total charity funds</b>		<u>3,668</u>	<u>3,737</u>

The notes at pages 29 to 35 form part of this account.



Signed  
12 June 2014

## **WESTERN HEALTH AND SOCIAL CARE TRUST**

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### **Notes to the accounts**

#### **1. Accounting policies**

##### **1(a) Basis of preparation**

The financial statements have been prepared in accordance with 'Accounting and Reporting by Charities' The Statement of Recommended Practice issued in March 2005, and with relevant guidance issued by the DHSSPS.

##### **1(b) Incoming resources**

All incoming resources are included in full in the statement of financial activities as soon as the following three factors can be met:

- i) entitlement – arises when a particular resource is receivable or the charity's right becomes legally enforceable;
- ii) certainty – where there is reasonable certainty that the incoming resource will be received;
- iii) measurement – when the monetary value of the incoming resources can be measured with sufficient reliability.

##### **1(c) Incoming resources from legacies**

All incoming resources are recognised once the charity has entitlement to the resources, it is certain that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

##### **1(d) Resources expended and irrecoverable VAT**

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. All expenditure is recognised once there is a legal or constructive obligation committing the charity to the expenditure. Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

##### **1 (e) Allocation of support costs and overheads**

Support costs and overheads have been allocated between Governance Costs and Charitable Activities. Costs which are not wholly attributable to an expenditure category have been apportioned. The analysis of support costs and the bases of apportionment applied are shown in note 4. Where costs are shared by two or more charitable activities, support costs have been apportioned between categories and this is analysed in note 4.

##### **1 (f) Charitable activities**

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs comprise direct costs and an apportionment of overhead and support costs as shown in note 5.

**Notes to the accounts**

**1 (g) Governance costs**

Governance costs comprise all costs incurred in the governance of the charity. These costs include costs related to statutory audit together with an apportionment of overhead and support costs.

**1 (h) Investment fixed assets**

Investment Fixed Assets are shown 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.

Property assets are not depreciated but are shown at market valuation.

Quoted stocks and shares are included in the balance sheet at mid-market price ex-div.

Other investment fixed assets are included at Trustees' best estimate of market value.

**1 (i) Realised gains and losses**

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchased date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value (or purchase date if later).

**1 (j) Funds structure**

Where there is a legal restriction on the purposes to which a fund may be put, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the Trustees have chosen to earmark for set purposes are classified as designated funds.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### 2. Analysis of voluntary income

	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	Total 2014 Funds £000	Total 2013 Funds £000
Donations from individuals	9	332	8	349	345
Legacies	0	85	0	85	143
<b>Total</b>	<u>9</u>	<u>417</u>	<u>8</u>	<u>434</u>	<u>488</u>

### 3. Gross investment income

	2014 Total Funds £000	2013 Total Funds £000
<b>Gross income earned from:</b>		
Fixed asset equity and similar investments	85	77
Current asset investments	0	24
<b>Total</b>	<u>85</u>	<u>101</u>

### 4. Allocation of support costs and overheads

	2014 Total Funds £000	Allocated to Governance £000	Charitable activities £000	Basis of apportionment
External Audit	7	7	0	100%
<b>Total</b>	<u>7</u>	<u>7</u>	<u>0</u>	

## WESTERN HEALTH AND SOCIAL CARE TRUST

### 5. Analysis of charitable expenditure

	Grant funded activity	Support Costs	Total
	£000	£000	£000
Purchase of new equipment	507	0	507
Staff education and welfare	70	0	70
Patient education and welfare	50	0	50
Other	5	23	28
<b>Total</b>	<u>632</u>	<u>23</u>	<u>655</u>

In 2013/2014, expenditure of £507k was made from charitable trust funds for the purchase of equipment. This equipment has been donated to and is for use by Western Health and Social Care Trust. The unconditional legal title of these assets has passed to Western Health and Social Care Trust. The expenditure in respect of these items is included in the above analysis under “purchase of new equipment. Donated equipment to the value of £240k has been capitalised in the accounts of the Western Health and Social Care Trust.

### 6. Auditor’s remuneration

The auditor’s remuneration of £6,750 (2013: £6,750) related solely to the audit with no other additional work undertaken.

## WESTERN HEALTH AND SOCIAL CARE TRUST

### 7. Analysis of fixed asset investments

#### 7.1 Movement in fixed asset investment

	<b>2014</b> <b>£000</b>	<b>2013</b> <b>£000</b>
Market value at 1 April 2013	2,045	1,839
Less: Disposals at carrying value	0	0
Add: Acquisition at cost	0	0
Net gain/(loss) on revaluation	67	206
<b>Market value at 31 March 2014</b>	<u>2,112</u>	<u>2,045</u>
<b>Historic cost at 31 March 2014</b>	<u>827</u>	<u>827</u>

#### 7.2 Market value as at 31 March 2014

	<b>Held in</b> <b>UK</b> <b>£000</b>	<b>Held</b> <b>outside UK</b> <b>£000</b>	<b>2014</b> <b>Total</b> <b>£000</b>	<b>2013</b> <b>Total</b> <b>£000</b>
Investments in a Common Deposit Fund or Investment Fund	2,112	0	2,112	2,045
<b>Total market value of fixed asset investments</b>	<u>2,112</u>	<u>0</u>	<u>2,112</u>	<u>2,045</u>

### 8. Analysis of debtors

	<b>2014</b> <b>£000</b>	<b>2013</b> <b>£000</b>
<b>Amounts falling due within one year</b>		
Accrued income	7	4
Other debtors	8	12
<b>Total</b>	<u>15</u>	<u>16</u>

## WESTERN HEALTH AND SOCIAL CARE TRUST

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### 9. Analysis of creditors

#### Amounts falling due within one year

	2014 £000	2013 £000
Trade creditors	82	86
<b>Total</b>	82	86

### 10. Analysis of charitable funds

	Balance at 1 April 2013 £000	Incoming resources £000	Resources expended £000	Transfers £000	Gains and losses £000	Fund at 31 March 2014 £000
	£000	£000	£000	£000	£000	£000
<b>Endowment Funds</b>						
Other (individually less than 5%)	226	8	(1)	0	7	240
<b>Endowment Funds Total</b>	226	8	(1)	0	7	240
<b>Restricted Funds</b>						
45020004 Cancer Fund	566	217	(322)	0	106	567
48021142 Renal Unit - TCH	238	67	(88)	0	7	224
Other (individually less than 5%)	2,442	214	(195)	0	(58)	2,403
<b>Restricted Funds Total</b>	3,246	498	(605)	0	55	3,194
<b>Grand Total</b>	3,472	506	(606)	0	62	3,434
<b>Unrestricted and material designated funds</b>						
Other (individually less than 5%)	265	13	(49)	0	5	234
<b>Total</b>	3,737	519	(655)	0	67	3,668

**11. Commitments**

The Trusts' funds have the following commitments:	<b>2014</b>	<b>2013</b>
	<b>£000</b>	<b>£000</b>
Other	201	283
<b>Total Commitments</b>	<b>201</b>	<b>283</b>

**12. Financial guarantees**

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

The Trust has not entered into any quantifiable guarantees, indemnities or provided letters of comfort in the years ended 31 March 2013 or 31 March 2014.

**13. Related party transactions**

During the year none of the Trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Trust Funds of the Western Health and Social Care Trust.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

The Charitable Trust has made revenue payments of £23k to the Western Health and Social Care Trust where the Trustees are also members of the Trust.

ISBN: