

SOUTHERN HEALTH AND SOCIAL CARE TRUST

**ANNUAL REPORT AND ACCOUNTS OF THE TRUST FUNDS
HELD BY THE SOUTHERN HEALTH AND SOCIAL CARE
TRUST**

YEAR ENDED 31 MARCH 2015

SOUTHERN HEALTH AND SOCIAL CARE TRUST
TRUST FUNDS

ANNUAL REPORT AND ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2015

Laid before the Northern Ireland Assembly under Article 90(5) of the Department of Health and Personal Social Services (NI) Order 1972 (as amended by the Audit and Accountability Order 2003) by the Department of Health, Social Services and Public Safety

On

29 June 2015

SOUTHERN HEALTH AND SOCIAL CARE TRUST

TRUST FUNDS

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Annual Report of the Trustees of the Trust Funds held by the Southern Health and Social Care Trust for the year ended 31 March 2015

INTRODUCTION

This is the annual report for the Trust Funds of Southern Health and Social Care Trust for the year from 1 April 2014 to 31 March 2015.

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 Southern 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, Social Services and Public Safety (DHSSPS). 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.

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COMMENTS

If you have any comments about this report or would like extra copies please telephone 028 3761 3954.

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 Board members of the Southern Health and Social Care Trust were the trustees of the Trust Fund during 2014/15. This constituted the following:

Non-executive members

Mrs R Brownlee	Chair
Mrs E Mahood	Chair of Audit Committee
Dr R Mullan	Chair of Governance Committee
Mrs H Kelly	Chair of Endowments and Gifts Committee

Mrs D Blakely
Mr E Graham Chair of Patient and Client Experience Committee
Mr R Alexander (resigned 31 December 2014)
Mrs S Rooney Chair of Endowments and Gifts Committee (from 1 April 2015)

Executive members

Mrs M McAlinden Chief Executive (resigned 31 March 2015)
Mrs P Clarke Director of Performance & Reform
 Interim Chief Executive (from 1 April 2015)
Mrs A Magwood Acting Director of Performance & Reform (from 1 March 2015)
Mr P Morgan Director of Children & Young People's Services / Executive
 Director of Social Work
Mr F Rice Executive Director of Nursing and AHPs
Mr S McNally Director of Finance & Procurement
Dr J Simpson Medical Director
Mrs D Burns Interim Director of Acute Services
Mrs A McVeigh Director of Older People & Primary Care Services
Mr K Donaghy Director of Human Resources & Organisational Development
Mr M Crilly Acting Director of Mental Health and Disability Services

The Southern Health and Social Care Trust Charitable Funds is on the deemed list of charities as it is registered with Her Majesty's Revenue and Customs for charitable tax purposes. The Charitable Trust Funds has applied to the Charity Commission for Northern Ireland to register as a charity but the outcome is not yet known. The charity number is currently outstanding.

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
13 Market Street
Lurgan
BT66 6AR

Solicitors

Directorate of Legal Services
Business Services Organisation
2 Franklin Street
Belfast
BT2 8DQ

Structure, Governance and Management

The Trust Board delegated its responsibility for administering Trust Funds to the Endowments and Gifts Committee, which was authorised by the Board to undertake any activity within its terms of reference. It was authorised to seek advice from whatever source it deemed to be appropriate in order to fulfil its function. The Committee met on four occasions in 2014/15. Membership of the Endowments and Gifts Committee during 2014/15 was as follows:

Mrs H Kelly	Non-Executive Director (Chair to 31 March 2015)
Dr R Mullan	Non-Executive Director
Mr R Alexander	Non-Executive Director (resigned 31 December 2014)
Mrs P Clarke	Director of Performance & Reform
Mrs D Burns	Interim Director of Acute Services

The roles and responsibilities of the Endowments and Gifts Committee in relation to the management and governance of the Trust Funds were as follows:

- Satisfy itself that Endowments & Gifts funds are managed in line with guidance in the Trust's Standing Financial Instructions, Departmental guidance and legislation;
- Ratify the creation of a 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;
- Seek assurance that assets in ownership of, or used by, the Endowments & Gifts fund will be maintained with the Trust's general estate and inventory of assets;
- Seek assurance that funds are not unduly or unnecessarily accumulated;
- Produce an annual Statement of Assurance on internal control over Endowments & Gifts Funds, being informed by reports from Management, the Internal Auditor, the External Auditor and the Governance Committee;
- Ensure that a Governance Statement is produced as part of the production of annual accounts for Endowments and Gifts;
- Seek assurance 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 Senior Management Team, the Committee will authorise appropriate policies and procedures in relation to Endowments & Gifts Funds;
- The trustees' delegated authority levels for the four unrestricted Directorate Funds are as follows:
 - Expenditure up to £10,000 must be approved by a Director for the relevant fund
 - Expenditure over £10,000 and less than £50,000 must be approved by a Panel consisting of the Director for the relevant fund, a Director who is a member of the E&G Committee, a staff side representative and a member of staff who has responsibility for patient / client focus
 - Expenditure over £50,000 must be approved by the Chief Executive or the Director of Finance, having been first recommended by the Panel.

The restricted Funds in existence prior to 1 April 2011 continue to exist and will continue to do so, until the balance is utilised or reduced to a level which is appropriate to be transferred to another fund.

Objectives and Activities

The objectives of the Endowments and Gifts Committee in 2014/15 were 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 and Departmental guidance and legislation.

The Chair of the Endowments and Gifts Committee undertook an evaluation of the performance of the Committee during the year. As a result, the Committee's quorum was reduced and its Terms of Reference amended to reflect this.

In addition, the Committee has explored how E&G can be better promoted to raise the profile of how it is being spent and to acknowledge the level of donations received.

Achievements and Performance

During the year the Trust Fund continued to engage in activities commensurate with its objectives. £238k was expended on charitable activities, in accordance with the Trust's policies and procedures in relation to expenditure from Trust Funds.

The Northern Ireland Central Investment Fund for Charities (NICIFC) continues to hold funds invested on behalf of the SHSCT Trust Funds. During 2014/15, the Endowments and Gifts Committee continued to review the performance of funds invested through NICIFC. The net market value of funds invested with the NICIFC at 31 March 2015 was £2,845k. 94% of the total value of SHSCT Trust funds are invested with NICIFC.

The balance of funds held with the NICIFC has shown a gain of £167k when compared to prior year. This is due to an increase in valuation of this investment at the year end, being a return of approximately 6%.

Financial Review

Introduction

The 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 to which a fund may be applied, the fund is classified in the accounts as a restricted fund. Where funds are donated for wider use by a Trust Directorate they are classified as unrestricted funds. When a donor wishes to make a specific donation, this is noted and the donation is recorded in the relevant Directorate Fund. Although everything possible will be done to ensure the wishes of the donor are fulfilled there may be occasional circumstances to prevent this from happening. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent, are accounted for as an endowment fund.

Review of the year 2014/15

Income

During the year income totalling £350k was received, a decrease of £112k compared to the prior year. £240k was received in donations compared to £369k in 2013/14. Investment income increased by £16k compared to 2013/14.

Gifts in kind received in 2014/15 amounted to £24k and included items such as the provision of courses and conferences, furniture and toys. They are included at a reasonable estimate of their value to the charity.

Expenditure

Total resources expended for the year amounted to £267k, a decrease of £232k from 2013/14. Governance costs for the financial administration of the funds amounted to £23k. This represents a levy of approximately 4% of incoming resources for this administration as agreed by the Endowments and Gifts Committee and a charge by the Investment Management Company based on the value of the portfolio.

Financial Position at Year End

Total fund balances were £3,039k, consisting of £934k of restricted funds, £2,070k of unrestricted funds and £35k of endowment funds. This is a total increase of £256k from the previous year. The market value of the shares held at the NICIFC at 31 March 2015 remains above historic cost.

Financial Controls

The Trustees are aware of their financial responsibilities for the money that is held on trust. The Chair of the Endowments and Gifts Committee reports to the Trust Board on a regular basis and fund managers are circulated with details of their fund balances throughout the year.

Statement of Risk

The management of risk in relation to the Trust Funds is closely aligned with the Southern Health and Social Care Trust's risk management strategy and procedures. These are outlined in detail in the Governance Statement contained within the Trust Fund's annual financial statements.

Reserves Policy

The Trust Fund does not currently enter into future commitments and so has not created any reserves for this. Activities are only authorised when funding is available.

Investment Policy

SHSCT has Trust Funds invested 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. Surplus balances were held in investment accounts with the Bank of Ireland during 2014/15.

Northern Ireland Charity Commission

The Charities Act (NI) 2008 established the Charity Commission for Northern Ireland (CCNI) which is the independent regulator of charities in NI. The Southern Health and Social Care Trust Charitable Funds is on the deemed list of charities as it is registered with Her Majesty's Revenue and Customs for charitable tax purposes. The Charities (2008 Act) (Commencement No. 4) Order (Northern Ireland) 2013 came into effect on 24 June 2013. The Commencement Order will allow the Charity Commission to begin compulsory registration of all charities operating in Northern Ireland. The SHSCT Charitable Funds completed an application for CCNI registration in March 2014, the outcome of which is still not yet known. In addition, the Trust submitted to CCNI an "Application for a Scheme" to rationalise its funds, the outcome of this also remains outstanding.

Plans for Future Periods

The key focus for the Endowments and Gifts Committee in 2015/16 and beyond will be the continued promotion of general unrestricted Directorate wide funds and the depletion or amalgamation of all other funds.

Signed on behalf of the Trustees:

A handwritten signature in blue ink, appearing to read "P. Clark", is written over a horizontal line.

(Interim Chief Executive)

11 June 2015

(Date)

**The Accounts of the Trust Funds held by
Southern Health and Social Care Trust**

For the year ended 31 March 2015

SOUTHERN HSC TRUST

TRUST FUNDS ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

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 Southern HSC 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 (DHSSPS). 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; and
- Ensure an effective governance framework and establish arrangements for the prevention and detection of fraud and corruption.

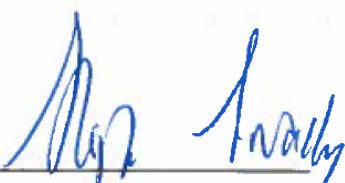
The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for health and personal social services resources in Northern Ireland has designated Mrs Paula Clarke of Southern HSC Trust as the Accounting Officer for the Southern HSC Trust. The responsibilities 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 Southern HSC Trust's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

SOUTHERN HSC TRUST

TRUST FUNDS ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

CERTIFICATES OF DIRECTOR OF FINANCE, CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 28 to 38) which I am required to prepare on behalf of the Southern Health and Social Care Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Southern HSC 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 (Southern HSC Trust)

11 June 2015

Date 11/06/2015

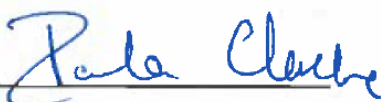
I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 28 to 38) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Chairperson (Southern HSC Trust)

11 June 2015

Date



Interim Chief Executive (Southern HSC Trust)

11 June 2015

Date

Southern Health and Social Care Trust

TRUST FUNDS ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

Governance Statement

1. Scope of Responsibility

The Board of Directors of the Southern HSC Trust (the 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 organisations policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the Department of Health, Social Services and Public Safety (DHSSPS).

In delivering these responsibilities, I am accountable for the Trust's performance to the Health and Social Care Board (HSCB) and DHSSPS and report through agreed performance management arrangements and Service and Budget Agreements.

This has entailed regular performance management meetings at a senior level with the HSCB and both scheduled and ad hoc meetings between Trust officers and the Performance Management Service Improvement Directorate within the HSCB.

In order to improve the quality, safety, effectiveness and efficiency of services, the Trust works in partnership with the HSCB, Public Health Authority (PHA), other public sector partners and the independent sector. A range of processes are in place to facilitate and enable this partnership working with examples including:

- meetings with Trust, HSCB, LCG and PHA senior teams collectively and on issue specific basis;
- monthly meetings between Trust and HSCB Chief Executives;
- regional and local Transformation Programme Boards to work together to implement Transforming Your Care (TYC);
- engagement with local GPs through locality forums and senior Trust attendance at LMC services development committee;
- regular meetings with Independent Health and Care Providers (IHCP) and other independent sector providers about key interface issues;
- forums such as the regional children's service planning project board that include HSC partners, community/voluntary sector and other statutory agencies such as Education; and
- promoting health and wellbeing processes involving a range of partners focussed on ensuring effective collaboration to address the specific and individual needs of local communities.

With respect to the Trust's inter-relationship with the DHSSPS, the framework within which the Trust is required to operate is defined and agreed in the Management Statement and Financial Memorandum. This sets out the Trust's founding legislation, functions, duties; responsibilities and accountability of the Trust and DHSSPS; processes for planning, budgeting and control with the specific purpose of

the Management Statement covered in Annex 7.4 of “Managing Public Money NI” which states that ‘Departments need arrangements to monitor and understand their NDPBs’ strategy, performance and delivery, usually built around a management statement and financial memorandum (MS/FM). This model MS/FM for executive NDPBs is intended to provide departments with a document that sets out a clear framework of strategic control for each of their executive NDPBs. The framework covers the operations, financing, accountability and control of the NDPB and the conditions under which any government funds are provided to the body. All MS/FMs require DFP approval as do any subsequent significant revisions. The specific requirements for the Trust as an Arm’s Length Body (‘ALB’) are further defined and agreed annually in the Annual Business Plan.

2. Compliance with Corporate Governance Best Practice

The Trust applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Trust does this by undertaking continuous assessment of its compliance with Corporate Governance best practice and the effectiveness of the Trust’s governance arrangements are regularly considered by the Governance Committee on behalf of the Board.

The Trust Board has a continued focus on its governance arrangements by undertaking a Board effectiveness evaluation on an annual basis. Progress against identified actions following the 2013/14 assessment was reported at the Board Development Day on 13 November 2014. As part of its review of the Trust’s governance arrangements, Internal Audit undertook a follow up on the 2013/14 self-assessment and this confirmed that identified actions had been taken.

The Board completed the Board Governance Self-Assessment Tool issued by the DHSSPS for the third time in 2014/15. This was approved by the Board at its meeting on 26 March 2015 and subsequently submitted to the Department on 30 March 2015. In line with the requirement for independent verification every three years, Internal Audit will undertake an independent assessment of the Trust’s 2015/16 self-assessment.

The Board has a Register of Interests in place for Trust Board members. This is reviewed on an annual basis (or sooner, if changes are notified by Board members) and is available upon request for members of the public.

3. Governance Framework

The Board exercises strategic control over the organisation through a system of corporate governance which includes:

- A schedule of matters reserved for Board decisions;
- A scheme of delegation, which delegates decision making authority within set parameters to the Chief Executive and other officers;
- Standing orders and standing financial instructions;
- Management Statement and Financial Memorandum;

- An Audit Committee;
- A Governance Committee;
- An Endowments and Gifts Committee;
- A Remuneration Committee; and
- A Patient and Client Experience Committee.

The following describe in more detail the role of the Board, its Committee structure and attendance during the reporting period.

Trust Board

The composition and membership of the Board is defined by the Membership, Procedure and Administration Arrangements Regulations and is as follows:

- Chair (Appointed by the DHSSPS Public Appointments Unit);
- 7 Non-executive members (Appointed by the DHSSPS Public Appointments Unit); and
- 5 Executive members – Chief Executive; Director of Finance; Medical Director; Director of Nursing; and Director of Social Work

In addition to the members listed above, other members of the senior management team are in attendance and are as follows:-

- Director Acute Services
- Director of Human Resources and Organisational Development
- Director of Performance and Reform
- Director of Older People and Primary Care Services

In line with Standing Orders, no business shall be transacted unless half of the whole number of the Chair and members (including at least 2 members who are also Executive members of the Trust and two members who are not) are present.

In 2014/15, the Trust Board held 7 formal Board meetings, 3 Board Workshops and a Board Development Day. During the year, attendance at the formal meetings was as follows:

Date	% Attendance
29 th May 2014	94%
12 th June 2014	94%
25 th September 2014	88%
23 rd October 2014	94%
27 th November 2014	100%
29 th January 2015	88%
26 th March 2015	94%

During the reporting period, the following changes occurred with regard to Board membership:-

- The resignation of a Non-Executive Director on 31 December 2014.
- Of the remaining six Non-Executive Directors, three have had their terms of office extended for a further one year period to 31 March 2016, two have had their terms of office extended for a further six month period to 30 September 2015 and one will commence their second term of office from 29th August 2015. The Chair has commenced her second term of office.
- The resignation of the Chief Executive on 31 March 2015.
- With effect from 19 January 2015, a Deputy Chief Executive was appointed from within the Senior Management Team. This individual was appointed Interim Chief Executive with effect from 1 April 2015.

Trust Board meetings were widely publicised through the press and the Trust website. Agenda and minutes of all Trust Board meetings are publicly accessible on the Trust website.

The Board operates via an Annual Board calendar of meetings and agenda topics. Each Board agenda comprises strategic, operational, quality and performance items. Each agenda item had a time allocation to ensure that there was sufficient time for discussion and debate. Operational and patient safety and quality of care items were rotated to ensure equal priority. Time was also allowed at each meeting for the Board to reflect on innovative practice in relation to quality improvement and invitations were extended to staff and service users to hear their experiences of care. The Board received reports at each meeting on the financial position, workforce information and performance against targets.

Three Board workshops were held during the year, at which members explored strategic issues and planned service developments. A Board profiling process and skills analysis was undertaken by members at a facilitated workshop in May 2014. This identified the indicative action required for succession planning to ensure an appropriate balance of skills, experience and knowledge.

The Trust Board held a Development Day 'Maintaining a strategic focus with energy, dynamism and resilience in challenging times' in November 2014. This is an important event in the Annual Board calendar in terms of whole Board learning and development and provides the opportunity for the Board to take time out to review its effectiveness and preparedness for the coming year.

All Trust Board Committees are chaired by a Non-Executive Director and have clear terms of reference and lines of reporting and accountability agreed by Trust Board. Minutes of the Sub Committees are presented at Trust Board public meetings in a timely manner with the Chair of each Committee highlighting any specific issues for the attention of the Board. This is evidenced by the agenda and minutes of Trust Board meetings. In addition, the Committee Chairs meet with the Trust Chair and Chief Executive after each meeting to provide feedback on the work of their respective Committees and raise any issues of concern.

In accordance with good practice, the Trust Chair meets with the Committee Chairs on an annual basis to reflect on the work of the Committees and to share any learning.

Endowments and Gifts Committee

The Endowments and Gifts Committee is required by its Terms of Reference to meet not less than 3 times per year. During 2014/15, the Committee held 4 meetings to oversee the administration of the Endowments and Gifts funds, their investment and disbursement.

The membership of the Endowments and Gifts Committee is comprised of three Non-Executive Directors (one of whom resigned on 31 December 2014), the Director of Acute Services and the Director of Performance and Reform. The Director of Finance is in attendance. A quorum is not less than 3 members. Two members had full attendance at all meetings during the year, with the remaining members missing one or more meetings. Where a Director was unable to attend a meeting, a nominated deputy attended.

The Chair of the Endowments and Gifts Committee undertook an evaluation of the performance of the Committee during the year. As a result, the Committee's quorum was reduced and its Terms of Reference amended to reflect this.

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.

Membership of the Endowments and Gifts Committee includes the Directors of Acute Services and Performance and Reform. This ensures that donated funds are taken into account in the strategic direction and overall expenditure plans of the Trust. Quarterly Finance reports enable the Endowments & Gifts Committee to review expenditure patterns and are provided to Directors to ensure usage of funds is maximised.

Risk Management

The Corporate Risk Register is reviewed by the Governance Committee at each of its meetings. Over the past six months, due to the volatility and challenges of the Trust's financial position, the risks on the Corporate Risk Register have been monitored by Trust Board. The Corporate Risk Register is complementary to and works in conjunction with the Board Assurance Framework. A high level summary of the Corporate Risk Register is included in the Board Assurance Framework which is presented to the Board on a six-monthly basis and this provides the Trust Board with information on other significant risks that are under active management and review.

The key components of the Trust's risk management strategy (2014) are underpinned by the HPSS Controls Assurance Standard for Risk Management. The purpose of this Strategy is to ensure that the Trust manages risks in all areas using a systematic and consistent approach. It provides the framework for a robust risk management process. All supporting procedures for the identification and management of risk also reflect this standard.

Each operational directorate is supported by a Governance Team who facilitates the Director, Assistant Directors and Associate Medical Directors to identify, assess and manage and report on risk within their area of responsibility.

The risk management process is based on HPSS Guidance on the identification and management of risk (Australia/New Zealand Model) August (2003). The Trust's Risk Assessment Tool ensures that a consistent approach is taken to the evaluation and monitoring of risk in terms of the assessment of likelihood and impact. Risks are monitored through a formal reporting process where the assessed level of risk and its strategic significance determines where it will be reviewed and monitored.

The following key elements are used to identify risk within the organisation:

External Scrutiny and Inspection	Occurrences	Internal Assessments
Internal Audit Reports	Adverse Incident Reporting	Controls Assurance – Self Assessments
Accreditation Bodies Report	Whistleblowing	Performance reporting
RQIA reports	User Views	Specialist Committees e.g. Infection Control Health & Safety etc.
Reports from Professional Bodies	Complaints	
Health and Safety Executive Reports/Visits	Locally resolved expressions of dissatisfaction	Risk Assessments (including H&S; business/project planning e.g. new activities, services; referrals)
Environmental Health Reports	Legal Claims	
Independent Reviews	Patient and Client Satisfaction Measures	Management of relationship risk – i.e., service partners/key suppliers taking into account the behaviour and risk priorities of those partners
Coroner's Reports	Employee Satisfaction Measures	
	Sickness and Absence Records	Networking – use of media reports and information from other Trusts
	Staff Turnover	
	Levels of Agency Utilisation	Other self-assessment tools - Health and Social Care Quality Standards Audit Commission.
	Medical Device and Equipment Alerts	

	Introduction of new Standards and Guidelines	
	Outcome of Audit	

Risk registers are in place in all directorates. Risks identified and control measures in place are discussed monthly by the operational teams through the Directorate Governance Forums where they are reviewed, monitored and escalated as appropriate. The Senior Management Team reviews the Corporate Risk Register monthly.

The content of the Trusts Risk management training and awareness is presently being reviewed; it has been identified through an internal audit of risk management in 2015 that the Trust should improve on the numbers of staff trained in this area across all Directorates 2015/16. Training is facilitated by the Directorate Governance Teams. The Trust's Health and Safety team deliver risk management training also.

All staff are responsible for managing risks within the scope of their role and responsibilities as employees of the Trust. There are structured processes in place for incident reporting, analysis and the investigation of serious incidents. The Trust has reviewed the arrangements in place for communicating and involving patients and their families in incident investigations.

The Trust Board, through the risk management and the incident policy and procedures, promotes open and honest reporting of incidents, risks and hazards. The Trust reporting incidents is supported by an accessible online reporting system available across the Trust (DATIX).

5. Information Risk

An Information Governance Forum is in place, chaired by the Trust Personal Data Guardian, which provides direction and co-ordination of the strategic Information Governance and Records Management agenda. The Forum meets quarterly and reports to Trust Governance Committee, a sub-committee of Trust Board.

The purpose of the forum is to review the development and maintenance of an effective system of information governance, support the achievement of the Trust's objectives and to ensure that risks in this area are identified and addressed. The Forum steers the work of the Records Management Committee, Research Governance Committee, Data Protection Sub Group, Data Quality Sub Group, Clinical Coding Sub Group, and ICT Steering Group (Technology Enabled Change).

All information governance incidents which involve loss of or inappropriate access to data are reviewed by senior staff at quarterly Information Governance Forums. Data breaches are reported to the DHSSPS and the Information Commissioner Office (ICO) where appropriate. The Trust fully cooperates with the ICO and ensures a comprehensive investigation is completed and recommendations are carried out to minimise the risk of a reoccurrence.

An Information Sharing Register which records the details of all episodes of sharing of Trust data with other bodies is in place and reviewed at quarterly Information Governance Forums. A Data Access Form must be signed by the Trust Data Guardian so that all requests for access are approved before sharing is permitted. In addition, an Informatics meeting chaired by the Assistant Director of Informatics has been established to review all contracts held by the Trust.

Freedom of Information and Data Protection requests are monitored to ensure completion within the statutory timeframes. These are placed on a corporate dashboard and are reported to senior managers on a monthly basis and to DHSSPS quarterly.

An Information Governance Strategy and Policy has been approved by the Information Governance Forum and Records Management Committee in March 2015. In compliance with the requirements of the Information Commissioner Office 'Definition Document for Health Bodies in NI' a disclosure log of all Freedom of Information requests has been published and staff have been informed on the need to proactively publish Trust documents on the website.

An e-learning suite of modules on Information Governance for regional use have been developed by the Beeches Leadership Centre and have been rolled out in the Trust since April 2013. An e learning module on the 'Code of Practice on Confidentiality of Service User Information' has been developed by the Privacy Advisory Committee for regional roll out. Training for Personal Data Guardians is implemented regionally by the Privacy Advisory Committee.

In reducing the risks inherent with the management and storage of paper records, a records scanning pilot has been established in a service area in January 2015. Protection and confidentiality is enhanced with authorised access which is fully audited.

The Trust achieved the required 'substantive' compliance in relation to the new Information Management Controls Assurance Standard and has an action plan in place to ensure 'substantive' compliance is maintained. This area was also subject to Internal Audit in 2014/15 and achieved satisfactory assurance with one priority one issue relating to information management mandatory training. There were no significant lapses of security requiring reporting to the Information Commissioner in relation to data loss in 2014/15.

6. Public Stakeholder Involvement

In line with the Regional Strategy (DHSSPS, 2004), Departmental Guidelines for Personal and Public Involvement (PPI) (DHSSPS, 2007 and 2012), sections 19 and 20 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Quality Standards for Health and Social Care (DHSSPS, 2006) the Trust continues to prioritise PPI within all aspects of its business agenda and has established a range of governance, management and reporting mechanisms that reflect this.

The Trust has recently completed a self-assessment PPI Performance Management Report which was submitted to the PHA on 31 January 2015. This outlines the

mechanisms and processes the Trust is implementing to ensure compliance with the new PPI standards launched in March 2015 namely:

- PPI Leadership
- PPI Governance
- Opportunities for Involvement
- Knowledge and Skills
- Measuring Outcomes

The PHA carried out a verification visit on 24 March 2015. This focussed on PPI generally within the Trust and then there was a specific focus on PPI in Cancer Services. The PHA will produce a report on its findings which will confirm the Trust's current compliance and provide guidance on what other action the Trust is required to take. This will be incorporated in the Trust's Corporate PPI Action Plan for 2015/16.

