

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 2016**

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 (formerly known as the
Department of Health, Social Services and Public Safety)

On

26th August 2016

INDEX

Page(s)

Trust Funds (Endowments & Gifts) Annual Report 2015/2016

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	6
8. Structure, governance and management	6
9. Objectives and activities	8
10. Financial review	8
11. Financial controls	9
12. Statement of risk	9
13. Reserves policy	9
14. Investment policy	9
15. Plans for future periods	9
16. Charities Act NI (2008)	9
17. Review of 2015/16	10

Account of the Trust Funds held by the Western Health and Social Care Trust for the year ended 31 March 2016

18. Statement of Accounting Officer responsibilities	12
19. Certificates of Director of Finance, Chairman and Chief Executive	13
20. Governance Statement for 2015/2016	14
21. Certificate of Comptroller and Auditor General	27
22. Statement of Financial Activities for the Year Ended 31 March 2016	29
23. Statement of Financial Position as at 31 March 2016	30
24. Notes to the Accounts	31

WESTERN HEALTH AND SOCIAL CARE TRUST

TRUST FUNDS (ENDOWMENTS AND GIFTS)

ANNUAL REPORT 2015/2016

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. New accounting policies effective from 1 January 2015 were included in SORP 2015 - “Accounting and Reporting by Charities”. After consultation with DHSSPS it was deemed applicable to apply Statement of Recommended Practice “Accounting and Reporting by Charities” (SORP 2005) for 2015/16.

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 2015/16. 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

Mr A McKinney, Acting Medical Director (until 31st July 2015)

Mrs L Mitchell, Director of Finance and Contracting

Mr D Hughes, Acting Medical Director (from 1st August 2015)

The other members of the Trust Board are as follows:

Non Executive Directors

Mr G Guckian, Chairman

Mrs J Doherty

Mrs S Cummings

Mrs S O’Kane

Mrs B Stuart (until 31st July 2015)

Mr C Mulgrew (until 31st July 2015)

Mr B McCarthy (until 31st July 2015)

Mr N Birthistle

Ms M Woods (from 1st October 2015)

Mr J Campbell (from 1st October 2015)

Mr G McIlroy (from 7th December 2015)

Other Board Members

Mr J Lusby, Deputy Chief Executive

Mrs A McConnell, Director of Human Resources

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

Mr A Moore, Director of Strategic Capital Development

Mrs T Molloy, Director of Performance & Service Improvement

Mrs G McKay, Director of Acute Services

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

15 Strand Road

Londonderry

BT48 7BT

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 funds 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 Endowments 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) (until 31st July 2015)

Mr C Mulgrew, Non-Executive Director (until 31st July 2015)

Mrs J Doherty, Non-Executive Director (until 31 March 2016)

Mrs L Mitchell, Director of Finance and Contracting

Mrs A McConnell, 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 Endowments 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 and a way forward is being pursued with the Charities Commission and the Trust's legal advisors.

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 Endowments and Gifts funds in 2016/2017 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. 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. The Trust still awaits confirmation that the Trust's Endowments 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 2015/16

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. £581k 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 decreased by £137k, contributing to an overall market value of £2,107k at 31 March 2016. Investment income of £85k was received during the year.

Income

During the year income totalling £467k was received, a decrease of £14k compared to prior year. £382k was received in donations compared to £398k in 2014/15. Investment income has risen by £2k to £85k.

Expenditure

Total direct charitable expenditure for the year amounted to £576k, an increase of £44k from 2014/15.

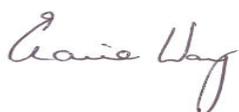
Governance costs for the financial administration of the funds amounted to £5k being the audit fee costs only for 2015/16.

Financial position at year end

Total fund balances were £3,503k, consisting of £3,062k of restricted funds, £140k of unrestricted funds and £301k of endowment funds.

Conclusion

The Trustees of the Endowments and Gifts funds would like to acknowledge and thank the donors of the funds for the contributions received during the year. The funds are a valuable source of income which enables the Trust to supplement the facilities available for patients/clients and staff.



09/06/2016

Elaine Way, Chief Executive

Date

WESTERN HEALTH AND SOCIAL CARE TRUST

TRUST FUNDS (ENDOWMENTS AND GIFTS) ACCOUNTS FOR THE YEAR

ENDED 31 MARCH 2016

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 31 to 37) 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

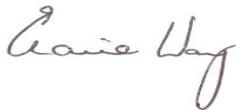
.....09/06/2016.....Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 31 to 37) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



.....Chairman

...09/06/2016.....Date



.....Chief Executive

...09/06/2016.....Date

WESTERN HEALTH AND SOCIAL CARE TRUST

GOVERNANCE STATEMENT 2015/16

Scope of Responsibility

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

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

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

Compliance with Corporate Governance Best Practice

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

Trust Board has completed an annual Board Governance Self-Assessment Tool since 2013, which is based on the structure and format used by the Department of Health in the NHS. In 2015/16 the Trust appointed 3 new Non-Executive Directors (NEDs) which helped to address the requirement to stagger appointments and ensure an appropriate balance of NEDs that are new to the Board and those that have served on the Board for longer. One of the new NEDs has been appointed as the Finance Non-Executive Director as he is a qualified Accountant and will take over as Chair of the Audit Committee in April 2016.

Internal Audit undertook an audit of Board Effectiveness in 2013/14, which concluded that overall there is an adequate and effective system of governance, risk management and control. The Trust Board members concur with the findings of the Internal Auditors that the Trust Board is effective and is conducting its business in accordance with best practice. A further internal audit of Board Effectiveness is planned as part of the 2016/17 audit programme.

Governance Framework

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

- Trust Board** has primary responsibility for effective governance and the Chairman must ensure that the Board keeps this at the centre of its work. The Chief Executive is accountable to Trust Board for the quality of care and services provided across the Trust. The Trust Board receives assurance on quality and safety of services, performance and finance from the assurance framework and reports from its supporting Committees. The Medical Director and Director of Social Care are the designated lead Directors accountable to Trust Board for Clinical and Social Care Governance arrangements respectively. In addition, the Executive Director of Nursing provides professional advice and assurance to Trust Board on all nursing matters. Trust Board met 13 times in the 2015/16 financial year and all meetings were quorate. Members' attendance is formally recorded in the Trust Board minutes and the detail is given in the table below. Standing items on Trust Board Agenda include Quality and Safety, Corporate Risk Register, Assurance Framework, Performance Management and Financial Performance. The Board assesses its performance using the Board Governance Self-Assessment Tool. The Board developed an action plan following its review in 2014 and progress is monitored at Trust Board. The Board also commissions Internal Audit to review its effectiveness. The last Internal Audit review was carried out in 2013/14 and the Head of Internal Audit provided satisfactory assurance on the Board's arrangements.

Name	Title	Meetings when in post	Meetings attended
G Guckian	Chairman	13	13
E Way	Chief Executive	13	13
S Cummings	Non-Executive Director	13	12
S O'Kane	Non-Executive Director	13	11
N Birthistle	Non-Executive Director	13	9
J Doherty	Non-Executive Director	13	12
J Campbell	Non-Executive Director	7	6
M Woods	Non-Executive Director	7	5

G McIlroy	Non-Executive Director	5	3
B McCarthy	Non-Executive Director	3	1
C Mulgrew	Non-Executive Director	3	3
B Stuart	Non-Executive Director	3	2
J Lusby	Deputy Chief Executive	13	11
G McKay	Director Of Acute Services	13	12
K Downey	Director of Women & Children's Services	13	12
A Corry-Finn	Director of Primary Care and Older People's Services	13	11
T Millar	Director of Adult Mental Health and Disability Services	13	10
A McKinney	Medical Director	3	3
D Hughes	Medical Director	10	9
T Molloy	Director of Performance & Service Improvement	13	13
A McConnell	Director of Human Resources	13	13
L Mitchell	Director of Finance & Contracting	13	12
A Moore	Director of Strategic Capital Development	13	10

- **Audit Committee** - The Audit Committee is a formal Sub Committee of the Board comprised of 3 Non-Executive Directors. The role of the Audit Committee is set out in formal terms of reference and is to:
 - Oversee the maintenance of effective governance and internal financial control arrangements;
 - Ensure an effective Internal Audit function is in place;
 - Oversee the arrangements for the completion and external audit of the Trust's Annual Report and Accounts;
 - Oversee the adequacy of the Trust's arrangements for securing value for money.

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

- The Trust's internal and external auditors as well as other appropriate Trust staff attend the Committee meetings on a regular basis. The Audit Committee follows the best practice guidance set out in the Audit Committee Handbook and assesses its performance by reviewing its compliance with this guidance on an annual basis. An action plan is compiled following the self-assessment exercise and progress in implementing the actions is monitored by the Committee. The Chairman of the Audit Committee briefs the Trust Board following each Audit Committee meeting and Trust Board receives an annual report on the performance of the Committee. The Committee met 4 times

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

Name	Title	Meetings when in post	Meetings attended
N Birthistle	Non-Executive Director (Chair)	4	4
B Stuart	Non-Executive Director	2	1
C Mulgrew	Non-Executive Director	2	1
S O'Kane	Non-Executive Director	2	2
S Cummings	Non-Executive Director	2	1
J Campbell	Non-Executive Director	2	2
E Way	Chief Executive	4	4
L Mitchell	Director of Finance & Contracting	4	4

- Governance Committee** - In accordance with national best practice guidance, the Trust Board has developed an integrated approach to governance and risk management. This enables Directors to provide co-ordinated sources of information and assurance to Board members on all aspects of governance including financial, organisational, clinical and social care. Governance Committee membership includes all Trust Board members and it is chaired by the Trust's Chairman. The Committee meets quarterly and an attendance register is kept. The terms of reference of the Committee was reviewed and approved by Governance Committee in March 2015. The Committee fulfilled the requirements of its terms of reference during 2015/16. The organisational reporting arrangements were amended and approved in March 2016 to include the merger of the Complaints Forum and the Patient/Client Experience Group.

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

Name	Title	Meetings when in post	Meetings attended
G Guckian	Chairman	4	4
E Way	Chief Executive	4	4
S Cummings	Non-Executive Director	4	2
S O'Kane	Non-Executive Director	4	3
N Birthistle	Non-Executive Director	4	4
J Doherty	Non-Executive Director	4	4

J Campbell	Non-Executive Director	2	2
M Woods	Non-Executive Director	2	2
G McIlroy	Non-Executive Director	2	2
B McCarthy	Non-Executive Director	1	0
C Mulgrew	Non-Executive Director	1	0
B Stuart	Non-Executive Director	1	1
J Lusby	Deputy Chief Executive	4	1
G McKay	Director Of Acute Services	4	2
K Downey	Director of Women & Children's Services	4	4
A Corry-Finn	Director of Primary Care and Older People's Services	4	2
T Millar	Director of Adult Mental Health and Disability Services	4	3
D Hughes	Medical Director	4	3
T Molloy	Director of Performance & Service Improvement	4	0
A McConnell	Director of Human Resources	4	4
L Mitchell	Director of Finance & Contracting	4	3
A Moore	Director of Strategic Capital Development	4	1

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

- **Governance Committee Sub Committees** – There are two formal Sub Committees of Governance Committee. The Risk Management Committee, chaired by the Medical Director, and the Quality and Standards Committee chaired by the Executive Director of Social Work. These Committees met quarterly and provided a quarterly report to Governance Committee.
- **Chief Executive Healthcare Acquired Infection (HCAI) Accountability Forum** - The purpose of the Forum is to sustain focus on reducing healthcare associated infections and to analyse monitoring reports and infection control performance indicators in this area. The Forum is chaired by the Chief Executive and is attended by the relevant Trust Directors, Assistant Directors, Clinical Directors and a Non-Executive Director. Assurance is provided to Trust Board through a report from Governance Committee. The work of the Committee focussed on the reduction of the level of incidences of MRSA /MSSA and C-Difficile healthcare associated bacteraemia.

