Background

The Western Health and Social Care Trust provides health and social care services across five council areas of Limavady, Derry, Strabane, Omagh and Fermanagh.

The Trust employs approximately 12,000 staff and spends £459 million annually in the delivery of health and social care services.

In 2009/10 the Health and Social Care Board introduced new commissioning arrangements through Local Commissioning Groups (LCGs) who are responsible for commissioning the Trusts to provide health and social care services.

The Western Trust continues to aim to: “provide high quality patient and client focused health and social care services through well trained staff with high morale”

The Trust provides a comprehensive range of services, delivered through the following Directorates:

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

These are supported by:

- Medical Directorate
- Planning and Performance Management
- Finance and Contracting
- Strategic Capital Development
- Human Resources
- Chief Executive’s Office / Communications

The Trust provides services across 292,000 sq. km of landmass and delivers services from a number of hospitals, community based settings and in some cases directly in people’s homes.
Chairman’s foreword

2009/10 has been another challenging year for the Western Trust.

While demand for our services continues to rise, the level of investment has not risen at the same rate. In addition we were in year 2 of a 3-year comprehensive spending review and the Trust was required to make efficiency savings of over £12m. Within this context I am delighted to report that yet again, for the third year, the Western Trust has balanced its books. We spent some £459m and achieved a very small surplus of £58,000. My thanks and congratulations to staff at all levels in the Trust who worked hard to deliver this outcome.

The Trust is also working hard to ensure that as much of its income as possible is spent on frontline services and it is therefore pleasing to note that our management costs have reduced from 4.31% last year to 3.37%.

As we are required in law to live within our means this is a significant achievement. However, as a provider of much needed health and social care services, our performance can not be measured simply in financial terms. The Government through the Minister for Health, Social Services and Public Safety, requires us to meet stretching targets. In my view our performance against these targets has been exceptional, particularly when viewed in the context of the number of people we have cared for this year. For example, Government asked the Trust
to reduce the incidence of both MRSA and C-Difficile by 35% in 2009/10. At the end of the year it has been confirmed that we achieved a 50% and 37% reduction respectively in both healthcare associated infections. As well as a demonstrable success, this result should increase the confidence of patients who use our services.

I wish to restate that our number one aim is to provide safe and high quality services and I can assure the people we serve that safety remains at the very top of our agenda. Throughout the Annual Report you will read of initiatives undertaken by clinical and professional staff to take this important work forward.

I want to thank and pay tribute to each and every member of our staff who have worked so hard this year. All of our success is due to their efforts and it is gratifying to see so many being recognised for their talents, both internally and externally. Walking around the organisation, across our wide geography and meeting with individuals or teams of staff, I am humbled by their unstinting commitment to provide the very best services they can.

I am proud to remain Chairman of the Western Trust and to present this Annual Report to you.
2009/10 Western Trust Key Facts:

- The Trust delivered services to a population of approximately 297,000 people.

- The Trust provided approximately 60,000 visits per week to just over 4,700 clients in receipt of domiciliary care.

- District Nursing Services provided about 143,000 face-to-face contacts with clients during 2009/10.

- Community Allied Health Profession (AHP) Services provided over 106,000 face to face contacts with clients during 2009/10.

- In 2009/10 there were 56,910 attendances to Altnagelvin A&E Department; 27,432 attendances to the Erne Hospital A&E Department and 14,375 attendances to the Urgent Care and Treatment Centre at the Tyrone County Hospital.

- There were 4,101 births at Altnagelvin and the Erne Hospitals in 2009/10.

- In 2009/10, Pharmacy in the Western Trust dispensed 151,914 items to patients on discharge and 1,631,693 medicines items to wards for use in the Altnagelvin, Erne and Tyrone County Hospitals.

- At 31 March 2010 the Trust had 293 foster carers, a 20% increase since 2007.

- During 2009/10 the Trust received 434 complaints and 3,073 compliments. This represents a 23% reduction in the number of complaints compared with the previous financial year.

- In 2009 the Trust Library Services had 22,126 visits from staff and students and has increased membership from 12% to 20%.

- As part of the Communications Office activity in 2009/10 the Trust proactively issued 190 news releases and produced 11 issues of NOW, the internal staff newsletter following Trust Board meetings.
Directors Report

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerard Guckian</td>
<td>Chairman</td>
</tr>
<tr>
<td>Elaine Way</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Niall Birthistle</td>
<td>Non-Executive Director and Chair of the Audit Committee</td>
</tr>
<tr>
<td>Sally O’Kane</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Ciaran Mulgrew</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Joan Doherty</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Stella Cummings</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Brendan McCarthy</td>
<td>Non-Executive Director and Chair of the Endowment and Gifts Committee</td>
</tr>
<tr>
<td>Barbara Stuart</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Joe Lusby</td>
<td>Deputy Chief Executive / Director of Planning and Performance Management to 17/05/09 / Director of Acute Services (from 18/05/09 to 30/10/09)</td>
</tr>
<tr>
<td>John Doherty</td>
<td>Director of Women and Children’s Services and Executive Director of Social Work</td>
</tr>
<tr>
<td>Alan Corry Finn</td>
<td>Executive Director of Nursing / Director of Acute Services from 18/11/08 to 17/05/09 and Director of Primary Care and Older People’s Services</td>
</tr>
<tr>
<td>Trevor Millar</td>
<td>Director of Adult Mental Health and Disability Services</td>
</tr>
<tr>
<td>Dr Anne Kilgallen</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Lesley Mitchell</td>
<td>Director of Finance and Contracting</td>
</tr>
<tr>
<td>Nuala Sheerin</td>
<td>Director of Human Resources</td>
</tr>
<tr>
<td>Sara Groogan</td>
<td>Director of Planning and Performance Management (Acting from 18/05/09)</td>
</tr>
<tr>
<td>Alan Moore</td>
<td>Director of Strategic Capital Development (commenced from 18/05/09)</td>
</tr>
<tr>
<td>Michael Dickson</td>
<td>Director of Acute Hospitals (from 01/11/09 to 30/04/10)</td>
</tr>
<tr>
<td>Geraldine Hillick</td>
<td>Director of Primary Care and Older People (Acting from 04/12/08 to 17/05/09)</td>
</tr>
</tbody>
</table>

The Trust has prepared a set of accounts for the year ended 31 March 2010 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 working in relation to consultation and negotiation on employment matters. In addition the Trust has established a Local Negotiating Committee. This forum focuses on employment matters relating to doctors and dentists. 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.

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).
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 31.

The Trust participates in the HSS Superannuation Scheme and Note 1.22 of the accounts and the Remuneration Report on page 35 refers to the accounting treatment adopted.

The Trust maintains a Register of Interests covering Directors and key management staff and operates procedures to avoid any conflict of interest. On the basis of a review of this Register it has been confirmed that none of the Board members, members of the key management staff or other related parties had undertaken any material transactions with the Western Health and Social Care Trust. The Register can be viewed by contacting the Chief Executive’s Office.

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 the steps as Directors in order to make themselves aware of any relevant audit information and to ensure that auditors are aware of that information.

The Trust’s sickness absence rate at March 2010 was 5.11% against a target of 5.5%

The Trust did not have any personal data related incidents in 2009/10.

The Trust’s External Auditor is the Comptroller and Auditor General who sub-contracted the audit to PricewaterhouseCoopers for 2009/10. The Trust was charged £67,967 for the statutory audit of the accounts (Public Funds and Endowments and Gifts)

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 DHSSPS which details the terms of reference and the operating standards of the Committee.
Management Commentary

Achievement of Ministerial Priorities

During 2009/10, the Western Trust continued to build on progress made in previous years in the development and improvement of key services in order to improve the health and wellbeing of its resident population and provide better access to high quality health and social care services.