In addition the Trust develops and implements annual directorate operational PPI action plans which focus on five key themes to ensure that PPI is embedded in the day-to-day practice of its staff:

- Information;
- Service User and carer Involvement;
- Evidencing Patient and Client Experience Standards;
- Training; and
- Monitoring and evaluation.

This is evidenced by the many initiatives and groups which exist to involve service users and other stakeholders, such as:

- Individual involvement of service users in healthcare and/or treatment plans
- Patient Client Experience questionnaires, patient stories, observation
- 10,000 Voices
- Nursing Quality Indicator questionnaires and research
- Service evaluations with service users, carers and other family members
- Involvement of service users and carers in planning groups, steering groups, working groups, focus groups and other fora.
- Learning from complaints
- Lay Cancer Reviewers
- Peer Support Workers in Mental Health Services
- Maternity Services Liaison Committee
- Carers Reference group
- User and Carer Service Improvement group
- Race Equality Forum
- Traveller Action Group

These mechanisms provide the opportunity for the identification of risk as well as risk management.

Further information on the Trust's involvement mechanisms, processes and resources to support staff and service users and carers is available at <http://www.southerntrust.hscni.net/about/1600.htm>

7. Assurance

A systematic approach is taken to ensure that the systems upon which the Trust relies are challenged and tested. The Board Assurance Framework is a statutory requirement for the Trust and is an integral part of the Trust's governance arrangements. The Framework has been compiled in conjunction with all Directorates and provides the systematic assurances required by the Board on the effectiveness of the system of internal control by highlighting the reporting and monitoring mechanisms that are necessary to ensure the achievement of corporate objectives and the delivery of high quality health and social care. In its Board Assurance Framework, the Board has determined the level of assurance it requires to manage the principal risks facing the organisation and the Board reviews this on a six-monthly basis. A standard template attached to the Board Assurance Framework ensures that Board members consider, based on sufficient evidence, whether the current controls and assurance systems are sufficient and are working effectively. Board minutes attest to the challenge and scrutiny applied to the Board Assurance Framework.

The sources of external assurance and system validation are identified in the Board Assurance Framework and include, for example, the Regulation and Quality Improvement Authority, Internal and External Auditors, Royal Colleges and Professional Councils.

The Board Assurance Framework sits alongside the Corporate Risk Register, the Controls Assurance Standards process and performance reporting to provide structured assurance about how risks are effectively managed to deliver agreed objectives. Where risks are outside the Trust's ability to solely manage, these are escalated to Trust Board and beyond.

Compliance with the controls assurance standards and the annual self-assessments against the standards provide an important assurance to the Trust Board. Separately, the Audit and Governance Committees review compliance with Controls Assurance Standards to provide assurance to Trust Board that action plans are in place for all 22 standards to maintain/further improve compliance against each standard going forward.

The Trust Board agenda is structured to ensure assurance is provided on key areas such as patient safety and quality and performance in terms of finance, human resources and operational performance.

To ensure the appropriateness and quality of information presented to the Board, feedback on all Board papers is sought at the end of every meeting and feedback provided to SMT where required. This includes the length, clarity and relevance to the Board of the report. A standard template is also attached to the front of all Board papers ensuring that the report is aligned to specific corporate objectives and key issues/risks and decisions required are drawn to Board members immediate

attention. Board members regularly discuss and challenge the quality of the information presented to them and collectively reflect on information received. A Non-Executive Director is a member of the Trust Information Governance forum which addresses assurance processes for data quality. No significant issues have been raised.

Where Committee members have not been satisfied with the level of information presented to it, recommendations for improvement are made. Specific examples include:

- a recommendation by the Governance Committee which led the Trust to review and improve its governance systems in relation to complaints. This information is now presented to the Committee in both a qualitative and quantitative way.
- Development of a Performance Report to Trust Board to evidence SBA compliance.

Members continue to consider further how to develop the searching questions and processes to ensure effective challenge by the Board. The Executive professional roles (Medical, Nursing and Social Work) ensure executive challenge as these posts are designed to give independent professional assurance to Trust Board. One key area of the Board Effectiveness questionnaire completed by members is the nature of member engagement and constructive challenge. An analysis of responses illustrate that the challenge at Board meetings is constructive and shared.

A template accompanies reports to Trust Board which provides the opportunity for the challenge by the Senior Management Team to a particular proposal/report to be described.

In addition, Trust Board receives reports from external organisations which provide assurance in relation to some areas of data quality.

The Board's self-assessment evaluation of its effectiveness provides additional assurance on the effectiveness of the organisation's governance arrangements.

The Trust also attends Mid and End of Year Assurance and Accountability meetings with the DHSSPS and Health and Social Care Board, the purpose of which is to provide assurance on the systems of internal control.

As part of the on-going 'Board to Ward' governance assurance process within the Trust, a framework for leadership 'walk arounds' has been developed and implemented since July 2011. These provide an informal method for Board members to talk with front line staff about issues in the organisation by asking a series of structured questions. Issues identified are forwarded to the relevant Director for action and a report provided to the Governance Committee to provide assurance that actions are being progressed.

8. Sources of Independent Assurance

The Trust obtains Independent Assurance from Internal Audit.

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

In 2014/15, the Head of Internal Audit did not conduct a review the Charitable Trust Funds system but followed up on implementation of 2013/14 audit recommendations. It was reported that 94% of audit recommendations had been implemented with only one recommendation remaining partially implemented.

