

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 2017**

Laid before the Northern Ireland assembly under Article 91(5) of the Health and Personal
Social Services (NI) Order 1972 (as amended by the Audit and Accountability Order 2003)
by the Department of Health

On

30th June 2017

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WESTERN HEALTH AND SOCIAL CARE TRUST

TRUST FUNDS (ENDOWMENTS AND GIFT FUNDS)

ANNUAL REPORT 2016/2017

Introduction

This is the annual report for the **Trust Funds (Endowment and Gift Funds) of the Western Health and Social Care Trust ('Trust Funds')** for the year from 1 April 2016 to 31 March 2017.

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 Western Health and Social Care 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 (DoH).

This format is in accordance with the requirements of the Charities Statement of Recommended Practice (SORP) (FRS 102).

Reference and Administrative Details

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 2016/17.

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

Executive Members

Mrs E Way, Chief Executive
Mr J Lusby, Deputy Chief Executive (until 21 April 2016)
Mr K Downey, Director of Women and Children's Service (Executive Director of Social Work)
Mr A Corry-Finn, Director of Primary Care and Older Peoples Service (Executive Director of Nursing)
Mrs L Mitchell, Director of Finance and Contracting
Dr Dermot Hughes, Medical Director

The other members of the Trust Board are as follows:

Non Executive Directors

Mr G Guckian – (until 31 July 2016)
Mr N Birthistle (Chairman from 1st August 2016 - Non Executive Director to 31 July 2016)
Mrs J Doherty
Mrs S Cummings
Mrs S O'Kane
Ms M Woods
Mr J Campbell
Dr G McIlroy

Dr C O'Mullan (from 1st October 2016)

Other Board Members

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

Investment Managers

Standard Life Wealth
Obo Central Investment Fund for Charities
14th Floor, 30 St Mary Axe
London
EC3A 8BF

Principal Advisors

Department of Communities
Charities Advisory Committee
Lighthouse Building
1 Cromac Place
Belfast BT7 2JB

Structure, Governance and Management

The Trust Funds (Endowment and Gift Funds) of the Western Health and Social Care Trust are governed by the Health and Personal Social Services (NI) Order 1972. This is the constitutional document on which the Trust Funds operate.

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

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 Endowment and Gift Funds during 2016/17. Trust Board members are recruited by the Department of Health in accordance with its recruitment procedures and are appointed by the Minister for Health. The Trust Board has delegated responsibility for the day-to-day management of Endowment and Gift funds to Trust senior managers in the areas most relevant to the particular Endowment and Gift funds. The Trust Board has in place a Schedule of Delegated Authority specifically for Endowment and Gift 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 Endowment and Gift Funds Committee. The role of the Committee is to oversee the administration, including banking arrangements, of Endowment and Gift 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 Endowment and Gift funds as well as Standing Financial Instructions and associated operational procedures of the Trust.

Membership of the Committee is as follows:

Dr G McIlroy, Non-Executive Director (Chairman)
Mr N Birthistle Non-Executive Director (until 31 July 2016)
Mrs S Cummings, Non-Executive Director
Mrs L Mitchell, Director of Finance and Contracting
Mrs A McConnell, Director of Human Resources
Mrs G McKay, Director of Acute Services
Mr T Millar, Director of Adult Mental Health and Disability Services
Mr S Wade, Assistant Director of Finance

The Committee's terms of reference are to:

- Oversee the management of Endowment and Gift 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 Endowment and Gift 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 an Annual Report and Accounts for Endowment and Gift Funds
- ensure that expenditure from Endowment & Gift Funds is subject to appropriate value for money considerations including proper procurement procedures where applicable
- ensure that the Annual Report and Accounts are prepared in accordance with Department of Health 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 Endowment and Gift 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 transactions with the Western Health and Social Care Trust Endowment and Gift funds.

Objectives and Activities

The objective of the Trust Funds held by 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 Endowment and Gift funds and Departmental guidance and legislation.

During the year, Endowment and Gift 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.

Summary of Main Achievements

The Trust completed another successful year in the management of funds that were donated by patients, clients, the general public and other donors in the Western Trust area. The Trust's Endowment and Gift Funds Committee took a lead role in overseeing the arrangements to ensure that every opportunity was taken to encourage utilisation of the monies by Fund signatories. This resulted in a substantially increased level of spend during 2016/17 in pursuit of Fund objectives. One initiative supported by the Trust's Endowment and Gift funds was a joint venture in conjunction with Macmillan to develop a new Health and Well Being Centre on the Altnagelvin Hospital site to provide a new Macmillan Information and Support Centre together with refurbishment of Agnes Jones House to deliver help and support to those with cancer and other long-term conditions. The Endowment and Gift Funds are also being utilised to support a number of other worthwhile initiatives such as the commissioning and erection of artworks to enhance the patient environment in the new Omagh Hospital and Primary Care Complex.

Financial Review

The Endowment and Gift funds financial statements have been prepared in accordance with the Charities Statement of Recommended Practice (SORP) 'Accounting and Reporting by Charities' issued in January 2015, applicable to charities preparing their accounts in accordance with FRS 102 in the UK and Republic of Ireland, and with relevant guidance issued by the Department of Health. This is the first year the Trust presented its results under FRS 102. The date of transition was 1 April 2015.

There are no changes in accounting policies and there are no numerical changes in the previously reported results and total funds, therefore no reconciliation in results is required. The only disclosure restatement made is the restatement of governance costs in the current year Statement of Financial Activities in line with the Charities SORP.

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

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.

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 NI and the Trust's legal advisors.

Review of the year 2016/17

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

Achievements and Performance

During the year, the Trust Funds (Endowment and Gift funds) continued to engage in activities commensurate with their objectives. £926k was expended on such 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 £314k, contributing to an overall market value of £2,421k at 31 March 2017. Investment income of £91k was received during the year.

Income

During the year income totalling £403k was received, an increase of £21k compared to prior year. £387k was received in donations compared to £366k in 2015/16. Investment income decreased by £4k to £91k.

Expenditure

Total direct charitable expenditure for the year amounted to £910k, an increase of £334k from 2015/16. This reflects the Endowment and Gift Committee's sustained focus on ensuring that the monies donated are being utilised. Governance costs for the financial administration of the funds amounted to £5k, being the audit fee costs for 2016/17. Other support costs for 2016/17 were £36k.

Financial position at year end

Total fund balances were £3,390k, consisting of £3,141k of restricted funds, £120k of unrestricted funds and £129k of endowment funds.

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 during the year to ensure these responsibilities were adequately discharged, and these are reviewed where appropriate.

Statement of risk

The management of risk in relation to the Trust Funds (Endowment and Gift funds) is closely aligned with the Trust's risk management procedures. These are outlined in detail in the Governance Statement contained within the Trust's Endowment and Gift funds annual financial statements.

Reserves policy

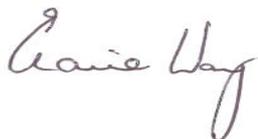
The Trust Funds (Endowment and Gift funds) does not currently enter into future commitments and so there has been no requirement to create any reserves for this. Activities are only authorised when funding is available.

Investment Policy

For investment purposes the available balances on the Trust Funds (Endowment and Gift funds) are placed 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 of Communities.

Plans for future periods

The Trust Funds (Endowment and Gift Funds) Committee has put in place plans for effectively managing Endowment and Gift funds in 2017/2018 and for ensuring that funds are utilised effectively and appropriately. The Committee has a particular focus on ensuring that appropriate plans are developed to make use of the monies and it closely monitors progress in this regard at each Committee meeting.



08/06/2017

Mrs Elaine Way, Chief Executive

Date

WESTERN HEALTH AND SOCIAL CARE TRUST

TRUST FUNDS (ENDOWMENTS AND GIFTS) ACCOUNTS FOR THE YEAR

ENDED 31 MARCH 2017

TRUST FUNDS (ENDOWMENTS AND GIFTS) ACCOUNTS OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

Statement of Accounting Officer responsibilities

Under the Health and Social Care Resources (NI) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health 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. 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 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 (FRS102) 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, as Accounting Officer for Health and Social Care 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.

TRUST FUNDS (ENDOWMENTS AND GIFTS) ACCOUNTS OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

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 26 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.



.....Director of Finance

.....08/06/2017.....Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (page 26 to 35) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



.....Chairman

.....08/06/2017.....Date



.....Chief Executive

.....08/06/2017.....Date

TRUST FUNDS (ENDOWMENTS AND GIFTS) ACCOUNTS OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

E&G FUNDS GOVERNANCE STATEMENT 2016/17

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.

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

Trust senior executives meet regularly throughout the year with colleagues in the Department of Health and the HSC Board / Public Health Agency. They participate in a wide range of meetings including accountability meetings with the Department of Health and performance management meetings with the HSC Board. They also take part in regional meetings such as Quality 2020, Financial Stability Programme Board, Transformation Implementation Group 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 these NEDs has been appointed as the Finance Non-Executive Director as he is a qualified Accountant and he took over as Chair of the Audit Committee in April 2016. A further Non-Executive Director was appointed in 2016/2017.

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

Governance Framework

The Trust adopts an integrated approach to governance and risk management, enabling Directors to provide co-ordinated sources of information and assurance to the Trust Board on all aspects of governance including financial, organisational, clinical and social care. Committee structures have been developed to reflect this approach and to support the Board. These are the Governance Committee, Audit Committee, Remuneration Committee and Endowment & Gift Funds 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 receives a brief on the business conducted at the last Endowment and Gift Funds Committee. Trust Board met 11 times in the 2016/17 financial year and all meetings were quorate. Members' attendance is formally recorded in the Trust Board minutes. Attendance of Non-Executive Directors for the year was 87% and for Trust Directors was 86%. 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 develops an action plan following its annual review and progress is monitored at Trust Board. The Board also commissions Internal Audit to review its effectiveness. An Internal Audit review was carried out in 2016/17 and the Head of Internal Audit provided satisfactory assurance on the Board's arrangements.

- **Audit Committee** - The Audit Committee is a formal Sub Committee of the Board comprised of 3 Non-Executive Directors, one of whom is the Chair. 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 2016/2017.

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 2016/17 and all meetings were quorate.

- Governance Committee** - In accordance with national best practice guidance, the Trust Board has developed an integrated approach to governance and risk management. This enables Directors to provide co-ordinated sources of information and assurance to Board members on all aspects of governance including financial, organisational, clinical and social care. Governance Committee membership includes all Trust Board members and it is chaired by the Trust’s Chairman. The Committee meets quarterly and an attendance register is kept. The terms of reference of the Committee were last reviewed and approved by Governance Committee in March 2015 with a further review planned for June 2017. The Committee fulfilled the requirements of its terms of reference during 2016/17. 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 newly formed group met for the first time in September 2016.
- Remuneration Committee** - This Committee meets to approve the performance objectives of the Chief Executive and all other Senior Executives and it also assesses their performance in line with established policies and circulars. It recommends to Trust Board pay awards and performance related pay where appropriate, in line with Circulars. It is chaired by the Chairman and includes a further 3 Non-Executive Directors. The Committee met twice during 2016/17 – 18 May 2016 and 2 March 2017 – both meetings were fully quorate. The Chairman brings the recommendations of the Remuneration Committee to Trust Board following each meeting and its recommendations are discussed under Confidential Items. The Committee therefore met the requirements of its terms of reference for 2016/2017.
- Endowments and Gifts Committee** - The purpose of this Committee is to oversee and fulfil the responsibilities of the Board as Trustees of Endowments and Gift 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 2016/17 and was fully quorate. The Chairman of the Committee briefs the Trust Board following each meeting.

A summary of attendance rates for the Endowment and Gifts Committee is shown below:

Committee	Meetings held in 2016/17	Attendance
Endowment and Gifts Committee	4	Non-Executive director attendance: 87% Executive Director attendance: 75%

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 and 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 that the venture be established for charitable purposes and to provide a public benefit. All HSC Trusts have applied for registration with the Charities Commission NI. The Charities Commission is awaiting legal advice on the extent to which Trust Endowment and Gift funds meet these criteria. The Trust Funds (Endowment and Gift funds) therefore cannot at this point be registered as a charity. This is currently being progressed with the Charity Commission NI by the Department of Health.

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

In line with Department of Health requirements, the Trust produces an annual Trust Delivery plan in response to the HSCB/PHA Commissioning Plan. The Trust Delivery Plan for 2016/17 was approved by Trust Board on 4 August 2016 and submitted to the HSCB in draft on 5 August 2016. Following comments from HSCB, a further draft was submitted on 16 September 2016. The Trust did not receive formal approval of the Trust Delivery Plan.

In addition, each Directorate in the Trust produces an annual Directorate Plan which is aligned to the Trust Delivery Plan.

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 is also regularly reviewed by the HSC Board and ultimately by the Accountability Review process established by the Department of Health.

Risk Management

The Trust Risk Management Strategy was reviewed in March 2014 and was approved as a policy by Trust Board. A further review commenced 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. Significant progress was made during the year to review and develop the DATIX Incident Reporting and Management module to ensure it is more user-friendly for staff. This is aimed at encouraging incident reporting and enhancing the ability to share learning and provide staff feed-back. To ensure that the DATIX system can achieve its full potential, work was completed to upgrade to the latest version. This includes many enhanced

features (such as automatic feedback on learning), through working in partnership with DATIX and our Trust IT colleagues. Training has been arranged for staff to highlight system improvements and refresh current staff skills and a DATIX link has been added to the front screen of the intranet to allow easier access for staff.

The Risk Management Policy makes it clear at section 7.1 that consideration must also be given to risks which are managed from outside the Trust and are owned elsewhere (e.g. by the Department of Health, HSCB, Contractors or other public service/voluntary organisations) that may impact on objectives. External risks are identified from a range of stakeholders including other Trusts, GPs, Service Users, RQIA, Deanery visits and other professional bodies. Managers must ensure that appropriate governance and contractual arrangements are in place to reduce and monitor risks which are outside of the Trust's direct control.

Section 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 management of the Corporate Risk Register has been enhanced through a review involving workshops with Corporate Management Team (CMT) and Governance Committee. A revised process was developed and approved which includes the reporting and review of performance on the management of Corporate Risks over time. The Corporate Risk Register is reviewed on a monthly basis by the CMT, which considers progress on existing risks and identifies new risks for inclusion on the Register and significant amendments. It is then reviewed quarterly by the Governance Committee for agreement and approval, and is shared at the next Trust Board meeting for information. Following this, it is posted on the Trust intranet for access by employees. Trust Board will also consider urgent amendments to the register for approval if required.

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

The Trust actively encourages the reporting of incidents and risks and staff have embraced the learning culture by participating in incident reviews which focus on the lessons for improvement for the organisation as a whole. To support this process a learning template has been developed that requires Directorates to report the learning from serious incidents, claims and complaints. The Trust's Incident Reporting Policy has a clear policy statement which reminds staff, following completion of an incident investigation, that: *'Any learning points, safety improvements or actions taken as a result of incident investigation must be brought to the Directorate and Sub-Directorate Governance Group for discussion, review of patterns/trends and consideration for risk registers'*.

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

A Quality & Safety Corporate Dashboard, which includes trends in relation to incidents, claims and complaints, is also considered by the Governance Committee quarterly.

Information Governance/Records Management

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 the Trust sustains a focus on this aspect to manage the key information risks.

As a result of 3 data breaches in 2014/15, the Trust was required to sign an Undertaking issued by the Information Commissioner's Office (ICO). In February 2016 the ICO issued a follow up report stating that it was satisfied with the steps the Trust had taken, requesting that the Trust should aim to have all members of staff, whose role involves the routine processing of personal data, appropriately trained as soon as possible. During 2016/17 a number of initiatives have taken place to progress this matter.

Data Protection' and 'Records Management' are included on the list of mandatory training for all Trust staff. It is the responsibility of all staff to ensure that they are appropriately trained in the handling of personal information. All new staff complete information governance training as part of their induction. Staff members who have undertaken this training on a previous occasion must continue to receive training every three years (in line with the Information Management Controls Assurance Standard).

Mandatory information governance training was placed on all Directorate plans for 2016/17. Completion rates for training are reported on a bi-monthly basis at the Information Governance Steering Group.

The Head of Records and Information Governance attended various Directorate meetings throughout the year to update and raise the profile of Data Protection and Records Management training within the Trust. This was followed up with a presentation to the Senior Leadership Forum in June 2016 on progress against the ICO undertaking, information governance awareness and specifically information governance training. A further update on information governance training was presented to CMT in November 2016.

Following work with all of the other Trusts in N. Ireland, the Trust moved in April 2017 to a single information governance e-learning module to drive compliance and uptake in this area.

Current projections indicate that the Trust will have completed information governance training for approximately 52% of staff against a target of 100% over the 3 year period. The Trust has rolled out an e-Learning Information Governance module to all staff to assist in improving this position.