Key achievements during the year include:

• 94% of patients were discharged within 48 hours of completion of hospital treatment
• 99% of cancer patients commenced their treatment within 31 days of the decision to treat and 94% of patients referred with a suspected cancer began their treatment within 62 days
• The Trust maintained its excellent performance for inpatient fracture treatment with 91% of patients being treated within 48 hours
• Family support interventions were provided to an additional 419 children in vulnerable families
• All child protection referrals were allocated within 24 hours of receipt
• The number of foster carers increased to 293, a 20% increase since 2007
• All children who required assessment of support for Mental Health were seen within nine weeks from the date of referral
• 153 children participated in Family Group Conferencing and contributed to a Family Plan to address relationship difficulties and challenges within their own respective families
• At the end of March 2010 no one was waiting longer that 9 weeks for an initial assessment by the Primary Care Liaison or Community Mental Health Teams while 11 people waited longer than this in respect of Psychological Therapy.
• Respite packages within both Learning and Physical Disability increased, meeting Priorities for Action (PfA) targets
• The waiting times target was achieved for Consultant Psychiatry
• At the end of March 2010, no patients were waiting longer than nine weeks for Allied Health Professional (AHP) services such as physiotherapy, occupational therapy and speech therapy
• Significant improvements were achieved in infection prevention and control including a 37% reduction in the number of cases of C. difficile and a reduction of 50% in the number of cases of MRSA bloodstream infection. The Trust also achieved the highest target compliance and lowest infection rates in the region for both Orthopaedic Surgery and Caesarean Section Surgery
• The Trust met the 18-week Priorities for Action target on the provision of wheelchairs in March 2010.

Lead Clinician Dr Albert McNeill with John McLaughlin of the Taxi Co promoting heart attack awareness.

Valerie Crichton with lead clinician Dr Peter Garrett and ward manager Joyce Leary celebrating 20 years of services of the renal dialysis unit at Tyrone County Hospital.
Acute Directorate

The Acute Directorate provides Acute Services to the local population from three sites, at Altnagelvin, the Erne and the Tyrone County Hospitals. Services are managed through three Clinical Service Divisions:

- Emergency Care and Medicine
- Surgery and Anaesthetics
- Diagnostic, Cancer and Clinical Support.

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

The Directorate’s priorities focus on delivering what the local population expects of a modern, efficient and responsive health care organisation and improving the quality and safety of everything we do.

In December 2009, the service for treating Age Related Macular Degeneration (AMD) was expanded to include patients requiring first eye treatment. AMD is the leading cause of blindness in the elderly. It was previously untreatable, however there is now a successful treatment for the more severe "wet" form of the disease. Injections of Lucentis into the eye can stabilise or, in some cases, improve vision. Altnagelvin Area Hospital is one of only two treatment centres in Northern Ireland. This service has been offered by the Western Trust since 2007 for patients requiring second eye treatment and local patients benefitted from the expansion of the service to include those requiring first eye treatment.

Due to the collaboration of the multi-disciplinary teams led by the Lead Clinician within this service, the Trust has been able to offer this service to all patients within a one-stop model which has significantly improved the patient journey and is in line with best practices. Plans are being progressed to also offer the service at the Tyrone County Hospital during 2010/11.

The development of Percutaneous Coronary Intervention (PCI) within Altnagelvin Hospital has enabled patients to be treated closer to home. PCI is the medical term for insertion of balloons/stents to improve the blood supply to the heart muscle. It involves passing narrow tubes from either the arm or the leg to the heart arteries and then deploying metal scaffolds called stents which open up the coronary arteries.

A team of trained staff is required to carry out these interventions which include Interventional Cardiologists, Radiography staff, Nursing staff and clinical physiologists.

Patients experience the benefit of the procedure very soon after it is carried out. Previously patients would have travelled to Belfast to have this procedure. It
also means that many patients can have their stent procedure performed at the same time as their angiogram and usually within the first few days after their admission. This has shortened hospital inpatient stays for patients which has obvious benefits for patients, staff and for the Trust.

The Trust opened a Medical and Surgical Assessment Unit (MSAU) in the Erne Hospital in July 2009. Located on the first floor of the hospital, this new facility has the capacity for 16 patients and provides patients with quicker access to initial specialist medical and surgical assessment, diagnostics and treatment.

The MSAU receives all medical and surgical patients referred by GPs, to assess the need for admission to hospital. The unit also receives urgent adult medical and surgical patients requiring further assessment / treatment from other areas such as A&E, outpatients and the mobile Coronary Care Unit.

Over the year, a total of 4,446 patients were admitted to the unit, with 81% staying less than 24 hours. The opening of the unit has supported the flow of patients through the hospital.

The quality of the Trust’s Critical Care Team’s facilities for transporting critically ill children was recognised at the 2010 National Patient Safety Awards by receiving a commendation at the awards ceremony in London. There were over 700 applicants for the awards and the Trust was delighted to receive second place. The safe transportation of critically ill children has been an area of intense interest by Trust staff for a number of years. Responding to situations where children require transfer from a Trust hospital to a specialist provision, led the Trust to develop improved transfer equipment. Anaesthetic staffing worked with the Ambulance Service and the Police to examine ways to make the process of transferring children easier and safer. A purpose-made mobile intensive care bed was developed, namely an ambulance trolley fitted with up to date equipment in a ready to go fashion. Within a year an improvement in staff morale was noticed, recognition by medical staff of a process with ownership and a reduction in the times transfers took of nearly 40%. Eighty transfers have now taken place involving patients from all age groups using the new equipment.

The Endoscopy Service at Altnagelvin Hospital achieved full accreditation for the next five years following the inspection in February 2010 by the Joint Advisory Group on GI Endoscopy (JAG). The Directorate was delighted that the Inspection Team Leader, who is involved in many inspections on behalf of JAG, commented that the Service in Altnagelvin could be ranked as one of the best in the United Kingdom. Gaining accreditation is an important achievement as it means that Altnagelvin can provide Colonoscopy as part of the Northern Ireland Bowel Cancer Screening Programme which is scheduled to start in May 2010.

The JAG Accreditation Team, mentioned specifically in their report:

- Exemplary leadership in both Medical and Nursing Professions
- An outstanding patient centred service
- Excellent teamwork across all staff groups and specialties
- The state of the art endoscope decontamination facility
- An ethos of training which permeates through all aspects of the service
- A “fantastic” approach to Audit and Governance
- Commitment to achieve a low wait service.

Consultant anaesthetist Dr Greg DiMascio with the Trust’s commendation in the National Patient Safety Awards for the Critical Care Team.
Adult Mental Health and Disability Directorate

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 and Autism Spectrum Disorder Services.

The three sub-directorates reflect the distinct needs of their service users and each is headed by an Assistant Director. Staff work together to promote health and well-being, to provide care, treatment and rehabilitation, and to promote a culture of continuous improvement in the planning and delivery of services. Each service endeavours to ensure the involvement of service users and carers at every stage from planning development to service delivery.

Mental Health

Work on the harmonization of mental health services across the Trust in line with the ‘Moving Forward’, ‘Health in Mind’ and Bamford Reviews continued throughout the year. Following a workshop in February 2009 a caseload analysis commenced in both the Omagh and Fermanagh Community Mental Health Teams in preparation for the development of Primary Care Liaison, Recovery and Psychological Therapy Teams.

A draft protocol was developed for the management of access to Adult Mental Health Services arising from the Integrated Elective Access Protocol (IEAP). This protocol describes the care pathway, from referral by GP to treatment by secondary care services, to ensure that services are delivered efficiently and effectively and is expected to be adopted regionally.

The Trust has been supporting the development of the Mental Health Productive Ward – Releasing Time to Care Project. This regional initiative aims to roll out across all acute psychiatric wards and has been facilitated by a Service Improvement Manager.

The pressure on Acute Admission beds continued throughout the year with particular pressures on acute male inpatient services at Gransha Hospital. A consultation on the development of a regional mental health bed management policy was completed in-year involving service users and carers in focus groups.

A Mental Health Strategic Planning Group was established including service user and carer representation and the full Mental Health Senior Management Team.

In partnership with A&E Departments within the Trust the “Card Before You Leave” scheme which was launched in January 2010, aimed to give more support to patients who self harm and are at risk of suicide. Development and implementation of the system to prioritise next day contact for patients who have self harmed or have thoughts of suicide, has been an important initiative to improve mental health interfaces with acute services and to ensure the most efficient use of staff time.

The Trust has contributed to the regional consultation on the services, standards and structure of the Personality Disorder Service.
Learning Disability

In 2009/10 significant progress was made restructuring the Adult Learning Disability Sub-directorate. Three heads of service posts have now been filled and work commenced to develop community teams which led to the appointment of two community service managers and two team leaders. Progress was also made on separating Adult and Children’s Disability Services and will focus on implementing standards in 2010/11.

In February 2010 the Trust in partnership with Conservation Volunteers Northern Ireland unveiled a new sensory garden at Lakeview Hospital which was officially opened by Botanist and Conservationist, Dr David Bellamy, OBE. The Sensory Garden is a self-contained area that provides a wide range of outdoor sensory experiences encouraging individuals to recognise, identify and experience different sounds, textures and smells throughout the seasons. The garden was designed and created by Conservation Volunteers Northern Ireland, funded by the Friends of Stradreagh and is a valued environment at Lakeview Hospital.

The Fresh Focus Team based in Enniskillen was recognised for their new approach to delivering day services and received a Staff Innovation Recognition Award at the 2008/09 Annual Public Meeting. Fresh Focus is an initiative which aims to deliver day opportunities to adults with learning disability as an alternative to traditional centre-based day care. In keeping with the Bamford Review, Fresh Focus promotes progressive independence and minimal reliance on statutory services. Staff work with clients and their families to develop their skills and confidence to help them to access social, recreational, educational and vocational opportunities in their own community. This leads to a system of peer support and encouragement, building the confidence of families encouraging them to allow clients to engage independently, without the usual higher levels of staff support.

Building work commenced during the year on two new Supported Living Units for learning disabled clients who present with challenging behaviour. The units located at Gransha Park, Londonderry and Coolnagard in Omagh, are anticipated to open in Summer 2010. These units are parts of the Trust’s Learning Disability resettlement strategy with a total of 28 people due to be accommodated in the units.
Physical and Sensory Disability and ASD Services.

Physical and Sensory Disability impacts significantly on many people in Northern Ireland and one in four of the population identify themselves as having a physical disability.

Western Trust Physical and Sensory Disability staff continued to work hard in 2009/10 to provide innovative and person-centred services in an increasingly restricted environment where services are delivered to those in greatest need.

During the financial year Sensory Impairment Services hosted a number of independently facilitated focus groups to gather sensory impaired user views into the potential re-modelling of services.

In May 2009 an awareness leaflet for practitioners and professionals working with people with Acquired Brain Injury was launched. The leaflet offers practical advice on individuals returning to driving after a head injury and was produced by three Community Brain Injury Service users with the support and guidance of Trust staff.

Following the Northern Ireland Review of Acquired Brain Injury and Autism Spectrum Disorder services the Trust will be focusing on implementing action plans to redesign these services in 2010/11.

The appointment of a new Consultant in Rehabilitation Medicine and permanent appointment of Nurse Manager based at Spruce House in Altnagelvin significantly enhanced the development of a fully multi-disciplinary neuro-rehabilitation team.

Staff across Physical Disability Services successfully re-modelled the Supporting People Peripatetic scheme. This year three new individually tailored programmes were re-launched for adults with physical sensory impairments, adults with ASD and adults with a learning disability, delivered through a floating support model.

Innovative and individually tailored respite for service users across both physical and sensory disability were successfully established during the year using a variety of domiciliary and residential settings.

Primary Care and Older People’s Services/Nursing

The Primary Care and Older People’s Services Directorate is responsible for improving the health and well-being of adults and older people in the western area by delivering a range of person-centred health and social care services. The majority of services are delivered by staff working within the community and in hospital based settings including:

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

The severe cold weather during December, January and February 2009/10 made it difficult for community staff – nurses, social workers and domiciliary care staff - from both the Trust and independent care providers, to reach some clients, particularly in rural areas. However, staff continued to go above and beyond the call of duty to maintain community services.

All Trust staff, independent sector staff and the community and voluntary sectors, responded magnificently utilising all forms of transport and defied the snow and ice to make sure the most vulnerable people in our communities were safe.

From the outset, tremendous local community support, including the local business community, was forthcoming especially in the rural areas, which enabled our nursing and care staff to maintain critical contacts with vulnerable clients. The Trust also acknowledges the dedication of its staff in working with local members of the community to maintain care.

The newly refurbished Oak and Ash Wards on the Tyrone and Fermanagh Hospital site were officially opened in January 2010. These new wards
are modern and patient centred facilities providing inpatient care for older people with dementia and rehabilitation for older people with mental illness.

The move of the former Larch (A) and Pine Villa to the new Oak and Ash Wards is part of a programme of modernisation in older people’s mental health services, in line with the Bamford Review, Developing Better Services (DBS) projects, the National Dementia Strategy, the National Service Framework and from Stirling University Dementia Services Development Centre on Design and Dementia.

The Trust held a recent event to launch the Carers’ Support Booklet: **“Finding the Balance, Promoting Positive Health”**. The booklet was developed by Carers Northern Ireland in conjunction with carer groups and was funded by the Western Trust and the Public Health Agency. The booklet contains valuable information for carers who look after family, partners or friends in need of help because they are ill, frail or have a disability. This includes information on how to keep well by ensuring a balanced diet and exercise and refers to emotional health, sleep and back care, which are issues that carers often struggle to maintain in their lives.

**Wheelchair Rapid Improvement Initiative:**
During September 2009, the Trust ran a two day workshop to review how it currently processes orders for wheelchairs within the Trust. The event was sponsored by the DHSSPS and was attended by senior managers, professionals, support staff, service users, and representatives from the Health and Social Care Board and the DHSSPS. The workshop was facilitated by consultants from within the Department of Finance and Personnel who specialise in the application of LEAN methodology. A 30-point service improvement plan was established and reviewed during the first week of November 2009. As a result of this, the Trust met the 18-week PfA target on the provision of wheelchairs at March 2010.

From February 2010, Western Trust clients requiring EPIOC (Specialised Wheelchair Training) assessments are no longer required to travel to Musgrave Park Hospital, Belfast. Assessment and training centres have been accommodated on the Gransha Park site in Londonderry and at Drumcoo in Enniskillen, where external modifications have been carried out to the identified routes and staff trained to the criteria and level required.

The nine week target for Physiotherapy, Orthoptics, Occupational Therapy, Nutrition & Dietetics, Speech Therapy and Podiatry professions to assess patients...
and commence their treatment was successfully achieved. This highlights the commitment of staff to their patients, working hard to ensure that the target was met.

The Trust’s **Community Victim Support Officer** was one of nine associate members from across Northern Ireland nominated to assist the members of the Pilot Forum for victims and survivors. Established by the Commission for Victims and Survivors in Northern Ireland the Pilot Forum has been formed as part of wider efforts to address the needs of the victims of violence. Associate member’s expertise in areas relevant to the victim/survivor sector is intended to help its work in aiding victims and survivors.

The Western Trust is the only Health Trust in Northern Ireland currently delivering a self management programme to people with long term conditions living in the community. This year 323 patients completed the Stanford Self Management programme “**Challenge your Condition**”. The model is proven to improve the quality of life for patients with a long term condition through cognitive techniques, confidence building and positive self esteem to enable them to manage and take control of their own condition.

The Western Trust was also one of the first Health Trusts in Northern Ireland to deliver the **DESMOND** programme for newly diagnosed type two diabetics, delivered by diabetic specialist nurses. The one day workshop supports people through the initial stages of diagnosis. Since commencing in October 2009, 272 patients were offered places with 59 completing the training by March 2010.

The **Case Management Service** is now in its second year and collaborative work continues between primary and secondary care. This service proactively works with patients who have long term conditions to maintain them in their own homes. Working closely with GPs and community services has been an invaluable element of the service. Work is ongoing facilitating early discharge from hospital with the Early Supportive Discharge team and case management.

A **Respiratory Co-ordinator** was appointed and has been implementing the Respiratory Services Framework recommendations. This involves collaborative work with respiratory consultants, GPs and all the other professionals involved in the delivery of respiratory services to patients in both primary and secondary care. Some initiatives already introduced include oxygen alert cards for the Ambulance Services and “message in a bottle” for patients. This is a system where patients are admitted to hospital they have an accurate record of medications available for Emergency Services staff.