In the Trust's annual report, the Head of Internal Audit reported that the Southern HSC Trust has a satisfactory system of internal control designed to meet the organisation's objectives. However, the use of the new financial systems requires further embedding.

The recommendations of the Head of Internal Audit to address control weaknesses continue to be considered by the Audit Committee. They have been or are being taken forward by the management of the Trust and their implementation will continue to be monitored by the Audit Committee regularly during 2015/16.

9. Review of 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 Trust's system of internal governance is informed by the work of the internal auditors, the executive managers within the Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter 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 Senior Management Team, Trust Board, Head of Internal Audit, Audit Committee and Governance Committee. I have referred to the Annual Report from the Head of Internal Audit which details the assurance levels provided from reports in 2014/15 and also the Trust's implementation of accepted internal audit recommendations. A plan to address weaknesses and ensure continuous improvement to the system is in place.

10. Internal Governance Divergences

No significant internal governance divergences have been identified in 2014/15 relating to Charitable Trust Funds.

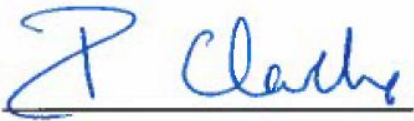
11. Conclusion

The Trust has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI. The system operates on a principle of continuous

improvement where the performance and effectiveness of governance arrangements are subject to regular review.

The internal audit review of control systems has resulted in a number of limited assurances in 2014/15 and a number of priority one issues have been raised with management and extensively examined by the Audit Committee. The findings of these reports and others such as those issued by RQIA will be incorporated into action plans aimed to address the weaknesses/gaps in control.

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 2014/15.

A handwritten signature in blue ink, appearing to read 'P Clarke', is written over a horizontal line.

Accounting Officer

11 June 2015

Date

SOUTHERN 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 Southern Health and Social Care Trust for the year ended 31 March 2015 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 Southern 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 Southern Health and Social Care Trust's Charitable Trust Fund's affairs as at 31 March 2015 and of its incoming and outgoing resources for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health, Social Services & Public Safety directions issued thereunder.

Opinion on other matters

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

Matters on which I report by exception

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

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

Report

I have no observations to make on these financial statements.


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

25 June 2015

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Statement of Financial Activities for the year ended 31 March 2015

	Note	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	2015 Total Funds £000	2014 Total Funds £000
INCOMING RESOURCES						
Incoming resources from generating funds						
Voluntary Income	2	240	-	-	240	369
Investment income	3	109	-	-	109	93
Incoming resources from charitable activities	4	1	-	-	1	-
Other incoming resources		-	-	-	-	-
Total Incoming Resources		350	-	-	350	462
RESOURCES EXPENDED						
Charitable Activities	6	(134)	(104)	-	(238)	(466)
Governance Costs	5	(25)	(4)	-	(29)	(33)
Total resources expended		(159)	(108)	-	(267)	(499)
Net incoming/(outgoing) resources before transfers		191	(108)	-	83	(37)
Net incoming/(outgoing) resources before other recognised gains and losses		191	(108)	-	83	(37)
OTHER RECOGNISED GAINS/LOSSES						
Gain on investment assets	8	166	-	1	167	69
Net Movement in Funds		357	(108)	1	250	32
Adjustment to add back:						
Notional Audit Fee		2	4	0	6	7
Net Movement in Funds excluding Notional Audit Fees		359	(104)	1	256	39
RECONCILIATION OF FUNDS						
Fund balances brought forward at 1 April 2014	11	1,711	1,038	34	2,783	2,744
Fund balances carried forward at 31 March 2015	11	2,070	934	35	3,039	2,783

The notes at pages 30 to 38 form part of this account

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Balance Sheet as at 31 March 2015

	Note	31 March 2015 £000	31 March 2014 £000
Fixed Assets			
Investments	8	2,845	2,678
Total Fixed Assets		<u>2,845</u>	<u>2,678</u>
Current Assets			
Debtors	9	91	59
Short term investments and deposits		-	100
Cash at bank and in hand.		175	98
Total Current Assets		<u>266</u>	<u>257</u>
Creditors: Amounts falling due within one year	10	(72)	(152)
Net Current Assets		<u>194</u>	<u>105</u>
Total Assets less Current Liabilities		<u>3,039</u>	<u>2,783</u>
Net Assets		<u><u>3,039</u></u>	<u><u>2,783</u></u>
Funds of the Charity			
Restricted income funds	11	934	1,038
Unrestricted income funds	11	2,070	1,711
Endowment funds	11	35	34
Total Charity Funds		<u><u>3,039</u></u>	<u><u>2,783</u></u>

The notes at pages 30 to 38 form part of this account.

Signed:  (Interim Chief Executive)

Date: 11 June 2015

SOUTHERN 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.

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) Gifts in Kind

- i) Assets given for distribution by the charity are included in the Statement of Financial Activities only when distributed.
- ii) Assets given for use by the charity (e.g. property for its own occupation) are included in the Statement of Financial Activities as incoming resources when receivable.
- iii) Gifts made in kind but on trust for conversion into cash and subsequent application by the charity are included in the accounting period in which the gift is sold.

In all cases the amount at which the gifts in kind are brought into account is either a reasonable estimate of their value to the charity or the amount actually realised. The basis of the valuation is disclosed in the Trustees' annual report.

