Annual Report 2010/11

“Facing the Future with Confidence”
Background
The Western Health and Social Care Trust provides health and social care services across the five council areas of Limavady, Londonderry, Strabane, Omagh and Fermanagh.

The Trust employs approximately 12,000 staff and spends £503 million annually in the delivery of health and social care services.

The Western Trust continues to aim to: “Provide high quality patient and client centred 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 the following Directorates:
- Medical Directorate
- Performance and Service Improvement
- Finance and Contracting
- Strategic Capital Development
- Human Resources
- Communications.

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

Chairman’s and Chief Executive’s Foreword
This past year has been both challenging and rewarding for the Western Trust. In our fourth year we continued to make progress with the integration of structures and services from our three legacy Trusts and we now believe the Western Trust identity has been established and embedded into the organisation. Our aim, of providing high quality patient and client centred care delivered by well trained staff with high morale, has also become more widely known and accepted.

As Chairman and Chief Executive we would like to thank each and every one of our staff for their tremendous efforts in the past twelve months. Everything that has been achieved by our staff, individually and collectively, dedicating themselves to the care of our population. That vocation of care has been evident from the wards to the boardroom throughout the year and right across the Trust geography.

There have been many causes for celebration during 2010/2011. Altnagelvin Hospital enjoyed its 50th birthday, and it was great to see so many members of the Altnagelvin family joining in the various events staged to mark the occasion. Our best tribute to those who have gone before is to continue their work, their values and their ethos. Our annual Staff Recognition Awards gave us the opportunity to celebrate the wonderful work being done quite often unnoticed and unrecognised. The many, many nominations assured us as leaders of this organisation of the outstanding dedication and commitment of all our staff. That was perhaps exemplified most of all by the recipients of the Chairman’s prize, The Homecare Service, whose staff in the most challenging and extreme weather conditions, continued to provide their much needed care to people in rural areas, often cut off from the community by flood or snow. Our staff quite literally went the extra mile, and beyond!

We shared in the success of many individual clinicians and teams whose work and achievements were recognised outside of the Trust also, none more so than our very own Northern Ireland Nurse of the Year, Donna Keenan. Donna’s award was a well-deserved recognition of a nurse leader who has transformed a service for the clear benefit of her local community in Omagh. Donna has been the first to state however that her achievements were only possible with the help and support of all those working alongside her.

In financial terms we have struggled with the demand to make significant savings without impacting on frontline care. That we have been able to once more break even is a credit to all our staff who have risen to the challenge of delivering more for less.

As we look forward therefore, with tough economic times undoubtedly ahead, we believe strongly that by following the example of Donna and others, we can still achieve so much, not only meeting the expectations of the public but exceeding them. With a future in terms of hospital services now more clear with the progress on-site at Enniskillen and the great news of permission to begin construction in Omagh, and with the dedication and support of all our community staff so clearly demonstrated in recent times, we in the Western Trust have every reason to face that future with confidence.
Management Commentary

Achievement of Ministerial Priorities

During 2010/11, 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 2010/11:

• In March 2011, all urgent breast cancer referrals were seen within 14 days and over 98% of cancer patients started treatment within 31 days of the decision to treat.
• No patient was waiting more than nine months for specialist drug therapies for arthritis at the end of the March 2011.
• In March 2011, 87% of routine diagnostic tests were reported on within two weeks.
• During the year, over 99.9% of patients attending A&E were seen within 12 hours.
• In March 2011, 74% of renal patients received dialysis via a fistula (against a target of 60%).
• At the end of March 2011, no patients were waiting longer than 13 weeks for assessment following referral or for commencement of specialised intervention in relation to autism.
• At the end of March 2011, no patients were waiting longer than 13 weeks from referral to assessment and commencement of specialised treatment in relation to Acquired Brain Injury.
• During the year, the Trust achieved further reductions in the number of cases of C. difficile infections and was just outside its target for MRSA bacteraemia, recording 15 bacteraemia in total against a target of 11.
• Family support interventions were provided to an additional 594 children in vulnerable families.
• All child protection referrals were allocated within 24 hours of receipt and all initial assessments were completed within ten working days.
• The Trust reduced the number of admissions to acute mental health hospitals by 18%.
• 176 children participated in Family Group Conferencing and contributed to a family plan to address relationship difficulties and challenges within their own respective families.
• The Trust implemented the ‘Card-Before-You-Leave’ scheme ensuring that all adults and children who self harm and present for assessment at A&E are offered a follow-up appointment with appropriate mental health services within 24 hours.

Key Facts

• In 2010/11 there were 56,862 attendances to Altnagelvin A&E Department; 27,929 attendances to the Erne Hospital A&E Department and 15,779 attendances to the Urgent Care and Treatment Centre at the Tyrone County Hospital.
• The Trust delivers services to approximately 298,000 people.
• In 2010 the Trust Library Services had 21,131 visits from staff and students and has increased membership from 20% to 22%.
• Allied Health Professionals (AHP) Services provided over 364,652 face to face contacts with clients during 2010/11.
• During 2010/11 the Trust received 336 formal complaints and 2,807 compliments.
• District Nursing Services provided 181,434 contacts with clients during 2010/11.
• There were 4,201 births at Altnagelvin and the Erne Hospitals in 2010/11.
• As part of the Communications Office activity in 2010/11 the Trust proactively issued 175 news releases and produced 11 issues of NOW, the internal staff newsletter following Trust Board meetings.
• At 31 March 2011 the Trust had 332 foster carers, a 13.3% increase since 2010.
Directors’ Report

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Position on the Board</th>
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<tr>
<td>Gerard Guckian</td>
<td>Chairman and Chair of the Remuneration and Governance Committees</td>
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<tr>
<td>Niall Birthistle</td>
<td>Non-Executive Director and Chair of the Audit Committee</td>
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<tr>
<td>Sally O’Kane</td>
<td>Non-Executive Director</td>
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<td>Ciaran Mulgrew</td>
<td>Non-Executive Director</td>
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<td>Joan Doherty</td>
<td>Non-Executive Director</td>
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<td>Stella Cummings</td>
<td>Non-Executive Director</td>
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<td>Brendan McCarthy</td>
<td>Non-Executive Director and Chair of Endowments and Gifts Committee</td>
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<td>Barbara Stuart</td>
<td>Non-Executive Director</td>
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<td>Elaine Way</td>
<td>Chief Executive</td>
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<td>Joe Lusby</td>
<td>Deputy Chief Executive</td>
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<td>John Doherty</td>
<td>Director of Women and Children’s Services and Executive Director of Social Work</td>
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<td>Alan Corry Finn</td>
<td>Director of Primary Care and Older People’s Services and Executive Director of Nursing</td>
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<tr>
<td>Trevor Millar</td>
<td>Director of Adult Mental Health and Disability Services</td>
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<td>Dr Anne Kilgallen</td>
<td>Medical Director</td>
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<tr>
<td>Lesley Mitchell</td>
<td>Director of Finance and Contracting</td>
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<tr>
<td>Nuala Sheerin</td>
<td>Director of Human Resources</td>
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<tr>
<td>Sara Groogan</td>
<td>Director of Performance and Services Improvement (Acting from 18/05/09 to 28/04/10) – Appointed 29/04/10</td>
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<tr>
<td>Alan Moore</td>
<td>Director of Strategic Capital Development</td>
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<td>Michael Dickson</td>
<td>Director of Acute Hospitals (from 01/11/09 to 31/04/10)</td>
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<tr>
<td>Geraldine Hillick</td>
<td>Director of Acute Hospitals (Acting from 24/05/10 to 26/10/10) – Appointed 27/10/10</td>
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The Directors of the Trust would bring to your attention the following issues:-

1. The Trust has prepared a set of accounts for the year ended 31 March 2011 which have been prepared in accordance with Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

2. The Trust has arrangements in place to consult with employees and their representatives. The most significant formal mechanism is the Trust’s Joint Forum. This is governed by a formal agreement which sets down the arrangements for management and Trade Union Side partnership working in relation to consultation and negotiation on employment matters. In addition the Trust has established a Joint Local Negotiating Committee. This forum focuses on employment matters relating to doctors. The Trust has a range of partnership groups in place which allow consultation on issues such as Agenda for Change implementation, Comprehensive Spending Review issues and reform and modernisation proposals.

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

4. The Department requires the Trust to pay its 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 15.

5. The Trust participates in the HSS Superannuation Scheme and Note 1.20 of the accounts and the Remuneration Report on page 15 refers to the accounting treatment adopted.

6. The Trust maintains a Register of Interests covering Directors and key management staff and operates procedures to avoid any conflict of interest. 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.

7. The Trust’s absence rate at March 2011 was 4.77% against a target of 5.2%.

8. The Trust did not have any personal data related incidents in 2010/11.

9. The Trust’s External Auditor is the Comptroller and Auditor General who sub-contracted the audit to PricewaterhouseCoopers for 2010/11. The Trust was charged £66,193 for the statutory audit of the accounts (Public Funds and Endowments and Gifts). In addition, the Trust paid £3,275 to the NI Audit Office in respect of the National Fraud Initiative 2010/11.

10. The Trust has an Audit Committee which is a formal Committee of the Board and membership is as follows:-
    - Niall Birthistle – Non-Executive Director (Chair)
    - Ciaran Mulgrew – Non-Executive Director
    - Barbara Stuart – Non-Executive Director.

The Audit Committee has adopted the handbook issued by the DHSSPS which details the terms of reference and the operating standards of the Committee.

All Directors have confirmed that there is no relevant audit information of which the Trust’s auditors are aware.

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 Acute Directorate provides acute hospital services to the local population from three sites, at Altnagelvin, Tyrone County, and Erne Hospitals. The Directorate’s priorities focus on delivering efficient and responsive health care while improving the quality and safety of services. The Directorate has strengthened its structure by filling a number of key posts. The Director of Acute Hospitals was appointed as well as new Assistant Directors in Surgery and Anaesthetics, and Emergency Care and Medicine Divisions respectively.

A number of staff were recognised by achieving various awards for excellent service throughout the year, including Sr Donna Keenan, RCN NI Nurse of the Year 2010, Mary McDavitt, RCN NI Team Management Award 2010, Time Critical Care Transfer Team received the Award in Quality and Safety category at the Trust’s Staff Recognition Awards and Jeremy Thatcher, Orthopaedic Appliance Officer, received the Award of Support Worker of the Year at the Trust’s Staff Recognition Awards.

The Northern Ireland Urology Review
The Northern Ireland Urology Review is progressing and Team North West has been established. The Altnagelvin Team have forged closer links with the three Urologist Teams based in Causeway Hospital, Coleraine, with the aim of creating a six person Urology Team with inpatient services based at the Altnagelvin site and day case and outpatients across Causeway and other sites. The aim is to provide an efficient, effective and high quality Urology Service for patients from the Northern and Western Trust areas.

Laboratory CPA Accreditation
For the first time, all of the laboratories across the Trust have been successful in achieving full Clinical Pathology Accreditation (CPA) Status. This is an excellent achievement by all staff within the Department.

Investing in Your Health
With the support of the Health Improvement Department, the Medical Director has chaired a Working Group with cross directorate and staff-side representation which has developed Investing in Your Health – a strategic approach to promoting the health and wellbeing of Trust staff. The Trust aims to create an organisational culture and environment in which the promotion of health and wellbeing is central. It strives to implement policies and practices which promote the physical, mental and emotional wellbeing of staff and provide a work environment that is safe and reduces the risk of accidents.

Laboratory HPV Testing
The Cervical Cytology Department was the first in the region to deliver Human Papillomavirus (HPV) testing within the Northern Ireland Cervical Screening Programme. This is a local operational initiative in line with National Guidelines. This will reduce the need for women to have repeat smears and ensure that those who need referred to colposcopy are referred at the earliest opportunity.

Move to New South Wing, Altnagelvin
Acute Medical Unit, Ward 44 (Cardiology) and Cardiac Investigations Unit moved to new state-of-the-art facilities in the South Wing, Altnagelvin.

Cancer Services – Scalp Cooling Machines
The determination of a young female patient with the help of a grant from the breast cancer charity, ‘Walk the Walk’, has seen the delivery of 12 scalp cooling machines. These ground breaking machines, installed in The Sperrin Suite in Altnagelvin Hospital are the first to be available in Northern Ireland and can reduce or even prevent hair loss in patients undergoing chemotherapy treatment for cancer. Having these machines helps to continue the development and provision of a supportive, holistic person-centred approach for patients.

Pharmacy and HSDU Staff Training
Pharmacy and Hygiene Sterile Dependency Unit (HSDU) have been focusing on ensuring that the Trust has a well-trained and highly skilled workforce in order to provide high quality and safe patient care. A number of employees have completed a range of national vocational qualification training over the last year. Staff in the HSDUs in the Tyrone County and Altnagelvin Hospitals have completed the NVQ3 in Decontamination. They are the first HSDU department in Northern Ireland to complete this training.

A new Teacher Practitioner Pharmacist joined the Pharmacy team in October 2010. The newly appointed pharmacist supporting pharmacy education and training and will work in collaboration with the new Pharmacy Department at the University of Ulster, Coleraine. A new Clinical Trials/ Research Pharmacist also joined the Trust and is leading on developing a Pharmacy Academic Practice and Research Group in the Trust in collaboration with the University of Ulster.

Specialist Drug Administration Service
This service has increased to five days a week and includes rheumatology, gastroenterology and endocrinology. A cohort of medical patients who had previously required admission for treatment are now able to access this service as day attenders, and no overnight hospital stay is necessary. Patients that require early review or more complicated patients are seen by a Staff Grade or Nurse Specialist.
Adult Mental Health and Disability Services are delivered by Western Trust through three sub-directorates: Adult Mental Health Services, Adult Learning Disability Services and Adult Physical and Sensory Disability and Autism Spectrum Disorder Services.

For the Adult Physical/Sensory Disability and Autism Spectrum Disorder (ASD) sub-directorate, the 2010/11 year has been one of service consolidation and redesign with voluntary partners. The continued facilitation of Respite services and the commencement of an Adult ASD service are notable achievements.

The Trust launched a draft Regional Physical and Sensory Disability Strategy in January 2011. The creation and implementation of the strategy is to encourage a stronger public focus on the needs of disabled people.

The sub-directorate’s senior management team has been streamlined to strengthen direct supervision. An existing contract with voluntary sector partners for peripatetic support was redesigned to provide floating support to ASD initiatives; this was the first of its kind in Northern Ireland.

The Trust has continued with cross border initiatives, working closely with Co-operation and Working Together (CAWT) to promote active citizenship through employment/volunteering opportunities and has launched the Community Awareness pilot, in association with HSE West and Donegal and Strabane Councils, encouraging equal opportunities for disabled people. The sub-directorate has had strong professional and service user representation, notably for the prioritised areas, ASD and Acquired Brain Injury.

Sensory Support Services participated in a regional RQIA review which will form the basis for future service development. A procedural care support pathway has been piloted which can be replicated across all disability services.

**Clinic ‘A’, Gransha Hospital Joins Releasing Time to Care Project**

The Adult Mental Health sub-directorate has been encouraged by the success of Phase one of the ‘Releasing Time to Care Project’ (RTTC) which was rolled out in three of the four admission clinics during 2010/11. RTTC was developed by the ‘NHS institute for Innovation and Improvement’ and is being implemented across Northern Ireland in all of the Health and Social Care Trusts.

RTTC was designed with the aim of improving efficiency of care, safety and reliability, patient experience, morale and competence through leadership and reducing lengths of stay.

RTTC is designed to increase the therapeutic time staff can spend with patients and therefore improve outcomes for those patients. It is an inclusive process whereby there are regular opportunities for staff, patients, carers and others to meet, review progress and agree constructive, practical, sustainable initiatives to improve care on the ward.

Each Trust has appointed a local Service Improvement Manager whose primary objective is to build on service improvement processes already in place through an incremental individualised approach, encouraging participation and focus for all key areas.

Phase two of the project, commenced in the last few months in Clinic ‘A’, Gransha. There is great enthusiasm as staff have participated in the foundation modules and identified champions to take this important work forward.

Each ward has developed staff, service user and carer questionnaires and invited feedback. Display boards are updated regularly to help all concerned understand the progress being made and ensure ownership by all. Work on an integrated care pathway is well advanced with pilot sites to commence in the near future.

**Opening of Mulhern Close and Ralphs Close**

The opening of these facilities, in partnership with housing associations, supported the Trust in achieving its resettlement programme for people who previously resided in long stay hospital settings. The newly designed facilities represent state-of-the-art accommodation in a domestic setting which is in contrast to the previous hospital environment.

Mulhern Close was built in partnership with Oaklee Housing Association and opened in April 2010 and Ralph’s Close was built in partnership with Trinity Housing Association and was operational from September 2010. The Trust is delighted with the new arrangements and residents and families are extremely happy with the new service provision.

**Work Commences on New Mental Health Crisis Unit, Gransha Park**

In December 2010, the contract was awarded for the new £11m Mental Health Crisis Unit at Gransha Park, Londonderry which will include: a 30 bed acute admission unit, an acute day care unit, home treatment team base, multidisciplinary library and education facilities, administration and medical records accommodation.

Patients will be accommodated in single ensuite bedrooms and the unit will include a range of purpose designed garden spaces.

The contractor commenced on site in January 2011 for the agreed contract period of 18 months. The Trust looks forward to taking possession of the facility in the summer of 2012.
The Primary Care and Older People’s Services Directorate is responsible for improving the health and wellbeing of adults and older people in the Western area. This is achieved 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.

**Challenging Behaviour Services**

In June 2010, the Directorate commenced a new service aimed at addressing challenging behaviour in residential and nursing homes in the Trust’s northern sector. The service works with staff in care settings, supporting them to understand how unmet needs in dementia may be expressed as behaviours that others find challenging. It enables staff to realise that not all behaviours are due to the dementia process. The service is developed in line with the Newcastle Challenging Behaviour Service, which has been established for ten years and offers a psychosocial intervention to patients and staff, thus preventing unnecessary admissions to the wards. The service supports the use of appropriate medication, in line with current guidelines, medication is not considered the initial treatment for challenging behaviour. Training and support are provided to staff alongside a needs based intervention, which increases staff skills to deal with future challenges. Outcomes of a service evaluation concluded reduced admissions to the Older People’s Dementia ward by 78%, a reduction in challenging behaviours and a reduction in staff distress.

Staff within the residential and nursing care homes have reported a better understanding of dementia and challenging behaviour and are more confident in delivering person-centred care for their clients.

**UK Carers’ Week Events in Western Trust**

Two annual carers’ events were held in Londonderry and Fermanagh during July/August 2010 to mark UK Carers’ Week. One hundred and forty three carers attended the events to network with other carers and share knowledge and experiences. Carers were treated to a series of health checks and complementary therapies as a means of health promotion in recognition of their caring roles and commitments.

**Domiciliary Care Retendering**

In 2010, the Trust invited applications to tender, through the European Journal, for the independent sector provision of domiciliary care. Prior to this tendering exercise there were 17 independent sector organisations contracted by the Trust to provide domiciliary care. The outcome of the tendering exercise will facilitate the reform/redesign of domiciliary care provided by the independent sector, improving the efficiency and effectiveness of care delivery to clients.

In March 2010, the Department of Health Social Services and Public Safety and the Northern Ireland Office issued a joint paper outlining arrangements to organisations encouraging them to have proper policies and procedures in place to ensure vulnerable adults are afforded appropriate and adequate protection from abuse. This led to the establishment of the Northern Ireland Safeguarding Partnership (NIASP) at a regional level. The NIASP will be responsible for setting the strategic direction and policy context for the development of Adult Safeguarding in the coming years. To implement the policy and strategy there have been five Local Adult Safeguarding Partnerships (LASPs) established, one in each Trust area.

The LASP includes representation from local Councils, Northern Ireland Housing Executive, Social Security Agency, PSNI, Independent Healthcare Providers and the community and voluntary sector. Four working groups will produce a Western Action Plan in June 2011, under the headings of Training, Communication and User Engagement, Information Management and Operational Policies and Procedures.

In the past year Trust staff have dealt with almost 200 referrals, where there have been concerns that a vulnerable adult was the subject of abuse. The establishment of the Western LASP will ensure the Trust responds appropriately to all such cases.

**Local Adult Safeguarding Partnership (LASP’s)**

**Carer’s Initiatives**

People with dementia are benefitting from a new café venture which has been opened at the Strule Arts Centre, Omagh supported by the Western Trust and the Alzheimer’s Society.

The Alzheimer’s Society will run the café and seek appropriate referrals of people with dementia from within the Omagh area. The café will provide support for approximately ten clients and their carers each week for 48 weeks of the year. The services are flexible, sensitive and accepting of each individual client, his/her family or carer. The emphasis is to support clients’ existing skills and the development of new ones. This service is a vital source of information and support and offers people with dementia the opportunity to take part in enjoyable activities in a relaxed, social setting.

"Facing the Future with Confidence"
Safety in Partnership

Building on the belief that family support is the preferred method of intervention, Women and Children’s Services is adopting and implementing the Safety and Partnership approach as the basis of consistent, evidence-based child care practice.

The Safety in Partnership framework is an innovative, strengths-based, safety-organised approach to child protection case work. This has attracted considerable international attention and is currently being used across the world. Central to this approach is the use of specific practice tools and processes, where professionals and family members, can engage with each other in partnership to address situations of child danger. The framework helps to determine what supports are needed for families to care for children and whether there is sufficient safety for the child to stay within the family. It also establishes whether the situation is so dangerous that the child must be removed and if the child is in the care system, whether there is enough safety for the child to return home.

The Trust has established an Improving Quality Together Project Board to oversee the introduction of the Safety in Partnership framework within the Trust. It has also provided a comprehensive training programme and the framework has been introduced in Gateway and Family Intervention Services. The Team is now about to roll it out across all of children’s services. The feedback from children, families and professionals has been universally positive.

Midwifery Led Unit Celebrate 100 Water Births

The Midwifery Led Unit at Altnagelvin Hospital welcomed 543 births and 100 waterbirths in its first year. The unit, staffed by skilled and dedicated midwives providing excellent care for expectant women, contains two birthing pool suites which are frequently in use, as waterbirths are becoming a more appealing option to expectant mothers with a low risk pregnancy, in the Western area.

Waterbirths are becoming increasingly popular as there are many benefits associated including better pain management for mum and a less traumatic birth for the baby. Many women make this choice because of the waters relaxing effect, buoyancy and coping with the pain of contractions is easier due to the soothing effect of warm water.

Women can discuss the option of birth in the Midwifery Led Unit along with other birthing plan options with their community midwife. Women will always have the assurance that if they experience any complications during birth they can be easily transferred to the adjacent Consultant Unit for specialist care.

Family Nurse Partnership

The Trust was successful in its bid to become Northern Ireland’s pilot site for the Family Nurse Partnership (FNP) Programme. The Partnership manages a preventive programme offered to young first time mums (19 years and under), beginning in early pregnancy and ending when the child is two years old. Pregnancy and the first years of life are key points when most families are highly receptive to support and extra help. The Programme aims are to improve antenatal health, child health and development and parents’ self-sufficiency. It is a nurse-led home visiting programme that is intensive enough to make a difference and fills a gap in the continuum of the progressive universal Healthy Child Programme. Main findings from a number of controlled trials in areas offering the FNP in America are: improvements in women’s antenatal health; reductions in children’s injuries; fewer subsequent pregnancies; greater intervals between births; increase in fathers’ involvement; increase in employment and learning; and improvements in school readiness.

Infant Mental Health

The Health Improvement Department has been working with the Women and Children’s Directorate along with the CAWT Time IVa Change project to develop an infant mental health strategy for the Trust.

There is strong evidence to suggest that children that grow up feeling valued and have a strong sense of self-worth are more likely to achieve academically, form healthy relationships and have fewer health and emotional difficulties. A child who experiences consistent and positive parenting is more likely to grow into an empathic and responsible individual.

The Trust has already invested in the early intervention ethos with an abundance of good work already ongoing. This new strategy will unite this effort and make recommendations for further joined up working over the next three years. The strategy will identify the key areas of work needed to ensure that children in the Western Trust area are emotionally well and mentally healthy.

A steering group made up of key stakeholders within the Trust has been established to guide the work. The strategy will unite and promote evidence based work that is ongoing, such as the Family Nurse Partnership and build an effective monitoring and evaluation system that will track change within the Trust area.

The strategy will actively target individuals in areas of high deprivation, hard to reach communities, vulnerable groups and other settings where infant mental health may be an issue. Following a planning day in December 2010, a draft strategy was developed and following broad consultation, including endorsement from George Hosking of the WAVE Trust, was launched in May 2011.
The Medical Directorate is responsible for Clinical Governance, Infection Prevention and Control Research and Development and Medical and Dental Training and Education. Robust governance arrangements are essential to assuring the safety and quality of the services provided by the Trust. The Trust's commitment to high quality research, training and education, not only enhances the quality of the services but also supports the recruitment and retention of staff of the highest calibre.

Bereavement Services
In November 2010 representatives from the Trust attended the launch in the Long Gallery, Stormont of the NI Audit: “Dying, Death and Bereavement: The Experiences of Bereaved People and those delivering Primary Care Services”. Over 250 bereaved people and professionals contributed their stories and these have provided a profound and powerful insight into the effect of loss and bereavement on both relatives and staff. The findings of the audit also reflects the esteem in which skilled, supportive, compassionate professionals are held and how much they can influence the experiences of patients, relatives and friends at these difficult and distressing times.

Infection Prevention and Control
The Trust has maintained high standards achieving further C. difficile reductions of 36.36% on the baseline figures of 2009/10. MRSA healthcare acquired bacteraemia reduced from a total of eight for 2009/10 to seven for 2010/11. These reductions have been achieved through application of evidence based care bundles, improvements implemented as a result of root cause analysis findings, antimicrobial stewardship and strict accountability arrangements.

Research and Development
Some 70 research projects commenced in the last year in the Trust with approximately 150 projects active at any one time. The cohort of research staff has expanded with research nurses now active in diabetes, stroke, cancer, renal medicine, cardiology, critical care, paediatrics and a dedicated research laboratory scientist.

Clinical Translational Research and Innovation Centre (C-TRIC) is a major focus of research activity within Trust, bringing together the clinical, academic and bio-business communities. C-TRIC has hosted a number of studies, the TUDA study (Trinity College/University of Ulster/Department of Agriculture) which is investigating gene/nutrient interaction in degenerative disease. C-TRIC was one of three recruiting sites for TUDA and enrolled in excess of 1,000 patients.

One of the functions of C-TRIC is to provide incubation space for biotechnology companies. C-TRIC has recently launched a second bio-entrepreneur programme and is working with five biotechnology companies in the areas of infection control, point-of-care testing technology and health care product design. In the last year C-TRIC has hosted and coordinated the development of collaborative networks of bio-business, clinical and academic staff in the areas of infection control and respiratory health.

Medical and Dental Education

Undergraduate Medical and Dental Education
One of the major recommendations from the ‘Review and Modernisation of the Supplement for Undergraduate Medical and Dental Education’ has been the creation of sub-deaneries within the major teaching hospitals linked to the School of Medicine, Dentistry and Biomedical Sciences (SMDBS) within Queen’s University, Belfast. The aim behind creating new sub-deaneries is to enhance the links between the Trusts and the Medical School. This is to ensure that the Trust and the University together deliver the appropriate educational opportunities during clinical attachments while ensuring patient respect and safety through educational activities.

QUB – Evaluation Report
In October 2010, further to the completion of an external assessment of the QUB Medical School, Professor Ed Peile presented his findings at the QUB Education Away Weekend. In his presentation, and in his written report, Professor Peile singled out the Western Trust Staff and Altnagelvin Hospital for particular praise in its delivery of teaching.

Postgraduate Education
Postgraduate medical education and training has, until 31st March 2010, been regulated by the Postgraduate Medical Education and Training Board (PMETB). On 1st April 2011 PMETB merged with the General Medical Council (GMC) and the GMC is now responsible for regulating all stages of medical education in the UK.

Feedback from visits by NIMDTA (Northern Ireland Medical and Dental Training Agency) and PMETB to the Western Trust have proved very positive, with comments on the high standards of training provided, affording the Trust opportunities to reflect on further improvement of the training experience for junior doctors.

Quality Strategy Launched

The Trust launched its five year quality strategy on 31st March 2011. The provision of high quality care is a corporate objective and since 2007 the Trust has made significant progress in quality improvement by reducing hospital acquired infections and improving patient outcomes through the implementation of internationally recognised evidence based programmes. This strategy provides the foundation for a Trust-wide approach to further improvements in quality and safety. It incorporates all ongoing quality work required to meet the Trust safety obligations as outlined in Priorities for Action (PIA), and will progress other ‘Evidence Based Interventions’ which clinicians prioritise.

The Strategy will drive continuous improvement in patient and client care provided by the Trust over the next five years and by 2016 aims to improve safety and reduce harm; improve clinical effectiveness and outcomes and improve patient experience.

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

Winning on the Menu for Trust Catering Staff

Representatives from the Trust’s catering staff excelled in a regional cooking contest held in October 2010. Four out of six prizes were awarded to Western Trust staff whose skills were tested alongside counterparts from the Northern and Southern Trusts. Brian Mc Caffrey, Head Cook, Erne Hospital won first prize and Gerry Doherty, Cook, Altnagelvin Hospital, won second prize in the chicken curry section. Paul Mc Namee, Assistant Head Cook at Tyrone County Hospital won first prize for his boxed salad to go and Sharon Devlin, Cook at Tyrone County Hospital, won second prize in the bakery pastries section. The success of the Western Trust staff in the Cooks competition demonstrates the skills and excellence of the catering staff and the emphasis on preparing healthy, nutritious meals for patients and staff.

Reducing Energy Consumption

In 2010/11 the Trust’s Energy Manager implemented a number of initiatives in an effort to reduce energy consumption and associated costs. These included:

- Conversion of Altnagelvin boiler house from coal to gas
- Installation of specialised control panels at 27 Trust facilities to introduce tighter heating controls and reduce fuel consumption
- Introduction of a control system to shut down PC’s when not in use
- Continual monitoring of heating controls and implementing minor adjustments which has yielded significant savings
- Various awareness initiatives on energy efficiency on Trust intranet
- Implementation of new software to monitor energy consumption Trustwide and target energy reductions
- Conversion of ten community facilities to natural gas
- Building fabric improvements, for example, double glazing, insulation.

These initiatives will result in a projected carbon saving of 12,000 Tonnes and annual cost reduction of £450,000. Carbon emissions for 2010/11 have been reduced by 19% on 2009/10 figures.

Health Improvement

A key milestone during the year was the development of the Trust’s Investing in Health Strategy, a two year cross Directorate action plan addressing issues impacting on the health and wellbeing of Trust staff. The inclusive and accessible service provided by the Smoking Cessation Team was again recognised when they were awarded the Northern Ireland Healthcare Award for innovations in smoking cessation in March 2011.

Emergency Planning

As part of ensuring the Trust’s emergency planning preparedness, the Major Emergency Plan was reviewed and approved by Trust Board in August 2010. The plan was tested in a live, multi-agency Emergency Planning Exercise on 11 September 2011 which provided valuable learning and the opportunity to strengthen the good working relations between the Trust and other emergency responding agencies.

In partnership with a number of other agencies, the exercise tested the Trust’s arrangements for: opening and operation of the Trust’s Incident Control Room; flow of information between Incident Control Room, Friends and Relatives Centre, Airport and PSNI and establishment of Friend and Relatives Reception Centres at the hospital and airport and of a Survivors Reception Centre.

Equality and Human Rights

During 2010/11, the Equality and Human Rights Department, working with a range of community partners, delivered an innovative equality and diversity training programme. The department worked in partnership with Business in the Community to provide diversity training and with Disability Action for OCN (Level 2) Understanding the Rights of Persons with Disabilities training.

General Capital Programme

Estate Services managed the 2010/11 General Capital Works Programme, which consisted of approximately 190 projects costing in the region of £7 million.

The programme consisted of projects aimed at addressing three main areas: Improving statutory standards compliance including fire, water management, ventilation, DDA, decontamination and energy; Modernising the estate (buildings, grounds, plant and services) and improving the patient environment and service provision.
Altnagelvin Hospital Site

The strategic redevelopment programme for Altnagelvin Area Hospital continued to make progress in 2010/11. The new £14.1m extension to the South Wing development is now fully occupied following relocation of cardiology services, the acute medical unit, stroke unit and acute care for older people to the state-of-the-art facility.

Activity is now focusing on the main Tower Block area of the hospital. Work is ongoing to ensure support and maintenance of services in the Tower Block to enable future works to take place. This includes plans for demolition of the old outpatient areas and construction of a patient evacuation lift on the side of the ward wing of the Tower Block. A new medical gas manifold room has also been constructed.

The Trust, with the support of DHSSPS, is now taking the opportunity to review clinical accommodation needs within the Tower Block area. This work will inform an update of the existing business case being prepared to support the provision of a modern, therapeutic patient environment for clinical services within that facility.

Following the submission of the Outline Business Case for the Radiotherapy Unit in April 2010 for this new service at Altnagelvin, the Trust continued to work in close collaboration with all stakeholder organisations involved in the project and responded to business case queries from the DHSSPS and Department of Finance and Personnel. When approval of the outline business case is received, work will immediately progress to prepare the proposed site, develop the detailed design proposals for the new facility and finalise the full business case.

New South West Acute Hospital

Significant progress has been made in 2010/11 to the new Acute Hospital for the South West as the construction programme rapidly approaches the second year anniversary. The building structures are now complete and contractor, Northern Ireland Health Group, continues to report good progress to meet construction completion in May 2012. The Trust is also pleased to report that plans are in place for the wide range of activities and co-ordination arrangements required to open a new hospital and it is envisaged that it will begin receiving patients at the end of June 2012.

With DHSSPS approval for the £270 million hospital received in 2009, in 2010/11, the Trust secured the final capital approvals required for the new development. This includes an approximate £16 million investment in medical equipment and £1.8 million in information and communications technology infrastructure. These investments shall ensure that the Western Trust’s acute hospital provides the most modern acute services, using the latest technologies and supporting staff to deliver a better patient experience and improved patient outcomes. The new technologies will enable rapid diagnostics, advanced treatments and reduced interventions leading to shorter stays in hospital.

A landmark year lies ahead in 2011/12 during which work will focus on preparing both staff and the local community for the transition to the new Acute Hospital that is planned to serve more than 130,000 people within the southwest for the next 60 years.

Community Development

The Trust has secured approval for the construction of a new £10.7m Mental Health Crisis Unit to replace Gransha Hospital. Work commenced on site in January 2011 with a projected completion date of late summer 2012.

A new children and young person’s respite facility, ‘Avalon House’, has been constructed this year. Located in Omagh, this purpose built facility will provide respite care for children with a disability and will open shortly.

Omagh Hospital Complex

The most significant development for the project during the 2010/11 period was the announcement by Health and Social Services Minister, Mr Michael McGimpsey that the new Enhanced Local Hospital development in Omagh would proceed, subject to business case approval. The team is now working to finalise the design brief, establish key reference groups and to prepare the site infrastructure for the construction of the buildings.
Human Resources Directorate

Trust Learning, Education and Development Strategy

The Western Trust Learning Education and Development (LeaD) Strategy details the way in which Trust staff will be developed and supported so that they can contribute to the reform and modernisation of services. This will enable the delivery of organisational priorities laid out in the Trust’s aim, Core Values, Corporate Objectives, Comprehensive Spending Review (CSR) and LEAN initiatives.

This will enable the delivery of organisational priorities laid out in the Trust’s aim, core values, corporate objectives, Comprehensive Spending Review (CSR) AND LEAN initiatives.

The Strategy provides a strategic vision for Learning, Education and Development in the Western Trust: to support personal, professional and leadership development and growth that enables staff to realise their potential. This leads to increased efficiency, improved governance and productivity; to provide a clear, unified organisational structure for all learning and development activity; to ensure access to training and development in accordance with statutory equality duties.

HSC Staff Survey

This year the Trust participated in a survey of staff. The purpose of the survey was to obtain staff views about working in Health and Social Care in Northern Ireland and thereby identify what needs to be addressed to improve the working lives of employees and in so doing, contribute to providing better care for patients and clients. The Trust is taking forward five key priorities informed by the staff research, these are communication and staff engagement, work-related stress, violence, bullying and harassment, working non-contracted hours and development review and appraisal.

The Trust has developed an action plan to address these five priorities and a group comprising representatives from Trust Directorates and Trade Union Side is taking the actions forward. Work has started on addressing work-related stress through training and support to enable staff to build resilience and positive coping strategies. A Trust Appraisal and Development Review Process has been developed and will be implemented Trust-wide during 2011/12. The Trust’s Harassment Policy is under review and it is expected that the introduction and implementation of e-rostering and the “Releasing Time to Care” programme will result in better allocation of staff and reduction in the need for staff to work additional hours.

The Trust’s Communication Department has appointed an Internal Communications Manager who will be key to improving communications with Trust staff.

Western Trust Chief Executive, Elaine Way receiving the flu vaccination in 2010 from Lylia Watt, Occupational Health at the Trust.
Finance and Remuneration Report

Annual Report 2010/11

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 £21.4 million was spent in 2010/11 on capital schemes, vehicles and equipment. Expenditure on capital works schemes amounted to £10.1 million. In addition £5.0 million was spent on computer equipment and £6.3 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 2010/11 were:

<table>
<thead>
<tr>
<th>£000</th>
<th>% of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>17,343</td>
<td>3.5%</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.

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 2011 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
MDECBuilding
Altanagelvin Hospital Site
Glenshane Road
LONDONDERRY BT47 6SB

Statement of Financial Position as at 31 March 2011

<table>
<thead>
<tr>
<th>Restated 2009/10 £000</th>
<th>2010/11 £000</th>
<th>2010/11 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(530,898)</td>
<td>Expenditure</td>
<td>(503,759)</td>
</tr>
<tr>
<td>17,399</td>
<td>Income from activities</td>
<td>18,981</td>
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<tr>
<td>9,355</td>
<td>Other Income/ Transfer from Reserves</td>
<td>8,968</td>
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<tr>
<td>712</td>
<td>Reimbursements receivable</td>
<td>0</td>
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<tr>
<td>27,466</td>
<td>Net Expenditure</td>
<td>(475,810)</td>
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<td>503,490</td>
<td>Revenue Resource Limit (RRL)</td>
<td>475,879</td>
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<tr>
<td>58</td>
<td>Surplus against RRL</td>
<td>69</td>
</tr>
</tbody>
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329,021

3,926
16,350
595
20,871
(65,563)
284,329

332,925
4,126
12,981
462
17,569
(75,610)
274,884

(14,152)
(18,130)
252,047

(14,010)
(16,232)
244,642

447
26,108
223,788
1,704
1,732
58
468
31,452
210,990
1,732
252,047
244,642

Net Expenditure Account for the year ended 31 March 2011

Restated 2009/10 £000

2010/11 £000

274,884

244,642

"Facing the Future with Confidence"
Finance and Remuneration Report

Western Health & 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. Circular HSC (SE) 1/2011 applied a pay freeze to Senior Executive Pay and the minimum and maximum of each Senior Executive pay level has not been uplifted for inflation this year. According to this circular Senior Executives holding contracts predating 23 December 2008 have entitlement to an uplift up to 2% based on satisfactory performance. Those holding contracts after 23 December 2008, will not receive this uplift. 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. The Remuneration Committee meets to assess the performance of Senior Executives.

Elaine Way
Chief Executive
9 June 2011
## Senior Executives Remuneration (Audited)

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Salary including Performance Pay</th>
<th>Salary including Performance Pay</th>
<th>Benefits in Kind (rounded to nearest £100)</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 2010</th>
<th>CETV at 31st March 2011</th>
<th>Real increase in CETV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Executive Directors</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Mr G Guckian</td>
<td>Chairman</td>
<td>25-30</td>
<td>25-30</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Mrs J Doherty</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>5-10</td>
<td></td>
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<tr>
<td>Mrs S Cummings</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>5-10</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mrs S O’Kane</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Mr C Mulgrew</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mr B McCarthy</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ms N Birthistle</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>5-10</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Mrs B Stuart</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Executive Members</strong></td>
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</tr>
<tr>
<td>Mrs E Way</td>
<td>Chief Executive</td>
<td>115-120</td>
<td>115-120</td>
<td>2,000</td>
<td>2,500</td>
<td>(1)</td>
<td>197</td>
<td>1,044</td>
<td>997</td>
<td>(47)</td>
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<tr>
<td>Mr J Doherty</td>
<td>Director of Women and Children’s Services</td>
<td>90-95</td>
<td>90-95</td>
<td>0</td>
<td>0</td>
<td>(2)</td>
<td>161</td>
<td>889</td>
<td>848</td>
<td>(41)</td>
</tr>
<tr>
<td>Mrs L Mitchell</td>
<td>Director of Finance and Contracting</td>
<td>80-85</td>
<td>80-85</td>
<td>2,600</td>
<td>2,400</td>
<td>0</td>
<td>100</td>
<td>411</td>
<td>375</td>
<td>(36)</td>
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<tr>
<td>Mr A Corry Finn</td>
<td>Director of Primary Care and Older Peoples Services</td>
<td>85-90</td>
<td>80-85</td>
<td>2,400</td>
<td>800</td>
<td>0</td>
<td>141</td>
<td>705</td>
<td>670</td>
<td>(35)</td>
</tr>
<tr>
<td>Dr A Kilgallen</td>
<td>Medical Director</td>
<td>105-110</td>
<td>100-105</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>47</td>
<td>185</td>
<td>199</td>
<td>14</td>
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<tr>
<td><strong>Other Board Members</strong></td>
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<tr>
<td>Mr J Lusby</td>
<td>Deputy Chief Executive</td>
<td>95-100</td>
<td>95-100</td>
<td>2,200</td>
<td>1,700</td>
<td>(2)</td>
<td>173</td>
<td>907</td>
<td>858</td>
<td>(49)</td>
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<tr>
<td>Mrs N Sheerin</td>
<td>Director of Human Resources</td>
<td>80-85</td>
<td>75-80</td>
<td>1,400</td>
<td>1,200</td>
<td>(1)</td>
<td>128</td>
<td>622</td>
<td>580</td>
<td>(42)</td>
</tr>
<tr>
<td>Mr T Milar</td>
<td>Director of Adult Mental Health and Disability Services</td>
<td>60-65</td>
<td>60-65</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>78</td>
<td>357</td>
<td>332</td>
<td>(25)</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>0-5</td>
<td>0</td>
<td>0</td>
<td>Secnded by HSC Board to Western HSC Trust. Pension contributions made directly by substantive employer, Department of Health, England.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs S Groogan</td>
<td>Director of Planning and Performance Management (Acting from 18/05/09 to 28/04/10) – Appointed 29/04/10</td>
<td>70-75</td>
<td>60-65</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>49</td>
<td>145</td>
<td>130</td>
<td>(15)</td>
</tr>
<tr>
<td>Mr A Moore</td>
<td>Director of Strategic Capital Development</td>
<td>70-75</td>
<td>60-65</td>
<td>0</td>
<td>0</td>
<td>(1)</td>
<td>106</td>
<td>566</td>
<td>538</td>
<td>(28)</td>
</tr>
<tr>
<td>Mrs G Hillick</td>
<td>Director of Acute Hospitals (Acting from 24/05/10 to 26/10/10) – Appointed 27/10/10</td>
<td>70-75</td>
<td>5-10</td>
<td>2,000</td>
<td>1,200</td>
<td>27</td>
<td>137</td>
<td>614</td>
<td>747</td>
<td>133</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 and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS 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 prescribed by the Institute and Faculty of Actuaries.

**Note 3:** - Real Increase in CETV – this reflects the increase in CETV effectively funded 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:** - The reduction in values of some CETVs is due to the change in transfer factors issued by Government Actuaries Department with effect from 1 October 2010.

**Note 5:** - All amounts are audited by the Trust’s External Auditors.

**Note 6:** - The Benefit in Kind has arisen due to Directors availing of the Trust’s leased car scheme.
Nursing and Midwifery

The past year has been another challenging one for nursing and midwifery staff with increasing demands in terms of patient throughput and increasing levels of complexity and dependency. Nonetheless progress in terms of improved quality and safety in practice continues to be made across all specialties and the Directorate’s achievements, below are a few highlights:

In May 2010 the RCN hosted a one-day leadership challenge. The five HSC Trusts were invited to participate having been asked to field a team a team of six ward sisters/charge nurses and senior nurses. A range of significantly challenging scenarios were presented during the day with the teams under scrutiny by senior nurse leaders, including the RCN Director for Northern Ireland. The Trust was delighted when the Trust team not only won the section for promoting patient centred care but also the overall leadership award. These awards reflected the standard of leadership and calibre of staff leading patient and client services day and daily.

Each Directorate was represented in the programme with a wide range of achievements presented relating to how nurses have made a significant difference in the lives of their patients and their families.

Trust Nursing and Midwifery Conference

The Trust hosted the annual Trust Nursing and Midwifery Conference in September 2010. The theme of this annual conference was ‘Nursing - Making a Difference’. The keynote speaker was Ms Blaney, Director at the International Council of Nursing provided a review of her experience of nursing developments across the world. The Director of Nursing at the Western Trust provided a presentation reflecting on his own nursing journey and the range of different opportunities he encountered enabling him to make a difference to the care of patients.

Environmental Awareness

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

The Trust continues its focus on energy management and has put in place initiatives to reduce the consumption of fossil fuels and the level of carbon dioxide (CO2) emissions. For example, the Trust has embarked on a project to convert coal fired boilers to natural gas on the Altnagelvin Hospital site. This will significantly reduce the level of CO2 emissions. By summer 2011 it is anticipated that gas will be the prime energy source for the entire site. The Trust also continues with other initiatives such as its summer heating programme.

The Trust has environmental impacts as a core consideration when making decisions about the procurement of IT equipment. The Trust has a project underway to implement a management system such that networked devices such as printers and computers can be set to automatically and safely power down outside office hours to avoid unnecessary consumption of electricity.

As regards waste disposal, the Trust now avails of a revised regional HSC contract that provides more opportunities for recycling. The Trust has also launched a pilot recycling scheme at a number of wards in Altnagelvin Hospital to examine the scope for introducing a more sophisticated waste segregation process so as to further increase the amount of waste that can be recycled.

The Trust has produced a three-year biodiversity action plan which affirms the Trust’s commitment to contribute to the protection and enhancement of priority habitats and species.

Quality indicators Nursing/Midwifery

A range of key performance/quality indicators have been developed for nursing and midwifery staff enabling staff to demonstrate the standard of care provided to patients and clients.

These quality indicators are now presented in a dashboard format allowing performance to be visible and transparent focussing on areas of achievement and highlighting areas for improvement.

The development of these indicators and the dashboard represents a high level of commitment to improving patient and client services by both nursing and midwifery staff.

RCN Nurse of the Year Event

Trust employees were again heralded for excellence in leadership with the manager of the Renal Unit on Altnagelvin site winning the team leaders award at the annual RCN Awards in May 2010. A nursing auxiliary from oncology came runner-up in the Patient’s Choice Award and the overall Nurse of the Year award going to Sister Donna Keenan of the Cardiac Assessment Unit, Tyrone County Hospital. These are major awards recognising the sterling work of all involved and the combination of both awards served to provide the recognition staff richly deserve.