**Nursing and Midwifery**

2009/10 was a **successful year for the Western Trust nurses**. At the RCN Nurse of the Year Awards Mary P McNicholl, Haemovigilence Practitioner at Altnagelvin Hospital was awarded the Chief Nursing Officer’s Award for Improvements in Patient Safety and Cathy Glass recieved a commendation. Carmel O’Kane, Community Children’s Nursing Team Leader received the RCN Nurse Manager Award at the HSC Excellence in Management awards, hosted by the Institute of Healthcare Management.

Throughout 2009/10 Western Trust nurses and midwives engaged in an active programme of work to improve the **quality of care and patient safety** including:

- Maintaining Environmental Cleanliness standards
- Development of early warning scores to detect the deterioration of a sick patient
- Incident reporting mechanisms to address areas of concern and risk to patient safety
- Implementation of the Releasing Time To Care (Productive Ward) at Altnagelvin Hospital. The outcomes have been very promising with a 15% increase in time spent by nursing staff in direct care of patients and a 40% reduction in interruptions that has improved team working. The Trust is now
planning to roll out this initiative to other wards
• Development and implementation of new policies and protocols, to guide staff on the appropriate course of action to take in particular situations
• The ongoing implementation of clinical supervision for nurses.

Effective leadership is important for ensuring the delivery of safe and effective care. The Trust has supported the delivery of three levels of leadership development programmes for nurses and midwives to meet their needs and levels of responsibility.

A Practice Education Team was established within the Trust to lead on the implementation of the ‘NMC Standards to Support Learning and Assessment in Practice’. The team is responsible for ensuring that the Trust provides effective learning environments for Nursing, Midwifery and Specialist Community Public Health Nursing students.

During the Swine Flu Pandemic Western Trust nurses and midwives engaged in a comprehensive training programme. While securing the release of staff to attend the training presented a challenge, the Trust met the required levels of staff training due to the commitment from the ward sisters / charge nurses and departmental managers.

The Trust’s nurses and midwives are also active in the field of research and development with 14 research projects being taken forward in 2010/11.

Women and Children’s Services Directorate/
Social Work

Diagnostic and Intervention services for children with Autistic Spectrum Disorder (ASD) have made significant developments in 2009/10 supported with additional investment. Waiting times have reduced and it is anticipated that by September 2010 children should wait no longer than 13 weeks for assessment. A number of ASD specific training programmes have also been facilitated for parents. A local ASD forum has been established by Lord Maginnis in partnership with the Trust including service users, parents / carers and professionals from health, education, housing and youth justice.

Following the success of a seminar on ‘The Case for Infant Mental Health,’ the Trust held a further workshop in March 2010, to consider the development of Infant Mental Health Services. The workshop initially provided an update on the case for Infant Mental Health Services and outlined proposals as to how this service could be developed. An action plan has been drawn up and will be taken forward by the Trust at Children’s Integrated Planning workshops in 20010/11.

Child & Adolescent Mental Health Services (CAMHS) have been re-designed within the Trust and since January 2010 the service assumed
responsibility for young people aged 16-18. The Trust is represented on the Regional Child & Adolescent Mental Health Services Bamford Steering Group and is currently working on a number of workstreams to introduce consistency and clarity to CAMHS services, which will improve services locally for children and young people.

In December 2009, Health Minister, Mr Michael McGimpsey, cut the first sod on the site of a new £2.2 million development in Omagh which will significantly enhance respite / short break services for disabled children and their families in the Western area, providing short breaks for children up to the age of 18 years. The new purpose built facility which will replace the existing provision located at Beltany House. A competition to name the new facility was launched with the Erne, Elmbrook and Arvalee schools. Pupils from each of these schools attend the present respite/short breaks opportunities at Beltany House and will have increased opportunities in the new facility.

A continuing challenge within Early Years Service in 2009/10 has been the processing of applications for registration and inspections of facilities, within statutory timescales. In spite of this challenging context, staff within the Early Years sector, have continued to remain focused on delivery a high standard and timely service to Early Years Providers.

The Trust was a strong champion of the Family Group Conferencing Service in 2009/10. This service has had a very successful year promoting positive outcomes for children on the edge of care and subjected to compromised parenting. In the past year 156 children participated in Family Group Conferencing. They also contributed to the development of Family Plans to address relationship difficulties and challenges within their own respective families. User participation in the Family Group Conference Management Forum has been invaluable to the service development.

One of the key challenges for the Trust is to ensure that foster care remains relevant to the needs of children and young people entering the Looked after system. A framework for a “Differentiated Model of Fostercare” has been established by the Trust to promote choice of placement for children and young people at varying levels of need. The Trust has six approved foster carers acting as co-trainers supporting the annual training programme for stranger and kinship foster carers and their contribution was acknowledged at the Training Awards Ceremony in March 2010.

A film “The Journey – A Tale of Two Homes” was launched in February 2010 showing what it feels like for young people to move into a children’s home. Young people currently in residential care worked on this creative project to create a film based on their views and feelings. Recognising the value of the film the Trust has given a commitment that it will be used to train local social workers and to give young people going into care for the first time some reassurance about what they can expect.
In September 2009 a **Domestic Violence Team** was established as part of the overall Family Intervention Service. This team has a specific role dealing with cases where domestic violence has been identified as the primary issue within the family. Women’s Aid and the PSNI assisted in the delivery of intensive training for the team and staff spent a number of days working with these partners to gain a fuller understanding of the issue. Feedback received from service users (both adults and children) and other professionals has been extremely positive.

In 2009, the Family Intervention Service adopted the **Safety in Partnership** model as a solution-focused framework to enable children to remain at home. The model promotes working closely with children, families and their social networks to build on their strengths, identifying key people the children can contact if they have any worries. Safety plans also identify people who can assist the parents and monitor the child’s safety. Initial indications suggest the model is a success with families in the Western Trust area. The Directorate anticipate the model will be extended to other family support teams within the Trust in the next year.

The Trust has been working towards implementing the **Northern Ireland Maternity Computerised System (NIMATS)**. The introduction of this system will provide centralised recording of all maternity information, from booking with community midwives at GP surgeries, through pregnancy, labour, delivery and postnatal care. The Trust is working towards implementation later in 2010 which will offer improved quality and accuracy of information and enable staff to access information more readily.

Following completion of the **Birthrate Plus Workforce Analysis** with Maternity Services the Trust will be working towards implementing its recommendations in 2010/11 including the development of Maternity Support Workers.

The Trust’s **Breastfeeding Service** based at Altnagelvin Hospital won the Award for Innovation in Improving Breastfeeding at the National Childbirth Trust Maternity and Family Awards in December 2009. At the same Award Ceremony, the Maternity Services Liaison Committee (Mother’s Voice) based at Altnagelvin won the NCT award for user involvement in service development, design and evaluation.

In January 2010 a **Midwife Led Unit** was established in Altnagelvin Hospital with 123 midwife led deliveries from January to March 2010. It is planned that women will be offered midwife antenatal care from booking through to post delivery care from September 2010. A review of Gynaecology Services was undertaken across the Trust in 2009, looking at clinic templates and clinical practice. This has resulted in increased capacity at consultant clinics and a more equitable service for all women using Maternity and Gynaecology Services. During 2009 the Gynaecology Ward at the Erne...
Hospital merged with the Surgical Ward to bring it in line with the model planned for the new South West Hospital.

A review of Trust Sexual Health Services has been undertaken to reform and modernise services including Genito-Urinary Medicine (GUM) and Family Planning. The Trust has been working in partnership with the CAWT cross border GUM project which is supporting the development of GUM services and will see the introduction of GUM clinics in the Omagh / Fermanagh areas and additional sessions at Altnagelvin including outreach clinics.

Social Work

In November 2009, RQIA launched reports on the first three phases of the Child Protection Review Reports: Quality of Record Keeping; Views of Service Users; and Corporate Leadership and Accountability. Concerns highlighted to the Trust were addressed immediately and since then the Trust has demonstrated significant progress implementing the recommendations. The Trust is greatly encouraged by the commitment demonstrated by its social workers to implement service reform recommendations with finite resources.