- **Directorate Governance Groups** - Individual Directors have a responsibility for governance arrangements within their respective Directorates and they have well established Directorate Governance Groups. These met regularly during 2015/16 to progress the governance agenda and provide Directorate assurance. This enabled them to report to the Governance Committee against an agreed reporting template.
- **Remuneration Committee** - This Committee meets to approve the performance objectives of the Chief Executive and all other Senior Executives and it also assesses their performance in line with established policies and circulars. It recommends to Trust Board pay awards and performance pay where appropriate, in line with Circulars. It is chaired by the Chairman and includes a further 3 Non-Executive Directors. The Committee met on 29 July 2015 and was fully quorate. Details of members' attendance are given in the table below. The Chairman brings the recommendations of the Remuneration Committee following each meeting to Trust Board and this is discussed under Confidential Items. The Committee therefore met the requirements of its terms of reference for 2015/16.

Name	Title	Meetings when in post	Meetings attended
G Guckian	Chairman	1	1
E Way	Chief Executive	1	1
S Cummings	Non-Executive Director	1	1
S O'Kane	Non-Executive Director	1	0
J Doherty	Non-Executive Director	1	1
A McConnell	Director of Human Resources	1	1

- **Finance and Performance Committee** – This Committee meets in advance of Trust Board to consider in detail the financial and performance information which is to be presented at the formal Board meeting. The Committee is comprised of 2 Non-Executive Directors and also the Directors of Finance and Performance & Service Improvement. The Chair of the Committee is asked to comment at each Board meeting on any issues relating to the finance and performance reports which need to be highlighted. The Committee met 9 times during the year and on all but two occasions were deemed quorate. The non- quorate meetings were due to the non- availability of Non-Executive Directors. In all other respects, the Committee fulfilled the requirements of its terms of reference during the year.

Name	Title	Meetings when in post	Meetings attended
S Cummings	Non-Executive Director (Chair)	9	9
J Doherty	Non-Executive Director	9	7
C Mulgrew	Non-Executive Director	2	1
T Molloy	Director of Performance & Service Improvement	9	9
L Mitchell	Director of Finance & Contracting	9	8

- Endowments and Gifts Committee** - The purpose of this Committee is to oversee and fulfil the responsibilities of the Board as Trustees of endowments and gifts funds. The Committee is made up of 2 Non-Executive Directors and is supported by a number of Trust officers. The Committee met on 4 occasions during 2015/16 and was fully quorate. Details of members' attendance are set out below. The Chairman of the Committee briefs the Trust Board following each meeting. The Committee therefore met the requirements of its terms of reference for 2015/16.

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

Business Planning and Risk Management

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

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

plan consists of the Trust Delivery Plan which was approved by Trust Board in June 2015 and the HSCB in August 2015.

Monitoring of the extent to which the Trust is meeting its obligations from the Trust Delivery Plan was carried out via internal Trust accountability meetings. Performance against the Trust Delivery Plan targets was also reviewed on a monthly basis by the Trust's Corporate Management Team and Trust Board. Performance was also regularly reviewed by the HSC Board and ultimately by the Accountability Review process established by the DHSSPS.

Risk Management

The Trust Risk Management Strategy was reviewed in March 2014 and was approved as a Trust policy by Trust Board. A further review is due in March 2017. The policy clarifies the leadership and accountability arrangements for ensuring that appropriate systems are in place throughout the organisation to manage and control risks relating to the achievement of Trust objectives. The policy clarifies individual staff responsibilities on reporting and managing risks.

Risks are identified at all levels of the organisation using a variety of means including the risk assessment process, incidents reports, serious adverse incident reviews, complaints, claims, inspections, audit, monitoring of performance and financial management systems, regulatory and legislative requirements. Individual Directorates / Wards / Departments / Specialties and Service Areas are required to identify and prioritise their risks. It is acknowledged within the Policy that the range of risks to be identified will be broad and depends on the area or service to be assessed, the key objectives of the Directorate and the risks which can impact to prevent the objectives being met.

The Trust uses the DATIX risk management system to co-ordinate the risk register and assurance framework. Within the Corporate Governance Team two key posts, the Corporate Risk Manager (custodian of the Corporate Risk Register) and the DATIX Administer, which had been vacant, were appointed to during the year. This has allowed work to be taken forward to review the DATIX form to ensure it is more user-friendly for staff to encourage incident reporting.

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

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

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

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

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

Information Risk

The information held and used by the Trust can be divided into 2 broad categories: namely information retained within the Trust and information sent outside the organisation. The latter category of information is viewed as carrying an inherently higher level of risk and Trust efforts to improve the management of information risks during 2015/16 have continued to focus on this area.

For the period 1 April 2015 to 31 March 2016 the Western Trust had 1 information breach to report to the Information Commissioner's Office (ICO). The incident did not relate to Endowment and Gifts information.

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

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

Assurance

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

The Trust completes an annual Board Governance Self-Assessment Tool as a means of assessing its own effectiveness. The Board Governance Self-Assessment Tool is intended to help Arm's Length Bodies (ALBs) improve the effectiveness of their Board and provide Board members with assurance that it is conducting its business in accordance with best practice. The 2015/16 assessment resulted in an assurance mechanisms relating to Trust Board as having a green rating.

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

management and control. The Trust Board members concur with the findings of the Internal Auditors that the Trust Board is effective and is conducting its business in accordance with best practice. A further internal audit of Board Effectiveness is planned for the 2015/16 assessment.

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

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

A key source of assurance is the reports from Internal Audit and the audit plan is based on key risks and systems within the organisation. As part of its 2015/16 audit programme in Internal Audit carried out a review of Risk Management and the Assurance Framework in the WHSCT and provided satisfactory assurance on the risk management systems in place. It was noted that overall there is an adequate and effective system of governance, risk management and control. No Priority 1 weaknesses were identified.

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

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

A number of standards are applicable to Endowment and Gift Funds and they are set out below. The Trust achieved the following levels of compliance for 2015/16:

Standard	DHSSPS Expected Level of Compliance	Trust Level of Compliance	Audited by the Internal Audit Department
Financial Management (Core Standard)	75%-99% (Substantive)	91% (Substantive)	Confirmed as Substantive
Governance (Core Standard)	75%-99% (Substantive)	90% (Substantive)	Confirmed as Substantive

Information Communication Technology	75% - 99% (Substantive)	83% (Substantive)	Not Verified
Management of Purchasing and Supply	75%-99% (Substantive)	84% (Substantive)	Not Verified
Medical Devices and Equipment Management	75%-99% (Substantive)	85% (Substantive)	Not Verified
Risk Management (Core Standard)	75%-99% (Substantive)	93% (Substantive)	Confirmed as Substantive

Sources of Independent Assurance

Internal Audit

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

In 2015/16 Internal Audit reviewed the following systems which are relevant to Endowment and Gifts. The details are as follows:

Reports Issued 2015/16	Assurance Provided
Risk Management	Satisfactory
Controls Assurance Standards	N/A

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

Weaknesses in control were identified in some areas which gave rise to a limited assurance rating being provided in a number of reports. However, none of the issues were applicable to Endowment and Gift Funds.

The Trust takes seriously all issues highlighted by Internal Audit and actions are being taken to address the report recommendations.

Review of the Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within the Western Health and Social Care Trust who have responsibility for the development and maintenance of the internal control framework, and comments made

by the external auditors in their Report to those Charged with Governance and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Governance Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

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

Internal Governance Divergences

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

Business Services Transformation Programme (BSTP)

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

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

Deployment of Employee Self Service and Manager Self Service has been completed to the extent possible but there are some areas of the Trust where this is currently not possible due to network connectivity issues. Approximately 8,000 Trust staff can now access HRPTS.

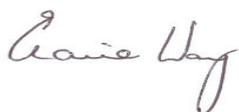
Stability has now been achieved in relation to the processing of invoice payments following the transfer of the Trust's Payments function to the BSO Accounts Payable Shared Services Centre. Significant efforts are ongoing in an attempt to secure stability of the Payroll process following transfer of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

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

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 2015 to 31 March 2016.



Elaine Way
Chief Executive & Accounting Officer

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 – Charitable Trust Funds for the year ended 31 March 2016 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. These comprise the Statement of Financial Activities, the Balance Sheet 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 Western Health and Social Care Trust's Charitable Trust Fund's affairs as at 31 March 2016 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 (formerly Department of Health, Social Services and 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.

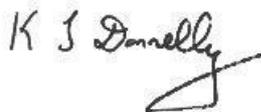
Matters on which I report by exception

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's (formerly Department of Finance and Personnel) guidance.

Report

I have no observations to make on these financial statements.



KJ Donnelly

Comptroller and Auditor General

Northern Ireland Audit Office

106 University Street

Belfast

BT7 1EU

30th June 2016

WESTERN HEALTH AND SOCIAL CARE TRUST

Statement of Financial Activities for the year ended 31 March 2016

	Note	Unrestricted Funds £'000	Restricted Funds £'000	Endowment Funds £'000	2016 Total Funds £'000	2015 Total Funds £'000
INCOMING RESOURCES						
Incoming resources from generating funds						
Voluntary Income	2	5	327	50	382	398
Investment income	3	2	83	0	85	83
Total Incoming Resources		7	410	50	467	481
RESOURCES EXPENDED						
Charitable Activities	5	(61)	(483)	(32)	(576)	(532)
Governance Costs	4	(5)			(5)	(6)
Total resources expended		(66)	(483)	(32)	(581)	(538)
Net Incoming/(Outgoing) Resources before other recognised gains and losses		(59)	(73)	18	(114)	(57)
OTHER RECOGNISED GAINS/LOSSES						
Gains/(losses) on investment assets	7	(9)	(115)	(13)	(137)	132
Net Movement in Funds		(68)	(188)	5	(251)	75
Adjustment to add back: Notional Audit Fee		5	0	0	5	6
Net Movement in Funds excluding Notional Audit Fees		(63)	(188)	5	(246)	81
RECONCILIATION OF FUNDS						
Fund balances brought forward at 1 April 2015		203	3,250	296	3,749	3,668
Fund balances carried forward at 31 March 2016		140	3,062	301	3,503	3,749

The notes at pages 31 to 37 form part of this account.

WESTERN HEALTH AND SOCIAL CARE TRUST

Statement of Financial Position as at 31 March 2016

	Notes	31 March 2016 £000	31 March 2015 £000
Fixed Assets			
Investments:			
Investments	7	2,107	2,244
Total Fixed Assets		<u>2,107</u>	<u>2,244</u>
Current Assets			
Debtors	8	14	15
Short term investments and deposits		1,364	1,503
Cash at bank and in hand.		74	32
Total Current Assets		<u>1,452</u>	<u>1,550</u>
Creditors: Amounts falling due within one year	9	(56)	(45)
Net Current Assets/ (Liabilities)		<u>1,396</u>	<u>1,505</u>
Total Assets less Current Liabilities		<u>3,503</u>	<u>3,749</u>
Net Assets		<u>3,503</u>	<u>3,749</u>
Funds of the Charity			
Restricted income funds		3,062	3,250
Endowment funds		301	296
Unrestricted income funds			
Unrestricted income funds	10	140	203
Total unrestricted funds		<u>140</u>	<u>203</u>
Total charity funds		<u>3,503</u>	<u>3,749</u>

The notes at pages 31 to 37 form part of this account.

Signed: _____

Date: 09/06/2016

WESTERN HEALTH AND SOCIAL CARE TRUST

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. New accounting policies effective from 1 January 2015 were included in SORP 2015 - "Accounting and Reporting by Charities". After consultation with DHSSPS it was deemed applicable to apply Statement of Recommended Practice "Accounting and Reporting by Charities" (SORP 2005) for 2015/16.

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.

WESTERN HEALTH AND SOCIAL CARE TRUST

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 2016 Funds £000	Total 2015 Funds £000
Donations from individuals	5	311	50	366	389
Legacies	0	16	0	16	9
Total	<u>5</u>	<u>327</u>	<u>50</u>	<u>382</u>	<u>398</u>

3. Gross investment income

	2016 Total Funds £000	2015 Total Funds £000
Gross income earned from:		
Fixed asset equity and similar investments	85	83
Current asset investments	0	0
Total	<u>85</u>	<u>83</u>

4. Allocation of support costs and overheads

	2016 Total Funds £000	Allocated to Governance £000	Charitable activities £000	Basis of apportionment
External Audit	5	5	0	100%
Total	<u>5</u>	<u>5</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	376	0	376
Staff education and welfare	123	0	123
Patient education and welfare	39	0	39
Other	8	30	38
Total	<u>546</u>	<u>30</u>	<u>576</u>

In 2015/2016, expenditure of £376k 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 £158k has been capitalised in the accounts of the Western Health and Social Care Trust.

6. Auditor’s remuneration

The auditor’s remuneration of £5,000 (2015: £6,000) related solely to the audit with no other additional work undertaken.

7. Analysis of fixed asset investments

7.1 Movement in fixed asset investment

	2016 £000	2015 £000
Market value at 1 April 2015	2,244	2,112
Less: Disposals at carrying value	0	0
Add: Acquisition at cost	0	0
Net gain/(loss) on revaluation	(137)	132
Market value at 31 March 2016	<u>2,107</u>	<u>2,244</u>
Historic cost at 31 March 2016	<u>827</u>	<u>827</u>

WESTERN HEALTH AND SOCIAL CARE TRUST

7.2 Market value as at 31 March 2016

	Held in UK £000	Held outside UK £000	2016 Total £000	2015 Total £000
Investments in a Common Deposit Fund or Investment Fund	2,107	0	2,107	2,244
Total market value of fixed asset investments	<u>2,107</u>	<u>0</u>	<u>2,107</u>	<u>2,244</u>

8. Analysis of debtors

	2016 £000	2015 £000
Amounts falling due within one year		
Accrued income	12	13
Other debtors	2	2
Total	<u>14</u>	<u>15</u>

9. Analysis of creditors

Amounts falling due within one year

	2016 £000	2015 £000
Trade creditors	56	45
Total	<u>56</u>	<u>45</u>

10. Analysis of charitable funds

	Balance at 1 April 2015 £000	Incoming resources £000	Resources expended £000	Transfers £000	Gains and losses £000	Fund at 31 March 2016 £000
	£000	£000	£000	£000	£000	£000
Endowment Funds						
Other (individually less than 5%)	296	49	(32)	0	(12)	301
Endowment Funds Total	296	49	(32)	0	(12)	301
Restricted Funds						
45020004 Cancer Fund	614	197	(177)	0	25	659
48021142 Renal Unit - TCH	214	53	(64)	0	(17)	186
Other (individually less than 5%)	2,422	160	(242)	0	(123)	2,217
Restricted Funds Total	3,250	410	(483)	0	(115)	3,062
Grand Total	3,546	459	(515)	0	(127)	3,363
Unrestricted and material designated funds						
Other (individually less than 5%)	203	8	(61)	0	(10)	140
Total	3,749	467	(576)	0	(137)	3,503

11. Commitments

The Trusts' funds have the following commitments:	2016 £000	2015 £000
Other	177	247
Total Commitments	177	247

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 2015 or 31 March 2016.

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 £30k to the Western Health and Social Care Trust where the Trustees are also members of the Trust.

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