SOUTHERN HEALTH AND SOCIAL CARE TRUST

1 (e) Intangible Income

Intangible income (e.g. the provision of free accommodation) is included in the accounts with an equivalent amount in outgoing resources, if there is a financial cost borne by another party. The value placed on such income is the financial cost of the third party providing the resources.

1 (f) 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 (g) 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 5. Where costs are shared by two or more charitable activities, support costs have been apportioned between categories and this is analysed in note 6.

1 (h) Costs of Generating Funds

The costs of generating funds are the cost of Investment management fees.

1 (i) 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.

1 (j) 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 (k) 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.

SOUTHERN HEALTH AND SOCIAL CARE TRUST

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 (l) 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 (purchase 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 (m) 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.

1 (n) Pensions

The Charitable Trust Fund has no employees.

SOUTHERN HEALTH AND SOCIAL CARE TRUST

2. Analysis of Voluntary Income

	Unrestricted Funds £000	Restricted Funds £000	2015 Total Funds £000	2014 Total Funds £000
Donations from individuals	165	-	165	224
Corporate donations	34	-	34	82
Legacies	5	-	5	26
Grants	-	-	-	-
Other	36	-	36	37
Total	240	-	240	369

3. Gross Investment Income

	2015 Total Funds £000	2014 Total Funds £000
Gross income earned from:		
Fixed asset equity and similar investments	109	88
Current asset investments	-	5
Total	109	93

4. Incoming resources from charitable activities

	Unrestricted Funds £000	Restricted Funds £000	2015 Total Funds £000	2014 Total Funds £000
Income from sale of goods or services	1	-	1	-
Total	1	-	1	-

SOUTHERN HEALTH AND SOCIAL CARE TRUST

5 Allocation of Support Costs and Overheads

	2015 Total Funds	Allocated to Governance	Charitable activities	Basis of apportionment
	£000	£000	£000	
Financial Administration	23	23	-	Fund Balances
External Audit	6	6	-	
Total	29	29	-	

6 Analysis of Charitable Expenditure

	Grant funded activity	Support Costs	2015 Total
	£000	£000	£000
Medical research	-	32	32
Purchase of new equipment	-	95	95
Building and refurbishment	-	3	3
Staff education and welfare	-	54	54
Patient education and welfare	-	33	33
Other	-	21	21
Total	-	238	238

7. Auditor's Remuneration

The Auditor's remuneration of £5,750 (2014: £6,750) related solely to the audit, with no other additional work undertaken.

SOUTHERN HEALTH AND SOCIAL CARE TRUST

8. Analysis of Fixed Asset Investments

8.1 Movement in Fixed Asset Investment

	2015 £000	2014 £000
Market value at 1 April 2014	2,678	2,109
Add: Acquisition at cost	-	500
Net Gain on revaluation	167	69
Market value at 31 March 2015	2,845	2,678
Historic cost at 31 March 2015	1,923	1,923

8.2 Market Value as at 31 March 2015

	Held in UK £000	Held outside UK £000	2015 Total £000	2014 Total £000
Investments in a Common Deposit Fund or Investment Fund	2,845	-	2,845	2,678
Total market value of fixed asset investments	2,845	-	2,845	2,678

SOUTHERN HEALTH AND SOCIAL CARE TRUST

9. Analysis of Debtors

	2015 £000	2014 £000
Amounts falling due within one year		
Other debtors	<u>91</u>	<u>59</u>

10. Analysis of Creditors

	2015 £000	2014 £000
Amounts falling due within one year		
Other creditors	<u>72</u>	<u>152</u>

SOUTHERN HEALTH AND SOCIAL CARE TRUST

11. Analysis of Charitable Funds

	Fund at 1 April 2014 £000	Incoming resources £000	Resources expended £000	Transfers £000	Gains and losses £000	Fund at 31 March 2015 £000
Endowment funds						
DHH legacy Mrs Hussey Deburgh 2	3	-	-	-	-	3
Banbridge Community Nursing Fund - CIP	23	-	-	-	1	24
Mary Adams Trust CIP	2	-	-	-	-	2
Armagh Community Hospital – Primate Robinson Charity	3	-	-	-	-	3
Other (individually less than 5%)	3	-	-	-	-	3
Endowment funds total	34	-	-	-	1	35
Restricted funds						
Other (individually less than 5%)	1,038	-	(104)	-	-	934
Total Restricted Funds	1,038	-	(104)	-	-	934
Unrestricted Funds						
Acute Directorate	1,311	234	(122)	-	108	1,531
Children & Young People Directorate	263	63	(15)	-	34	345
Older People & Primary Care Directorate	97	29	(9)	-	17	134
Mental Health & Disability Directorate	40	24	(11)	-	7	60
Total Unrestricted funds	1,711	350	(157)	-	166	2,070
Grand Total	2,783	350	(261)	-	167	3,039

Where necessary, the comparative balances of restricted and unrestricted funds have been reclassified to provide a basis consistent with the current year. These reclassifications have no effect on the Statement of Financial Activities.

SOUTHERN HEALTH AND SOCIAL CARE TRUST

12. Financial Guarantees

The SHSCT Trust Funds do not have any financial guarantees. (2014: £Nil)

13. Related Party Transactions

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.

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 Southern Health and Social Care Trust Trust Funds.

The Charitable Trust has made revenue and capital payments to the Southern Health and Social Care Trust where the Trustees are also members of the Trust Board.

14. Financial Guarantees, Indemnities and Letters of Comfort

The Southern Health and Social Care Trust Charitable Trust Funds has no contingencies or commitments. (2014: £Nil)

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