The third Annual Western Trust Social Work Forum brought together social work staff from all Directorates across the Western Trust area incorporating the Social Work Recognition Awards. This event reflected on the achievements of Western Trust social workers over the last year, highlighting the dedication and undeterred professionalism of staff and recognising those who go beyond the call of duty. The awards panel faced a difficult task identifying individual winners from a large pool of worthy nominees. Seven awards were announced before the 2009/10 Joan Ross Memorial Award for Outstanding Achievement to Social Work was awarded to Aidan Gordon, from Primary Care and Older People’s Services.
Finance and Contracting Directorate

The Finance and Contracting Directorate 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 key functions of this Directorate include:

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

- Contracting with the voluntary, community and private sector for health and social care services.

The Finance Department supported the Trust in managing its **£459 million revenue and £25 million capital budgets** in such a way that enabled the organisation to reach its Revenue and Capital Resource Limit targets in 2009/10. In addition, the Department has prepared the statutory accounts which confirm the Western Trust’s financial position for 2009/10 and which are summarised later in this Annual Report.

The Department 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 has a lead role in the Trust’s financial planning process to ensure that expenditure does not exceed the funding available and that breakeven is achieved.

The **Contracting Department** managed **£58 million** of contracts with the voluntary, community and private sector for health and social care services in 2009/10. The contracts are for a wide range of services including Domiciliary Care, Residential / Nursing Home Carer and Family Support Services.

During 2009/10 the Directorate completed the implementation of its new staffing structure following the merger of the three legacy Trusts. The Directorate has been concentrating on improving the quality of the services it provides by focusing on staff training, consolidation of procedures and adopting the lean methodology to improve the efficiency of its services.

Members of Friends of Altnagelvin with Chairman Gerard Guckian at a reception to express appreciation and thanks to members of the public and staff who have generously donated time, skills and funds to the Trust over the past year.
Human Resources Directorate

The Human Resources (HR) Directorate is responsible for the provision of a high quality professional and cost effective HR services across the Trust. HR staff support Trust wide Directorates in recruiting, retaining and deploying staff to sustain safe and effective services for patients and clients. In addition, HR staff work closely with managers, staff and trade union side representatives across the organisation to modernise and reform services through organisational development work and effective management of change. Key functions delivered by the HR Directorate include:

- HR strategy and policy design
- Workforce planning
- Recruitment and selection
- Medical HR
- Employee relations
- Workforce and organisational development
- Staff training and development
- Staff appraisal
- Occupational Health.

Effective partnership working underpins a sound employee relations environment. The 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/procedures were agreed including:

- Post Entry Learning Development and Education Guidelines
- Employment Break Scheme
- Maternity, Adoption and Paternity provisions.

In addition significant work has been carried out during 2009/10 on a number of other strategies, policies and procedures that are nearing the end of the development and review processes. These include:

- Learning, Education and Development Strategy
- Managing Attendance Protocol
- Temporary Movement to a Higher Band (Acting Up Policy)
- Domestic Violence and the Workplace Policy.

The HR senior management team and trades union side representatives continued to meet on a monthly basis to work through issues emerging from the implementation of the Review of Public Administration and the Comprehensive Spending Review. This Forum allows effective consultation and detailed discussions to ensure a fair and consistent approach across the organisation.

The Trust’s NVQ Assessment Centre celebrated staff’s success in achieving a range of NVQ and Life Long Learning Awards. A total of 193 members of staff gained NVQ qualifications in Health and Social Care, Business and Administration and Essential Skills qualifications. 16 members of staff from across the Trust also completed the first intake of Apprentices NI in Health and Social Care.

The celebration of these awards allowed the Trust to acknowledge the effort and support given by staff, line managers, tutors and mentors and the collaboration between the Trust and a range of Colleges and other education providers.

The Trust also recognised the educational achievements of almost 60 staff who completed undergraduate and post graduate training across a range of programmes:

- Certificate in Personnel Practice
- Institute of Leadership Management (ILM) First Line Management
- ILM Middle Management

Brigid McVeigh, Community Support Worker from Four Oaks, Omagh who received the 2009/10 NVQ Joan Ross Memorial Award (Sponsored by Unison) from Theresa Thomas, Acting NVQ Co-ordinator, Western Trust NVQ Assessment Centre.
• Post Graduate Certificate in Health and Social Care Management
• Post Graduate Diploma in Health and Social Care Management.

These qualifications demonstrate how staff are continually expanding their skills and expertise to support high quality services for patients and clients.

The Health and Social Care survey of staff took place during November - December 2009. 17,500 staff were surveyed across the HSC in Northern Ireland with an overall response rate of 39%. There were three themes addressed in the survey, these were:

• ‘The resources to deliver’ which asked staff about their hours of work, work-life balance and training
• ‘The support to do a good job’ which covered appraisals, job satisfaction, staff views on their organisations equal opportunities and whistle blowing
• ‘A worthwhile job and the chance to develop’ which addressed opportunities to develop, improving working practices, errors and near misses and violence, bullying and harassment.

The survey has provided data that will inform organisations about the experiences of our workforce. It is intended that the information will be used to improve working practices and conditions and inform future policy development. Its findings are being taken forward by the Partnership Forum at a strategic level and regionally through the Joint Negotiating Forum. The survey will be repeated every two years so that the impact of interventions and policy changes can be measured with the aim of improving the experiences of staff working in health and social care in Northern Ireland and ultimately the improvement in the quality of care provided to patients and clients.

The Trust’s Occupational Health Department was heavily involved in our response to the threat of Swine Flu. The Occupational Health team ran programmes of face fit testing and vaccination. 3,838 staff were fitted for protective masks and 5,775 staff were vaccinated. This required a very significant effort from Occupational Health staff and high levels of cooperation from managers and frontline staff.

Following the assimilation of all Agenda for Change Trust staff to a pay band, 747 requests for review were received, which covered approximately 1,350 staff. Significant progress has been made in completing reviews during 2009/10 and it is intended that the Trust will complete the reviews by the end of June 2010. In this same period a number of requests for job evaluations have also been received. This work will not commence until the completion of the reviews.

The Salaries and Wages Department has completed the payment of arrears to staff who have left the Trust and work has now commenced on the processing of arrears due to staff who have had a review outcome that has increased their pay bands. The move to Agenda for Change terms and conditions has taken considerable time and effort to implement throughout all the health and social care organisations in Northern Ireland. This has been a large and complex project which is now nearing completion.

Emma Johnston ICU Staff Nurse from the Erne Hospital pictured receiving the swine flu vaccination from Joyce Thompson, Vaccinator Nurse.
The Medical Directorate

The Medical Director is responsible for Clinical Governance, Research and Development, Medical and Dental Training and Education, and Infection Prevention and Control. Each of these functions underpins the safety and quality of our services and contributes to the enhancement of the working lives of our staff.

Robust governance arrangements are essential to assuring the safety and quality of the services provided by the Trust. The Trust commitment to high quality Research, Training and Education, not only enhances the quality of our services but also supports the recruitment and retention of staff of the highest calibre.

The Western Trust was successful at the 2009 CHKS 40 Top Hospitals Awards. These awards are based on an evaluation of 21 indicators chosen to reflect overall service quality - including service efficiency, patient experience and quality of care - and the award is a tribute to the outstanding work of the staff at Altnagelvin, Erne and Tyrone County Hospitals.

During 2009/2010, the Trust ran its own development programme for consultants. This programme was designed to benefit the organisation, individual participants and patients through strengthening leadership and managerial skills of the consultant. The programme incorporated an innovative shadowing opportunity for both consultants and directors, and participants were also offered a mentor for the duration of the programme.

Trust Board committed to visiting and meeting with staff across the services and service locations through Leadership Walk rounds. Focusing on safety issues, the sessions have been welcomed by staff and have generated a range of actions to improve services.

Infection Prevention and Control was identified as one of the Trust’s key priority areas during 2009-10 and significant improvements have been achieved.
including a 37% reduction in the number of cases of C. difficile and a reduction of 50% in the number of cases of MRSA blood stream infection.

