

# REVIEW

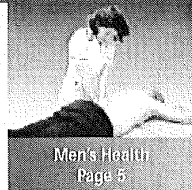
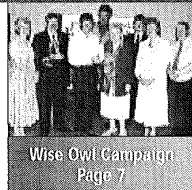
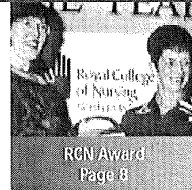
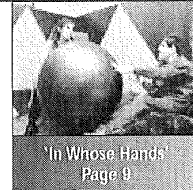


1999/2000 ANNUAL REPORT - SEPTEMBER 2000



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## Decision on Hospitals Awaited



Our Chief Executive welcomes members of the Northern Ireland Assembly Health Committee to our hospitals. (Photograph courtesy of Impartial Reporter).

A key feature of our work this year has been the consultation, debate and recommendations on the provision of acute hospital services in our area.

Last September, the Western Health and Social Services Board completed its review of acute hospital services. Its report, 'Sustainable Services - Quality Care' made two recommendations. These were:

- to develop a new pattern of acute hospital services, which would include a new hospital on a greenfield site in the south-west quarter of Northern Ireland; and
- that the Western Board, the Trust and others would have discussions about how to sustain services during the interim.

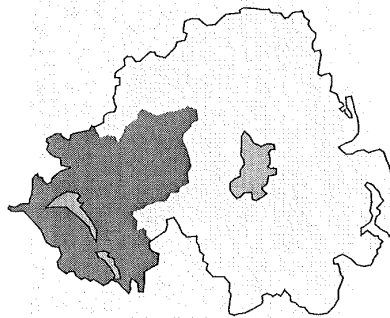
Since the report was released, we have been engaged in a range of activities including:

- discussions with the Western Board on the pattern of services to be provided in the immediate future;
- the completion of a risk analysis in relation to the current arrangements for delivering services;
- the development of our views on the types of services that should be provided in any new hospital arrangement; and
- the development of arrangements which would more closely link our services with those at the area and regional hospitals.

Not surprisingly, the provision of hospital services is of great interest to everyone, so there has been much debate and speculation following the Western Health and Social Services Board's recommendations. As a Trust, we believe it is important to play our part in informing this debate and in influencing decisions. So we have had discussions with a range of people, including our staff, general practitioners, the former Minister, representatives of the Department of Health, Social Services and Public Safety, local assembly members, district councils, local campaign groups, the Western Health and Social Services Board, and Western Health and Social Services Council.

On 31 July 2000, the new Minister announced plans to commission a province-wide independent review of acute hospital services. The review is expected to report within six months. The Trust welcomes the review and will actively participate in responding to the independent review group which was recently established.

In the meantime it is vital that we continue to build on existing services to ensure that they remain of high quality in the future.



## ANNUAL PUBLIC MEETING

**Thursday, 21 September 2000 in the Recreation Hall, Tyrone and Fermanagh Hospital, Omagh starting at 7.00pm**

A loop system and interpreters will be available to assist those with hearing impairment during the meeting.

The Recreation Hall is also accessible to wheelchair users.

A number of display stands and staff will be available to provide information on a range of services and answer your questions.

Refreshments will be available after the meeting.

**For further information or details about the annual public meeting, please contact:**

**Trust Headquarters, Strathdene House  
Tyrone and Fermanagh Hospital, Omagh**

**Telephone: 028 82 835285**

Our staff will be happy to help you.

## Planning for Residential Childcare Services

A review of our residential childcare services at Coneywarren House in Omagh has found the premises to be unsuitable because of its location and design, and because it does not effectively meet the present or projected demand for more locally accessible residential places across West Tyrone and Fermanagh. We are acutely aware that residential childcare services must meet the requirements of the Children (NI) Order 1996, and the quality standards set by the Social Services Inspectorate and the Western Health Board's Registration and Inspection Unit.

We are, therefore, proposing the following two-phased plan:

### Phase 1

- The development of one eight-place residential home in Enniskillen to meet the needs of children who require medium to long-term residential accommodation.

- The development of one eight-place residential home in Omagh to meet the needs of children who require short-term residential accommodation or assessment of their needs in a residential setting.

### Phase 2

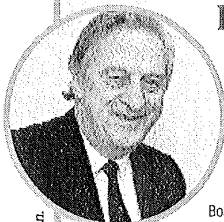
- The development of a six-place residential home in Omagh to meet the needs of children who require medium to long-term residential accommodation.

Development of our proposals depends on funding being available. This will continue to be discussed between the Trust and the Department of Health, Social Services and Public Safety. Throughout this process, we will try to ensure that all interested parties are kept informed.

At the end of March 2000  
there were 95 children on  
the Child Protection Register  
and 103 children in  
fostercare.

**Did you know?** Western Health and Social Services Council - The Voice of the Public, Patients and Clients. Tel: 0226 2555

# How We Work



Richard Scott, Chairman

## Dear Reader

There is no doubt that 1999/2000 – our fourth year as a Trust – has been a difficult one.

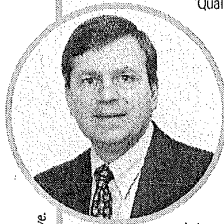
In our finance report on pages 10 and 11, you will read of our difficulties in providing services to meet the very many needs in our community within the funding available to us. We have a responsibility to recoup a deficit of £1.652 million. In developing our recovery plan with the Western Health and Social Services Board, we have sought to maintain services – however, recovering the deficit will not be achieved easily.

Hard decisions on prioritisation of clients' needs, growing waiting lists and delayed service developments will be a regrettable feature of this year. It will be our priority, as a Trust Board, to find ways to minimise the effect of these on our community and to continue to seek new investment.

As we go to print, we welcome reports of the Minister's commitment to new funding – a hopeful sign that local government will bring real benefits to the people of our province.

1999/2000 also saw many positive developments. In this our annual review we have sought to describe some achievements attained by our staff.

In our section on 'Innovation' we set out new services introduced. In the 'Working in Partnership' feature you will read of the many joint initiatives which now characterise our style of working. We describe our endeavours and commitment to provide safe, effective services in the 'Clinical Governance', 'Quality Matters', and 'Investing in our People' sections.



Hugh Mills, Chief Executive

Day and daily our staff achieve great things on behalf of us all – it is important that their work and dedication is acknowledged.

For many years now, change has been a constant feature of health and social services – the incoming years will bring further change. Sustaining services will involve robust planning, a willingness to seize new opportunities, to keep abreast of new technologies, to introduce change and to continue to secure your support and confidence.

It is our hope that, through partnership, we will continue to achieve these things for health and social care provision in West Tyrone and Fermanagh.

## Our Trust Board

For the past four years since we were formed, we have provided a wide range of health and social care services across the district council areas of Fermanagh, Omagh and the southern part of Strabane. We recognised from the outset that our new organisation was complex and diverse, so we aimed to establish a structure that would be fit to manage our existing services, and lead the development of future services.

Services are provided across the following range:

- Acute hospitals
- Elderly care
- Health promotion
- Mental health
- Services for people with a learning disability
- Services for the terminally ill
- Community dentistry
- Family and child care
- Women and children's health
- Primary health
- Services for people with a physical disability or sensory disability

In most instances we act as the service provider, but we are also the 'gateway' to regional/specialist services, or as the purchaser of local home care or residential care.

Each of the above range of services is headed by one of the three service directors.

The Trust Board meets on the fourth Thursday of every month. These meetings are open to the public and members of the media. Further information on the dates, venue and how you can seek speaking rights is available from the Chairman's/Chief Executive's office – telephone (028) 8283 5285.

We were pleased to receive confirmation in the early part of the new financial year – 2000/01 – that the Chairman and four of the non-executive directors – Anne Gibson, GERALYN Kelly, Kevin Martin and Pat O'Kane – have been reaffirmed in their appointments to the Trust Board. Lady Anthony (Katie) Hamilton has, regrettably, stood down due to the pressure of other commitments. Arrangements are being made to appoint her replacement.



Katie Hamilton

## The Times We Live In

With the pace of change and the recent political developments in Northern Ireland, the task of providing health and social care services has never been so challenging. Whilst it is unlikely that the pace of change will slow, it is hoped that decisions made by a locally accountable Assembly will more accurately reflect the needs and aspirations of rural communities such as those which our Trust serves.

The following are a number of factors that have affected the healthcare environment over the last year:

- the Northern Ireland Assembly and the priority it places on health expenditure within the context of an agenda that favours equality and accessibility;
- the effect of the Assembly on strategic policy decisions for future hospital services, such as:
  - review of the current configuration of hospitals
  - Western Health and Social Services Board's decision to recommend a greenfield, newly built hospital in the South West of Northern Ireland
  - the Royal Colleges' requirements for enhanced specialisations because of increased volumes of work
  - clinical governance;
- renewed focus on primary care commissioning and suggested structural changes to it;
- potential increased 'cross-border co-operation' in the provision of healthcare services;
- current unmet need in the community and pressure on resources;
- focus on inter-agency working to promote social inclusion and meeting social need through community development projects;
- availability of technology and teleworking in improving services and managerial effectiveness, particularly in rural areas;
- Disability Discrimination Act and equality legislation – their effect on capital resources.

The outcome of both the review of hospital services provision and 'Fit for the Future' by a re-established Assembly and the Department of Health and Social Services and Public Safety will present major challenges to our Trust. Clearly this wider review of hospital services across Northern Ireland may affect future patterns of provision. However, a sustainable hospital in the meantime is vital in maintaining public confidence.

The emerging roles of primary care commissioners arising from 'Fit for the Future', if endorsed by a re-established Assembly, will also be significant in developing the pattern of future services. These commissioners will become increasingly responsible for assessing people's needs and commissioning services for them at a more local level.

"Shortly after Sperrin Lakeland Trust was formed in 1996, I became a Non-executive director. As a State Registered Nurse, my particular interest in the health service is obviously at the 'coal-face' – with the patients and those who provide their care.

"During the past four years, I have learnt a great deal and I have been impressed with the way in which my colleagues and the staff in every part of our Trust have coped with the changes, difficulties and uncertainties with which they are constantly being faced.

"I have particularly enjoyed being part of the Foster Panel and other sub-committees and I am sorry to be unable to continue for a further four years.

"There are many challenges ahead for the health service, and therefore for our Trust. Ultimately, the welfare of all our patients – children, the elderly and everyone in need of care in this area – must always be our priority.

"I am grateful to my colleagues for having made my time with the Trust so rewarding, and I wish them well in their future efforts on behalf of Sperrin Lakeland."

**Did you know?** 57% of 17-year-olds living in the Western Board area have been offered illegal drugs and 48% of them have tried them.

# Clinical and Social Care Governance

Dr Jim Kelly, Medical Director

As part of the modernisation of the NHS, the Government is requiring Trusts to develop systems which place quality of care at the very centre of practice. All health care professionals must participate in developing a new culture where mistakes and poor performance are identified early and acted upon. Where good practice is recognised it should be fostered and shared. This process is called Clinical Governance. By successfully implementing and developing clinical governance it is hoped that the recent high profile medical scandals will be avoided.

In the following article, I have tried to answer some of the questions you may be asking about clinical governance:

## 1. What is clinical governance?

It is a framework by which NHS trusts will continuously assess and improve the quality of care in the health service. It has already been introduced in England and is expected to be adapted to include social care when introduced to Northern Ireland. It places quality of care at the centre of our activity. It involves sustained and continued review of work performance by a series of methods, including multi-professional audit, individual and team appraisal, evidence-based practice, and clinical incident and near-miss reporting.

## 2. Why do we need clinical governance?

The pace of change in health care is now so rapid that it is very hard to keep up to date with new developments. Clinical governance will help all those who work in the health service to review and update their clinical skills and work methods and ensure that guidelines for best practice are followed.

## 3. How do I know if high standards of care are being achieved?

This is an important aspect of clinical governance. It will be compulsory for our Chief Executive to ensure standards are being achieved. Professionals will have to prove their compliance with existing standards and guidelines for clinical practice. This will require comparisons with other similar sized trusts. We plan for this information to be shared openly at future Trust Board meetings.

## 4. What is Sperrin Lakeland Trust doing to prepare for the introduction of clinical governance in Northern Ireland?

Along with the initiatives on quality already outlined, during the year we hosted a major symposium on clinical governance and workshops involving key healthcare professionals. This has led to the organising committees of our Trust being restructured, so that they reflect the importance of clinical governance to the Trust and focus on the quality of care. Preparations are under way to actively involve all staff in clinical governance.



## 5. What will all this mean if I have to go to the hospital or use other Trust services?

You will have the assurance that the staff you meet will be practising to the highest standards, that their success and failure rates are being continuously monitored, and that your needs are paramount. There will also be more opportunity for you to comment on, praise or criticise the service received. This will help us foster an open, reflective and learning environment.

## 6. When will all this happen?

Clinical governance is being introduced at present. We are building on the many good and effective quality control systems already in place. Administrative structures for clinical governance are being established and existing committees are focusing afresh on the need for quality. From this autumn, the Trust Board will be receiving reports on quality from the five major subgroups for clinical governance. Comparative analysis of performance with other trusts is being planned.

ORTHOPTICS  
DIETETICS  
PODIATRY  
SPEECH AND LANGUAGE THERAPY  
OCCUPATIONAL THERAPY  
PHYSIOTHERAPY

Professions Allied to Medicine (PAMs) are a group of six therapy professions, continually striving to contribute to the health and social well being of the local population. We work across all client groups, and in many different settings.

Here are three examples of initiatives developed by PAMs during the year:

- Wheelchair clinics, run by occupational therapists, at the Erne and Tyrone County Hospitals. These clinics mean our clients do not have to travel to Belfast for assessment.
- The appointment of a speech and language therapist to act as an advisor to primary school teachers. This has been possible through joint funding between the Western Education and Library Board and the Western Health and Social Services Board.
- In partnership with the Western Health and Social Services Board, our physiotherapists have produced guidelines on the management of acute low back pain. Advice leaflets have been produced and a fast-track referral system to family doctors has been established. Leaflets and guidelines have also been distributed to community pharmacists. Physiotherapy staff are now working on developing an advice leaflet on the management of chronic (long-term) back pain.

**FACT FILE**

During 1999/2000 our services made the following number of contacts with clients:

PAMs staff	- 119,582
District nurses	- 117,53
Health visitors	- 62,905
Psychiatric nurses	- 28,255

**FACT FILE**

Number of completed acute hospital day-cases

1998/1999	4,937
1999/2000	5,126

**FACT FILE**

Number of acute hospital new and review outpatient attendances (excluding visiting consultant clinics)

1998/1999	48,010
1999/2000	49,406

## A Legacy of the Omagh Bomb

Two years after the Omagh bomb, it is important to acknowledge that, whilst many people are managing to rebuild their lives, and the community continues to recover from the tragedy, there are those for whom the memories of the bomb are still very painful and distressing.

The Inquest has now begun. For those called to give evidence, and in particular for the bereaved families, this can be a difficult period. It is important that the community is sensitive to the needs of the bereaved, injured and traumatised. It is a time when the support and understanding of friends and neighbours may be needed more than usual.

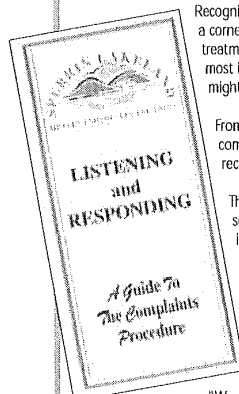
Support is also available through our Community Trauma and Recovery Team who can be contacted at the Bridge Centre, 5a Holmview Avenue, Omagh - Telephone: 8225 2599.

## Did you know?

Women who breastfeed at least one child reduce their risk of breast cancer by 20% compared with women who do not breastfeed

# Quality Matters

## Complaints and Compliments



Recognising the value of feedback from service users continues to be a cornerstone of our work. Every day, our staff provide thousands of treatments, therapies and support to a wide range of individuals. In most instances, these experiences are positive, but occasionally you might have cause for concern.

From April 1999 to March 2000, we received 90 formal complaints – up from 64 last year. 5110 compliments were recorded, compared to 4306 the previous year.

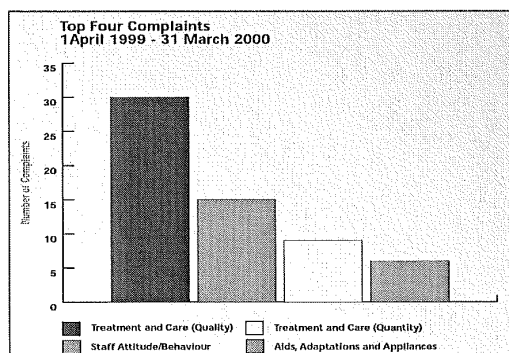
The chart below reflects the top four areas of concern raised by service users. Each month, the Trust Board receive detailed information on the issues of concern raised by our patients, clients or their families. On a quarterly basis, they receive information about any trends. Most importantly, they hear what actions and recommendations have arisen from our investigation of concerns.

Reflecting on this year's information, Hugh Mills, the Chief Executive said:

"We are not unduly concerned about the increase in formal complaints raised with us in the last year. We recognise that these concerns provide an opportunity to find out why and to introduce improvement measures. We also recognise that when concerns are raised, it is in both the interests of the service user, and us to provide clarification. We believe that the level of concerns being raised with the Trust indicates a confidence in our commitment to examine concerns, and a willingness by our patients and clients to give us the opportunity to put things right if necessary."

Improvements have included:

- Review and improvement of a range of clinical protocols to ensure safe and effective clinical practice.
- Arrangements to give patients and family members private telephone facilities where sensitive calls are needed.
- Review of admissions information for surgical patients, informing them of possible internal transfers.



## Inspection of Services for Young Adults

In the autumn of 1999, the Social Services Inspectorate (SSI) examined services for young adults (aged 16-25) with a physical disability/sensory impairment. They were impressed by the services provided from Drumcoo Centre and viewed it as acting as a resource centre in the true meaning of the word. The development and extent of domiciliary care was also viewed as positive. The SSI report concluded that: "Trust services, especially domiciliary care, where the provision of services is needs-led, are to be commended."

A review of health and social services for people aged 18 to 65 with a visual impairment was carried out within the Trust. The report's executive summary indicated that, across Northern Ireland, this service needs to be further developed and stated "there are pockets of excellence with skilled staff working under severe pressure."

It is hoped that both these reports will focus attention on services for people who have a physical or sensory disability (or both) and that funding for them will be protected.

## Leg Ulcer Clinic

In 1996 and 1999, an audit on the prevalence, incidence, and treatment of leg ulcers, including the number of home visits and costs involved, was undertaken in the Fermanagh area. The findings of both audits were similar.

Research has shown that properly supported community-based leg ulcer clinics improve outcomes of care. Following the 1999 audit, a decision was made to begin a pilot community nurse-led clinic, which would be funded from within existing resources. The clinic is held at Tempo Road Day Centre and began its work in February 2000.

Those involved in the pilot have noticed that the clinic has been a success for patients and staff. To date, healing rates have improved.

## Equality In The Trust

The early part of the year 2000 saw the enactment of new equality legislation in Northern Ireland. It obliges the Trust to actively promote equality of opportunity, and good relations, across all our services. This means that from now on, equality issues will have to be considered when we make decisions on any policy that affects service users or staff. So far, we have published our draft Equality Scheme, which outlines exactly how we intend to meet the requirements of the legislation. We carried out a public consultation on this document, and submitted a revised Scheme to the Equality Commission for approval. We are now completing a screening exercise that tests existing policies for equality. Its results will be subject to public consultation during October and November of this year.

Although the equality legislation is new, we believe we have already undertaken significant work towards achieving equality. Perhaps the most notable has been the activities arising from the Trust's Disability Access Group Action Plan. This was developed in 1999 and included staff training, a good practice checklist for managers and the publication of a "Welcoming Disabled People" booklet. In addition, we have been taking forward a works programme, which is improving the physical access to our facilities for people with a disability. If you have views on this area of our work, please do let us know.

## Trust Users Association is Launched

Last year in our 1998/99 Annual Review, we set out our commitment to build upon and develop ways of enabling service users to become involved in influencing and shaping future and current services. We are committed to:

- listening and considering what service users have to say;
- learning from and adapting our services in the light of users' views;
- being responsive and innovative in the light of suggestions.

Building on excellent work at local level involving user groups such as the Lisnamallard Client Committee, we developed and adopted a proposal to establish a Trust-wide Users Association.

The inaugural meeting of the Trust Users Association took place on Thursday 22 April 2000 at the Lough Erne Hotel in Kesh. The Users Association is made up of representatives of local service user groups that already exist in the Trust. It is hoped that the association will provide a supportive umbrella organisation for local user groups and, at the same time, at a strategic level, provide a voice for all users in raising and commenting on our services.

## User Group Members

John McCormack,	Lisnamallard Client Committee
John Hannigan,	Heads Together
Philip Newton,	Fermanagh Cardiac Support Group
Patricia McSorley,	Omagh Cardiac Support Group
Stanley Millar,	Western Health and Social Services Council
Paul O'Reilly-McCabe,	Birch Villa patient representative
Malcolm Elliott,	Rendezvous Club, Drumcoo Centre
Maternity Services Liaison Committee	representative to be nominated
Western Consortium for Elderly	representative to be nominated

## Did you know?

Smoking costs the health service £1.7 billion each year

# About Your Health

An important part of our work is to ensure that you receive good information about health issues which may affect you and your family. The articles on this page offer some information that may help you or those close to you.

## Omagh Cardiac Support Group

by Patricia McSorley

"Four years ago, I had a heart attack and shortly after completed a six-week rehabilitation class at the Tyrone County Hospital. I then read in the local paper about the Omagh Cardiac Support Group. I joined the group and found the meetings to be well attended, lively, relaxed and informative. Topics such as stress, diet, exercise, depression, alternative medicines and financial help are discussed. Guest speakers, such as Dr Russell, Cardiac Consultant at the Tyrone County Hospital, come and address our meetings and information videos are also shown. Occasionally we have a 'Getting to know you' session, where we introduce ourselves in an informal way.

"We also receive regular demonstrations in resuscitation, with 'hands-on' experience using a model. To this, and indeed to all our meetings, we are encouraged to bring along a family member.

"Patricia McGartland is our group leader and our success is due to her professional expertise and caring personality. Any problems or worries we have are shared with her privately or in the group. We have total confidence in her ability as the leader of our group.

"Patricia takes our blood pressure and records it at each meeting. This year, at our request, she formed a weekly weight-watcher class. About 15-20 members attended, providing another opportunity to unburden anxieties along with the unwanted weight. 80% of those attending were men, some losing over a stone in 16 weeks.

"The new Users Association is an excellent idea, but as we have only had one meeting, I will reserve judgement for a while yet. It is good to be aware of other groups, as I didn't know they existed until we had our meeting in April."

## Focus On Men's Health

Of the 1,600 cases of testicular cancer reported each year in the UK, around 130 men, often under the age of 30, will die. Although relatively rare, representing only 1% of all cancers in men, it is the single biggest cause of cancer-related death in men aged 18-35. The number of cases has doubled in the last 20 years and is still rising, but with early recognition of the problem and prompt treatment, fewer men will die.

To identify any problems at an early stage, men should check their testicles once a month, while in a warm bath or taking a shower – this makes the skin softer and so it is easier to feel the testicles inside. To check their testicles, men should take the following steps:

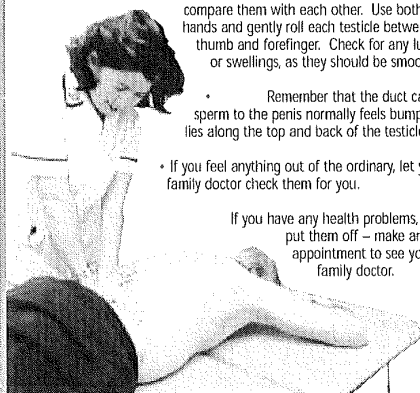
- Cradle the scrotum in the palm of your hand. Feel the difference between the testes. You will probably feel that one is larger and lying lower – this is normal.

- Examine each one in turn and then compare them with each other. Use both hands and gently roll each testicle between thumb and forefinger. Check for any lumps or swellings, as they should be smooth.

- Remember that the duct carrying sperm to the penis normally feels bumpy – it lies along the top and back of the testicles.

- If you feel anything out of the ordinary, let your family doctor check them for you.

If you have any health problems, don't put them off – make an appointment to see your family doctor.



## Meningitis C Vaccine

Last November, the Department of Health announced a 12-month programme of immunisation for children against meningitis C. The programme began with those at highest risk – the 15-17 year old group and very young babies. It is hoped that the vaccine will have been offered to all under-18s by the end of 2000. As a Trust we have been keen to ensure that all children in our area can have the vaccination, so we have run special clinics and raised awareness of the vaccine to 16 and 17 year olds who are no longer in school.

Throughout the immunisation programme, our staff have also been advising parents of the need to be aware of the symptoms of meningitis, as the vaccine protects against only one of the two main strains.

Some of the important symptoms to look out for include:

### Babies:

- high-pitched cry
- difficult to wake
- very high temperature (39°C and above)
- pale or blotchy skin
- red or purple spots that do not fade when a clear glass is pressed firmly against the rash

### Older children:

- stiffness in the neck
- drowsiness or confusion
- severe headache
- dislike of bright light
- painful joints
- red or purple spots that do not fade when a clear glass is pressed firmly against the rash

Early reports across the UK show a substantial fall in meningitis in children under one year old and among 15-17 year olds.

## Western Drugs Co-Ordination Team

WESTERN  
DRUGS CO-ORDINATION TEAM

In August 1999 a new Drugs Strategy for Northern Ireland was launched. The objective of the five-year strategy is "to reduce the level of drug-related harm in Northern Ireland." The aims which the Western Drugs Co-ordination Team (WDCT) must address include the following:

- To protect young people from the harm resulting from illicit drug use.
- To protect communities from drug-related anti-social and criminal behaviour.
- To enable people with drug problems to overcome them and have healthy and crime-free lives through treatment.
- To reduce the availability of drugs in communities.

The team has formed a second strategy and action plan to guide its work over the next 3 years.

The team has representatives from Sperrin Lakeland, Foyle and Altnagelvin Trusts, Western Education and Library Board, RUC Drugs Squad, Northern Ireland Housing Executive, voluntary agencies including Northlands and the Aisling Centre, Western Health and Social Services Board, the Probation Service and Magilligan Prison. Its task is to co-ordinate work and reduce the social acceptability and physical availability of drugs in the West. Its ultimate aim is to eliminate the harm – physical, social and communal – that results from substance misuse.

Many initiatives have begun over the past year. The team has developed a database that is specific to the Western Board area. This involves collecting and collating information from various sources to provide more information about the extent of the drug problem in the area. A research project investigated the specific service and treatment needs of young people with drug-related problems. These needs are unique, and so we have to provide young people with specific services. Research findings will be available in September 2000.

Community-based initiatives have been developed in the Sperrin Lakeland area in the past year. Two projects – one in Enniskillen (based in the Aisling Centre) and another in Inverness (based in the ITEC Business Centre) – were funded by the Northern Ireland Voluntary Trust and are community-based drug education projects. A young people's project, the E Go Project, based in Omagh, was funded by the Omagh District Partnership. It is a 'Peer Leadership Programme' which educates and trains 16-25 year olds to talk to 10-15 year olds about drug-related issues.

The team has also been a partner in a cross-border drugs conference, as well as contributing to the development of an Arrest Referral Leaflet for use in custody suites, and a Safer Injecting Leaflet which is distributed through the treatment services to people who inject drugs.

The team will continue to give the drugs issue a high profile. If you would like more information on its work, contact Barbara Ward, Drugs Co-Ordinator on 7186 0086.

**Did you know?** Of all young people who are offered illegal drugs, 58% of them go on to experiment with them.

# Innovation

## Children's Day Treatment Services

A new Children's Day Treatment Unit was opened at the Tyrone County Hospital on 4 May 1999. This service, developed in consultation with local family doctors, our clinical staff and the Royal College of Paediatricians, provides the following services:

- rapid assessment service for children referred by their family doctor;
- delivery of treatment for a range of conditions;
- monitoring of progress of patients facilitating early discharge from inpatient services;
- supporting outpatient services for children;
- specific clinics for children with asthma;
- assessment of children who attend our accident and emergency department; and
- where required, supporting the transfer of children to our inpatient services.

Initial feedback on services at the unit has been positive, and we are planning to review them again.

## Primary Care Mental Health

Our staff are involved in an innovative primary care mental health project funded by the Primary Care Development Fund. Since December 1999, one of our mental health team nurses has been based at Omagh Health Centre, working directly with two of the family doctor practices. This two-year project strongly emphasises research and evidence-based primary care to the way we deliver mental health services. The early

availability of professional support to patients attending their family doctor has already produced improvements.

## Endoscopy Services, Erne Hospital

Last year, we reported on plans to officially open an Endoscopy service at the Erne Hospital. This service began in May 1999 and is located in a newly refurbished area of the hospital. We are grateful to the Western Health and Social Services Board for partly funding the capital and running costs. We hope that adequate resources can be found to keep the service open.

## Parent Advisor Training

Last autumn, a number of our Omagh health visitors attended a 9-day Parent Advisor Training course. The aim of the course was to equip them with knowledge and skills in three main areas:

- Basic counselling skills;
- Parenting skills;
- Behaviour management.

Health visitors have been encouraged to listen to parents, not to be prescriptive in telling them what to do, but instead empower and support them to be more confident in helping themselves. In practice, this has resulted in more frequent and longer home visits to those families for whom the Parent Adviser Support is felt to be of value - for example, those who have had a difficult or problematic childhood/adulthood. However, this more intensive service has occupied more staff time.

Dr Maura McDermott, from our Child and Adolescent Mental Health Team, is providing support and clinical supervision to our health visitors. We hope to develop this service further in the future.

## Bookstart Programme

Health visitors Dymphna Garrity and Kate Boles, who are based at Omagh Health Centre, have set up a new mother-and-baby group that meets each Friday at Omagh Library. The aims of this group are to:

- increase the self-esteem of new mothers and their knowledge of child growth and development;
- provide an opportunity for social contact;
- help mothers identify their child health needs;
- provide an opportunity to share knowledge, skills and experience;
- provide health education on a range of topics, eg. bookstart, feeding and weaning.

For further information please contact Dymphna or Kate, on telephone 8224 3521, extension 290.

## Choose Life

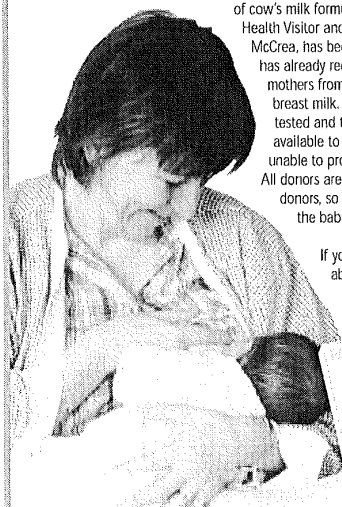
Together with our health promotion colleagues, and as part of our ongoing suicide prevention strategy, we received a cash award from the Charter Mark Scheme. The money has funded the development and provision of a specially designed booklet for patients admitted to Tyrone County Hospital or Erne Hospital following deliberate self-harm. The booklet, "Choose Life", provides a comprehensive range of information on how to deal effectively with life events and to get help when in difficulty. For more information on this initiative, contact Dermot Lynch on 8283 5479.

## First Human Milk Bank In Ireland

Invinstown Health Centre is now home to the first human milk bank in Ireland. It means that many sick premature babies will stay healthier and fewer will need treatment for complications that often arise from the use of cow's milk formula.

Health Visitor and Lactation Consultant, Ann McCrea, has been leading this development. Ann has already recruited a number of breastfeeding mothers from the local area who donate breast milk. The bank will mean that safe, tested and treated human milk will be available to babies whose mothers are sick or unable to produce enough of their own milk. All donors are tested in the same way as blood donors, so that no viruses are passed on to the babies receiving their milk.

If you are interested in hearing more about the milk bank, please contact Ann on 68622912.



11,851 clients were on our social work caseloads at the end of March 2000.

There were 1,315 births in our area during 1999/2000.

## Drop-In Centre

A drop-in centre for people with mental health problems has been set up in Omagh. The centre, staffed and run by the user group 'Heads Together', provides a range of services including support, befriending and recreational activities. The centre is a further development of user involvement and empowerment in our mental health services.

The centre is based at 3 Dunbreen Close, Strathroy, Omagh and is open three days a week on Monday, Wednesday and Friday, from 10.30 am to 3.00 pm. For more information, call 8225 9793.

## Out-of-Hours Information/Support Helpline

An out-of-hours information and support helpline for mental health service users, their carers, family doctors and health and social service professionals has now been set up. The helpline is available from 5pm-9am, seven days a week. It aims to provide support by listening, giving information, guidance and reassurance, and helping people to help themselves. Its staff will link with other relevant professionals and, where necessary, arrange follow-up with key workers and family doctors. Anyone wishing to contact the helpline should ring 8224 5211 and ask for the information/support helpline.

## Intermediate Care

As part of our preparation for the expected pressure on hospital beds during the winter, we set up a scheme known as the Intermediate Care Step Down Bed Scheme. The scheme began in October 1999, and involved buying six extra residential/nursing home places. This enabled people to leave hospital who were not yet ready to go home, and their beds to be used for further admissions.

This successful arrangement required good co-operation and communication links between hospital and community staff and helped us avert a potential crisis over the winter.

## Did you know?

1 in 6 men will die from heart disease before they reach 75



# Working in Partnership



During the year we launched the Wise Owl Campaign. This is a partnership between a number of organisations including our Trust, Age Concern, Help the Aged, Omagh District Council, the Western Health and Social Services Council, NI Electricity, Translink Ulsterbus and the RUC. The campaign aims to raise awareness of home safety and security for older and more vulnerable people and to raise funds to buy home security equipment, such as life lines, 'bogus alert' systems and window locks. A video, featuring Daniel O'Donnell, has been produced to inform people on home safety and the various security devices available.

In September, over 1,000 members of our older local community attended an 'Infotainment' event and were entertained by a host of stars including Dominic Kirwan, Derrick Mehaffey and Eamon McCann.

## Omagh Street Drinkers Project

We have responded to the needs of people with chronic alcohol-related problems, often referred to as "street drinkers".

Through our membership of the Omagh Interagency Consortium for action on street drinking, we have helped to secure and support a number of initiatives that have had a positive effect on this vulnerable group.

A Development Officer has been employed through funding secured from the Omagh District Partnership. Peter McLaughlin currently works with the street drinkers helping to improve their quality of life and well being.

In January, The Anchorage resource centre, funded by Foyle Homeless Action and Advice, opened in Market Street, Omagh. The centre, a first in Northern Ireland, provides a range of services and support including a hot meal, health advice, recreational activities and advocacy arrangements.

Benefits to the community and to the street drinkers are already evident. There are plans to extend the Initiative by recruiting a volunteer co-ordinator.

## Melvin Project

The Melvin Project is a partnership between our Trust, the regional charity Action Mental Health, and the North Western Health Board in the Republic of Ireland. This cross-border initiative is creating new opportunities for people recovering from mental ill health in the Lough Melvin area. The project was developed in response to research that highlighted how people with mental health problems in this area were unable to access a range of services, mostly due to transport difficulties. Some of the options available within the project are work-based training, development of key skills and training for jobs. The Melvin Project is based at Erne Gateway Centre, Corry, Belleek, Co. Fermanagh.

## Community Development

A significant part of the way we work has been the promotion of community development projects such as the Irvinestown initiative. Initiatives this year include:

- The joint development of advice services in Fermanagh and Omagh District Council areas. These services assist people in knowing what services and benefits exist and how they might obtain them.
- Grant aiding for over 200 local community organisations, for example, playgroups and senior citizen clubs. This budget is limited and awards can be quite small. Nevertheless, the money enables many small groups to keep going until they gain more significant funding from bodies such as the New Opportunities Fund.
- Auditing of community care contracting and grant aid in order to better target resources across all community interests.

## Healthy Living Centre for Irvinestown

Plans to create a Health Living Centre in Sallyswood, Irvinestown, have been boosted by a grant of £315,575 from the New Opportunities Fund.

Ryan Williams, the project's Development Co-ordinator, explains: 'The Healthy Living Centre aims to improve the well-being of the local community by bringing together a partnership of community health activities and services. The centre will provide a range of innovative programmes to improve the health needs of the community, and activities will include the development of an addiction unit, employment skills and training programmes as well as arts and health activities.'

'The centre will make such a difference to the quality of life in our community. It will be based in the Sallyswood area of Irvinestown, which has become a dumping ground over the years for a range of social problems. The plans for the centre have been developed from our experience of developing relationships between the local community and the statutory and voluntary bodies, which shape our everyday life. The grant from the New Opportunities fund will enable everyone involved to tackle the health needs of the community by working together.'

As providers of health and social services in this area, we welcome the opportunity to play a supporting role in this innovative project.

## Cross border Co-operation

We have been a participating partner in the Co-operating and Working Together (CAWT) Acute Services Project since it started in April 1999. The project will produce a feasibility study, that examines the potential for working together to improve the health of the border population. Other partners include Cavan/Monaghan Hospital and Sligo General Hospital. The project is funded through the European Union Special Support Programme for Peace and Reconciliation.

A Health Profile document has been completed, which compares the health of the respective resident populations. A Service Profile has also been developed, which will help inform all our staff of services available in each of the partner hospitals.

The specific services examined were emergency planning and response, nurse and medical training and education, radiology, renal and pathology services.

The completed project will be launched in the autumn. We hope that we will be able to secure future European Union funding to implement recommendations arising from the project.

## Contract Monitoring

This year, we spent £5.4 million on homecare services. We provide approximately 40% of homecare services through our home help service, which is managed and monitored by staff in our elderly care teams. The rest are bought from an approved list of private and voluntary domiciliary care agencies. A recent development has been the appointment of a Contracts Monitoring Officer, John McGarvey, who monitors the quality of homecare and daycare services against agreed standards.

Monitoring of agencies and daycare providers includes announced visits where employment practice, care delivery and record keeping are all examined. Reports of each visit are sent to the agency or daycare provider with recommendations and any action we require them to take. Mr McGarvey also conducts unannounced visits on agency carers while they are working in the client's home. These visits are arranged in consultation with the client's social worker, and the permission of clients is obtained beforehand.

During 2000/2001, Mr McGarvey hopes to conduct three announced visits with each agency or daycare provider, and over 50 unannounced visits with various carers throughout our area.

## Did you know?

Prostate cancer kills 9,000 men each year in the UK – four times as many men as cervical cancer kills women

# Investing in Our People to Your Benefit

Investing in our staff through recruitment, education, training and improving working conditions helps ensure we are fit to deliver effective services and care to our community. We employ 2,923 part-time and full-time staff as well as 847 home helps and home carers.

The following section details some of this year's work:

- participation in developing a regional human resources strategy for Health and Personal Social Services;
- the evolving role of our Staff Joint Forum to facilitate communication and negotiation.

## Violence To Staff – It's Not On!

A significant initiative was the development of policy and guidance to staff about handling violent situations in the workplace.

Sadly, violence towards staff in health and social care services is increasing. As employers, we are committed to ensuring that our staff are appropriately trained and supported in preventing the potential for personal injury and/or abuse, when doing their jobs. We all have a part to play in this. Please, as a service user, play your part in ensuring that our staff can provide care without the fear or extra stress of unnecessary aggression.

## Attendance at Work Project

Since the appointment of the Attendance at Work Adviser, we have made significant progress in examining reasons for staff absence and developing proposals/recommendations to improve attendance.

These include:

- a new agreed process for managing absence;
- focus group workshops with nursing staff;
- improved management information on staff absence;
- an action plan of improved arrangements for staff returning to work from maternity leave;
- establishment of a Well-being at Work group to investigate issues of stress and mental health at work.

The Attendance at Work Adviser secondment has been extended to December 2001 to continue this work.

## NI Social Care Council

It is proposed to establish a new statutory body called the Northern Ireland Social Care Council (NISCC), to regulate staff working within social care.

It will have two key responsibilities:

- to set standards for practice and regulate staff; and
- to ensure that staff receive the training and achieve the qualifications they need for the jobs they do.

We will be required to demonstrate that we meet the standards set for employment, supervision and training.

In an earlier section, Dr Kelly described the proposed arrangements for clinical and social care governance. A key aspect of these arrangements will be continued development for staff. It is expected this will be given high priority in ensuring that we provide effective, appropriate and safe services.

## Appointments and Retirements

Attracting good staff is important to us but losing long-standing staff is inevitable. The following are a few of the staff who have joined us or left us this year.

Dr Gareth Loughrey has joined the Trust as a Consultant Radiologist, with a special interest in cancer radiology and musculoskeletal imaging. A second Consultant Radiologist, Dr Padhraic Conneally, began in January and has a special interest in trauma, gastro-intestinal and genito-urinary imaging. Both doctors work in our two acute hospitals.

Dr Eoin Bergin is a Consultant Physician and Nephrologist for the Renal Unit at Tyrone County Hospital, and his appointment is part of the development of a comprehensive renal and dialysis service in the West.

In the early part of last year, Ms Teresa Mulqueen returned to her native Fermanagh to become Officer in Charge of Drumhau House in Lisnaskea. Teresa spent a number of years in England, undertaking her general nurse training, working within the elderly care services, and for the past 12 years working with the Anchor Trust.

During the year we also said farewell to Mr Terry Mulholland, Mr Austin Frazer, Mr Paddy Gilgunn, Mr Jimmy Mimmagh, Mr James Johnston, Dr Ken Bindal and Mrs Lily O'Donnell who have retired after many years service.

## Plaudits and Accolades

The following are just some of the plaudits and accolades received this year:

### 1999 Charter Mark Awards

Three of our facilities - Clare House and Drumcoo Centre in Enniskillen and the Omagh Centre in Omagh - have been recognised in the 1999 Charter Mark Awards. This is a tremendous achievement for our staff and their clients, patients and students, and a clear recognition of the dedication and hard work that goes into planning, developing and delivering a quality service. A special mention must go to everyone at the Omagh Centre, for their third Charter Mark Award.



### 1999 Shell Best Kept Healthcare Awards

Clare House in Enniskillen and the Killadeas Unit in Derrygonnelly have won the Best Kept Residential and Day Care facility, respectively, for the Western Region. In addition, Tempo Road Day Centre in Enniskillen has been named runner-up in the Best Kept Day Care category, and Drumcoo Centre in Enniskillen has received a commendation for the same category.

### BBC Make a Difference

Staff working in the Children's Unit, Tyrone County Hospital were nominated for 'Making a Difference' to four-year-old Branagh McCabe. When he was only 13 months old, Branagh developed meningitis septicaemia, which left him with an immune deficiency, requiring him to return to hospital every three weeks for an injection. However, through the encouragement of nursing and medical staff, Branagh's mother, Nuala, now gives him his injection at home.

### 1999 RCN Nurse of the Year Awards

Gloria McBride, a senior nurse at Lisnamallard Industries in Omagh, received a commendation in the mental health category of the 1999 Awards.



Margaret Kearney, Sister at the Tyrone County Hospital's Accident and Emergency Department, received a special award from Christine Hancock, RCN General Secretary, on behalf of every nurse who cared for the injured, dying and bereaved following the Omagh bomb on 15 August 1998. In presenting the award, the Royal College of Nursing felt that it was important that the skills, leadership and courage shown by nurses that day, and in the days that followed, should be recognised. The award, a specially commissioned piece of Tyrone Crystal, is on display at the Tyrone County Hospital.

### 1999 Golden Service Awards

Our Domestic Services Department, based at the Tyrone and Fermanagh Hospital, were recognised in the national Golden Service Awards. They were named runner-up in the Best Cleaned Premises by an In-house Team category, whilst Mary Livingston was named runner-up in the category, British Council Cleaning Operative of the Year Award.

### Nexus/Association of Healthcare Communicators Annual Report Competition

We were delighted that our 1998/99 Annual Review was named runner-up in the Combined Trust Category of the national Nexus/Association of Healthcare Communicators Annual Report competition.

### OBE Honour

Mrs Barbara Creighton, who has volunteered her services in our outpatients department at the Erne Hospital for the past 37 years, was awarded the OBE for her contribution to voluntary services.

## Did you know?

Since 1998, 24gm of heroin and 55gm of cocaine have been seized in the Sperrin Lakeland Trust area.



# 2000 and Beyond

## Acute Hospital Services

- The priority for our acute hospital services is to secure adequate funding to meet increasing demands. During the past year the demand for medical, paediatric and obstetric services increased by between 6.6% and 15.3%. While our contingency plans worked well, particularly over the winter, when hospital and community services both increased their capacity, we needed to spend more money than was budgeted. This contributed to financial difficulties. Increased demand puts most pressure on the doctors, nurses and laboratory and radiography staff – all experienced significant increases in their workloads.

We will continue to lobby our main commissioners, the Western Health and Social Services Board, and the NI Assembly to ensure adequate investment in this area.

- We will also be seeking extra money during the coming year to enable us to expand Ultrasound Scanning Services, develop Respiratory Services, and stabilise Accident and Emergency Services at our two acute hospitals.

## Implementing Cancer Arrangements

A number of doctors, nurses and Professions Allied to Medicine are currently working with staff from Altnagelvin Hospital, the Western Health and Social Services Board, and voluntary organisations in implementing new cancer arrangements. Locally it is expected that an Oncology Nursing Service and the development of a Palliative Care Team, led by a consultant, will soon be in place. We are also developing ways of ensuring support for our patients who receive services at the Cancer Unit at Altnagelvin Hospital and the Cancer Centre in Belfast. These arrangements will also look at how members of our staff who are directly involved in cancer services could become involved in the wider network of these services.

## Providing Services Beyond Our Boundaries

In addition to providing services in our own locality, we also provide them to other areas:

Long-term, largely hospital mental healthcare, delivered to former residents of the Northern and Southern Boards - this work is in decline and will ultimately disappear. In the past few years, there has been a growth in acute mental health admissions of residents from other Board areas. We will continue to accept referrals from these areas.

Renal services are provided for all residents of the Western Board area and to some residents of the Northern and Southern Boards – we have recently expanded its capacity to 16 stations operating twice daily, in line with the regional review of renal services.

Our treatment for the prevention of sexual abuse programme is offered to all residents of the Western Board and to other Purchasers – this is a unique service and we will continue to offer access to it across Northern Ireland and beyond.

A range of acute services are offered to residents of Southern Board who live on the margin of the Trust – retention of this work will be a priority. The closure of maternity services and medical services at South Tyrone Hospital, Dungannon, will increase the demand for services at our hospitals.

Extending the range of psychological therapies currently offered – we plan to build on the cognitive therapy training initiative reported last year. This work has firmly established our mental health team at the forefront of developments across Ireland.

We are mindful of the changing pattern of acute hospital services in the Northern Board area – the Tyrone County Hospital will continue to remain a viable and accessible alternative for residents from the Northern and Southern Board area.

We provide ENT services to the hospitals in Cavan and Monaghan.

We provide addiction and forensic psychiatry services to the whole western area of the province.



## Learning Disabled Services

'In Whose Hands' is the title of a research project that examined services for the learning disabled. The research findings have been published and the period for consultation concludes at the end of July 2000. It is envisaged that a strategy for services for learning disabled people will then be developed, taking on board recommendations arising from this report.

## Mental Health and Elderly Services

- We have agreed with the Alzheimer's Society to carry out research on dementia over a two-year period. It is hoped that this research will raise understanding of this condition and how we can better meet the needs of people with dementia.
- Plans are well under way to establish a crisis residential care at Clare House, Enniskillen. This six-bed unit will provide an alternative to acute hospital care. The development is part of the recommendations in the report '98 and Beyond' – a review commissioned by the Western Health and Social Services Board in 1997, which focused on services for people with mental health problems.
- A new Consultant Psychiatrist for our psychiatry of old age services and two staff grade posts – one for forensic psychiatry and one for adult psychiatry in West Tyrone.

## Developments in Community Nursing Service

We are working to improve hospital discharge planning from both local and regional hospitals to ensure the needs of patients can be better managed when they return to their homes.

## Wider Horizons Programme

The first ever Wider Horizons Programme for young people with disabilities has been developed and offers a once-in-a-lifetime opportunity for 21 young people, aged 18-25, to prepare for employment through completing work placements in America. The programme has been developed through a partnership approach that includes funding from the International Fund for Ireland, the Training and Employment Agency and FAS, the Republic of Ireland's equivalent agency.

## Development Funding – Latest Update

At the time of going to print, it was confirmed that the Western Health and Social Services Board will receive £6.29 million of the extra £53 million allocated for health and social care development in 2000/01.

We have been informed that our share of this will be £1.516 million, on a recurring basis, and will be used for service development in the following areas:

Community Care	£786,000
Hospital Services	£529,000
Children's Services	£201,000

Number of inpatient consultant episodes (including renal dialysis)

1998/1999	23,265
1999/2000	25,005

### FACT FILE

Last year services purchased from private and voluntary day care agencies amounted to £134,000, representing 28% of all day care provided to clients living in our area.

95% of day-case patients and 73% of inpatients were admitted within six months of the decision being made to admit them.

## Did you know?

In the UK 285,000 people are admitted to hospital every year for smoking-related diseases, occupying 9,500 beds every day

# Financial Report

## Introduction

The Trust has gone through a difficult year financially in that we ended with a retained deficit of £1,652,000. The main reasons were a shortfall in income to cover increased activity in some acute services, a higher than average level of staff sickness especially in the nursing profession, and shortfalls in income to meet the costs of Year 2000.

## Recovery Plan

A recovery plan extending over the next 3 years is being progressed with the Western Health and Social Services Board. Funding will be set aside to address the existing deficit. Additional funding of £534,000 has been earmarked to meet recurring cost pressures mainly in acute services.

The achievement of the recovery plan will put pressure on existing services as managers will have to ensure that budget targets are achieved despite the increasing demand and expectation of patients and clients.

A number of issues remain to be resolved before the final plan goes to the department.

## Financial Targets

The three financial targets set by Department of Health, Social Services and Public Safety and the results were:

	Target	Actual
1. Capital cost absorption duty	6%	6.1%
2. Surplus of income over expenditure	Break even	(£1,652,000)
3. External financing limit	£343,000	£303,000

## Management costs

This year, there was no target for reduction in management costs for Trusts that met the 1.5% reduction in 1998/99. We achieved the required reduction in 1998/99. Management costs this year represent 4.49% of our expenditure.

## Capital expenditure

Capital works expenditure in 1999/2000 amounted to £1,239,000. Omagh Health Centre Phase IV was completed as was the Coleshill Community Services Scheme in Enniskillen. Two other schemes completed were the upgrade of the Central Sterile Services Department upgrade at the Tyrone County Hospital and the electrical mains cabling replacement in the Erne Hospital.

£247,338 was spent on Y2000 equipment replacement, £334,292 on endoscopy suite equipment in both hospitals and £77,171 on replacement vehicles.

## Financial Reporting Standard FRS12

The adoption by the Health Service of Financial Reporting Standard FRS12 on "Provisions, Contingent Liabilities and Contingent Assets" for the financial year 1999/2000 has required a change in the way we account for clinical negligence claims and other liabilities.

In conjunction with the legal department of the Central Services Agency, we have estimated the probable financial outcome of claims and created a corresponding provision in the Accounts. Clinical negligence claims are funded from a regional clinical negligence fund. The comparative amounts for the previous year have been restated in line with this new policy.

## Donations

Charitable donations to the Trust in 1999/2000 amounted to £273,978. Expenditure in the year amounted to £254,675.

## Statement of public sector payment policy

It is Trust policy to comply with the Confederation of British Industry's prompt payment code as well as government accounting rules. Our record for 1999/2000 is:

	Number	£,000
Total trade bills paid	33,592	26,716
Total bills paid within 30-day target	28,726	24,834
% of bills paid within 30-day target	86%	93%

**The Late Payment of Commercial Debts (Interest) Act 1998**  
No claims were made by small businesses under this legislation.

## Board Members' Remuneration

	Remuneration as director £,000	Other remuneration £,000	1999/00 Total £,000	1998/99 Total £,000
Non-executive directors' remuneration	46	-	46	45
Executive directors' remuneration				
Basic salary	218	79	297	288
Performance-related pay	-	-	-	7
Employers' pension contributions	9	3	12	12
Benefits in kind	6	-	6	5
Compensation for loss of office	-	-	-	-
Pensions to former directors	-	-	-	-
	279	82	361	357

In both the 1998/99 and 1999/00 financial years the Minister for Health and Social Services and the Department of Health, Social Services and Public Safety have placed a restriction on the allowable cost of pay rises for Board Members and Senior Managers (except those with clinical duties).

The overall average uplift for 1999/00 for Board Members and Senior Managers was less than the 2.6% limit determined by the Minister.

The remuneration of the Chairman, Chief Executive and highest paid director are as follows:

	Remuneration as director £,000	Other remuneration £,000	1999/00 Total £,000	1998/99 Total £,000
<b>Chairman</b>				
Basic salary	21	-	21	20
Benefits	-	-	-	-
Performance related pay	-	-	-	-
	21	-	21	20
Pension contributions	-	-	-	-
	21	-	21	20
<b>Chief Executive</b>				
Basic salary	69	-	69	65
Benefits	2	-	2	2
Performance related pay	-	-	-	-
	71	-	71	69
Pension contributions	3	-	3	3
	74	-	74	72

## Highest paid Director (1998/99)

Basic salary	92
Benefits	-
Performance related pay	1
	93
Pension contributions	3
	96

The Chief Executive received an increase in remuneration of 2.69%(1999 2.86%). The increase in remuneration excluding benefit in kind for a leased car was 2.37%.

\* The highest paid Director has traditionally been the Medical Director who has received an additional payment for the commitment given for Trust Board duties. The current Medical Director was in post for nine months of the 1999/2000 financial year. Therefore, the Chief Executive becomes the highest paid director for the 1999/2000 period.

Directors' remuneration (excluding pension scheme contributions) fell within the following ranges:

	1999/00 Number	1998/99 Number
£0 - £5,000	5	5
£15,001 - £20,000	0	1
£20,001 - £25,000	1	0
£40,001 - £45,000	0	3
£45,001 - £50,000	3	0
£65,001 - £70,000	0	1
£70,001 - £75,000	1	0
£80,001 - £85,000	1	0
£90,001 - £95,000	0	1

Did you know?

50% of regular smokers will be killed by their habit

# Financial Report

## Benefits in kind paid to all executive and non-executive directors:

	1999/00 £,000	1998/99 £,000
Lease cars - directors	6	5

## Related party transactions

During the year, none of the Board members, members of key management staff or other related parties, has undertaken any material transactions with the Trust.

## Summary of financial statements

The accounts for the year ended 31 March 2000 have been prepared in accordance with Article 90(2) of the Health and Personal Social Services (NI) Order 1992, as substituted by Article 22 of the Health and Social Services (NI) Order 1991, in a form directed by the Department of Health, Social Services and Public Safety.

These summary financial statements do not contain sufficient information for a full understanding of the Trust's activities and performance. For further information, please read the full Accounts for the year ended 31 March 2000.

Copies of the full Accounts are available free of charge from:

Mr Michael MacCrossan  
Director of Finance  
Sperrin Lakeland Health and Social Care Trust  
Strathdene House  
Tyrone and Fermanagh Hospital  
Omagh  
Co Tyrone BT79 0NS

## Income and expenditure account for the year ended 31 March 2000

1998/99 RESTATED £,000		1999/00 £,000
81,290	Income from activities	87,443
2,046	Other operating income	2,225
(81,027)	Less operating expenses	(88,623)
2,309	OPERATING SURPLUS	1,045
2	Profit on disposal of fixed assets	1
2,311	SURPLUS BEFORE INTEREST	1,046
489	Interest receivable	294
(1,783)	Less interest payable	(1,706)
1,017	(DEFICIT) SURPLUS FOR THE FINANCIAL YEAR	(366)
(1,100)	Less public dividend capital dividends payable	(1,388)
(83)	OPERATIONAL SURPLUS (DEFICIT) BEFORE PROVISIONS	(1,754)
8	Provisions for future obligations	102
(75)	RETAINED SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	(1,652)
(83)	OPERATIONAL SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR BEFORE PROVISIONS	(1,754)

## Balance sheet as at 31 March 2000

1998/99 RESTATED £,000		1999/00 £,000
51,143	FIXED ASSETS	56,405
7,448	Current assets	6,080
(6,789)	Current liabilities	(7,481)
659	NET CURRENT ASSETS	(1,401)
(21,417)	Long-term liabilities	(20,361)
30,385	TOTAL ASSETS EMPLOYED	34,643
	FINANCED BY:	
30,385	TOTAL CAPITAL AND RESERVES	34,643

Approved by the Board and signed on its behalf on 24th August 2000.

Mr R T M Scott  
Chairman

Mr H S Mills  
Chief Executive

## Cash flow statement for the year ended 31 March 2000

1998/99 RESTATED £,000		1999/00 £,000
3,686	Net Cash Inflow from Operating Activities	4,430
(1,283)	Net cash (Outflow) from Returns on Investments and Servicing of Finance	(1,388)
(1,664)	Net Cash (Outflow) from Capital Expenditure	(1,115)
(2,245)	Dividends Paid	(1,100)
1,294	Net Cash Inflow (outflow) from Management of Liquid Resources	1,247
918	Net Cash Inflow before Financing	944
	Financing	
(931)	Repayment of Loans - Government	(931)
(931)	Net Cash (Outflow) from Financing	(931)
(13)	Increase (Decrease) in cash	13

## Statement of total recognised gains and losses for the year ended 31 March 2000

1998/99 RESTATED £,000		1999/00 £,000
1,017	Surplus for the Financial Year	(366)
8	Provisions for Future Obligations	102
1,025		(264)
3,446	Non-donated Fixed Assets	
	Indexation of Fixed Assets	5,880
68	Donated Assets	
2	Additions to Donated Assets	67
	Changes to Donation Reserve (except transfers to realised donation reserve)	4
4,541	Total Gains Recognised in Financial Year	5,687
	Prior Year Adjustment	(760)
		4,927

## Auditor's Report

on the summary financial statements in the Annual Report  
I have audited the summary financial statements, which have been prepared by the Trust and signed as approved by the Chairman and Chief Executive. My audit comprised a comparison of the statements with the full financial statements and an assessment of their presentation.

In my opinion, the summary financial statements are consistent with the Trust's Annual Accounts for the year ended 31 March 2000 on which I have issued an unqualified opinion.

Martin Pitt  
Appointed Auditor  
PricewaterhouseCoopers, Farum House,  
108 Great Victoria Street,  
Belfast BT2 7AX

24 August 2000

Did you know?

40% of men will not attend their family doctor unless told to do so by their partner

## Further Information

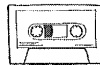
We hope that you found our annual report interesting and that it improved your understanding of our hospital and community services.



We acknowledge that we need to find ways to communicate with everyone living in our local community.



Our report will be available on audiocassette for those who would find this helpful.



We are grateful to our local Talking Newspaper organisations, who have offered to record our annual report on audio cassette. For a copy, please contact Pat Hoy, Fermanagh Talking Newspaper on 6632 7153 or Anna Nugent, Omagh Talking Newspaper on 8225 5050.

If you wish to know more about our Trust and our services, or if you want to comment on the report, please contact Trust Headquarters, where our staff will be happy to help you.

Telephone: 8283 5285  
Fax: 8224 4570  
Email: [jhall@slt.n-i.nhs.uk](mailto:jhall@slt.n-i.nhs.uk)  
Internet site: <http://www.sperrin-lakeland.org>

### New Deal For Disabled People

We are involved in an innovative and exciting partnership called the Community Activity Partnership Ltd (CAP Ltd), which originated in the Omagh area but now covers Fermanagh. The aim of CAP Ltd is to create employment opportunities for people with learning disabilities and, to date, has secured over a quarter of a million pounds of 'added value' funding.

CAP Ltd has developed the 'Inclusion through Work' model, which has now been extended from 20 to 40 places. CAP Ltd hopes to build on its success to date and is currently looking at funding opportunities to develop a community business to support the training element of the 'Inclusion through Work' programme. For extra information on this project, contact Seamus McAleer or Niall Campbell on telephone (028) 8224 6535

### Fostercare into the New Millennium A Challenge for the New Century

We provide services, such as fostercare, for children and young people who may be having difficulties living at home. Currently 81 foster families provide an excellent job caring for over 100 children in our area. However, so that we can continue to provide the best possible choice of placement for the children in our care, more foster families are needed. There are a number of children with a wide range of needs who urgently need foster families to care for them. Carers are wanted from all religious denominations, and from rural and town environments.

We also urgently need some special families to care for children who have more complex needs – in recognition of the complexity of these placements, a salary would be paid to the family.

Could your family help look after someone else's child in the short or long term? Maybe you could help us on occasional weekends or at holiday times?

Our family placement staff provide training and support to all our foster carers, as well as support services to the children placed with foster families.

If you are looking for a new challenge in your life, fostering may be for you. If you think you can help, please contact the Family Placement Team in Omagh (Tel: 8225 5033) or Enniskillen (Tel: 6634 4000).

### Year 2000

The potential problems associated with Year 2000 received a great deal of publicity as 1 January approached. From as early as 1998, public and private organisations were identifying potential problem areas and identifying what, if any, action would be needed to prevent any disruption to services and businesses over the New Year. As a Trust, we identified the following five-step approach:

- Awareness and acceptance
- Audit
- Assessment
- Action
- Contingency planning

In the event, only a few minor faults were detected, none of which required our contingency plans to be put into operation. We are grateful to all those staff who worked over this period, and who undoubtedly made a major contribution to the overall success of our response to the Year 2000 problem.

## READERS COMPETITION

WESTERN

DRUGS COORDINATION TEAM

Sponsored by the Western Drugs Co-ordination Team

- |           |   |                          |
|-----------|---|--------------------------|
| 1st Prize | - | £75 of shopping vouchers |
| 2nd Prize | - | £50 of shopping vouchers |
| 3rd Prize | - | £25 of shopping vouchers |

Just read our Annual Review, answer the following questions and return your entry form to the address given below – it's that easy!

What do the initials WDCT stand for?

How much cocaine has been seized in the Sperrin Lakeland Trust area since 1998?

What percentage of young people, who are offered illegal drugs, then go on to experiment with them?

What percentage of 17-year-olds living in the Western Board area have been offered drugs?

A research project investigated the specific service and treatment needs of young people with drug-related problems. When will its findings be available?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Place your completed entry form in an envelope marked "Review Competition" and send to Trust Headquarters, Strathdene House, Tyrone and Fermanagh Hospital, Omagh, Co Tyrone, BT79 0NS, no later than Friday, 13 October 2000. The winners will be notified in writing.

Did you know?

8 out of 10 men admitted waiting too long before going to see their doctor