Assurance

The Board Assurance Framework which was developed in accordance with the Department of Health guidance 'An Assurance Framework: a Practical Guide for Boards of Department of Health 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. The assessment for 2016/2017 is currently being completed.

In August/September 2016 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 decision was taken during 2016/17 that Quality & Safety Annual Action Plans would continue to be developed and monitored at Governance Committee.

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 2016/17 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 the Department of Health and against which a degree of progress was expected in 2016/17.

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 2016/17:

Standard	DHSSPS Expected Level of Compliance	Trust Level of Compliance	Audited by the Internal Audit Department
-----------------	--	----------------------------------	---

Financial Management (Core Standard)	75%-99% (Substantive)	88% (Substantive)	Confirmed as Substantive
Governance (Core Standard)	75%-99% (Substantive)	91% (Substantive)	Confirmed as Substantive
Information Communication Technology	75% - 99% (Substantive)	87% (Substantive)	Not Verified
Management of Purchasing and Supply	75%-99% (Substantive)	85% (Substantive)	Not Verified
Medical Devices and Equipment Management	75%-99% (Substantive)	87% (Substantive)	Not Verified
Risk Management (Core Standard)	75%-99% (Substantive)	93% (Substantive)	Confirmed as Substantive

Sources of Independent Assurance

The Trust obtains independent assurance from the following sources:

Internal Audit

The Western Health and Social Care Trust utilizes 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 2016/17 Internal Audit reviewed the following systems which are relevant to Endowment and Gifts. The details are as follows:

Reports Issued 2016/17	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.

However, weaknesses in control were identified in some areas which gave rise to a limited assurance rating being provided in a number of reports. Some enhancements to the internal control systems were recommended in Internal Audit Reports and these have been or are being implemented.

The Trust takes seriously all issues highlighted by Internal Audit where less than satisfactory assurance is provided and actions will be taken during 2017/18 to address the deficiencies.

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. It has also received regular briefings from the Chair of the Trust's Endowment and Gift funds Committee. Within the context of the Audit Committee the work of the Internal Audit and External Audit functions was fundamental to providing assurance on the on-going effectiveness of the system of internal financial control. In addition, the controls assurance standards and the annual self-assessment against the standards provided an important assurance to the Governance Committee.

Internal Governance Divergences

Significant Internal Control Issues – update on previously reported issues that are 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 system supplier to implement a mid-contract system upgrade which is scheduled to go live in June 2017.

Accounts receivable and accounts payable processes have remained stable during the year following the transfer of these functions from the Trust to the BSO Shared Services Centres. 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 2016 to 31 March 2017.



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 2017 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. These financial statements 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 Western Health and Social Care Trust, Accounting Officer and auditor

As explained more fully in the Statement of the Accounting Officer's Responsibilities, the Western Health and Social Care Trust and Accounting Officer are 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 Practice 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- Charitable Trust Funds' affairs as at 31 March 2017 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 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.

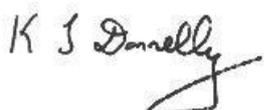
Matters on which I report by exception

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 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

TRUST FUNDS (ENDOWMENT AND GIFT FUNDS) OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

Statement of Financial Activities for the year ended 31 March 2017

	Note	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	2017 Total Funds £000	2016 Total Funds £000 <small>Restated (See Note 18)</small>
Income and endowments from:						
Donations and Legacies	2	6	345	52	403	382
Investments	3	3	88	0	91	95
Total Income		9	433	52	494	477
Expenditure on:						
Charitable Activities	7	(36)	(623)	(256)	(915)	(581)
Raising funds	5	(7)	(4)		(11)	(10)
Total resources expended		(43)	(627)	(256)	(926)	(591)
Other recognised gains/(losses)						
Net Gains/(losses) on investment assets	13	9	273	32	314	(137)
Net (Expenditure)/Income and Net Movement in Funds		(25)	79	(172)	(118)	(251)
Adjustment to add back:						
Notional Audit Fee		5	0	0	5	5
Net Movement in Funds excluding Notional Audit Fees		(20)	79	(172)	(113)	(246)
RECONCILIATION OF FUNDS						
Total Fund balances brought forward at 1 April 2016	13	140	3,062	301	3,503	3,749
Total Fund balances carried forward at 31 March 2017	13	120	3,141	129	3,390	3,503

The notes at pages 26 to 35 form part of this account.

All gains and losses recognised in the reporting period are included in the SoFA and relate to continuing activities

TRUST FUNDS (ENDOWMENT AND GIFT FUNDS) OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

Balance Sheet as at 31 March 2017

	Notes	31 March 2017 £000	31 March 2016 £000
Fixed Assets:			
Investments	10	2,421	2,107
Total Fixed Assets		<u>2,421</u>	<u>2,107</u>
Current Assets:			
Debtors	11	7	14
Cash : Short Term Deposits		952	1,364
Cash at bank and in hand		47	74
Total Current Assets		<u>1,006</u>	<u>1,452</u>
Liabilities:			
Creditors: Amounts falling due within one year	12	(37)	(56)
Net Current Assets		<u>969</u>	<u>1,396</u>
Total Assets less Current Liabilities		3,390	3,503
Net Assets		<u>3,390</u>	<u>3,503</u>
Funds of the Charity			
Endowment funds	13	129	301
Restricted income funds	13	3,141	3,062
Unrestricted income funds	13	120	140
Total charity funds		<u>3,390</u>	<u>3,503</u>

The notes at pages 26 to 35 form part of this account.

The financial statements were approved by the Trustees on 8th June 2017 and signed on its behalf by:



Signed: _____

Name: Elaine Way, Chief Executive

Date: _____08/06/2017_____

TRUST FUNDS (ENDOWMENT AND GIFT FUNDS) OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

Notes to the accounts

1. Accounting policies

1(a) Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value. The financial statements have been prepared in accordance with the Charities Statement of Recommended Practice (SORP) with additional disclosures as required by FRS 102 and with relevant guidance issued by the Department of Health. Where appropriate, prior year comparatives have been restated. Update Bulletin, 1 issued February 2016, amended the Charities SORP and a Statement of Cash Flows is now only required for larger charities. Larger charities are those charities with a gross income exceeding £500,000 in the reporting period. The Trust Funds of the Western Health and Social Care Trust had a gross income of less than £500,000 during 2016/17 and is therefore exempt from cash flow preparation. The Trust Funds meet the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s). The financial statements have been prepared on a going concern basis.

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) Income from donations and legacies

This includes all income received by the Trust funds which are gifts or bequests made on a voluntary basis.

Receipt of a legacy is recognised when it is probable that it will be received.

Receipt is normally probable when:

- there has been grant of probate;
- the executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy; and
- any conditions attached to the legacy are either within the control of the charity or have been met

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.

TRUST FUNDS (ENDOWMENT AND GIFT FUNDS) OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

1 (e) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure, as shown in Note 7.

1 (f) Allocation of support costs and overheads

Support costs and overheads have been allocated between Charitable Activities. Costs which are not wholly attributable to an expenditure category have been apportioned. The analysis of support costs 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 (g) Investments

Investments are stated at market value as at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year.

1 (h) 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 those gains/losses arising from increases or decreases in the value of investments that have not been sold (hence unrealised at the reporting period end). These are calculated as the difference between the carrying value at the year end and opening market value (or purchase date if later). Unrealised gains and losses are allocated across the appropriate funds (i.e. those funds for which investments are held) according to the closing value of funds at the year end.

1 (i) 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.

The major funds held in each of the categories are disclosed at Note 13.

1(j) Key judgements and assumptions

The accounts have been prepared on the basis that calculations have been done as accurately as possible. The Trust does not foresee any uncertainty at the reporting date as having a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

1(k) Financial Instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value

TRUST FUNDS (ENDOWMENT AND GIFT FUNDS) OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

and subsequently measured at their settlement value.

I(l) Going concern

There are no material uncertainties about the ability of the Trust to continue operating as a going concern.

1(m) Debtors

Debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

1(n) Cash

Cash includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

1(o) Creditors and provisions

Creditors and provisions are recognised where the Trust Fund has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

TRUST FUNDS (ENDOWMENT AND GIFT FUNDS) OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

2. Analysis of voluntary income

	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	Total 2017 Funds £000	Total 2016 Funds £000
Donations from individuals	6	329	52	387	366
Legacies	0	16	0	16	16
Total	6	345	52	403	382

3. Income from investments

	2017 Unrestricted Funds £000	2017 Restricted Funds £000	2017 Total Funds £000	2016 Total Funds £000 Restated (See Note 18)
Gross income earned from:				
Fixed asset equity and similar investments	3	88	91	95
Total	3	88	91	95

4. Analysis of support and governance costs across expenditure

	Staff costs £000	Audit £000	2017 £000	2016 £000 Restated (See Note 18)
Purchase of new equipment	25	0	25	21
Staff education and welfare	6	0	6	7
Patient education and welfare	3	0	3	2
Other	2	5	7	5
Total	36	5	41	35

Staff costs represent a charge for resources of the financial administration of the Trust Funds. There are no key management personnel and there are no employees within Trust Funds (Endowment and Gifts Funds). Trustees of the Trust Funds do not receive expenses.

TRUST FUNDS (ENDOWMENT AND GIFT FUNDS) OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

5. Expenditure on raising funds

	Unrestricted £000	Restricted £000	2017 Total Funds £000	2016 Total Funds £000 Restated (See Note 18)
CIFC Investment Management fee	7	4	11	10
Total	<u>7</u>	<u>4</u>	<u>11</u>	<u>10</u>

6. Investment Management Costs

The expenditure of £11,276 (2016: £10,148) was incurred for portfolio management for CIFC investments.

7. Analysis of charitable expenditure

	Charitable activities £000	Support Costs £000	2017 Total £000	2016 Total £000 Restated (See Note 18)
Purchase of new equipment	616	25	641	376
Staff education and welfare	136	6	142	123
Patient education and welfare	77	3	80	39
Other	45	7	52	43
Total	<u>874</u>	<u>41</u>	<u>915</u>	<u>581</u>

In 2016/2017, expenditure of £616k 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 £198k has been capitalised in the accounts of the Western Health and Social Care Trust. A contribution of £345k has also been made to the Macmillan Health and Well Being Centre at Altnagelvin Area Hospital in conjunction with the North West Cancer Centre.

8. Auditor’s remuneration

The auditor’s remuneration of £5,000 (2016: £5,000) related solely to the audit with no other additional work undertaken.

9. Analysis of fixed asset investments

Fixed asset investments are measured initially at cost and subsequently at fair value (market value) at the balance sheet date. Gains on revaluation are unrealised.

TRUST FUNDS (ENDOWMENT AND GIFT FUNDS) OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

10.1 Movement in fixed asset investment

	2017 £000	2016 £000
Market value at 1 April	2,107	2,244
Net gain/(loss) on revaluation	314	(137)
Market value at 31 March	<u>2,421</u>	<u>2,107</u>
Historic cost at 31 March	<u>827</u>	<u>827</u>

10.2 Market value as at 31 March 2017

	Held in UK £000	2017 Total £000	2016 Total £000
Investments in a Common Deposit Fund or Investment Fund	2,421	2,421	2,107
Total market value of fixed asset investments	<u>2,421</u>	<u>2,421</u>	<u>2,107</u>

11. Analysis of debtors

	2017 £000	2016 £000
Amounts falling due within one year		
Accrued income	5	12
Other debtors	2	2
Total	<u>7</u>	<u>14</u>

12. Analysis of creditors

Amounts falling due within one year

	2017 £000	2016 £000
Trade creditors	37	56
Total	<u>37</u>	<u>56</u>

TRUST FUNDS (ENDOWMENT AND GIFT FUNDS) OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

13. Analysis of charitable funds

There are 212 individual funds held within the Trust Funds (Endowment and Gift Funds) of the Western Health and Social Care Trust as at 31 March 2017 held between unrestricted, restricted and Endowment funds.

Analysis of movements in Unrestricted funds

	Balance at 1 April 2016 £000	Incoming resources £000	Resources expended £000	Transfers £000	Gains and losses £000	Fund at 31 March 2017 £000
	£000	£000	£000	£000	£000	£000
Unrestricted and material designated funds						
Other (individually less than 5%)	140	9	(38)	0	9	120
Total	140	9	(38)	0	9	120

Analysis of movements in Unrestricted funds – previous year

	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
Unrestricted and material designated funds						
Other (individually less than 5%)	203	8	(61)	0	(10)	140
Total	203	8	(61)	0	(10)	140

Analysis of movements in Restricted funds

	Balance at 1 April 2016 £000	Incoming resources £000	Resources expended £000	Transfers £000	Gains and losses £000	Fund at 31 March 2017 £000
	£000	£000	£000	£000	£000	£000
48021142 Renal Unit – TCH*	186	82	(69)	0	(30)	169
Other (individually less than 5%)	2,876	351	(558)	0	303	2,972
Restricted Funds Total	3,062	433	(627)	0	273	3,141

Nature of Restricted Fund:

Renal Fund

To enhance the quality of patient care by providing appropriate patients comforts, contributing to the purchase of equipment and other appropriate items, and supporting the Unit's clinical quality framework as well as multi-disciplinary education and research.

Other restricted funds provide for a variety of patient and staff care.

TRUST FUNDS (ENDOWMENT AND GIFT FUNDS) OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

Analysis of movements in Restricted funds – previous year

	Balance at 1 April 2015 £000	Incoming resources £000	Resources expended £000	Transfers £000	Gains and losses £000	Fund at 31 March 2016 £000
48021142 Renal Unit – TCH*	£000	£000	£000	£000	£000	£000
	214	53	(64)	0	(17)	186
45020004 Cancer Fund	614	197	(177)	0	25	659
Other (individually less than 5%)	2,422	160	(242)	0	(123)	2,217
Restricted Funds Total	3,250	410	(483)	0	(115)	3,062

Nature of Restricted Fund:

Renal Fund

To enhance the quality of patient care by providing appropriate patients comforts, contributing to the purchase of equipment and other appropriate items, and supporting the Unit’s clinical quality framework as well as multi-disciplinary education and research.

Cancer Fund

For the Treatment and Benefit of Cancer patients.

Analysis of movements in Endowment funds

	Balance at 1 April 2016 £000	Incoming resources £000	Resources expended £000	Transfers £000	Gains and losses £000	Fund at 31 March 2017 £000
Endowment Funds						
Other (individually less than 5%)	301	52	(256)	0	32	129
Endowment Funds Total	301	52	(256)	0	32	129

Analysis of movements in Endowment funds – previous year

	Balance at 1 April 2015 £000	Incoming resources £000	Resources expended £000	Transfers £000	Gains and losses £000	Fund at 31 March 2016 £000
Endowment Funds						
Other (individually less than 5%)	296	49	(32)	0	(12)	301
Endowment Funds Total	296	49	(32)	0	(12)	301

Endowment funds are permanent funds of the Trust Funds and provide for a variety of patient care.

TRUST FUNDS (ENDOWMENT AND GIFT FUNDS) OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

14. Analysis of net assets between funds

	Unrestricted Funds	Restricted Funds	Endowment Funds	Total
	£000	£000	£000	£000
Fixed Assets	50	2,234	137	2,421
Current Assets	71	935	0	1,006
Liabilities	(1)	(28)	(8)	(37)
Total	120	3,141	129	3,390

Analysis of net assets between funds – previous year

	Unrestricted Funds	Restricted Funds	Endowment Funds	Total
	£000	£000	£000	£000
Fixed Assets	106	1,798	203	2,107
Current Assets	35	1,318	99	1,452
Liabilities	(1)	(54)	(1)	(56)
Total	140	3,062	301	3,503

15. Commitments

The Trusts' funds have the following commitments:	2017	2016
	£000	£000
Other	534	177
Total Commitments	534	177

16. Financial guarantees, indemnities and Letters of Comfort

The Charitable Trust Fund has not entered into any quantifiable financial guarantees, indemnities or provided letters of comfort in the years ended 31 March 2016 or 31 March 2017.

17. 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 transactions with the Trust Funds of the Western Health and Social Care Trust.

TRUST FUNDS (ENDOWMENT AND GIFT FUNDS) OF THE WESTERN HEALTH AND SOCIAL CARE TRUST

No key management personnel are employed by the charity.

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 Fund has made revenue payments of £36k to the Western Health and Social Care Trust where the Trustees are also members of the Trust. There were no balances owing at 31st March 2017 (2016: £30k owing)

No Trustees have received honoraria, emoluments or expenses in the year.

18. Transition to FRS 102.

This is the first year the Trust Fund has presented its results under FRS 102. The date of transition to FRS 102 was 1 April 2015. There are no changes in accounting policies and there are no numerical changes in the previously reported results and total funds, therefore no reconciliation in results is required. The only disclosure restatement made is the restatement of governance costs in the current year Statement of Financial Activities in line with changes in the Charities SORP.

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