During the year the Trust introduced:
- Monthly Chief Executive Accountability Meetings where infection prevention and control exceptions are discussed and actions implemented for improvements
- An Antimicrobial Management Team chaired by the Medical Director and attended by Clinical Directors, Clinicians, Pharmacy representatives, a GP representative and members of the Trust Infection Prevention and Control Team
- Extension and strengthening of the Lead Nurse Accountability Meetings format to include heads of service from all disciplines throughout the Trust
- Further rollout of infection prevention related evidence based care bundles across the Trust
- Participation of Lead Nurses and Heads of Secondary Care in monthly surveillance Meetings.

The Trust achieved the highest compliance and lowest infection rates in the region for both Orthopaedic Surgery and Caesarean Section Surgery and aims to maintain existing Healthcare Associated Infections (HCAI) standards and continued reduction in HCAI in 2010/11.

The Complaints Forum, chaired by Mrs Sally O’Kane, Non-Executive Director, met quarterly to monitor the Trust’s arrangements for responding to complaints. The group includes service users representatives as well as staff from services across the organisation. As part of the Trust’s commitment to the introduction of the new HSC Complaints Procedure, staff awareness training on the new arrangements have been provided. In 2010/11 the Trust will continue to promote confidence in complaints procedures focusing on the development of a ‘Listening, Learning and Improving’ culture.

During 2009/2010, a new Assurance Framework was developed to monitor how the Trust manages the risks faced by the organisation. New guidance regarding risk assessment and incident reporting procedures was issued promoting and maintaining a ‘Safety’ culture across the Trust area. Online incident reporting pilots were also implemented and proved successful.

The Professional Audit Steering Group successfully hosted the first Western Trust Audit Conference in June 2009 showcasing audit work across the Trust. Guest Speakers were Mary Hinds Director of Nursing and Allied Health Professionals, Public Health Agency and Dr David Stewart, Advisory Chair of the Northern Ireland Guidelines and Audit Implementation Network (GAIN).

The Trust’s Bereavement Co-ordinator has continued to work with colleagues to ensure that the Trust delivers against the Northern Ireland Strategy for Bereavement Care. Training for Medical and Nursing staff on Consent for Hospital Post Mortem, was delivered in partnership with the Northern Ireland Coroner and proved to be very effective and welcomed by clinicians. The Trust also launched a Bereavement Booklet ‘When Someone Close to You Dies’ which was commended in the BMA Hospital Publications Awards 2009.
Hospital At Night (HaN) was launched in the Erne Hospital in April 2009. With HaN already running in Altnagelvin Hospital, patients across the Western Trust area now benefit from this national initiative to improve the quality of care they receive in hospitals during the night. Hospital At Night means the right patient is seen by the right person at the right time through multidisciplinary teams.

Research within the Western Trust continues to expand with 25 projects approved during 2009/2010. There have been significant developments in infrastructure with the appointment of research nurses in Diabetes, Stroke, Cardiology and Critical Care as part of the Northern Ireland Clinical Research Network. During 2010/11 the Trust will continue to promote a strong research culture and vibrant research programme to permeate all aspects of patient/client care.

The Clinical Translational Research and Innovation Centre [C-TRIC] was formally launched in April 2009 followed by a very successful first Annual Clinical Translational Medicine Research Conference. C-TRIC has had a successful first operational year and currently hosts a range of biotechnology companies which are developing and trialling healthcare products. In March 2010, C-TRIC won an Irish Times Innovation award for its work.

During 2009/10, the Trust hosted 250 third - fifth year undergraduate student doctors from Queen’s University Belfast in clinical placements. The Trust also maintains links with Galway University and every year provides placements for a number of students from NUI Galway. Feedback from Queen’s University Belfast regarding the quality of the teaching remains positive. During a visit in January 2010, the development of sub-deaneries within Trusts was discussed in a move to formalise the arrangements between QUB and the clinical locations in which placements are undertaken. It is anticipated that the

Trust will plan to introduce a sub-dean by September 2010 and greatly welcomes this development.

NIMDTA carried out Deanery visits to Altnagelvin and Erne in late October 2009. The outcome of the visits was favourable and the visiting team were encouraged by the progress made in junior doctor training despite difficulties faced in terms of recruiting to all our posts.

The Library Service has grown in strength and support from staff highlights it is an important resource for maintaining and developing clinical practice and supporting teaching, learning, audit, and research in support of high quality patient care.

In preparation for the implementation of a new licence to practice revalidation, in 2010/11 the Trust plans to strengthen the existing Doctors Appraisal Framework.
Planning and Performance Management Directorate

The Directorate of Planning and Performance Management provides a range of services which support the Trust in the delivery of high quality services in line with the targets and standards set by the Department of Health, Social Services and Public Safety, the Health and Social Care Board and other regulatory bodies.

The Directorate is responsible for the development and maintenance of a robust performance management system and has a key role in supporting the planning and performance functions across the Trust, particularly in the reform and modernisation of services. It also provides key support services that include cleaning, catering, portering, laundry, transport, maintenance of Trust facilities and ICT infrastructure all of which are essential to the delivery of high quality services.

All Trusts in Northern Ireland were challenged in 2009/10 with the world-wide H1N1 ‘Swine Flu’ outbreak. Through its Emergency Planning processes the Western Trust was successful in developing and implementing a Pandemic Plan to ensure the Trust’s preparedness for a pandemic outbreak. An Emergency Planning Coordinator has also been appointed to take the lead in the consolidation and continual development of the systems and processes to ensure the Trust’s ability to deal with any major emergency that might arise.

Continued progress was made in embedding Health Improvement practice into Trust business in 2009/10. Some of the key developments within the Health Improvement Team include:

• Delivery of 60 training courses to 1,041 individuals from community, voluntary and statutory sectors and 37 awareness raising events on key health improvement messages
• Continued support of the CAWT two year obesity project funded through the EU INTERREG programme which aims to address rising concern about childhood obesity through family obesity prevention programmes
• Delivery, in association with the Public Health Agency and Department for Social Development, of a £500,000 Neighbourhood Renewal initiative across all eight neighbourhood renewal areas across the West to enable communities to improve their health and wellbeing
• The Smoking Cessation Service was given a Staff Recognition Award for the Reducing Health Inequalities category. The service is responsive to different service user needs and provides training and awareness sessions in schools and workplaces thus helping to reduce health inequalities among the Western Trust population.
In 2010/11 the Trust will continue to work in partnership with key stakeholders to improve the health and wellbeing of the Trust’s catchment population.

The Trust continues to place great value on the contribution made by volunteers. When you consider the range of work done by over 120 dedicated people who give up their time to complement the role of paid staff and enhance the patient experience you cannot help but admire their commitment. Their contributions range from making toast for the patient who has just recovered from an operation to fundraising on the ‘Friends Association’. This service has gained an excellent reputation locally and across Northern Ireland, hence the increasing numbers of potential volunteers who are constantly coming forward to offer their services. At the recently held Millennium Volunteer Award ceremony many of the Western Trust’s young volunteers received their Awards of Excellence.

Significant progress has been achieved embedding Equality and Human Rights into the Trust’s business planning and decision making. The Equality and Human Rights Unit supported a Foreign Language Interpreting course in partnership with Northern Ireland Health and Social Services Interpreting Service, Derry City Council and SEEDS. Twenty-one people, from ten different countries successfully achieved certification as Community Foreign Language Interpreters.

The Unit also supported the production and performance of “A Better Way” by Carrickmore Rainbow Gateway along with Strule Buzz Group and MENCAP, which was showcased at Omagh College during Community Relations Week. Following a regional conference exploring the needs of migrant workers with no recourse to public funds, recommendations in response to the “No Home from Home” report are now being progressed in the Western Trust area.

**Facilities Management** established objectives in-year aimed at ensuring the delivery of safe, high quality, customer-focused services and the promotion of a continuous improvement culture. These objectives include:

- Ensuring needs of patients / clients are central to how facilities management services are delivered
- Focusing on consistent delivery of services and improving quality and safety
- Promotion and achievement of an integrated facilities management service
- Efficient and effective deployment of resources
- Effective review and implementation of policies, working practices and procedures
- Supporting and retaining staff by training, development and role development
- Performance management and monitoring
- Achievement of financial balance.

This year Estates Services established a **Medical Engineering Department** delivering Trust-wide medical engineering services. The first task achieved by the Department was the validation and revision of the Trust equipment asset register.

An agreed programme of in year **minor capital work** was developed and delivered across the Trust area enabling patient and client services to be delivered more effectively.
The Trust was recognised as a training centre for the **Cleaning Operators Proficiency Certificate** accredited by the British Institute of Cleaning Science (BICS) allowing the Trust to deliver training locally. A two-year programme to train all Trust domestic services staff commenced during 2009/10 which will provide the staff with a professionally recognised qualification ensuring a professional approach to cleaning standards throughout the Trust.

An audit process aimed at ensuring higher standards of cleanliness was implemented throughout all Trust facilities and the outcomes are now available to staff on a more timely basis enabling immediate action to be taken where required.

The Western Trust **ICT Department** was successful in migrating to a single ICT network offering a number of advantages, primarily a corporate identity, a clinical grade network, links to telephony infrastructure and a common e-mail address book. This includes centralised access and administration, reduced licensing costs, as well as enhanced internal and external videoconferencing links.

Investment has enabled the design and implementation of a **new clinical network** within Altnagelvin Hospital along with major upgrades in the Erne and Tyrone County Hospitals. This model focuses on accessibility, resilience and the enabling of new technologies over a fixed and wireless network. Over the next year the Trust will be establishing a comprehensive wireless network in all acute facilities and also within some community based facilities.

**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 2009/10, the Western Trust received 172 requests (+3 for internal review) under the FOI Act which equates to an average of 15 requests received per month. 95% of the Trust’s FOI requests were answered within the 20 working days deadline compared to 94% for 2008/09 and 84% for 2007/08. In **2010/11** the Planning and Performance Management Directorate will continue to consolidate and develop its various planning, performance and service delivery functions to support the Trust in delivering its core function of providing high quality, safe and effective health and social care services.
Strategic Capital Development Directorate

The strategic redevelopment programme for Altnagelvin Area Hospital continued to progress in 2009/10. The official opening in May 2009 of the new £33 million South Wing development by Her Majesty the Queen, accompanied by His Royal Highness The Duke of Edinburgh was an important event in the Trust’s calendar. The royal visitors met patients and were introduced to a wide range of staff before unveiling a plaque to commemorate the official opening.

The extension of the South Wing accommodation was officially handed over to the Trust in February 2010. Work is ongoing to support occupation of this new facility. The redevelopment programme will continue into 2010/11 with activity focusing on construction of fire lifts and design work.

Strategic capital planning continues for the remainder of the development with efforts now concentrating on the refurbishment of the Tower Block Ward accommodation in a series of sequential phases.

Following earlier Ministerial announcements with respect to future cross-border Radiotherapy facilities based in the West of the Province, the Trust has continued to work in close collaboration with the Northern Ireland Cancer Centre in developing a Stage 1 Outline Business Case for the proposed development.

The Outline Business Case has now been completed and submitted for consideration and approval to both DHSSPS and the Regional Health and Social Care Board in early April 2010. When approval of the Outline Business Case is received, work will then progress to prepare the proposed site including the repositioning of some existing facilities, development of detailed design proposals of the new Radiotherapy facility and finalisation of the full business case.

The activity will enable early tendering and award of contract for the Radiotherapy facility with construction work anticipated to commence by Spring 2012 and completion by late Autumn 2015. In March 2010, the Trust prepared and submitted revisions to the previously approved Omagh Hospital Complex Outline Business Case to DHSSPS and the Regional Health and Social Care Board. These revisions addressed and updated the proposed procurement route, the inclusion of GP accommodation and reaffirmed planning assumptions relating to future Mental Health Services delivery.

During 2009/10 a number of enabling works schemes have been undertaken within the Tyrone and Fermanagh Hospital site in order to ensure the site is suitably reconfigured for any future development of the Hospital Complex including the Local Enhanced Hospital.

This work has involved the diversion of engineering services from the footprint of the new Hospital site, decentralisation of steam boiler plant for the laundry
and the installation of new electrical switchgear and generator. Water supply and storage facilities have been upgraded together with site fire alarm and IT communications infrastructure to enable seamless interfacing with the New Hospital. The demolition and clearance of redundant buildings together with repairs to the historic fabric have completed this phase of the work.

Landmark achievements during 2009/10 also included the opening of the newly refurbished Oak and Ash wards on the Tyrone and Fermanagh Hospital site. The wards will provide inpatient care for older people from Larch (A) and Pine Villa’s who are affected by Dementia and mental illness.

Construction began on the **New South West Acute Hospital** in May 2009, immediately following financial close and signing of the contract with Northern Ireland Health Group (NIHG) to design, build, finance, maintain and lifecycle the new acute hospital project.

Construction in year has focused on the completion of the substructure works, and work is now progressing to the superstructure. The double storey car park, visible from the main A32 road, is now complete as is the road leading to the car park opened in March 2010. Both are in use by site traffic.

Looking ahead, 2010/11 will see the construction programme progressing with the buildings weather tight by the end of the year and the interior fit out beginning.

The New Acute Hospital will meet the highest quality standards, offering the most modern clinical practices, bringing the benefits of the latest technologies and enabling staff to deliver high quality care to patients in attractive and well-designed buildings.

The Trust remains committed to delivering the New Acute Hospital for the people of the Southwest on time, to the highest quality and within budget. In this respect, the project remains on programme for the opening of the new hospital by the Summer of 2012 with the Trust continuing to plan for the transition of both staff and patients by that date.

Strategic capital programmes within the **primary, community and mental health settings** also continued to progress this year. Design work progressed as planned in relation to the new Mental Health Crisis Unit to replace the existing Gransha Hospital. The Trust aims to commence construction of this new facility during 2010/11.

In December 2009, the Health Minister, Michael McGimpsey joined the Trust Chairman and Chief Executive to mark commencement of construction work on a new respite facility for children and young people with disabilities by cutting the first sod. Located in Omagh, the unit is expected to be completed in line with the original programme completion date of early 2011.
Finance Report

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 £25.5 million was spent in 2009/10 on capital schemes, vehicles and equipment. Expenditure on capital works schemes amounted to £20.9 million. In addition £1.6 million was spent on computer equipment and £3.0 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 2009/10 were:

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
<th>% of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Management Costs</td>
<td>18,239</td>
<td>3.37%</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>2009/10</th>
<th>2008/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total trade bills paid</td>
<td>99,185</td>
<td>116,492</td>
</tr>
<tr>
<td>Total bills paid within the 30 day target</td>
<td>88,812</td>
<td>110,056</td>
</tr>
<tr>
<td>% of bills paid within the 30 day target</td>
<td>89.5%</td>
<td>94.5%</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 2010 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 and Contracting
Western Health and Social Care Trust
MDEC Building
Altnagelvin Hospital Site
Glenshane Road
LONDONDERRY
BT47 6SB

Net Expenditure Account for the year ended 31 March 2010

<table>
<thead>
<tr>
<th></th>
<th>Restated 2008/09 £000</th>
<th>2009/10 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure</td>
<td>(486,062)</td>
<td>(540,732)</td>
</tr>
<tr>
<td>Income from activities</td>
<td>17,342</td>
<td>17,399</td>
</tr>
<tr>
<td>Other Income</td>
<td>6,173</td>
<td>9,355</td>
</tr>
<tr>
<td>Reimbursement receivable</td>
<td>4,237</td>
<td>989</td>
</tr>
<tr>
<td></td>
<td>27,752</td>
<td>27,743</td>
</tr>
<tr>
<td>(458,310)</td>
<td></td>
<td>(512,989)</td>
</tr>
<tr>
<td>Add back non-cash items</td>
<td>10,921</td>
<td>9,895</td>
</tr>
<tr>
<td>(447,389)</td>
<td></td>
<td>(503,094)</td>
</tr>
<tr>
<td>Revenue Resource Limit (RRL)</td>
<td>458,354</td>
<td>513,047</td>
</tr>
<tr>
<td>Surplus against RRL</td>
<td>44</td>
<td>58</td>
</tr>
</tbody>
</table>
### Statement of Financial Position as at 31 March 2010

<table>
<thead>
<tr>
<th></th>
<th>Restated 2008/09 £000</th>
<th>2009/10 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non Current Assets</strong></td>
<td>365,537</td>
<td>330,518</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>3,654</td>
<td>3,926</td>
</tr>
<tr>
<td>Trade and other receivables/Other</td>
<td>19,803</td>
<td>23,842</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>538</td>
<td>595</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(48,258)</td>
<td></td>
<td>(65,563)</td>
</tr>
<tr>
<td><strong>Non Current Assets less Net Current Liabilities</strong></td>
<td>341,274</td>
<td>293,318</td>
</tr>
<tr>
<td>(14,251)</td>
<td></td>
<td>(14,152)</td>
</tr>
<tr>
<td>(21,535)</td>
<td></td>
<td>(18,130)</td>
</tr>
<tr>
<td><strong>305,488</strong></td>
<td></td>
<td><strong>261,036</strong></td>
</tr>
<tr>
<td><strong>Reserves:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donated Asset Reserve</td>
<td>467</td>
<td>447</td>
</tr>
<tr>
<td>Re-valuation Reserve</td>
<td>18,413</td>
<td>26,108</td>
</tr>
<tr>
<td>General Reserve</td>
<td>284,656</td>
<td>232,777</td>
</tr>
<tr>
<td>Government Grant Reserve</td>
<td>1,952</td>
<td>1,704</td>
</tr>
<tr>
<td><strong>305,488</strong></td>
<td></td>
<td><strong>261,036</strong></td>
</tr>
</tbody>
</table>

### Statement of Cash Flows for the Year Ended 31 March 2010

<table>
<thead>
<tr>
<th></th>
<th>Restated 2008/09 £000</th>
<th>2009/10 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Cash Outflow from Operating Activities</strong></td>
<td>(436,774)</td>
<td>(426,487)</td>
</tr>
<tr>
<td><strong>Cash Flows from Investing Activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to acquire Non-Current Assets</td>
<td>(31,343)</td>
<td>(23,759)</td>
</tr>
<tr>
<td>Proceeds from the disposal of Non-Current Assets</td>
<td>(44)</td>
<td>85</td>
</tr>
<tr>
<td>(31,387)</td>
<td>(23,674)</td>
<td></td>
</tr>
<tr>
<td><strong>Cash Flows from Financing Activities</strong></td>
<td>468,220</td>
<td>450,218</td>
</tr>
<tr>
<td><strong>Net Increase in Cash Equivalents in the period</strong></td>
<td>59</td>
<td>57</td>
</tr>
</tbody>
</table>

Elaine Way  
Chief Executive  

Gerard Guckian  
Chairman
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 for the year ended 31 March 2010.

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. The other information comprises only that in the Financial Report.

Basis of Audit Opinions

I have conducted my work in accordance with Bulletin 2008/3 ‘The auditors’ statement on the summary financial statement in the United Kingdom’ 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 2010 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.

K J Donnelly  
Comptroller and Auditor General  
Northern Ireland Audit Office  
106 University Street  
BELFAST BT7 1EU

1 July 2010
Western Health and Social Care Trust
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

June 2010
Senior Executives’ Remuneration

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Salary</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 2009 See note 2</th>
<th>CETV at 31st March 2010 See note 2</th>
<th>Real increase in CETV See note 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Executive Directors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr G Guckian</td>
<td>Chairman</td>
<td>25-30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs J Doherty</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>Mrs S Cummings</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>Mrs S O’Kane</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>Mr C Mulgrew</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>Mr B McCarthy</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>Mr N Birthistle</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>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><strong>Executive Members</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs E Way</td>
<td>Chief Executive</td>
<td>115-120</td>
<td>2,500</td>
<td>5-10</td>
<td>190-195</td>
<td>923</td>
<td>1,037</td>
<td>114</td>
</tr>
<tr>
<td>Mr J Doherty</td>
<td>Director of Women and Children’s Services</td>
<td>90-95</td>
<td>0</td>
<td>5-10</td>
<td>155-160</td>
<td>797</td>
<td>886</td>
<td>89</td>
</tr>
<tr>
<td>Mrs L Mitchell</td>
<td>Director of Finance and Contracting</td>
<td>80-85</td>
<td>2,400</td>
<td>0-5</td>
<td>95-100</td>
<td>359</td>
<td>405</td>
<td>46</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Salary</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 2009</td>
<td>CETV at 31st March 2010</td>
<td>Real increase in CETV</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------</td>
<td>--------</td>
<td>--------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>-----------------------</td>
<td>------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Mr A Corry Finn</td>
<td>Director of Primary Care and Older Peoples Services / Director of Acute Services (from 18/11/08 to 17/05/09)</td>
<td>80-85</td>
<td>800</td>
<td>5-10</td>
<td>130-135</td>
<td>619</td>
<td>697</td>
<td>78</td>
</tr>
<tr>
<td>Dr A Kilgallen</td>
<td>Medical Director</td>
<td>100-105</td>
<td>0</td>
<td>5-10</td>
<td>35-40</td>
<td>135</td>
<td>183</td>
<td>48</td>
</tr>
</tbody>
</table>

**Other Board Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Salary</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 2009</th>
<th>CETV at 31st March 2010</th>
<th>Real increase in CETV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr J Lusby</td>
<td>Deputy Chief Executive/ Director of Planning and Performance Management to 17/05/09 / Director of Acute Services (from 18/05/09 to 30/10/09)</td>
<td>95-100</td>
<td>1,700</td>
<td>5-10</td>
<td>170-175</td>
<td>817</td>
<td>915</td>
<td>98</td>
</tr>
<tr>
<td>Mrs N Sheerin</td>
<td>Director of Human Resources</td>
<td>75-80</td>
<td>1,200</td>
<td>0-5</td>
<td>120-125</td>
<td>547</td>
<td>615</td>
<td>68</td>
</tr>
<tr>
<td>Mr T Millar</td>
<td>Director of Adult Mental Health and Disability Services</td>
<td>60-65</td>
<td>0</td>
<td>0-5</td>
<td>70-75</td>
<td>310</td>
<td>352</td>
<td>42</td>
</tr>
<tr>
<td>Mr M Dickson</td>
<td>Director of Acute Hospitals (From 01/11/09 to 30/04/10)</td>
<td>0-5</td>
<td>0</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>135</td>
<td>183</td>
<td>48</td>
</tr>
</tbody>
</table>

*Seconded by HSC Board. Pension contributions made directly by substantive employer, Department of Health, England.*
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Salary</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 2009</th>
<th>CETV at 31st March 2010</th>
<th>Real increase in CETV</th>
<th>CETV at 31st March 2009 See note 2</th>
<th>CETV at 31st March 2010 See note 2</th>
<th>Real increase in CETV See note 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs S Groogan</td>
<td>Director of Planning and Performance Management (Acting – from 18/05/09)</td>
<td>60-65</td>
<td>0</td>
<td>5-10</td>
<td>40-45</td>
<td>102</td>
<td>133</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr A Moore</td>
<td>Director of Strategic Capital Development (Commenced from 18/05/09)</td>
<td>60-65</td>
<td>0</td>
<td>5-10</td>
<td>100-105</td>
<td>463</td>
<td>555</td>
<td>92</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs G Hillick</td>
<td>Director of Primary Care and Older People (Acting – From 04/12/08 to 17/05/09)</td>
<td>5-10</td>
<td>1,200</td>
<td>5-10</td>
<td>105-110</td>
<td>537</td>
<td>608</td>
<td>71</td>
<td></td>
<td></td>
<td></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 secondment to the Western Health and Social Care Board / Health and Social Care Board from 17/11/2008. Mrs Kelly applied for voluntary early retirement with effect from 16/12/2009 and was accepted with employer support. The capitalised cost of this voluntary retirement was £104,938.
For further information visit our website at:

www.westerntrust.hscni.net

Western Health and Social Care Trust
Trust Headquarters
Altnagelvin Area Hospital
Glenshane Road
Londonderry
BT47 6SB

Tel: 028 713 45171