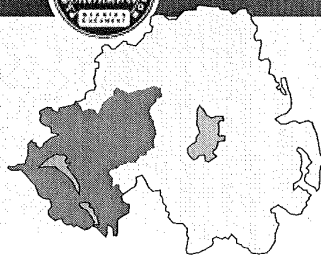


# REVIEW

[www.sperrin-lakeland.org](http://www.sperrin-lakeland.org)


2000/2001 ANNUAL REPORT - SEPTEMBER 2001



## ANNUAL PUBLIC MEETING

Thursday, 27 September 2001  
in the Recreation Hall, Erne Hospital,  
Enniskillen starting at 7pm

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.

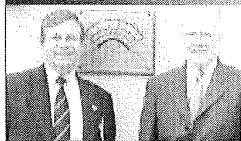
A number of display stands and staff will be available to provide information on a range of services and answer your questions. Light refreshments will be available after the meeting.

For more information or details about the Annual Public Meeting, please contact: Trust Headquarters, Strathdene House, Tyrone and Fermanagh Hospital, Omagh

Telephone: (028) 8283 5285  
Our staff will be happy to help you.



Services to meet your needs  
Page 4



Secretary of State visit  
Page 6



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### Review on Audio Cassette

We are grateful to our local Talking Newspaper organisations, who have offered to record our annual review on audio cassette. For a copy, please contact Pat Hey, Fermanagh Talking Newspaper on (028) 6632 7153 or Anna Nugent, Omagh Talking Newspaper on (028) 8225 5050

## Safe, Effective, Sustainable, Modern Services

"...to provide a high-quality system of health and social care which is easy and convenient to use, which is responsive to people's needs and which provides a service that instils confidence in those who use it". This was the commitment from Minister de Brún in the foreword to the consultation document 'Best Practice - Best Care' launched in April 2001. Welcoming the Minister's commitment, we can reflect on a year in which these very aspirations have been at the centre of much of our planning and decision making.

In last year's review, Dr Jim Kelly - our medical director - described our plans to place quality of care at the centre of practice.

Commenting, Mrs Anne Gibson, non-executive director and Chair of our now firmly established Clinical and Social Care Governance Committee, said: "I am delighted to report significant progress.

"In September 2000, the Trust Board formally adopted our strategy - 'Ensuring a Quality Strategy'. Our new committee, has met three times since then. From March to early May 2001 we have run 16 workshops across our services to enable teams to begin to consider what clinical and social care governance means for their service. From these discussions we are now developing a Trust-wide action plan to give life to our commitment to quality. In the wake of so many adverse events in the nation's health services, public confidence must be rebuilt."

Some of the things we hope to achieve through this work are:

- a reflective culture which helps us learn when things go wrong;
- greater use of audit and research to shape service and deliver on agreed standards;
- greater involvement of users in commenting on and shaping our services;
- maintenance of good practice through an increased commitment to the continued professional development and medical education of our staff;
- early detection of poor practice and minimising errors.

Our aim is to provide services that are **effective** - have the desired outcome; **safe** - do not injure or harm; and **modern** - up to date in practice, techniques, technology and built around a team of skilled competent professionals. If we can achieve these things, and secure necessary financial resources, sustainable services will result.

Anne Gibson, Chair of Clinical and Social Care Governance Committee.  
(Photograph courtesy of Fermanagh Herald)



## Nurse of the year

We were delighted that the Northern Ireland Nurse of the Year title was won by

a member of our health visiting staff, Ann McCrea. Ann received the award for her groundbreaking work in developing the Breast Milk Bank at Irvinestown, the only one in Ireland.

During its first year 30 milk donors from all over Ireland have helped support premature babies in various hospitals including the Erne, Altnagelvin, and the Royal, as well as the Infant Surgical Ward in the Royal Belfast Hospital for Sick Children. Ann was the driving force behind this development.

Another member of our staff, Yvonne McWhirter, was also one of the ten finalists. Yvonne, from our Community Addiction Unit, was nominated for her work in two pioneering projects - the Drug Arrest Referral Scheme and NYPD Foyle (New Youth Project for Drugs in the Foyle area).

If you would like more information on the Irvinestown Breast Milk Bank or you are interested in becoming a donor, please contact Ann McCrea on (028) 6862 2912.

## HAYES REPORT

As we go to print the Hayes Acute Services Review has been launched. The Trust is holding meetings with staff to discuss the recommendations and issues raised within the document. We will be making a submission to the Minister for Health as part of her initial consultation which ends on 31 October.

**Did you know? 70% of men and 80% of women are not sufficiently active to benefit their health**

## How We Work



Trust Board's first "Outreach" meeting in Teemore.

### Our Trust Board

Five years have passed since Sperrin Lakeland Trust was established to manage the provision of health and social care in Fermanagh and West Tyrone. During this time we have sought to make the way we do business more and more accessible to you - our community.

On 20 March the HPSS Act (NI) 2001 received Royal Assent - requiring all meetings to be open to the public from 1 June 2001. We opened our meetings in August 1997. Also during this year we have introduced further new measures to make our work open to your scrutiny.

We have introduced:

- open public meetings;
- rural 'outreach' meetings;
- full participation by Western Health and Social Services Council members;
- publication on our web page of Trust Board minutes and a register of members' interests;
- Trust Board agenda notified in the press;
- better access to meetings for those with disabilities.

The Trust Board usually meets on the fourth Thursday of each month except July. Four of the 11 meetings focus on quality in the form of the newly established Clinical and Social Care Governance Committee. More information on the dates, venues and how you can seek speaking rights is available from the Chairman's/Chief Executive's office - telephone (028) 8283 5285.

In the next few months, we hope to be able to announce two new Non-executive Directors, who will replace Lady Anthony (Katie) Hamilton, who stood down in August 2000, and Mrs Geraldine Kelly, who will be standing down at the end of October 2001 due to other commitments.



Richard Scott, Chairman.



Hugh Mills, Chief Executive.

### Personal Reflection

Geraldine Kelly

I joined the Board of Sperrin Lakeland Health and Social Care Trust in June 1996, and have now completed five years as a non-executive director.

On my arrival, I was faced with a very steep learning curve in this large and complex organisation, and I am grateful to my colleagues for their patience and support throughout my term.

During this time, I have been involved in various other sub-committees including the Remuneration Committee, the Audit Committee, and the relatively new Clinical and Social Care Governance Committee. In addition I have been involved as monitor to Coneywarren Children's Home.

This has been a challenging time for the Trust and its staff, as they struggle to meet the needs of the community with finite funding. I have been very impressed by the innovation and vision of those who work within the Trust, and of their commitment to the people of the area who use our services.

We are all aware of the major challenges which lie ahead, particularly for the acute hospital services in our area. Uncertainty about what will happen in the future creates major problems, not least insecurity for our patients and staff. It is to be hoped that this can be resolved in a positive and timely manner, to the benefit of all the people in this area.

I am grateful for having had the experience of acting as a non-executive director on the Trust Board, and for having had the opportunity to learn about the provision of health and social care in our community. Thank you to my fellow board members for making the experience so enjoyable and rewarding.

I would like to wish the Trust and its staff every success in the challenging times which lie ahead.

## The Times We Live In

The pace of change in Northern Ireland has made the task of providing health and social care services very challenging. It is unlikely to slow down, but we hope that decisions by the local Assembly will more accurately reflect the needs and aspirations of rural communities such as ours.

The Programme for Government, issued by the Northern Ireland Executive, identified working towards a healthier people as one of its five priorities.

Within this priority, the programme focuses on:

- reducing preventable disease, ill health and health inequalities;
- ensuring that the environment supports healthy living and that recreational facilities are improved;
- modernising and improving hospital and primary care services to ensure more time in delivering effective care;
- enabling those suffering from disability or chronic mental or terminal illness to live normal lives in contributing to society;
- promoting the health and social development of children.

Underpinning all these are equality, human rights and targeting social need.

Here are some of the factors that have affected the health care environment over the last year:

- Priorities for Action sets out planning priorities for health and social care for 2001/2002. In response, we have sent a service delivery plan to the Department of Health, Social Services & Public Safety for consideration and agreement.
- The public consultation document - 'Investing for Health' - issued by the Department of Health, Social Services and Public Safety, sets out a broad range of areas where new and concerted action could significantly improve health and well-being, and identifies three priority groups - children, young people and older people. We look forward to working closely with other statutory, voluntary and independent bodies to help deliver on this comprehensive health care agenda.
- The recent review of ambulance services details its current performance. It also sets out recommendations for separate emergency and non-emergency services. We await further plans for implementation of this review.
- 'Building the Way Forward in Primary Care' sets out the Department of Health, Social Services and Public Safety's proposals for new arrangements in primary care after the GP fundholding scheme ends. It identifies key areas in which our policy in primary care could develop over the next three years and will significantly affect how our services will be provided in the future.

### Dear Reader

The year 2000/01 - our fifth year as a Trust - has been a particularly difficult one. In our financial report on pages 10 and 11, you will read of our continued difficulty in securing sufficient funding to provide services to meet the varied needs of our community. We welcome the funding relief we were able to negotiate from our main commissioner - Western Health and Social Services Board - and the one-off allocation of £900,000 from our new Assembly to assist in clearing the £1.6 million deficit accrued in 1999/2000.

The Trust provides a wide range of hospital and community services. Indeed 65% of our resources are spent on mental health and community-based health and social services.

We acknowledge that lack of money forced us to temporarily close gynaecological and surgical beds, lengthened waiting lists and delayed service developments. We know that these things caused hardship for individual patients/clients and their families. With the funding we receive, our staff continue to do all they can to meet the needs in our area. However, we apologise for the fact that resources did not permit us to provide all the services we would wish.

As a Trust board, we reaffirm our commitment to highlight funding difficulties and to seek to use our position to secure increased investment in health and social care.

More positively, despite these difficulties, staff have continued to provide and develop services. We have sought to reflect some of these achievements in our review.

In our opening feature we emphasise the message "Safe, Sustainable, Effective and Modern Services". As we prepare to go to print, