"Looking Forward Together"
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<td>52-61</td>
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Welcome to the third Annual Report produced by the Western Health and Social Care Trust (hereafter referred to as the Western Trust or Trust) which covers the period from 1 April 2008 to 31 March 2009. In this report the Western Trust has highlighted some of its key achievements over the last year and demonstrates how the Trust performed against regional targets and outlines plans for 2009/10. The editorial team would like to thank everyone who contributed to the production of this year’s report which reflects the contributions of all involved.
The Chairman of the Western Trust held a reception at Trust Headquarters during the year to express appreciation and thanks to members of the public and staff who have generously donated their time, skills and funds over the past year. Pictured on night of reception from left to right are: Gerard Guckian, Western Trust Chairman; Caroline McKinley; Steven McKinley and Jim Armstrong.

The Friends of Altnagelvin during the year provided a batch of teddies which will help to comfort children on their way to hospital. Pictured from left to right are: Karen Love, Friends of Altnagelvin Chairman; Christopher McLaughlin, a child who attended a clinic with his teddy ‘Bernard’; Elene Michaelides, Paramedic; George O’Doherty, Paramedic Station Supervisor, Altnagelvin.

Pictured on a break from the Children in Need filming with Dr Twinkle and Dr Sparky during one of their regular weekly visits to sick and disabled children at the Children’s ward in Altnagelvin Hospital are left to right: David Rowney, BBCNI Producer; Cathy Quinn, Play Specialist Nurse; Alastair Neely, BBCNI Cameraman; Jan Branch, Clown Doctors NI; and Norman Watkins, BBCNI Sound.

Dr Mark Sheridan (second from left), consultant anaesthetist at Altnagelvin Area Hospital, who was a member of a winning team which received the ‘Deployed Healthcare Award’ in the inaugural Military and Civilian Health Partnership Awards. Dr Sheridan is pictured with Health Minister, Michael McGimpsey, Chief Medical Officer, Michael McBride and Elaine Way, Chief Executive, Western Trust.
As years go, 2008/09 has been a tough one for the Western Trust. We have faced many difficult challenges, not least the task of operating within the most restrictive financial circumstances in living memory. With the first year of the Comprehensive Spending Review (CSR) and pre-existing funding pressures inherited from our legacy trusts, it has been a real struggle to balance our books without affecting frontline services.

“Looking Forward Together”

The fact that we have been able to again break even is testimony not only to the prudent stewardship of the Finance Directorate, but to the focus and drive for efficiency from every level within our Service Directorates. Despite the challenges associated with efficiencies, the Trust managed to realise savings to the value of £7.9 million recurring (81%) against a target of £9.7 million. This was a considerable achievement given that this is the first year of the CSR period.

We need to remember that efficiency should not be a dirty word and should not mean cuts. The population we serve properly expects us to put public funds to the best use possible, with minimum waste. By breaking even this year and last, we have achieved the significant prize of having the £3.36 million deficit incurred by Sperrin Lakeland Trust written off. This is good news for us and our patients and clients.

As a Health and Social Care provider, however, our performance should not be measured either solely or primarily in financial terms. Other measurements now abound, with the level of Government targets again being raised significantly. In my view our performance against
these has been exceptional, particularly when viewed in the context of the number of people that we have cared for this year. Of course we need to achieve a balance, so that we never chase targets at the expense of quality of care, while we recognise that it is vitally important for patients and clients to be able to access our services in a timely manner. A positive milestone in this area has been the development of our own live and dynamic Performance Management Framework so that we can measure our own activity on a daily basis.

I make no apology for restating, again and again, that our number one aim is to provide safe and high quality services. By forming a new Integrated Governance Committee, involving our entire Trust Board, and launching our Patient/Client Safety programme in June 2008, I believe we can reassure the people that we serve that safety remains at the very top of our agenda.

Safe and high quality care is delivered by people not systems and I want to thank and pay tribute to each and every member of our workforce who have worked so hard this year. All of our success is due to the efforts of our staff, at every level and it is gratifying to see so many being recognised for their efforts, from our annual staff training awards to the international success of the Renal Service and regionally at the RCN Nurse of the Year Awards.

I now more confident than ever that a new and consistent culture is developing within our organisation, centred upon our absolute determination to provide the very best quality care that we can provide.

I want people to be confident in the services provided by the Western Trust and I want people to be proud to say they work for the Western Trust. I am certainly proud to be its Chairman and present this Annual Report to you.

GERARD GUCKIAN
Chairman
Western Health and Social Care Trust
The Western Health and Social Care Trust

The Western Health and Social Care Trust (Western Trust) was established on 1 April 2007 under the Review of Public Administration. The Trust brought together the delivery of Health and Social Care which previously had been provided by three separate Trusts, namely Altnagelvin, Foyle and Sperrin Lakeland Trusts and Westcare Business Services.

The Trust provides services across five Council areas (Limavady, Derry, Strabane, Omagh and Fermanagh) and covers 4,842 square kilometres of landmass. Services are provided to approximately 300,000 people. The Trust employs almost 12,500 staff and invests approximately £422 million in the delivery of a comprehensive range of Health and Social Care services.

The vast majority of services are provided in community based settings with access to specialist inpatient services available from a number of hospitals such as Altnagelvin, Erne, Gransha, Lakeview, Tyrone County, Tyrone and Fermanagh and Waterside.

Our Vision

The aim of the Western Trust is:

“To provide high quality patient and client-focused Health and Social Care services through well trained staff with high morale.”

This is supported by six core values which underpin the organisational culture of the Western Trust and have been developed to help us achieve our purpose.

- **High Quality and Safety**: We are committed to excellence and accountability in our services to individuals, families and communities

- **Enabling Our Staff**: We strive for a safe working environment which promotes growth and development, teamwork, pride, creativity and trust

- **Integrity**: We believe integrity is the foundation for individual and corporate actions. We adhere to the values of honesty, openness and respect for all

- **Equality**: We promote equality and fairness for patients, clients and staff
The Trust’s Breast Cancer Team, scooped the Nursing Research Award at the 2008/09 Annual Royal College of Nursing Awards. Suicide Awareness Coordinator and Family Liaison Worker, Barry McGale was also a finalist in the Nurse of the Year Category. Pictured left to right are: Patricia Kearney, Breast Care Nurse, Joan Lafferty, Breast Care Nurse, Barry McGale, Suicide Awareness Coordinator, Fiona Rankin, Breast Care Nurse, and Celine Duffy, Breast Care Nurse.

- **Partnerships:** We are committed to working in partnership with service users, policy makers, commissioners and other service providers.

- **Employing Our Resources Efficiently and Effectively:** We are committed to ensuring the best possible use of all public funds with which we are entrusted.

**Our Services**

The Western Trust provides a range of Health and Social Care services across the Western area. Services are delivered across the following Directorates:

- Acute Services
- Women and Children’s Services
- Primary Care and Older People’s Services
- Adult Mental Health and Learning Disability.

These are supported by the Directorates of:

- Medical
- Finance, ICT and Contracting
- Human Resources
- Planning and Performance Management.

The majority of these services are commissioned by the new Health and Social Care Board. The Western Trust also commissions a significant range of services from the private, community and voluntary sectors.

**Our Facilities**

A significant proportion of the Western Trust’s services are delivered in community based settings with specialist assessment and treatment input provided from a number of hospitals. In all, the capital value of the assets in use across the Western Trust amounts to over £360 million.

The Western Trust has:

- Altnagelvin Area Hospital, Erne Hospital and Tyrone County Hospital
- 11 health centres and clinics
- Nine children’s homes
- 30 day centres
- Ten residential homes and 1 hostel
- Three psychiatric hospitals (Tyrone and Fermanagh Hospital, Gransha Hospital and Lakeview Hospital)
- One rehabilitation hospital for older people (Waterside Hospital)
- Six training centres
- 12 administration offices
- And delivers services direct into thousands of people’s homes.
OUR GEOGRAPHY

The Western Trust provides Health and Social Care services across 17% of the NI geographic landmass.

Fermanagh D. C.
Population: 60,570
Area Sq. Km: 1876.8
Density/Sq Km: 32

Enniskillen

Derry/Londonderry C. C.
Population: 107,904
Area Sq. Km: 387.4
Density/Sq Km: 279

Omagh D. C.
Population: 51,030
Area Sq. Km: 1129.9
Density/Sq Km: 45

Limavady D. C.
Population: 34,346
Area Sq. Km: 586.3
Density/Sq Km: 59

Strabane D. C.
Population: 39,132
Area Sq. Km: 861.6
Density/Sq Km: 45

Strabane

Omagh

Limavady

Derry / Londonderry

Western Health and Social Care Trust
Population: 292,982
Area Sq. Km: 4,842
Density/Sq Km: 61
Our Trust Board Structures and Governance Arrangements

The Trust Board is chaired by a Non-Executive Chairman and includes seven Non-Executive Directors, the Chief Executive and four Executive Directors. It has the following responsibilities:

- Sets the strategic direction of the organisation
- Reviews performance and quality outcomes
- Determines effective stewardship of the organisation’s resources
- Ensures that the highest standards of governance and personal conduct are maintained.

The Corporate Management Team is chaired by the Trust’s Chief Executive and consists of eight Directors. It has responsibility for ensuring the overall delivery of high quality services, the achievement of financial and performance targets and the maintenance of appropriate clinical and social care governance standards.

Integrated Governance

The Western Trust is committed to continuous improvement in the quality of services for users, staff and the public. This must be supported by robust integrated corporate governance arrangements. The Trust has developed an integrated governance structure and organisational arrangements are now in place.

Integrated Governance Committee

The Integrated Governance Committee, led by Chairman, Gerard Guckian, met quarterly in 2008/09. Each of the Service Directorates provided updates on service quality improvement initiatives and risk management issues. The Committee also considered feedback from external reviews and ensured action plans were progressed and implemented throughout the year.

Quality Improvement

Inspection teams from the Regulation and Quality Improvement Authority (RQIA) visited the Western Trust on a number of occasions in 2008/09 to conduct reviews. Reports have been received and action plans developed for the following reviews:

- Review of Clinical and Social Care Governance Arrangements in Health and Social Care Trusts in Northern Ireland (NI), 2008
- Reducing the Risk of Hyponatraemia when Administering Intravenous Infusions to Children
- Clostridium Difficile – RQIA Independent Review
- Review of Actions Taken on Recommendations from a Critical Incident Review within Maternity Services, Altnagelvin, October 2008.

The action plans associated with the outcome of these reviews are coordinated by the Clinical and Social Care Governance Manager and will be monitored through the Quality and Standards Sub-Committee.

The following reviews were carried out in 2008/09 and the Trust is awaiting the RQIA reports:

- Child Protection (Review of Record Keeping) – this is part of a two year rolling programme
- Review of Intrapartum Care Services in NI.

Western Health and Social Care Trust - Annual Report 2008/09

Our staffing

Western Trust by Professional Group

10% Allied Health Professionals
14% Social Services
2% Estates
6% Medical & Dental
19% Admin & Clerical
11% Ancilliary
38% Nursing & Midwifery

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Position on the Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerard Guckian</td>
<td>Chairman, Chair of Integrated Governance Committee and Chair of Remuneration Committee</td>
</tr>
<tr>
<td>Niall Birthistle</td>
<td>Non-Executive Director and Chair of the Audit Committee</td>
</tr>
<tr>
<td>Stella Cummings</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Joan Doherty</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Brendan McCarthy</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Ciaran Mulgrew</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Sally O’Kane</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Barbara Stuart</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Elaine Way</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Joe Lusby</td>
<td>Deputy Chief Executive and Director of Planning and Performance Management</td>
</tr>
</tbody>
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### Board Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position on the Board</th>
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</thead>
<tbody>
<tr>
<td>John Doherty</td>
<td>Director of Women and Children’s Services and Executive Director of Social Work</td>
</tr>
<tr>
<td>Trevor Millar</td>
<td>Director of Adult Mental Health and Disability Services</td>
</tr>
<tr>
<td>Alan Corry Finn</td>
<td>Director of Primary Care and Older People’s Services and Executive Director of Nursing (to 17 November 2008) / Director of Acute Services and Executive Director of Nursing (from 18 November 2008)</td>
</tr>
<tr>
<td>Geraldine Hillick</td>
<td>Acting Director of Primary Care and Older People’s Services (from 04 December 2008)</td>
</tr>
<tr>
<td>Dr Anne Kilgallen</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Lesley Mitchell</td>
<td>Director of Finance, ICT and Contracting</td>
</tr>
<tr>
<td>Margaret Kelly</td>
<td>Director of Acute Services (On secondment from 17 November 2008)</td>
</tr>
<tr>
<td>Nuala Sheerin</td>
<td>Director of Human Resources</td>
</tr>
</tbody>
</table>

*Pictured are pupils and teachers from several schools across Co Fermanagh who took part in the “Really Wild Flower Workshop” as part of the Walk for Life event organised by the Western Trust Health Promotion Department in partnership with Contact Youth.*
The Directors of the Trust bring to your attention the following issues:

1. The Trust has prepared a set of accounts for the year ended 31 March 2009 which have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

2. The Trust has arrangements in place to consult with employees and their representatives. The formal mechanism is based on the Trust’s Joint Negotiation and Consultation Forum. This is governed by a formal agreement which sets down the arrangements for management and staffside partnership working in relation to consultation and negotiation on employment matters. In addition the Trust has established a Joint Local Negotiating Committee. This forum focuses on employment matters relating to doctors. The Trust has a range of partnership groups in place which allow consultation on various issues such as Agenda for Change implementation, violence at work and local change management initiatives.

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

4. The Department requires the Trust to pay their non-HPSS trade creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. Details of compliance with the Code are given on page 52.

5. The Trust participates in the HSS Superannuation Scheme and Note 1.14 of the accounts and the Remuneration Report on page 58 refers to the accounting treatment adopted.

6. The Trust maintains a Register of Interests covering Directors and key management staff and operates procedures to avoid any conflict of interest.
The Register can be viewed by contacting the Chief Executive’s Office.

7 The Trust’s absence rate at March 2009 was 5.84% against a target of 5.24%.

8 The Trust did not have any personal data related incidents in 2008/09.

9 The Trust’s External Auditor is the Comptroller and Auditor General who sub-contracted the audit to PricewaterhouseCoopers for 2008/09. The Trust was charged £70,597 for the statutory audit of the accounts (Public Funds and Endowments and Gifts).

10 The Trust has an Audit Committee which is a formal Committee of the Board and membership is as follows:

- Niall Birthistle – Non-Executive Director (Chair)
- Ciaran Mulgrew – Non-Executive Director
- Barbara Stuart – Non-Executive Director.

The Audit Committee has adopted the handbook issued by the Department of Health Social Services and Public Safety (DHSSPS) which details the terms of reference and the operating standards of the Committee.

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

The Western Trust has continued to build on the progress made since its inception in 2007. The Trust is now consolidating on the processes of harmonisation of service delivery and the development of agreed policies, procedures, systems and structures.

One of the key challenges over the last 12 months, which will continue to be a challenge over the next two years, is the implementation of the proposals to meet savings outlined in the Comprehensive Spending Review. There is no doubt that this is a challenging time for the Western Trust but as demonstrated this year, building on the reform and modernisation of services can lead to more efficient services that provide high quality care.

2. Driving Forward the Reform and Modernisation of Services

The Western Trust has worked closely with its main commissioner, the Western Health and Social Services Board (WHSSB), taking forward its ambitious reform and modernisation programme. The Trust looks forward to this continuing, as the new commissioning arrangements are established. The Trust strives to create a culture of improvement that supports and encourages all staff to embrace service redesign.

More and more of the Trust’s services are being modernised and new initiatives are developing across the whole of the Western Trust for the benefit of its population. The Trust is committed to making Health and Social Care services more accessible and it is vital that staff can deliver these services in settings which are fit for purpose.

Wherever possible, the organisation will exploit the opportunities of technological advances to deliver accessible and responsive services. With the essential and necessary improvements in Altnagelvin and Gransha Hospitals, alongside the committed investment in New Hospitals Projects in the South West, the Western Trust will be well placed to match leading edge innovation with purpose built environments.

The Western Trust must adapt so that it can meet any challenge head on. Reviewing and, as appropriate, modifying the way in which we do things will help make sure our patients and clients continue to have easy access to safe, high quality care in a clean and welcoming environment.

Key Areas of Reform and Modernisation

<table>
<thead>
<tr>
<th>Elective Care Reform</th>
<th>In line with Developing Better Services (DBS) and risk and governance reviews</th>
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</thead>
<tbody>
<tr>
<td>Emergency Care Reform</td>
<td></td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>Incorporating Intermediate Care and Treatment Services (ICATS) investments.</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>In line with the Bamford Review and the local strategy - “Moving forward with health in mind”</td>
</tr>
<tr>
<td>Learning Disability Services</td>
<td></td>
</tr>
<tr>
<td>Older People’s Services</td>
<td>Reflecting the Care and Accommodation Strategy in line with the Family Support Strategy</td>
</tr>
<tr>
<td>Children’s Services</td>
<td></td>
</tr>
</tbody>
</table>
### Performance Monitoring Outturn as at 31 March 2009

<table>
<thead>
<tr>
<th>Type</th>
<th>Target</th>
<th>Position</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient &amp; Day Cases</strong></td>
<td>As at 31 March 2009</td>
<td>13 weeks</td>
<td>Not Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>19 patients waiting longer than 13 weeks at the 31 March 2009</td>
</tr>
<tr>
<td><strong>Outpatients</strong></td>
<td>As at 31 March 2009</td>
<td>9 weeks</td>
<td>Achieved</td>
</tr>
<tr>
<td><strong>Allied Health Professionals’s</strong></td>
<td>As at 31 March 2009</td>
<td>13 weeks</td>
<td>Achieved</td>
</tr>
<tr>
<td><strong>Diagnostics</strong></td>
<td>As at 31 March 2009</td>
<td>9 weeks</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(13 weeks for endoscopies)</td>
<td></td>
</tr>
<tr>
<td><strong>Accident and Emergency</strong></td>
<td>Month of March 2009</td>
<td>95% within 4 hours</td>
<td>Not Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Altnagelvin Hospital <strong>79%</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Erne Hospital <strong>88%</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tyrone County Hospital <strong>100%</strong></td>
</tr>
<tr>
<td><strong>Healthcare Acquired Infections (HCAI)</strong></td>
<td>Year 2008/09</td>
<td></td>
<td>Not Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Target of 106 exceeded by 3 cases at 31 March</td>
</tr>
</tbody>
</table>

### DELAYED DISCHARGES

<table>
<thead>
<tr>
<th>Type</th>
<th>Target</th>
<th>Position</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complex Discharges</strong></td>
<td>Month of March 2009</td>
<td>90% within 48 hours</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Altnagelvin Hospital <strong>93%</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Erne Hospital <strong>99%</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tyrone County Hospital <strong>86%</strong></td>
</tr>
<tr>
<td><strong>Complex Discharges greater than 7 days</strong></td>
<td>Month of March 2009</td>
<td>No Complex discharge should take longer than 7 days</td>
<td>Not Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5 patients waiting longer than 7 days at 31st March</td>
</tr>
<tr>
<td><strong>Non Complex Discharges</strong></td>
<td></td>
<td>100% within 6 hours</td>
<td>Achieved</td>
</tr>
<tr>
<td>% of Discharges Coded</td>
<td></td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
### Performance Monitoring Outturn as at 31 March 2009

<table>
<thead>
<tr>
<th>Type</th>
<th>Target</th>
<th>Position</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CANCER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Cancer 14 day target</td>
<td>Month of March 2009</td>
<td>14 days</td>
<td>Not Achieved 130 patients seen during March 2009 of which 18 waited greater than 14 days</td>
</tr>
<tr>
<td>31 and 62 day performance</td>
<td></td>
<td></td>
<td>Achieved</td>
</tr>
<tr>
<td>Cancelled Operations</td>
<td></td>
<td>2% cancelled</td>
<td>Achieved</td>
</tr>
<tr>
<td>Fractures</td>
<td>Month of March 2009</td>
<td>95% within 48 hours</td>
<td>Not Achieved 93% of all patients were treated less than 48 hours and 7% were treated greater than 48 hours</td>
</tr>
<tr>
<td>Mental Health Waiting Times</td>
<td>As at 31 March 2009</td>
<td>No wait longer than 13 weeks</td>
<td>6 patients waited longer than 13 weeks for their psychological therapy appointment and 19 patients waited longer than 13 weeks for their paediatric psychology appointment at 31 March 2009</td>
</tr>
</tbody>
</table>

### Mental Health Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Target</th>
<th>Rate</th>
<th>Position</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resettlements concluded</td>
<td></td>
<td>5</td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td>% discharged within 7 days</td>
<td>Month of March 2009</td>
<td>75%</td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td>Number who waited greater than 90 days</td>
<td>Month of March 2009</td>
<td>0</td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td>Care Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number that waited less than 8 weeks for assessment to be completed</td>
<td>Month of March 2009</td>
<td>0</td>
<td>Achieved</td>
<td>1 waited 8 -12 weeks (nursing home)</td>
</tr>
<tr>
<td>Number that waited less than 12 weeks to have the main component of their care package needs met</td>
<td>Month of March 2009</td>
<td>0</td>
<td>Achieved</td>
<td></td>
</tr>
</tbody>
</table>
### Performance Monitoring Outturn as at 31 March 2009

<table>
<thead>
<tr>
<th>Type</th>
<th>Target</th>
<th>Position</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Payments</td>
<td>171</td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td>Children Services</td>
<td></td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td><strong>Learning Disability Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% discharged within 7 days</td>
<td>75%</td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td>Number who waited greater than 90 days</td>
<td>0</td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Reporting Turnaround Times (DRTT’s)</td>
<td>Month of March 2009</td>
<td><strong>Not Achieved</strong></td>
<td>This is a challenging target given the complexity of the work within the Service Directorates and it shows a marked improvement from the previous year.</td>
</tr>
<tr>
<td>Urgent - 100% within 2 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine - 75% within 2 weeks</td>
<td></td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td>Routine - 100% within 4 weeks</td>
<td></td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td>Anti TNF (Rheumatology Drug)</td>
<td></td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td>Renal Dialysis and Live Donor Transplants</td>
<td>Return quarter ending March 2009</td>
<td>Achieved</td>
<td></td>
</tr>
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</table>
6 PLANNING AND PERFORMANCE MANAGEMENT DIRECTORATE

The Directorate of Planning and Performance Management is responsible for the coordination of a number of key corporate processes throughout the Western Trust.

The development and maintenance of a robust performance management system by the Directorate ensures that the Trust continues to deliver high quality services in line with the targets and standards set by the Board and other regulatory bodies.

The key functions delivered by this Directorate include:

- Planning and performance management
  - performance management (the Trust’s performance this year is reflected in section 5 of this report under Management Commentary on pages 13-16)
- strategic/operational/emergency planning
- health improvement
- equality and human rights
- information and records
- Capital planning and investment
- Facilities management.

The Directorate has a key role in supporting the planning and performance functions across the Trust particularly in the reform and modernisation of services. Consequently, staff from the Directorate work with colleagues from the Human Resources and Finance functions to provide specialist input and support to the service directorates.

Planning for an Emergency

Work has been ongoing throughout the year in the development of a Trust-wide emergency plan. In November 2008, the Western Trust took part in “Exercise Phoenix”. This was a collaborative exercise involving Derry City Council, City of Derry Airport, Police Service of Northern Ireland (PSNI) and Northern Ireland Ambulance Service (NIAS).

The exercise tested the Western Trust’s emergency plan during a simulated aircraft incident at the City of Derry Airport. Much learning was gained from the exercise. The Trust also contributed to the emergency planning arrangements for Rally Ireland in Enniskillen, the Halloween Carnival and St Patrick’s Day Festival organised by Derry City Council.

Corporate Planning

Corporate Planning continues to support the Corporate Management Team in the development and delivery of the required strategic plans. Service planning is one of the key corporate processes within the Trust, ensuring the delivery of high quality services to patients, clients and their carers, in line with regional strategies, Ministerial targets and regional and local commissioning priorities.

Health Improvement

The integration of health improvement as a core function in the Planning and Performance Management Directorate has this year strengthened the ability of the Health Promotion Department to impact on local delivery. Some of the key achievements this year include:
• Having a major role in the Northern Ireland adaptation of Mental Health first aid
• National winner in Northern Ireland category of the Prince’s Foundation Integrated health award for “Getting it together”
• Recognition by RQIA of the innovative partnership project “Bank Your Smile”
• Excellent update internally and by external organisations in respect of the training offered by the Health Promotion Department.

Launch of the Food and Nutrition policy

The Western Trust launched its “Food and Nutrition Policy” in 2008 following wide consultation throughout the Trust. The policy provides guidelines on the provision of healthy food choices for staff, clients and patients. The Western Trust employs 12,500 people and serves approximately 344,000 staff meals and 607,500 patient meals on an annual basis. It is important that Health and Social Care facilities within the Western Trust set a good example, by actively promoting good nutrition by enabling people to make healthier food choices and encouraging a healthy balanced diet.

Launch of the Smoke Free policy

The Western Trust became a totally smoke free Trust on 10 March 2009 with the launch of the Trust-wide Smoke Free Policy. The Policy aims to protect the health of staff, visitors, service users and patients. The Policy states that smoking is not permitted in any Western Trust building or grounds. There are...
designated smoking areas for patients and service users only. Staff and visitors are not allowed to use these areas.

- **For staff the Policy means** - Western Trust employees are not allowed to smoke in any Trust building, grounds including bus stops and car parks or Trust vehicle. They may only smoke in their cars provided another member of staff does not accompany them.

- **For patients and service users the Policy means** - They are not allowed to smoke in any Trust building. They can only smoke in the patient designated smoking areas, which are clearly sign posted. Staff and visitors are not allowed to use these smoking areas.

- **For visitors the Policy means** – They are not allowed to smoke in any Trust building or grounds. They may only smoke in their cars.

**Keep Warm and Well Campaign**

Throughout the winter months, the Trust’s Health Promotion Department and Primary Care and Older People’s Directorate in partnership with the Health Action Zone, placed as a priority the Fuel Poverty Agenda. Primary and Community Care Teams provided information leaflets and screened all existing service users receiving services from the Primary Care and Older People’s Directorate to ensure they received advice, support and extended care plans.

**Equality, Good Relations and Human Rights**

As always it has been a busy year in the area of Equality, Good Relations and Human Rights. All Directorates have been working hard to consider how their services can become more accessible and a full commentary on this can be found in the Western Trust’s Equality Progress Report. Progress has been made on improving access to foreign language interpreting. New diversity training programmes have been developed as have more effective support for people with caring responsibilities. The Equality and Human Rights Unit has integrated further into all Trust Directorates and has become essential in terms of advising on the equality screening process and any necessary consultation activities.

**Encouraging Diversity**

During the year, the Trust worked with other Health and Social Care organisations to develop an innovative and imaginative e-learning package on equality called “Discovering Diversity”. This encourages staff to promote positive and respectful attitudes to difference and diversity. The Diversity module for an NVQ Apprenticeship Programme was delivered in the Londonderry and Omagh areas for care and nursing assistants. It was held in partnership with MENCAP, Rainbow, RNIB, SEEDS and Women of the World.

Over the period 2008/09, the Western Health Action Zone and the Equality and Human Rights Unit funded research into the health needs of migrant or ethnic groups and their families. This will form the basis of an action plan to be developed during 2009/10.

**Foreign Language Telephone Interpreting**

All Health and Social Care organisations now use the Big Word Company to provide telephone access to foreign language interpreting. Staff can now access instantly 139 languages. Awareness training was provided to staff across the Trust. Face-to-face interpreting will still be booked but any emergencies can now be covered.

**Information and Records**

During the year the DHSSPS set targets in clinical coding and these were achieved by the Trust. To achieve the newly set targets much work was carried out at ward level and new processes were put in place.
The Medical Records Department relocated to the new South Wing towards the end of the financial year with a lot of work and effort from all staff involved to make the transition as smooth as possible. Over 500,000 records were moved whilst sustaining a full service.

Microsoft ‘Sharepoint’ is now being utilised within the Trust to facilitate multidisciplinary team working and facilitates the sharing of information between distributed teams. It has also been used effectively in the collation of performance management information.

**Freedom of Information (FOI)**

The Freedom of Information (FOI) Act 2000 gives the public a general right of access to all types of information held by public authorities. The Act aims to encourage more openness within public services.

During 2008/09, the Western Trust received 208 requests under the FOI Act. This is an increase of over 133% from the previous year when 89 requests were received. 94% of the Trust’s FOI requests were answered within 20 days compared to 84% for the previous year.

Public authorities in the United Kingdom (UK) were legally required, by 31 December 2008, to have a wide range of information readily available on their websites under what is known as a ‘Publication Scheme’. The Western Trust met this deadline. Most information on the Publication Scheme is downloadable from the Trust’s website – [www.westerntrust.hscni.net](http://www.westerntrust.hscni.net) - or can be obtained from the Trust within five working days.

**Facilities Management**

During 2008/09 the Facilities Management senior management structure was established. This provided the basis for moving forward to implement the new department’s organisational structure and aligning staff to new posts. In parallel with this a Facilities Senior Managers’ Forum was established with the primary aim of integrating the delivery of all services areas for the benefit of patient care.

During 2008/09 business objectives were agreed for the coming year with a focus on the delivery of a safe, high quality, customer-focused service and the promotion of a continuous improvement culture which includes:

- Training and Development
- Planning Performance
- Quality and Safety
- Financial Balance
- Policy and Procedure Harmonisation.

**Patient Safety**

A new process for managing Medical Device Equipment Alerts (MDEA) was introduced, which will enable all Directorates to improve patient safety in relation to the use of medical equipment. This incorporates the crucial element of feedback to ensure all actions are completed.

**Minor Capital Work**

A programme of Minor Capital Work has been fully delivered across the Trust area in excess of £4 million, enabling patient and client services to be delivered more effectively.

**Regional Reviews**

Facilities Management has supported work commissioned by the Health Estates Agency to develop regional reviews of a number of support service areas including catering, cleaning, laundry and car parking. Local strategies are being developed to implement recommendations.

**Commitment to Business in the Community**

In April 2008, the Western Trust joined Business in the Community and received the Business in the Community Charter. As a platinum member of Business in the Community, the Trust undertakes to continually improve its positive impact on society by developing and practising a responsible approach to do business. The Trust has adopted this philosophy and practice of corporate social responsibility and has ensured that it is part of the way services are provided to the 290,000 living in the Western Area.

The Charter signals the Western Trust’s commitment to work in partnership with other agencies and organisations to meet its responsibilities to society and to develop best practice in the environment and the workplace whilst addressing key social and economic issues.

Through the Charter the Trust will, wherever possible, support the voluntary and community sector, small firms and other stakeholders’ bodies through the provision of professional expertise and advice, equipment, secondees, finance, sponsorship, access to facilities, premises or any other available and appropriate resource.
“Looking Forward Together”

CAPITAL PLANNING AND DEVELOPMENT

The Capital Planning and Development Division has specific responsibilities for overseeing and managing the discretionary capital programme. This allocation is used to fund the development of new buildings; upgrade and modernise existing premises and replacement medical equipment.

Altnagelvin Strategic Redevelopment

Work on the £33 million South Wing of the Altnagelvin Strategic Redevelopment was completed to the highest quality and standards, on time and within budget on 5 December 2008. This development includes the following facilities: maternity, neo-natal, oncology, care of the elderly, rehabilitation, staff changing and health records. Patients and staff transferred to the new state-of-the-art facility from December 2008 to March 2009. Phase 3.2B started in July 2008 and is due for completion in February 2010. This phase will contain stroke services, coronary care and the acute medical unit.

Primary Community Care Initiative and Mental Health Developments

Planning and business case preparation for a number of primary and community healthcare and mental health projects were progressed during 2008/09. These included:

- Lisnaskea Health and Care Centre
- a new children’s unit in Omagh
- a Mental Health Crisis Unit on the Gransha site to replace the existing clinic
- a replacement Ballycann Unit for elderly patients with dementia
- and a Supported Living Unit to accommodate patients with...
challenging behaviour, which is now under construction with a completion date of March 2010.

Clinical Transitional Research and Innovation Centre (C-TRIC)

The Western Trust alongside partners Derry City Council and the University of Ulster, established a Research and Innovation facility on the Altnagelvin Area Hospital site during 2008/09. C-TRIC is now operational and acts as an enabler and catalyst for the increased levels of research and innovation across healthcare and medicine.

The centre comprises of office accommodation for researchers, a seminar room, clinical areas where patients participating in research studies can be seen, multipurpose laboratory space and also lettable “incubation” areas, which are available to the life sciences commercial sector. The availability of such commercial space is a unique feature of C-TRIC and will help foster close links with the bio-business community, which is very important for the development of innovative research ideas. The presence of C-TRIC acts as a catalyst to increase the volume and scope of research activity.

Sub-regional Radiotherapy Unit

Following the Minister’s announcement to site a Sub-regional Radiotherapy Unit at Altnagelvin Area Hospital a project manager has been appointed to develop an outline business case which is planned for submission to the DHSSPS in Autumn 2009.

New Hospitals Projects

2008/09 has proved to be a progressive year for the New Hospitals Projects, which are designed to modernise the delivery of 21st century hospital services within the South West of Northern Ireland.

Omagh Hospital Complex

The Tyrone and Fermanagh Hospital site has seen considerable activity during much of 2008/09 with preparations well under way for the Omagh Hospital Complex. The hospital complex, which includes an Enhanced Local Hospital, Centre for Mental Health and a Health and Care Centre, is designed around a model of integrated healthcare, bringing the facilities for community and hospital care together in a health campus.

Landmark achievements for this development during 2008/09 included the receipt of Outline Planning Approval and the award of a range of contracts to prepare the site for the new developments. These preparations include modernising the site infrastructure for essential services such as water, electricity and sewage, environmental measures and some building demolitions. A planning application for a new road to link the hospital complex to the town’s major road networks, was lodged.
Looking Forward Together

in February 2009, with work set to take place before the opening of the new hospital.

In December 2008 the Trust welcomed Health Minister Mr Michael McGimpsey to the site of the New Omagh hospital complex, where the Minister reaffirmed DHSSPS commitment to the investment and the planned completion date of 2013.

New Acute Hospital for the South West

The project to deliver the New Acute Hospital has significantly progressed towards the planned opening in the Summer of 2012. 2008/09 began with the evaluation of final tenders and resulted in the appointment of Northern Ireland Health Group (NIHG) as the Selected Tenderer in September 2008. Key to this appointment was DHSSPS approval to proceed based on the Appointment Business Case submitted by the Trust. Progress continued with the submission of a subsequent comprehensive Full Business Case, outlining all essential elements of the project and requesting DHSSPS approval to proceed into a 30-year contract with NIHG.

Preparations for the construction phase of the project were further progressed with receipt of full planning approval just before Winter 2008. In parallel with these approvals, work continued to prepare the site for the New Acute Hospital at Wolf Lough, North of Enniskillen. These works, which included a providing a new roundabout on the main A32 Irvinestown Road, were completed during the Summer of 2008.

The design of the new hospital is now well advanced with a wide range of staff involved in finalising detailed room plans. This crucial stage will be completed at the end of 2009.

2008/09 concluded with the New Acute Hospital nearing financial close as the Western Trust fine tuned the legal contract for the partnership with NIHG, which will deliver a New Acute Hospital on a par with the highest European standards.
Over the next year the Planning and Performance Management Directorate will continue to consolidate its various roles as it shapes and directs the Western Trust through the planning and delivery of services. The Trust’s approach to performance management will continue to be committed to delivering the standards to ensure services remain both safe and of a high quality.

The Directorate will:

- Continue to build on the successes on the wider health determinants of health in partnership with other stakeholders e.g. schools, healthy living centres, and community and voluntary sector
- Continue to build on the progress to date in has begun to create processes and structures to improve health, work ability and wellbeing for the benefit of Western Trust staff, patients/clients and the public
- Work towards the achievement of national, regional and local targets
- Carry out extensive monitoring, and where necessary initiate corrective action, to ensure that all targets are met for the benefit of patients
- Progress its roles as a Support Directorate providing a range of services to the Trust’s Service Directories.

Environmental Issues

The Trust is aware of the potential impact on the environment arising from the delivery of its services and is committed to reducing any adverse impact. Some examples of initiatives in place to minimise adverse environmental impact are as follows:

- There is a sustained focus on energy management and initiatives such as the summer heating programme aim to reduce the consumption of fossil fuels and the level of carbon dioxide emissions produced by the Trust
- The Trust continues to promote the use of video and teleconferencing as an alternative to travelling. Such facilities are routinely included in the design specifications for new building developments
- In relation to waste disposal, the Trust is aware of the level of waste material produced as a result of carrying out its business. It has a scheme in place to ensure that cardboard waste on the Altnagelvin Area Hospital site is segregated for recycling so as to avoid disposal via landfill. Introduction of this scheme is being actively pursued for the other Trust hospital sites.

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Priorities for 2009/10

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With the many major capital projects moving forward over the next twelve months, this is an exciting time for the Directorate. With energetic project management the Trust’s capital programme will seek to meet the required deadlines.

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The Western Trust in partnership with Farrans launched ‘Buildhealth’ an exciting new initiative for construction workers located on the Altnagelvin site in September 2008. The week long initiative is designed to promote health in the workplace for the construction workers on site. Pictured on Farrans construction site on Altnagelvin Area Hospital are from Left to Right: Mr Alan McKinney, Lead Clinician A&E, Western Trust; Mr Darrell McGuckian, Contracts Manager, Farrans Healthcare; Mr Brian Grant, Engineer, Farrans Healthcare; Ms Fiona Teague, Project Manager, Derry Healthy City, Ms Lorna Elliott, Site Manager, Farrans Healthcare and Mr Dennis McKinney, Newtonstewart construction.
The Acute Services Directorate provides acute medical care and emergency services to the population of the Western Trust and beyond.

The Directorate provided acute hospital services to the local population from three sites, at Altnagelvin Area Hospital, the Tyrone County Hospital and Erne Hospital, with outreach to community settings to ensure local access to services where possible. The Directorate serves the needs of patients across the Trust and patients in other parts of Northern Ireland and Republic of Ireland for more specialist services.

Services are managed through three Clinical Services Divisions, namely:
- Emergency Care and Medicine Division
- Surgery and Anaesthetics Division
- Diagnostic, Cancer and Clinical Support Division.

These divisions are supported by Pharmacy Services and Hospital Sterilisation and Disinfection Unit (HSDU).

This structure supports the integration of acute services within one whole system of Health and Social Care and is committed to:

- Illness prevention, early detection and early intervention
- Supporting responsive community and primary care services to avoid unnecessary admissions to acute care, facilitate earlier discharge and a return to independence
- Transforming internal hospital processes to support high quality care, reduce patient delay and maximise use of resources
- Securing greater involvement of patients and clients in their own care.

The Directorate seeks to treat all patients with respect and dignity, giving them the highest possible levels of care, in a friendly and appropriate environment. Wherever possible the Directorate aimed to work in partnership with patients to ensure the right outcome. The Directorate ensures patients and carers are fully informed and involved in their treatment.

In order to provide the best possible care to patients, all staff have access to robust training and education facilities ensuring that they are up-to-date with advances in patient care.

Erne Hospital Theatres

The Erne Hospital’s main theatres were refurbished during the year. This means that Erne theatres are better placed to meet workload demands between now and the opening of the new Acute Hospital in the South West. The new theatres were visited by the Minister in August 2008. The work was undertaken with minimal disruption to service provision due to the partnership working across surgical specialties. This refurbishment provides a resource for service delivery as well as benefiting patients.
Launch of Theatre Management System

In 2008, the Acute Services Directorate launched the final stage of its new Theatre Management System on the Erne, Altnagelvin and Tyrone County Hospital sites. The new electronic system is part of a multimillion pound project, which is being funded by the DHSSPS. Previous best practice and audit reports highlighted the need for a Theatre Management System, which optimises the use of theatre capacity and theatre resources. This system links all theatres across Northern Ireland for the first time and allows staff to optimise the use of theatres both in the Western Trust and across the region.

Access Targets and Activity

The Directorate worked diligently over the year towards the achievement of access targets. The 9-week outpatient target was achieved, and the vast majority of Inpatient and Day Case waiting lists were reduced to 13 weeks. The performance against fractures target was the best in Northern Ireland, and the 31 and 62 day targets in cancer services were achieved 98% within 31 days from decision to treat and 95% within 62 days from referral to treatment.

Trust staff showed their continuing commitment to providing high quality care to patients and clients marking significant achievements against the Departmental targets:

**Outpatient/Diagnostics**
By March 2009, no patient in the Western Trust waited longer than nine weeks for an outpatient or a diagnostic appointment. During the 12 months to March 31, a total of 225,141 outpatient attendances were facilitated by the Trust.

**Inpatient/day cases**
The Trust dealt with 72,479 inpatient/day cases in the 12 month period up to March 31.

**Fracture Treatment**
Of all fracture patients treated across the Trust, 93% had fracture treatment within 48 hours. This was a significant achievement for the Trust and one which well exceeded the regional performance.

**Accident & Emergency and Urgent Care**
In the year up to March 31, a total of 94,304 people presented to Accident and Emergency Departments at Altnagelvin Area Hospital (50,748) and the Erne Hospital (23,561) and the Urgent Care and Treatment Centre at Tyrone County Hospital (19,995).

**Renal Dialysis**
A total of 21,945 renal dialysis sessions were carried out across the Trust’s two renal units during 2008/09. Tyrone County Hospital recorded 13,261 dialysis sessions and in the unit in Altnagelvin a total of 8,684 sessions were carried out.

**Changes at Tyrone County Hospital**
The Western Trust announced on 22 January 2009 that it would no longer be in a position to provide acute medical care at the Tyrone County Hospital from the beginning of March 2009. A considerable amount of work involving frontline staff ensured the safe transition of services from the beginning of March 2009. The Trust engaged with various Health and Social Care partners in relation to the transition of services and engaged in a public information campaign which involved the issuing of a public information leaflet to households in the Strabane, Omagh and Fermanagh District Council areas. Thanks to the hard work and commitment of staff throughout the Trust, this impact has been minimal. With their support, and the support of key health partners, the Tyrone County Hospital will continue to provide an excellent service to the local community. Monitoring the impact of the changes continues.
High Quality Renal Services
Renal Services at Altnagelvin and Tyrone County Hospitals performed extremely well in this year’s Renal Registry Review. The reviews compared data from all 67 renal units in the UK, and highlighted the very high standard of service delivered by the Western Trust’s two units.

The “European Health Forum Award” for 2008 was awarded to the Western Trust’s Renal Service as part of a Republic of Ireland/Northern Ireland cross border project aimed at improving the care of patients with kidney disease (renal) in rural areas. The renal project was developed with funding secured by CAWT, the cross border health services partnership, from the European Union INTERREG IIIA programme.

The project involved Renal Units in six hospitals in the border region working together to share expertise and information in treatment and care of patients with kidney disease. The hospital partners were Cavan General Hospital, Sligo General Hospital, Letterkenny General Hospital, Daisy Hill Hospital, Newry and the Western Trust’s Altnagelvin Area Hospital, Londonderry and Tyrone County Hospital, Omagh.

The purpose of the European Health Forum Award is to recognize health initiatives in more than one European country that have contributed to reducing disparities in health services provision within Europe.

Critical Care Outreach Services
In 2008/09 the Surgical Division initiated the roll out of a Critical Care Outreach Service (CCOS) in Altnagelvin Area Hospital. The service was established to offer education, clinical support and audit in relation to care of acutely ill adult in-patients. It focusses on assessment and care of the acutely ill patients on wards and the communication of their needs along the chain of the various professionals caring for them.

New Radiology Information System
The Directorate is working with colleagues regionally on a project called the Northern Ireland Picture Archiving and Communication System (NIPACS). NIPACS will bring exciting changes to any part of the health service where radiological images and reports are used, but it will not be limited to x-ray images. The aim of the NIPACS project is to implement an integrated Radiology Information System (RIS) and Picture Archiving and Communications System (PACS) that will interact across Northern Ireland.

NIPACS will bring an integrated Radiology Information System across the province replacing multiple 25 year old systems. It will create a single image store, initially for radiology, with the possibility of expansion to include Cardiology, Endoscopy, Medical Photography and Pathology. It will be an essential building block in moving to an Electronic Health Record.

Diagnostic images such as x-rays and scans plus radiology reports will be stored electronically and viewed on screens, creating a filmless process and improved diagnosis method. The Trust has made considerable progress over recent years in moving to a digital imaging environment. This involved a ten-year process ensuring all equipment purchased for radiology was compatible with the appropriate international connection standards. The Trust can expect its phase of implementation to take place late in 2009.

The Radiography Department successfully rolled out the Computerised Radiography System in Altnagelvin, which is delivering huge benefits to patients, staff and users as expected.

Pharmacy and HSDU
Building work was completed on the new endoscopy decontamination unit in the Tyrone County Hospital. The Pharmacy Aseptics facility in Altnagelvin Hospital was successful in getting a manufacturing license which will allow it to aseptically prepare bulk medicines and further improve patient safety and quality of care.

Pharmacy was successful in appointing a second antimicrobial pharmacist to work with clinical staff in primary and secondary care to ensure good antimicrobial stewardship. This pharmacist is based in the Erne Hospital.

Healthcare NI Awards
A hospital pharmacist based in the Western Trust’s Erne Hospital and a retired consultant at the Trust’s Tyrone County Hospital were among those to
A review of Emergency Care and Medicine was completed in 2008. The review provided a number of key messages around service development which are currently being implemented. The Acute Medical Unit (AMU) in Altnagelvin Hospital expanded in November 2008 to create additional capacity from 14 beds to 29 beds plus four assessment trolleys, to allow the Trust to reconfigure the acute medical bed base to provide greater assessment and throughput of patients and also provide and improve services for patients. The benefits of this change will include reduced unnecessary admissions; reduce delays in Accident and Emergency for patients waiting to be assessed; reduced length of stay; improved discharge planning; more effective assessment and treatment of patients.

The Trust is in the process of establishing a Medical and Surgical Unit (MSAU) in the Erne Hospital. The MSAU will provide high quality clinical care from a motivated, experienced and patient focused clinical team.

The Trust is also in the process of establishing a renal dialysis facility in the Erne Hospital and four renal inpatient beds in Altnagelvin Hospital.

The Division of Surgery and Anaesthetics is establishing a two bedded Progressive Care Unit (PCU) which will provide 24 hour continuous, comprehensive care. The unit is a "step down" from critical care and a "step up" from the general wards. This facility will allow patients who are at risk of deteriorating to have additional monitoring and clinical input. This will include post-operative patients who require close monitoring in the first 24-48 hours, patients recently discharged from a higher level of care (ICU/HDU) and those patients who require additional support from the Critical Care Outreach team. Critical care outreach will provide clinical and educational input to the unit, supporting the continuing recovery of all patients in PCU.

An eight bedded Short Stay Unit is being established in Ward 7 Altnagelvin Area Hospital for patients requiring elective surgical care within a 24 hour period. Patients can be admitted, prepared for their surgical procedure, then monitored and provided with appropriate symptom relief post surgery before being discharged.

**Priorities for 2009/10**

A firm commitment of the Acute Services Directorate is to strive for continuous improvement in the services it provides. The vision for acute services across the Western Trust area is to transform both the use of acute care and service delivery. This transformation will:

- Ensure that people with emergency or urgent care needs are assessed, seen and treated by the right person, at the right time, in the right place
- Ensure that acute care needs are met through accessible, integrated, high quality services which are delivered to achieve consistency and improved outcomes.

The Directorate is delighted with the progress that has been made and in 2009/10 the most important priority is to continue to maintain high quality services as the core focus of the Directorate’s work. The Directorate will continue to face challenges arising from the financial context, implementing the Review of Public Administration, service realignment at Tyrone County Hospital and meeting and maintaining targets.
A new Medical and Dental Appraisal system has been developed to support the process of appraisal for doctors and dentists within the Trust. It went live in March 2009. The Trust places a high emphasis on the need to support appraisal for doctors and dentists. The newly launched Medical and Dental Appraisal System is both practical and easy to use, aiding revalidation for doctors.

Appraisal is one of the mechanisms which ensures that the Trust continues to deliver high quality care for patients. A training programme for appraisal is provided on an ongoing basis throughout the Trust.

During 2008/09 the Western Trust signed up as a participant in the regional General Medical Council (GMC) Revalidation Pilot. The specialties involved in the pilot over the coming year are: Respiratory Medicine and Obstetrics and Gynaecology.

Hospital at Night

Hospital at Night is a new approach to providing out of hours care. The Hospital at Night model proposes that the way to achieve effective clinical care out-of-hours is to have one or more multidisciplinary teams who between them have the full range of skills and competencies to meet patients’ immediate needs. Hospital at Night consists of doctors, nurses and health care assistants who are capable of meeting patients’ immediate needs and will be able to ‘call on’ specialist expertise when necessary. After much preparation during 2008/09 it is planned that Hospital at Night will start in Altnagelvin Hospital in May 2009.

The Medical Director is responsible for Clinical Governance, Research and Development, Medical and Dental Training and Education and more recently Infection Prevention and Control. Each of these functions contributes to the safety and quality of services provided by the Western Trust and to the enhancement of the working lives of staff who work within the organisation.

The Medical Directorate is responsible for ensuring that governance arrangements are in place to promote excellent services to the public. The fact that the Western Trust can contribute high quality research, training and education, helps us to recruit and retain staff of the highest calibre.

The Infection Prevention and Control team aims to ensure that actions to reduce Healthcare Associated Infections (HCAI’s) are at the core of our delivery of care.

The Medical Director is responsible for supporting excellence in professional practice and standards amongst the approximately 470 medical and dental staff. This is achieved through a team of committed professional staff who support programmes for medical appraisal, patient and client safety and quality improvement within the organisation.

The Infection Prevention and Control team aims to ensure that actions to reduce Healthcare Associated Infections (HCAI's) are at the core of our delivery of care.

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Infection Prevention and Control

Infection Prevention and Control is a key priority for the Western Trust. The Trust works to ensure that staff adhere to Trust policies in this area. The Trust follows regional hand hygiene guidelines and dress code for its Health and Social Care staff including nurses, doctors and allied health professional, who are involved in clinical care of patients and clients.

The Trust continues to roll out the evidence based care bundles aimed at reducing infection. The Trust has introduced daily hand hygiene audits to ensure good practice at all times.

The Western Trust has progressed a significant amount of work in relation to the issue of tackling Healthcare Associated Infections (HCAI) and the Trust is committed to making further progress in this area.

The Trust continues to receive support from the HCAI Team, from the Department of Health in England. This support has resulted in a more robust format for the Trust Board report, accountability training for Ward Managers and Lead Nurses and the introduction of root cause analysis for all patients who develop C.difficile and healthcare acquired MRSA and MSSA bacteraemia’s.

Research and Development Goes from Strength to Strength

Research within the Western Trust has grown rapidly in the past year with a strong and exciting research culture emerging. Throughout 2008/09, the Trust has continued to develop as a centre of excellence in high quality health research and development (R&D), with the aim of improving services for service users and carers.

The Trust has further expanded its R&D activity, hosting, supporting and funding a wide range of R&D projects undertaken by Trust staff, service users, carers and R&D partners.

As an indicator of its importance, commissioning of the clinical and laboratory areas in the Clinical Translational Research Innovation Centre (C-TRIC) was complete this year. A number of biotechnology companies who are active in research and development, have taken up accommodation in C-TRIC since February 2009. Dr Maurice O’Kane, Director of Research and Development has been appointed Chief Executive of C-TRIC.

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“Looking Forward Together”

Research Collaboration

The Trust is continually looking to develop collaborative links with other Universities. A preliminary research meeting has been held this year in Sligo to develop collaborative links between the Western Trust, University of Ulster and NUI Galway. Funding from the regional R&D office has been procured by the University of Ulster to host two further meetings with NUI Galway with the specific aim of developing diabetes research.

In addition to this, discretionary research seed funding provided by HSC Research and Development Office, was used to support 9 projects within the Western Trust.

Medical and Dental Education

The Western Trust has a long-standing tradition of providing excellent education and training for medical students, doctors in training and continuing professional development for consultants. Medical and Dental Education continued to cultivate strong relationships with Queen’s University Belfast, and the NI Postgraduate Deanery in 2008/9.

The first annual overarching Medical and Dental Education Committee meeting was held on 19 March 2009. The purpose of the meeting was to bring together all the key people involved within the Trust in the educational experience of our medical trainees (undergraduate and postgraduate) to ensure a consistent high quality approach to medical education and training.

Medical Education Centre (MEC) Opened at the Erne Hospital

This year education in the Western Trust received an important boost with the opening of a new education and learning facility for staff and medical students based in the Erne Hospital. The Medical Education Centre has state-of-the-art IT equipment to support presentation and training. The proposed plan to update the library facilities in the Erne Hospital are in progress and due to be completed before August 2009.

Other developments in Medical and Dental Education in 2008/09 include:

- Development of a plan to support compliance with the European Working Time Directive (EWTD) for Junior Doctors
- New post in General Practice Vocational Training Programme in Erne Hospital
- This year the Erne Hospital has been able to facilitate Queen’s University students in the Obstetrics and Gynaecology Department and also Phase 3 students in surgery and medicine
- Final MB (OSCE) exams continue to be hosted within the Trust.

Risk Management

During the year the Risk Management Department reinforced the Western Trust’s robust risk assessment and incident reporting mechanisms which allow the Trust to maintain a safety culture and improve services.

New Trust-wide DATIX-Web system

To ensure that potential risks are managed appropriately, and patient safety is given top priority, the Trust has invested in a new Trust-wide DATIX-Web system. The system is web-based and will facilitate online incident reporting. Pilot sites for on-line reporting have been chosen across the Trust and arrangements are in place for training of staff.

Complaints and Compliments

During 2008/09 the Western Trust received 566 complaints and 6,560 compliments. The lessons learned following the investigation of complaints and the feedback received through compliments continues to be a key part of the service improvement process. Throughout 2008/09, the Trust developed new arrangements for managing complaints in line with the new HSC complaints process, which came into effect from 1 April 2009. Staff throughout the Trust received training and information on the new complaints procedure. In addition, a new Complaints Forum, chaired by Non-Executive Director, Mrs Sally O’Kane, with service user involvement, was established with its first meeting taking place in January 2009.
Litigation and Claims

The Trust continues to work to ensure the timely resolution of clinical and non-clinical claims. As with complaints, the learning gained is used as a key part of the service improvement process.

Patient/Client Safety Programme and Leadership Walkronds

During the year, the patient/client safety programme was launched across the Trust. The programme is aimed at improving patient and client safety across all hospital and community based services. In 2008/09 a total of 22 patient/client safety walkronds were undertaken by the executive team making safety a priority for all staff.

Audit, Quality and Safety

The Professional Audit Steering Group was established in June 2008 and is responsible for approving the Trust’s annual audit plan and for ensuring that audit is a driver for service development and improvement. During 2008/09 a Professional Audit Strategy and a Trust audit proposal form were developed. In the coming year the team will build on this work and focus on developing the regular analysis of clinical outcomes to influence the quality of care provided.

Quality Improvement Plan

A Quality Improvement Plan was developed in August 2008, based on quality and safety related targets. In 2008/09 the focus was on reducing:

- Surgical Site Infection in Orthopaedics and C-Sections
- Central Line Infection
- Ventilator Associated Pneumonia
- The number of Crash Calls.

Work also took place around the introduction of quality indicators in relation to monitoring areas within mental health.

An updated plan will be produced for 2009/10, this will describe how the Trust intends to introduce the above interventions and include new safety work such as the prevention of Venous Thromboembolism (VTE) and the introduction of the WHO’s (World Health Organisation) Surgical Checklist.

Priorities for 2009/10

The Medical Director will continue to provide support and advice to the Service Directorates on clinical governance and oversee the management of professional and medical performance. Below are some of the activities on which the Directorate will be focussing:

- Strengthening the Appraisal Framework in preparation for the implementation of revalidation and participation in regional revalidation pilot
- The introduction of the Induction and Mentoring Programme for new consultant staff
- The introduction of a Medical Leadership Development Programme for young consultants
- Formalising governance arrangements within teams and continuing to develop and enhance Western Trust systems to provide assurance on the quality and safety of our services
- The Medical and Dental Education Team will focus on developing the Education Faculty
- The Research and Development office will be aiming to enhance research infrastructure and environment. This will include the promotion of seed funding of a broad range of Trust research projects, with the aim of assisting these projects to compete successfully for external research funding.

The Medical Directorate plans to further develop clinical leadership within the Trust, particularly in the field of quality improvement, patient safety and patient-centered care.

The prevention of HCAI will continue to be our top priority.
Adult Mental Health and Disability Services are delivered by the Western Trust through three Sub-Directorates:

- Adult Mental Health Services
- Adult Learning Disability Services
- Adult Physical and Sensory Disability Services

The three Sub-Directorates reflect the distinctive needs of the Directorates service users and the requirement for leadership and accountability in the development, performance management and provision of services within the Trust. Each of these Sub-Directorates continually aim to develop and ensure the involvement of service users and carers in the planning and delivery of services. The Directorate services aim to be:

- Joined up
- Convenient and easy to use
- Inclusive and supportive of carers
- Based on need
- Offering choice and tailored to their needs
- High quality and safe.

The Directorate is therefore making some important changes to the way it works to enable it to deliver services that are consistent and easy to access with a focus on service users at the heart of all it does.

Within the Directorate a number of key appointments have been made. These include the appointment of a Divisional Director of Psychiatry and a Clinical Director of Psychology. Both these posts have a Trust-wide remit for psychiatric and psychological services.

**Adult Mental Health Services**

The Adult Mental Health Sub-Directorate provides a range of hospital and community based services to adults between the ages of 18 and 65 across the Trust area. Adult Mental Health Services within the Trust have recently been subject to two major strategic reviews - “Moving Forward” in the former Foyle Trust area and “Health in Mind” in the former Sperrin Lakeland Trust area. These reviews, along with the Bamford Regional Review, have shaped the remodeling of existing services and the development of a range of new services.

The new model will develop a range of client-centered services based on key functions, including:

- Crisis Intervention
- Primary Care Liaison
- Psychological Therapies
- Recovery Services
- Alcohol and Drug Services
- Forensic Services
- Psychosexual Services
- Eating Disorder Services.

In addition to the above, plans to replace current inpatient facilities at Gransha and Tyrone and Fermanagh Hospitals with two new purpose built facilities are now at an advanced stage with completion dates in 2012/13.

**Improving Mental Health Services Project**

The Improving Mental Health Services Project made significant progress in 2008/09. Through the development of management systems including a Project...
Board, Project Team, five main task groups and seven sub-task groups, the project successfully implemented Independent Review recommendations. The Project has collaborated with Child Care Services, resulting in the development of a Safeguarding Children Protocol. In that context a significant multidisciplinary workshop was attended by 86 staff across Mental Health and Child Care Services on 26 February 2009.

**New ‘Old Bridge House’ Opened**

2008/09 saw the reopening of the old Waterside Health Centre newly named ‘Old Bridge House’. The centre underwent a refurbishment following investment of £220,000 to provide modern facilities for a number of essential services which had previously been dispersed throughout the Western area. Three key services under the Adult Mental Health and Disability Directorate are now resident in Old Bridge: Primary Care Mental Health Liaison Services; Psychological Therapy Services and Physical and Sensory Support Teams.

**Reform and Modernisation**

Significant progress has been made in the reform and modernisation of services.

New Community Teams have now been established and implementation plans agreed.

The design and commissioning of the two new acute inpatient facilities at Gransha and Tyrone and Fermanagh Hospitals has made significant progress.

Successful workshops were held in partnership with service users and carers to inform the service user and carer involvement strategy.

Progress was also made in respect of the waiting list for Psychological Therapies. In October 2008 the Trust had 368 clients waiting in excess of 13 weeks for Psychological Therapies. Through a series of initiatives and the commitment of both clinical and administrative staff, the waiting list was reduced to six by 31 March 2009. This demonstrates the tremendous achievement and dedication of staff.

Despite a significant increase in GP referrals, Community Mental Health Teams in both sectors responded to over 5,000 Primary Care referrals within the 13 week access target.
“Looking Forward Together”

Launch of ‘Supported Living’ Service User Handbooks

The Trust in 2008/09 launched a series of handbooks to provide people with information about ‘Supported Living’ accommodation in the Enniskillen and Omagh areas. The aim of ‘Supported Living’ is to provide people with mental health needs accommodation in an environment which encourages greater independence and self-reliance, whilst also having 24 hour support and care at hand.

The handbooks introduce each facility by providing an outline of the support available, admission criteria, and details of the development of support plans and the review process. The handbooks clearly summarise health and safety and, importantly, gives information on equality policies and protection from abuse. The handbooks detail a directory of support services, local amenities, transport and churches, tailored for each locality.

Adult Learning Disability Services

The Adult Learning Disability Sub-Directorate provides services to clients over the age of 18 years. The Western Trust is commissioned to provide services in the following areas:

- Inpatient/outpatient services
- Community nursing and social work services
- Supported living
- Residential/nursing home care
- Day care/opportunities
- Psychology services
- Behaviour support
- Respite and domiciliary care
- AHP (Allied Health Professional) Services.

New ‘Supported Living’ Unit

2008/09 marked the start of a new capital development project in partnership with Trinity Housing Ltd to build a new 16-bedded Supported Living Unit on the Gransha site.

Building work has now commenced on the new Supported Living Unit which will accommodate 15 patients from Mourne House and one community client. The facility is due to open in June 2010. The completed unit will comprise of four sub-units, each accommodating four clients.

This development demonstrates an innovative partnership approach to the creation of new learning disability accommodation. Each of the units in the facility will provide clients with their own en-suite bedrooms and a communal therapy / activity area. The brief for this unit has been very specific to ensure accommodation adapted for clients’ needs — in this case, clients who require a high level of care, supervision and support but within a homely non-clinical environment.

Pictured ‘breaking ground’ at the new Supported Living Unit development site, left to right are: Helen Colville, Deputy Chief Executive Trinity Housing Ltd; Trinity Housing Ltd Chairman, Robert Moore; and Western Trust Chairman, Gerard Guckian.

Pictured outside Clare House in Enniskillen at the local launch of the Supported Living Service User Handbooks, left to right are: Tony Viney, Supported Living Officer; Trevor Millar, Director of Adult Mental Health and Disability; High Breen, Clare House resident; and Anne-Marie Dolan, Officer in Charge, Clare House.

Pictured outside Clare House in Enniskillen at the local launch of the Supported Living Service User Handbooks, left to right are: Tony Viney, Supported Living Officer; Trevor Millar, Director of Adult Mental Health and Disability; Eustace Cassidy, Clare House resident; and Anne-Marie Dolan, Officer in Charge, Clare House.
Adult Learning Disability Activity 2008/09

During the year, progress has been made in the restructuring of the Adult Learning Disability Sub-Directorate. Work has commenced on the segregation of services between adults and children and learning and physical disabilities. The Programme received significant investment through service development funding in 2008/09 and was successful in deploying these new services across the Trust. Access targets were met including:

- Waiting times target was achieved for Consultant Psychiatry
- Direct Payments and respite targets.

The Adult Learning Disability Sub-Directorate successfully supported day services through RQIA registration and inspection process.

Work has also been initiated to develop respite criteria as a mechanism for ensuring equity of access to respite care.

The Sub-Directorate commenced work on the harmonisation of operational procedures with respect to community fieldwork practice (social work and community nursing).

Following a fire at Omagh Centre, work is ongoing to finalise the business case for the interim replacement of the fire damaged wing of the facility.

Physical and Sensory Disability Services

The Sub-Directorate of Physical Sensory Disability and ASD (Autistic Spectrum Disorder) has continued to be a pressured area of service. Assessed need for the service is often greater than current capacity as one in five households can be affected by a disability. This year there has been a continued focus on service provision through partnership. Direct payments, provision of respite care and enhancing specialist service provision have all been targeted for development.

Autism and Acquired Brain Injury Focus

This year Ministerial attention has specifically focused on both Autism and Acquired Brain Injury (ABI) as areas of review. This allows both staff and service users to use this opportunity to voice their needs and put the case of these specialist areas into the spotlight.

Other developments included the successful provision of community, day support and specialist services for people with physical/sensory disability has been difficult in the face of mounting pressure on service capacity.

A further development has been the successful integration of Spruce House as a state-of-the-art, neuro-disability inpatient resource.

The relocation of Sensory Support Services from Bishop Street to a new location at ‘Old Bridge House’ has allowed for greater access to this service.

Throughout the years there has been ongoing provision of Disability Awareness Training to Trust staff.

Community Teams

Community teams have continued to experience increased demand while embracing new ways of working. Highlights include the successful transition of a number of children to adult services with very significant physical needs and who have required a very person-centred partnership focus.

Furthermore specialist nursing home and community placement and support of a number of people with acquired brain injuries.
“Looking Forward Together”

Sensory Support Services

Sensory Support Services continued to evolve this year with further commissioner investment. One innovative scheme has been training of existing service users who have volunteered to support new users in their use of equipment.

Artsability Exhibition

An ‘Artsability’ exhibition was opened in November 2008 at Derry Central Library to show the quality and diversity of art created by users at Foyle Disability Resource Centre. The art products were publicly on show for the first time outside of the centre and ranged from small individual pieces to much larger art works produced collectively by groups. The exhibition showed ceramic tiles, pottery, water-colour paintings, silk paintings and digital photography. All of the exhibition art work was produced by clients of the centre who have a physical disability, sensory disability or a brain injury.

Investment in Neuro-disability Services

In Neuro-disability Services the Trust has attracted further commissioner investment into both rehabilitation medicine and psychology to enhance both inpatient and community provision to service users. In 2008/09 additional investment has lead to the recruitment of a Physiotherapist and Occupational Therapist to support and enhance therapeutic interventions at Spruce House. DHSSPS targets in provision of additional respite care have been met and will be a focus in the next year with additional investment.

Omagh Hard of Hearing Group meets President

During a official Presidential visit in February 2009 President Mary McAleese made some time during her personal schedule to meet with Omagh’s Hard of Hearing club. The group includes people who have hearing loss and who meet regularly in Anderson House. The group provides a support network for people with hearing loss and has regular speakers on a range of topics and is supported by the Western Trust Sensory Support Services. During her visit President McAleese spoke to each member of the group and openly discussed her experience of meeting people with a hearing loss.
Within the Adult Mental Health and Disability Services Directorate many new developments and plans are in place for the coming year. Some of these are listed below under the Sub-Directorates:

**Adult Learning Disabilities**
- Work will continue on the two new ‘Supported Living’ Units in Londonderry and Omagh, including engagement with families/carers
- There will be a continued emphasis on the resettlement of inpatients from Lakeview Hospital
- Significant work will be progressed in the development of the Crisis Intervention Service to be operational in year
- Work is ongoing on the development of an Advocacy Service
- Redesign of Psychology Services will continue
- Further collaborative work will continue with local GPs in the implementation of Direct Enhanced Services (DES).

**Physical and Sensory Disabilities**
- Rationalisation of care pathways in the area of physical/sensory disability including service criteria will be consulted on throughout the year
- The Sub-Directorate will focus on developing an Adult ASD service in line with the Regional Action Plan through the Regional Autism Implementation Group
- The Trust will progress the provision of neuro-disability services in Western Trust area, in line with the Acquired Brain Injury (ABI) Action plan and implementation group
- Ensure environments at Foyle Disability Resource and Drumcoo centres meet registration requirements and are fit for the future.

**Adult Mental Health Services**
- Review service developments in the Londonderry and Limavady areas and progress the Reform and Modernisation programme in Tyrone and Fermanagh areas
- Implement an action plan in relation to Psychological Therapy access
- Continued development of community based alternatives to hospital services in line with the Bamford Review and subsequent reduction in inpatient beds
- Development of Personality Disorder Service
- Completion of detailed design stage for new hospitals at Gransha and Tyrone and Fermanagh sites
- The continued development of formal partnerships with service users and carers.
Primary Care and Older People’s Services Directorate Plan 2008 – 2011

One of the Directorate’s key achievements during the year was the production of a Primary Care and Older People’s Services Directorate Plan 2008 – 2011. This outlined the key priorities and targets for achievement for all aspects of the Directorate’s operational divisions. This has informed the planning and delivery of Services throughout the year.

Community Equipment Service Review

During 2008/09 a review of the Trust’s Community Equipment service was undertaken. The Trust established a steering group and project team to prepare a Business Case to outline the costs and benefits associated with any new service delivery model.

Carers’ Strategy

Throughout the year, staff within the Directorate worked, in consultation with carers and partners, to produce a carers’ strategy. The strategy recognises the valuable role played by carers across the Western Trust’s geographical area in enabling people who need support to continue to live independently in the community. The strategy is in the process of being implemented and will assist the Trust in meeting its obligations towards carers as outlined in regionally agreed carer standards.

"Looking Forward Together"

10 PRIMARY CARE & OLDER PEOPLES SERVICES DIRECTORATE

The Directorate of Primary Care and Older People’s Services is responsible for improving the health and well-being of the population, by delivering a wide range of high quality, person-centred, Health and Social Care services to adults and older people.

The majority of services provided by the Directorate are delivered by staff working within the community and in hospital based settings.

These include:

• Primary and Community Care
• Allied Health Professional (AHP) services
• Intermediate Care and Rehabilitation services
• And Secondary Care services.

The Directorate also provides a number of specialist nursing services including continence, palliative care, stoma, diabetes, respiratory, parkinson’s, cardiac pulmonary rehab and clinical nurse advisors.

All staff working within the Directorate are committed to:

• Promoting independent living in the community
• Providing modern, safe and effective care
• Securing positive outcomes for patients and clients
• Establishing an ethos of continuous improvement and quality development
• Simplifying care pathways for clients, patients, carers and families
• Delivering services on a Trust-wide basis and ensuring equity of access
• And maximising ‘economies-of-scale’ and demonstrating ‘value-for-money’.

Pictured celebrating the launch of the Western Trust’s carer Strategy is from left to right: Frank Gillease, carer; Barbara Stuart, Non-Executive Director, Western Trust; John McGarvey, Assistant Director for Primary Care and Older Peoples Services, Western Trust; Cathy Magowan, carer Coordinator (Tyrone and Fermanagh), Western Trust; Lee McDermott, carer Coordinator (Strabane, Londonderry and Limavady), Western Trust; Moira Tapster, carer; Gary Hyde, Assistant Director Physical and Sensory Disability, Western Trust and Helen Ferguson, Director of carers NI.
Staff also worked in partnership with the community and voluntary sector in Fermanagh to support the development of a services directory for service users and carers. The directory is now being distributed to all current service users.

**Training Programmes Implemented**

As part of the Directorate’s ongoing commitment to staff development, the Directorate led on the formulation and compilation of a model that will enable individual training and development plans to be produced for each social worker/social work assistant within various localities. This process has enabled the identification of individual training needs for 2009/10, together with the development of a composite training picture for the wider Social Work staff group within the Primary and Community Care Teams.

The Directorate in year also developed highly valued training opportunities for staff working within the independent sector so enhancing care to meet the needs of residents. The training programme, delivered by the clinical nurse advisory team, and covered 18 key nursing interventions aimed at maintaining and improving standards of care. The programme had been developed in consultation with all the key stakeholders including home managers and RQIA. Training sessions provided during the year included palliative care, diabetes care, wound care, epilepsy and nutrition and feeding.

**Vulnerable Adults Review**

The Directorate played a lead role in a comprehensive review and audit of all existing vulnerable adult cases and vulnerable adult Investigations to date. This work was aimed at ensuring that all investigations undertaken were completed in accordance with POCVA (Protection of Children and Vulnerable Adults (NI) Order 2003) requirements. Where necessary, protection plans and review mechanisms were put in place to ensure that all case files/records were to the required standard. The development of the Investigation Reporting Pro forma has facilitated the reporting mechanism for any investigations of alleged abuse of vulnerable adults.

"Hands on For Health" Allied Health Professionals Open Day

The Directorate held a careers open day for local school students with an interest in the Allied Health Professions (AHP) in February 2008. Students had the opportunity to try their hand at practical tasks during the open day at the Western Trust's Medical Dental Education Centre.

Over 300 students attended from all over the Western Trust area and further a field. The day was organised by the Western Trust alongside Foyle School and Employer Connections (FOSEC). The event allowed students to interact and ask questions of Allied Health Professionals to gain a better understanding of the work of: Physiotherapy; Radiography; Occupational Therapy; Podiatry; Speech and Language Therapy; Orthoptics; Optometry; and Dietetics.
On the day students who wished to pursue careers in Health and Social Care gained a more in-depth knowledge of specific careers and of the skills and personal qualities required for each profession. There were visual displays and interactive equipment present demonstrating the differing areas which Allied Health Professionals cover.

**Integrated Primary and Community Care Teams**

The Directorate continued to progress development of the implementation of fully integrated Primary and Community Care teams across the Trust, aimed at improving the delivery of services to patients and clients and enhancing links with GPs.

**Reform and Modernisation**

Plans to modernise services moved forward this year in many areas. Plans to reform continuing care services across the Directorate were prepared during the year including the development of new services within the Waterside Hospital which will deliver improvements in Stroke, and Trauma and Orthopedic Rehabilitation services. Plans have also been developed for the reform of secondary care services in particular continuing care services (psychiatric services for older people) for Omagh Health (ECCH) in preparing for the procurement and implementation of a remote telemonitoring service across the Trust and region. In addition, a one day telehealth/telemonitoring conference, attended by over 87 staff and GPs was held on 24 February 2009.

The development of the Case Management Model of care for patients with long term conditions has been implemented with the appointment of seven case managers. Case managers will coordinate the delivery of care to meet the patient’s Health and Social Care needs and will monitor their vital signs. This new service will help maintain people in their own homes and promote the ethos of self management. The community and primary care division continue to develop partnership working with GPs and consultants to embed this new service.

**Achievement of Targets**

During 2008/09, the Directorate was successful in achieving a wide range of PfA targets in particular AHP elective access targets and the unscheduled care targets. The
Directorate worked closely with other Directorates in particular Acute and Disability Services to deliver on the complex discharge target. There are particular challenges with regard to delivery of the physiotherapy target for Women’s Health, Musculoskeletal Services and Neurology. Staff continue in their efforts to maintain the current 13 week waiting time and are developing action plans to reduce this wait to nine weeks by March 2010.

Opportunities to modernise the Trust’s Orthoptic services were introduced during the year. This involved staff working on the design of regional access criteria and care pathways for certain ophthalmic conditions that are managed by Orthoptists. The clinic template was also redesigned to reflect the demand and capacity required to deliver an effective and efficient service aimed at meeting the needs of the user and clinician.

NI Single Assessment Tool (NISAT)

During the year progress was made in implementing the NI Single assessment tool throughout the Trust.

The Directorate established a project steering group and team in late February 2009. In addition, the Trust held a NISAT Conference and Workshop on 18 February 2009, attended by 55 managers and staff from across all professional disciplines and service areas. Feedback from the professional staff and others who attended the conference and workshop was very positive and encouraging.

The implementation of the assessment tool will focus on older people. There is a potential for further implementation of the NISAT tool across Directorates for all adults however this is a longer term plan.

Three nurses were recognised by the Trust for their outstanding performance during professional training. Naomi Miller and Emily Wiseman were joint recipients of The Princess Macha Award while the Western Trust Management Award was presented to Marysia Graffin. Pictured is Brendan McGrath, Western Trust Assistant Director of Nursing, with Naomi Miller and Marysia Graffin.

Priorities for 2009/10

Much sterling work has been undertaken by all staff and stakeholders during 2008/09, providing a clear platform on which to develop services further and paving the way for future success. Over the coming year the Primary Care and Older People’s Services Directorate aims to make significant progress towards achieving both the vision and path to excellence specifically developed within Directorate and supporting the Western Trust as a whole.

Whilst the Trust acknowledges the successes made during the past year, it also clearly recognises there are areas requiring further more intensive work. During 2008/09, the Directorate faced significant challenges with regard to developing and implementing proposals to meet the Comprehensive Spending Review target. Staff within the Directorate are committed to meeting these targets again in the coming year.

In addition to the above, the Directorate will continue to develop and implement improvements in the following areas during 2009/10:

- Community Equipment Service
- Remote Telemetry of patients with chronic conditions, to include finalising the regional procurement initiative and implementing the remote telemonitoring service Trust-wide
- Reform of the Homecare services, including implementation of the Homecare Procurement Review Project.

The Directorate is committed to providing services in a way that empowers service users and carers’. All staff across the Directorate continue to work proactively to support and further the direction in which the Trust is travelling in providing a service to users which is outcome focused, delivers real and tangible improvements, and thereby maximising health and well being.
The Women and Children’s Directorate brings together a comprehensive range of acute and community, Health and Social Care services. It has responsibility for services delivered to women and children. In addition it also has responsibility for public health and sexual health services. The Directorate has three Sub-Directorates:

- Family Support
- Healthcare
- Children’s Mental Health and Disability.

Sub-Directorates work together to develop and deliver safe, high quality services both in the community and in a hospital setting. The Directorate has made a specific effort throughout the year to improve the interface between professional staff providing services to families and children.

The cornerstone of Women and Children’s services is “family support” where all professionals work together to ensure that women, children and families receive the Health and Social Care support that they need.

Maternity Moving to South Wing

In February 2009 the Trust saw the realisation of 15 years of planning with the opening of a new maternity unit at Altnagelvin Area Hospital. The new maternity unit has 32 beds (12 in ante-natal and 20 in post-natal) with ten single rooms. Each four bedded bay has its own en-suite facilities. There is also a dedicated foetal assessment unit as part of the new provision. There is a Midwifery Led Unit adjacent to the Consultant Unit and there are ten LDRP (labour, delivery, recovery and post-natal) rooms. There are two birthing pools in the new Unit to offer more choice to women. Also present is a state-of-the-art Neo Natal Intensive Care Unit. The Unit has been developed with a peaceful ambience to the highest standards with artwork and design used to highlight this.

Gateway Service Launched

The Western Trust formally launched a new single telephone number for all new referrals to the children’s social work Gateway service on 2 March 2009. The launch was held at Whitehill – the central hub for gateway calls and was telelinked to the Omagh and Fermanagh Gateway Teams. The new Gateway telephone number will provide a central point of contact for people who wish to share a concern or seek advice about a child or young person who is not already known to Social Services. The single contact number means that the team can respond quickly to the needs of children and families who are referred for a social work service. The aim is to provide consistent high quality children’s services right across the Trust’s geography. The new telephone number is (028) 7131 4090. The Gateway team can help with requests for information, advice and concerns about a child or family. The number is the same for anyone calling regardless of their locality within the Western Trust area. All calls will be charged at a local call rate.

The Minister for Health, Michael McGimpsey endorsing the launch of the new Western Trust Gateway Service with left to right: Karen O’Brien, Gateway Service Manager, Western Trust; Minister McGimpsey; Tom Cassidy, Assistant Director for Family Support, Western Trust; and Suzanne Mahon, Head of Gateway and Family Intervention Services, Western Trust.
Family Support Panel for Disabled Children’s Services

The Directorate demonstrated its commitment to developing a range of flexible and innovative family support services for disabled children and their families this year by establishing a Family Support Panel in the Omagh and Fermanagh area to coordinate all family support activity. It is anticipated that this model will also be rolled out to the Strabane, Limavady and Londonderry areas of the Trust in the forthcoming year to ensure that all children and families who have assessed needs can have those met in a flexible and innovative way.

Choice and Partnership Approach (CAPA)

Children who require assessment and support to meet their mental health and emotional well-being are now seen within 13 weeks of referral. This is a significant achievement in year and was realised through the commitment and dedication of the Child and Adolescent Service and the incremental introduction of a new model of referral planning that is based on choice and partnership working within the service.

Independent Advocacy Services for Disabled Children

During 2008/09 the Trust commissioned MENCAP to provide an independent advocacy service for disabled children. This service will provide a new dimension to disabled children’s services in ensuring that there is an independent voice for children and families.

Recommendations of the Cherry Lodge Report

The children’s residential respite services for learning disabled children has been fully audited to ensure its compliance with the recommendations of a recent DHSSPS report entitled Cherry Lodge. The Trust can report full compliance with the key recommendations and both its residential respite services have received positive inspection reports throughout the year.

Reform and Modernisation

The ongoing reform and modernisation of services has continued in 2008/09. Key services have been redesigned from the previous Legacy Trust arrangements. In this regard Child and Adolescent Mental Health Services (CAMHS) is progressing a redesign of its model of care. Child and adolescent services continue to develop and broaden the range of services they provide and at the same time harmonise practices and protocols across the region to ensure consistency of approach.

Furthermore, the Trust continues to redesign its disability services to ensure that there is a focus on children as well as adults. To achieve this vision ongoing work is progressing to separate out the available resources to ensure that there are effective, dedicated services for both children and adults. The work is at an advanced stage and will ensure where possible services can be child or adult focused. Where it is not possible to separate services that there is an agreed shared service provided that is closely monitored and developed to meet everyone’s needs.

All areas within the Healthcare Sub-Directorate have embarked upon a reform and modernisation programme also. Community Dental Services, Sexual Health, Health Visiting, School Nursing and Midwifery have all committed to ensuring that their services are delivered within the most appropriate setting to the highest standard using the most appropriate skill mix.

carers in Specialist Schools

The Directorate has succeeded in securing finances for carers to attend specialist schools. This has meant that for the first time children with complex healthcare needs are able to attend school and have their educational needs met as well as their Health and Social Care needs. This is a great bonus for our most vulnerable young people and their families.
“Looking Forward Together”

**DVD on “Inclusion and Bullying”**

In 2008, the Trust successfully launched a DVD on inclusion and bullying that was designed and delivered in partnership with local schools in the Trust area. The DVD highlights the impact that bullying has on children with special needs in mainstream settings and is done in a way that gives clear messages to children by children.

**Expansion of Urodynamics**

The Directorate has made progress in expanding Urodynamic Services throughout the Western Trust area and aim to enhance the provision of paediatric support to our young people.

This year has also seen the appointment of lead midwives. This now means that there are clear lines of accountability and responsibility and will assist in the harmonisation of practices across the Trust.

**Autism**

At the beginning of the year the Women and Children’s Directorate reviewed its current services in respect of assessment and diagnosis of children with Autistic Spectrum Disorder (ASD). Waiting lists were unacceptably long and reached in some cases a waiting time of up to four years. At 31 March 2009, one year on, the Trust can report that these waiting lists have been significantly reduced through the work of the newly established Assessment and Diagnostic Team.

The maximum waiting times has reduced to an average of 18 months. The Trust is reducing this further and is working towards ensuring that all children are assessed and diagnosed within 13 weeks. We are planning to achieve this by January 2010. The work of the specialist team encompasses the expertise and support of a range of professionals including social work, community paediatrics, health visiting as well as early intervention therapy.

The Trust has also commissioned the community and voluntary sector to provide valuable support and value-added services to enhance the work that this team does including: development of befriending service, family support and social skills training. The team is led by a Consultant Clinical Psychologist. It is through the vision and commitment of this team which has seen significant progress being made. The Trust realises much more has to be achieved and will be making further appointments to the service over the coming year.

**Social Work Recognition Awards**

The Annual Western Trust Social Work Forum was held on 24 November 2008 incorporating the first social work recognition awards. This event brought together social work staff from all Directorates and from across all geographical areas of the Western Trust, led by John Doherty, Executive Director of Social Work. The event provided staff with an overview of the achievements and challenges within social work of the past year and future developments for 2009. The remainder of the event was dedicated to recognizing the achievement of Western Trust social work teams and individuals, of those who often go beyond the call of duty and highlighting the dedication and professionalism of staff.
New Fostering Team

During 2008/09 the Directorate set up a Recruitment and Assessment Fostering Team to increase the number of foster-carers in order to better meet the needs of young people who require a placement.

Quality and Standards

The Trust commenced participation in the NPSA Healthcare Associated Infection Care Bundles for Surgical Site Infections. For the Women and Children’s Directorate this relates to monitoring the Trust’s compliance with care bundles (quality standards) for caesarean sections and surgical site infections. In addition, the Trust tested a care bundle on Cardiotocograph (CTG) interpretation and this resulted in the bundle being taken for mainstreaming nationally. The Trust participated in the development of the new regional maternity notes which are due for implementation this incoming year. This will mean that there will be one set of maternity notes in use across the province.

Launch of Family Support Panel for children in need

The Directorate launched a Family Support Panel for children in need in 2008/09. The Family Support Panel has been developed on a Trust-wide basis to coordinate and develop family support activity to support children in need. The development of the Family Support Service means that the Trust will use family centres as the hub for developing family support services, in conjunction with the community and voluntary sector throughout the Trust area. Presently the Trust has directed all resources allocated for family support to the Omagh and Fermanagh area. This is in recognition that the family support infrastructure was less developed in these areas.

Priorities for 2009/10

This year the Trust has secured the funding for Northern Ireland Maternity System (NIMATS). To date, the Trust has spent £30,000 on capital equipment associated with the implementation of NIMATS. This will mean that there will be one system in place throughout Northern Ireland. Over the next year, the Directorate will aim to achieve the full implementation of NIMATS across the Trust. The Directorate will also implement the new regional notes and complete the Birth Rate Plus Workforce Review across the Trust delivering maternity services.

In addition the Directorate has the following key activities for the coming year:

- To promote midwife led care from booking throughout the Trust
- To secure funding to stabilise the workforce within Paediatrics and Neo-natal Intensive Care Unit (NNICU)
- To invest in a specialist scanner for assessing high risk pregnancies
- Implementation of the outcome of the review of school nursing and health visiting
- To enhance its Sexual Health Service by ensuring that it is delivered in accommodation that is modern, attractive to the service user and meets the needs of the professional staff-base.
This Directorate is a support service which provides a range of high quality professional services to enable the organisation to meet its overall aim of delivering safe and effective services to patients and clients. The Directorate is made up of four departments. They are:

- Finance
- Information and Communications Technology (ICT)
- Contracting
- Internal Audit.

The key functions of this Directorate include:

- Financial Services including:
  - Statutory accounting and reporting
  - Payroll
  - Accounts payable/receivable
  - Financial management
  - Capital planning and investment
  - Costing
  - Value for money/efficiency support
  - Dedicated financial expertise
- Internal Audit Services
- ICT Services
- Contracting Services.

Financial Services

The Finance Department supported the Trust in managing its £422 million revenue and £31 million capital budgets in such a way that enabled the organisation to reach its Revenue and Capital Resource Limit targets in 2008/09. In addition, the Directorate has prepared the statutory accounts which confirm the Western Trust’s financial position for 2008/09 and which are summarised later in this Annual Report.

The Directorate is responsible for the accurate and timely recording of all income coming into, and all expenditure going out of, the organisation. In addition it is tasked with producing Annual Accounts for each financial year reporting on the Western Trust’s financial performance. The Directorate works to ensure an effective financial planning process is in place to ensure that expenditure does not exceed the funding available.

Information and Communications Technology (ICT)

The ICT Department continued to support the ICT infrastructure within the Trust and during 2008/09 an ICT Steering Group was established to lead on the development of a Trust-wide ICT Strategy. The Department also supported the service Directorates in progressing the implementation of such systems as the Theatre Management System, NI Picture Archiving Computerised System and the upgrading of the Patient Administration System.

Contracting

The Contracting Department managed £65 million of contracts with the independent sector for Health and Social Care services in 2008/09. The contracts are for a
wide range of services including domiciliary care, residential/ nursing home care, family support services and so on.

Internal Audit

The Internal Audit Department during the year supported the work of the Audit Committee as well as reviewing, appraising and reporting to management on the following:

- The soundness, adequacy and application of financial and other management controls
- The extent of compliance with, relevance and financial effect of, established policies, plans and procedures
- The extent to which the organisation’s assets and interests are accounted for and safeguarded from losses including those arising from fraud, waste, extravagance, inefficient administration and poor value for money
- The suitability and reliability of financial and other management data developed within the Trust.

Priorities for 2009/10

The Directorate’s aim during 2009/10 is to complete the implementation of the new staffing structures which allow the consolidation of Finance, ICT and Contracting services to take place following the merger of the three legacy Trusts. On completion of the restructuring the Directorate will focus on developing a strategy to improve the quality of the services it provides.

The Directorate will continue to support the Trust on delivering its core function of providing Health and Social Care services. Challenges remain for the Directorate in providing financial leadership during a challenging financial period over the next few years.
Partnership working

Effective partnership working underpins a sound employee relations environment. The Western Trust’s Joint Forum and Local Negotiating Committee have met regularly throughout the year to work on policy development, change management arrangements and specific employment matters that affect staff.

This year a number of policies and procedures were put in place including:

- Redeployment and Redundancy Policy
- Discretionary Points for Associate Specialists Policy
- Optional Points (Staff Grade Practitioners) Policy
- Capability Procedure
- Professional Registration Policy.

A number of other provisions were updated including:

- Employment Break Scheme
- Maternity Provisions
- Unpaid Leave Scheme

In addition, the HR Senior Management Team and Trade Union side representatives have met on a fortnightly basis to update and work through issues that have emerged relating to the continuing implementation of the Review of Public Administration and the Comprehensive Spending Review. This forum provides an opportunity for effective consultation and detailed discussions to ensure a fair and consistent approach across the organisation.

Significant partnership working has been required in changing models of service delivery particularly within Tyrone County Hospital.

Agenda for Change

The Trust was successful in meeting the Minister’s revised deadline of 30 June 2008 for completion of Agenda for Change. This completed the matching and assimilation processes but further work is required on reviews, job evaluation and the implementation of the Knowledge and Skills Framework. This remains a priority for the Trust and will require significant effort from Human Resources staff, Finance and Payroll staff and Trade Union side representatives. Agenda for Change has been one of the most significant changes in Health and Social Care in recent years and all those involved in delivering this are to be commended for their continuing efforts.

Staff achievements

Large numbers of staff have been supported to take part in training and development activity throughout the year to enhance both their personal...
The Western Health and Social Care Trust - Annual Report 2008/09

and professional development. In January 2009 an awards ceremony recognised achievement across a number of qualifications including NVQs, K100, Essential Skills, ICT, Chartered Institute of Personnel and Development and the Institute of Learning and Management. This ceremony gave an important opportunity to acknowledge and celebrate the efforts of staff, the support from line managers, tutors and mentors and the collaboration between the Trust and a range of colleges and other education providers.

The Trust also recognised significant achievement in the Unleashing Talent Programme run in partnership with the Widening Participation Unit, the North West Regional College and the Educational Guidance Service for Adults. Almost 100 Trust support staff including domiciliary care workers, nursing auxiliaries, clerical staff and occupational therapy assistants have completed the programme. An independent evaluation of the programme carried out by South Bank University, London found that participation in the programme resulted in increased attendance, higher client satisfaction and increased personal confidence in participants.

Staffcare Re-launched

During 2008/09 Ray Brown, General Manager of Staffcare visited the Western Trust to re-launch the Staffcare service. The Staffcare service has been available to staff across the Western Trust area since 1996 and is particularly important at a time of major organisational change. The event acknowledged the value of the service and ensured awareness of its availability to all our staff across the Western Trust. There are increasing levels of mental health issues that staff face in both their personal and working lives and at the re-launch all staff groups were encouraged to make use of the service.

Priorities for 2009/10

Good people management skills are a core requirement for all managers. Well implemented HR policies and best practice, properly aligned with the Western Trust’s corporate objectives, make significant and measurable improvements to overall performance and to patient outcomes and experience. The HR Department will continue to provide the highest level of support in these key areas through the development and implementation of sound, up-to-date policies and practice.

In 2009/10, the HR Department has an important role to play in supporting managers to deliver, not only the necessary workforce developments, but also wider service reform. The HR Department will continue to develop their capability and capacity to ensure that they are equipped to contribute effectively to the future challenges of modernised service delivery and its associated workforce implications.

Western Health and Social Care Trust - Annual Report 2008/09
The Strategic Change and Efficiency Programme (SCEP) was established in April 2008, with aims of reviewing the provision of Health and Social Care services, analysing the effectiveness and efficiency of that provision and developing strategic approaches to value and efficiency. These aims were designed to assist in bringing the Western Trust to a balanced financial position.

During the year, the SCEP Team developed a plan for the three year life span of the SCEP Programme. There was significant engagement and input from staff across the organisation in the development of this £8 million Plan through a series of meetings, workshops and focus groups. The plan was then subjected to external examination and challenge, which ensured that it was robust and deliverable and did not double count with other Trust plans.

The first year of implementing the SCEP Plan has been a challenging one. Staff are aware of the current financial challenge facing the Trust, this has helped focus work highlighting the importance of the drive for efficient and effective practices across the organisation. The first year target for SCEP was £1.5 million and the Team can report that this has been exceeded. This achievement was only possible through the innovative approaches of staff throughout the Trust. The SCEP Team has been delighted by the enthusiastic approach of staff and looks forward to this continuing as we tackle the target for year 2.

The SCEP Plan contains a diverse range of projects, as documented in our quarterly newsletter, Now for Something Else. Significant projects in year 1 have been undertaken by the Facilities Management, Finance, IT and Radiology departments. In addition to the work on existing projects, the SCEP Team will continue to support staff across the Trust to identify and develop new potential projects.

In addition to the SCEP Plan targets there have also been targets attached to the CSR and RPA. This again highlights the organisation’s achievement in exceeding the £1.5 million of savings. Directorates will continue to be challenged with targets in relation to SCEP, CSR and RPA over the next year.

Whilst meeting the financial targets is key to the successful delivery of the SCEP Plan, the team is also focused on the productivity/efficiency side of the Plan. The Trust can reorganise and modernise aspects of the delivery of Health and Social Care, to realise additional capacity within its current resources. This will have a positive impact on patients and clients. The real focus of all of SCEP’s work continues to be our patients and clients, we may be operating in a challenging environment at present but there are also opportunities to develop practice and innovate.
Finance Report Including Summary Financial Statement

Financial Targets

The Trust met the two statutory financial targets set by Government:

- To control its expenditure within its income levels
- To control its capital spending within the Capital Resource Limit approved by the DHSSPS.

Spending on Capital Assets

Over £30.8 million was spent in 2008/09 on capital schemes, vehicles and equipment. Expenditure on capital works schemes amounted to £26.4 million. In addition £1.5 million was spent on computer equipment and £2.9 million was spent on other equipment.

Management Costs

The Trust is required by the DHSSPS to measure each year its expenditure on management costs against definitions determined by the Audit Commission. Our management costs for 2008/09 were:

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
<th>% of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Management Costs</td>
<td>20,815</td>
<td>4.6</td>
</tr>
</tbody>
</table>

This indicator includes broadly the costs of the Trust Board; Corporate Function; Senior Clinical, Operational and Support Services Managers

Public Sector Payment Policy

The DHSSPS requires Trusts to pay non HPSS trade creditors within 30 days of the receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed.

The Trust record is:

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>Total trade bills paid</td>
<td>116,492</td>
<td>113,614</td>
</tr>
<tr>
<td>Total bills paid within the 30 day target</td>
<td>110,056</td>
<td>103,797</td>
</tr>
<tr>
<td>% of bills paid within the 30 day target</td>
<td>94.5%</td>
<td>91.4%</td>
</tr>
</tbody>
</table>
Related Parties

Following a review of the Register of Interests a declaration has been made in the accounts relating to a number of Directors of the Trust who have disclosed interests to parties connected with the Trust. Full disclosure is contained within the accounts.

Summary Financial Statement

This Summary Financial Statement does not contain sufficient information for a full understanding of the activities and performance of the Trust. For further information the full Accounts and Annual Report and Auditors Report for the year ended 31 March 2009 should be consulted. Please note that the full accounts also include a Statement on Internal Control signed by the Chief Executive which assesses the internal controls operating within the Trust. If you would like to see the full set of accounts please write to:

Director of Finance
Western Health and Social Care Trust
MDEC Building
Altnagelvin Hospital Site
Glenshane Road
LONDONDERRY
BT47 6SB

<table>
<thead>
<tr>
<th>Net Expenditure Account for the year ended 31 March 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restated</strong></td>
</tr>
<tr>
<td><strong>£000</strong></td>
</tr>
<tr>
<td>Expenditure</td>
</tr>
<tr>
<td>Income from activities</td>
</tr>
<tr>
<td>Other Income</td>
</tr>
<tr>
<td>Reimbursement receivable</td>
</tr>
<tr>
<td>Net Expenditure</td>
</tr>
<tr>
<td>(415,236)</td>
</tr>
<tr>
<td>Add back non-cash items</td>
</tr>
<tr>
<td>Net Resource Outturn</td>
</tr>
<tr>
<td>Revenue Resource Limit (RRL)</td>
</tr>
<tr>
<td>Breakeven Position</td>
</tr>
</tbody>
</table>
## Western Health and Social Care Trust - Annual Report 2008/09

### Balance Sheet as at 31 March 2009

<table>
<thead>
<tr>
<th></th>
<th>Restated 2007/08 £000</th>
<th>2008/09 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td>344,408</td>
<td>364,867</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>3,746</td>
<td>3,654</td>
</tr>
<tr>
<td>Debtors</td>
<td>39,263</td>
<td>33,420</td>
</tr>
<tr>
<td>Short Term Investments and cash at bank</td>
<td>479</td>
<td>538</td>
</tr>
<tr>
<td>Creditors: Amounts falling due within 1 year</td>
<td>43,488</td>
<td>37,612</td>
</tr>
<tr>
<td>(57,566)</td>
<td>(45,258)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Assets less Current Liabilities</strong></td>
<td>330,330</td>
<td>357,221</td>
</tr>
<tr>
<td><strong>Creditors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due after 1 year</td>
<td>(14,214)</td>
<td>(14,251)</td>
</tr>
<tr>
<td>Provision for Liabilities &amp; Charges</td>
<td>(14,194)</td>
<td>(21,535)</td>
</tr>
<tr>
<td><strong>Total Assets Employed</strong></td>
<td>301,922</td>
<td>321,435</td>
</tr>
</tbody>
</table>

### Financed by Capital and Reserves:

<table>
<thead>
<tr>
<th></th>
<th>2007/08 £000</th>
<th>2008/09 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revaluation Reserve</td>
<td>12,219</td>
<td>18,413</td>
</tr>
<tr>
<td>Donation Reserve</td>
<td>510</td>
<td>467</td>
</tr>
<tr>
<td>General Fund</td>
<td>289,193</td>
<td>300,603</td>
</tr>
<tr>
<td>Government Grant Reserve</td>
<td>0</td>
<td>1,952</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>301,922</td>
<td>321,435</td>
</tr>
</tbody>
</table>
Cash Flow Statement for the Year Ended 31 March 2009

<table>
<thead>
<tr>
<th>Restated 2007/08 £000</th>
<th>2008/09 £000</th>
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</thead>
<tbody>
<tr>
<td>(375,900)</td>
<td>(420,294)</td>
</tr>
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</table>

**Net Cash Inflow from Operating Activities**

**Returns on Investments and Servicing of Finance:**

<table>
<thead>
<tr>
<th></th>
<th>Restated 2007/08 £000</th>
<th>2008/09 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>978</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>(1,284)</td>
<td>(1,307)</td>
<td></td>
</tr>
<tr>
<td>(306)</td>
<td>(1,236)</td>
<td></td>
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</table>

**Capital Expenditure:**

<table>
<thead>
<tr>
<th></th>
<th>Restated 2007/08 £000</th>
<th>2008/09 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(35,024)</td>
<td>(31,477)</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>(34,985)</td>
<td>(31,387)</td>
<td></td>
</tr>
</tbody>
</table>

**Dividends Paid**

<table>
<thead>
<tr>
<th></th>
<th>Restated 2007/08 £000</th>
<th>2008/09 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(6,498)</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Management of Liquid Resources:**

<table>
<thead>
<tr>
<th></th>
<th>Restated 2007/08 £000</th>
<th>2008/09 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>372</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Financing:**

<table>
<thead>
<tr>
<th></th>
<th>Restated 2007/08 £000</th>
<th>2008/09 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>384,581</td>
<td>421,976</td>
<td></td>
</tr>
<tr>
<td>32,500</td>
<td>31,000</td>
<td></td>
</tr>
<tr>
<td>(219)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>416,862</td>
<td>452,976</td>
<td></td>
</tr>
<tr>
<td>(455)</td>
<td>59</td>
<td></td>
</tr>
</tbody>
</table>
### Statement of Recognised Gains and Losses for the Year Ended 31 March 2009

<table>
<thead>
<tr>
<th>2007/08 £000</th>
<th>2008/09 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,219</td>
<td>6,194</td>
</tr>
<tr>
<td>12,258</td>
<td>6,283</td>
</tr>
</tbody>
</table>

**Indexation and revaluation of purchased fixed assets**

**Purchase, indexation and disposal of donated assets**

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**GERARD GUCKIAN**  
Chairman  
Western Health and Social Care Trust

**ELAINE WAY**  
Chief Executive  
Western Health and Social Care Trust

4 June 2009
“Looking Forward Together”

WESTERN HEALTH AND SOCIAL CARE TRUST

STATEMENT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

I have examined the summary financial statement which comprises the Net Expenditure Account, Balance Sheet, Cash Flow Statement and Statement of Recognised Gains and Loses, set out on pages 53-56.

Respective responsibilities of the Western Health and Social Care Trust, Chief Executive and Auditor

The Western Health and Social Care Trust and Chief Executive are responsible for preparing the Summary Financial Statement.

My responsibility is to report to you my opinion on the consistency of the Summary Financial Statement within the Annual Report with the full financial statements, and its compliance with the relevant requirements of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended, and Department of Health, Social Services and Public Safety directions made thereunder.

I also read the other information contained in the Annual Report, and consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the Summary Financial Statement.

Basis of Audit Opinions

I conducted my work in accordance with Bulletin 1999/6 ‘The auditors’ statement on the summary financial statement’ issued by the Auditing Practices Board. My report on the Western Health and Social Care Trust’s full annual financial statements describes the basis of my audit opinions on those financial statements and the part of the Remuneration Report to be audited.

Opinion

In my opinion, the Summary Financial Statement is consistent with the full annual financial statements of the Western Health and Social Care Trust for the year ended 31 March 2009 and complies with the applicable requirements of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended, and Department of Health, Social Services and Public Safety directions made thereunder.

JM Dowdall CB
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST BT7 1EU

24 June 2009
Remuneration Report

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

2 The Remuneration and other terms and conditions of Senior Executives are determined by the Remuneration and Terms of Service Committee. Its membership includes:

- Mr Gerard Guckian, Chairman
- Mrs Joan Doherty, Non Executive Director
- Mr Niall Birthistle, Non Executive Director
- Mrs Sally O’Kane, Non Executive Director
- Mrs Stella Cummings, Non Executive Director

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

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

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

5 Each year an inflationary uplift is applied to the pay ranges. Performance related pay is applied to those individuals whose performance is rated as being fully acceptable or better. No award is made for unsatisfactory performance. These arrangements are issued to the Trust by circular from the Department of Health and Social Services and Public Safety. The contracts for Senior Executives are permanent and provide for three months notice. There is no provision for termination payments other than the normal statutory and terms and conditions requirements.

Elaine Way
Chief Executive

4 June 2009
"Looking Forward Together"

The Senior Executives remuneration (excluding employer’s contribution to National Insurance) for the year were:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Salary including Performance Pay</th>
<th>Benefits in Kind (rounded to nearest £100)</th>
<th>Real increase in pension and related lump sum at age 60</th>
<th>Total accrued pension at age 60 and related lump sum</th>
<th>CETV at 31st March 2008</th>
<th>CETV at 31st March 2009</th>
<th>Real increase in CETV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Executive Directors</td>
<td></td>
<td></td>
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<tr>
<td>Mr G Guckian</td>
<td>Chairman</td>
<td>25-30</td>
<td></td>
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<td></td>
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<tr>
<td>Mrs J Doherty</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td></td>
<td></td>
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<tr>
<td>Mrs S Cummings</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td></td>
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</tr>
<tr>
<td>Mrs S O’Kane</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td></td>
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<tr>
<td>Mr C Mulgrew</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td></td>
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<tr>
<td>Mr B McCarthy</td>
<td>Non-Executive Director</td>
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<td></td>
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<tr>
<td>Mr N Birthistle</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td></td>
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</tr>
<tr>
<td>Mrs B Stuart</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Salary including Performance Pay</td>
<td>Benefits in Kind (rounded to nearest £100)</td>
<td>Real increase in pension and related lump sum at age 60</td>
<td>Total accrued pension at age 60 and related lump sum</td>
<td>CETV at 31st March 2008</td>
<td>CETV at 31st March 2009</td>
<td>Real increase in CETV</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------</td>
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<td>-----------------------</td>
</tr>
<tr>
<td>Mrs E Way</td>
<td>Chief Executive</td>
<td>110 - 115</td>
<td>2,500</td>
<td>5-10</td>
<td>175-180</td>
<td>679</td>
<td>909</td>
<td>230</td>
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<tr>
<td>Mr J Doherty</td>
<td>Director of Women and Children’s Services</td>
<td>85-90</td>
<td>5-10</td>
<td>145-150</td>
<td>572</td>
<td>784</td>
<td>211</td>
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<tr>
<td>Mrs L Mitchell</td>
<td>Director of Finance, ICT and Contracting</td>
<td>75-80</td>
<td>700</td>
<td>5-10</td>
<td>85-90</td>
<td>265</td>
<td>352</td>
<td>87</td>
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<tr>
<td>Mr A Finn</td>
<td>Director of Primary Care and Older Peoples Services (to 17 Nov 2008) / Director of Acute Services from 18 Nov 2008</td>
<td>80-85</td>
<td>500</td>
<td>5-10</td>
<td>120-125</td>
<td>413</td>
<td>609</td>
<td>196</td>
</tr>
<tr>
<td>Dr A Kilgallen</td>
<td>Medical Director</td>
<td>95-100</td>
<td>5-10</td>
<td>30-35</td>
<td>89</td>
<td>137</td>
<td>49</td>
<td></td>
</tr>
</tbody>
</table>
"Looking Forward Together"

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Salary including Performance Pay</th>
<th>Benefits in Kind (rounded to nearest £100)</th>
<th>Real increase in pension and related lump sum at age 60</th>
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<th>CETV at 31st March 2008</th>
<th>CETV at 31st March 2009</th>
<th>Real increase in CETV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr J Lusby</td>
<td>Deputy Chief Executive and Director of Planning and Performance Management</td>
<td>90-95</td>
<td>5-10</td>
<td>155-160</td>
<td>595</td>
<td>804</td>
<td>209</td>
<td></td>
</tr>
<tr>
<td>Mrs N Sheerin</td>
<td>Director of Human Resources</td>
<td>75-80</td>
<td>1,200</td>
<td>5-10</td>
<td>115-120</td>
<td>384</td>
<td>538</td>
<td>154</td>
</tr>
<tr>
<td>Mr T Millar</td>
<td>Director of Adult Mental Health and Disability Services</td>
<td>60-65</td>
<td>2.5-5</td>
<td>65-70</td>
<td>225</td>
<td>305</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Mrs M Kelly (see note 5)</td>
<td>Director of Acute Services</td>
<td>40-45</td>
<td>2,200</td>
<td>2.5-5</td>
<td>100-105</td>
<td>360</td>
<td>472</td>
<td>112</td>
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<tr>
<td>Mrs G Hillick (commenced 4/12/08)</td>
<td>Director of Primary Care and Older People (Acting)</td>
<td>15-20</td>
<td>1,300</td>
<td>2.5-5</td>
<td>95-100</td>
<td>387</td>
<td>529</td>
<td>143</td>
</tr>
</tbody>
</table>

Note 1: As Non-Executive Members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Members.

Note 2: A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves the scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Note 3: Real Increase in CETV — this reflects the increase in CETV effectively funding by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Note 4: All amounts are audited by the Trust’s External Auditors.

Note 5: Mrs Kelly went on temporary secondment to the Western Health and Social Services Board (WHSSB) on 17/11/2008.
"Looking Forward Together"
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABI</td>
<td>Acquired Brain Injury</td>
</tr>
<tr>
<td>AHP</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>ASD</td>
<td>Autistic Spectrum Disorder</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
</tr>
<tr>
<td>CAPA</td>
<td>Choice and Partnership Approach</td>
</tr>
<tr>
<td>CSR</td>
<td>Comprehensive Spending Review</td>
</tr>
<tr>
<td>C-TRIC</td>
<td>Clinical Transnational Research and Innovation Centre</td>
</tr>
<tr>
<td>DBS</td>
<td>Developing Better Services</td>
</tr>
<tr>
<td>DES</td>
<td>Direct Enhanced Services</td>
</tr>
<tr>
<td>DRTT’s</td>
<td>Diagnostic Reporting Turnaround Times</td>
</tr>
<tr>
<td>DHSSPS</td>
<td>Department of Health Social Services and Public Safety</td>
</tr>
<tr>
<td>HSC</td>
<td>Health and Social Care</td>
</tr>
<tr>
<td>HCAI</td>
<td>Healthcare Associated Infections</td>
</tr>
<tr>
<td>HSDU</td>
<td>Hospital Sterilisation and Disinfection Unit</td>
</tr>
<tr>
<td>ICATS</td>
<td>Intermediate Care and Treatment Services</td>
</tr>
<tr>
<td>LDRP</td>
<td>labour, delivery, recovery and post-natal</td>
</tr>
<tr>
<td>MDEA</td>
<td>Medical Device Equipment Alerts</td>
</tr>
<tr>
<td>NIAS</td>
<td>Northern Ireland Ambulance Service</td>
</tr>
<tr>
<td>NIMATS</td>
<td>Northern Ireland Maternity System</td>
</tr>
<tr>
<td>NISAT</td>
<td>Northern Ireland Single Assessment Tool</td>
</tr>
<tr>
<td>NIHG</td>
<td>Northern Ireland Health Group</td>
</tr>
<tr>
<td>NNICU</td>
<td>Neo-natal Intensive Care Unit</td>
</tr>
<tr>
<td>NPSA</td>
<td>National Patient Safety Agency</td>
</tr>
<tr>
<td>OSCE</td>
<td>Objective Structured Clinical Examination</td>
</tr>
<tr>
<td>PiA</td>
<td>Priorities for Action</td>
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<tr>
<td>POCVA</td>
<td>Protection of Children and Vulnerable Adults (NI) Order 2003</td>
</tr>
<tr>
<td>PSNI</td>
<td>Police Service of Northern Ireland</td>
</tr>
<tr>
<td>RNIB</td>
<td>Royal National Institute of Blind People</td>
</tr>
<tr>
<td>RQIA</td>
<td>Regulation and Quality Improvement Authority</td>
</tr>
<tr>
<td>SCEP</td>
<td>Strategic Change and Efficiency Programme</td>
</tr>
<tr>
<td>VTE</td>
<td>Venous Thromboembolism</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WHSSB</td>
<td>Western Health and Social Services Board</td>
</tr>
</tbody>
</table>
This report can also be made available on request, in large print, in Braille, on computer disk, on audio cassette and in minority languages to meet the needs of those who are not fluent in English.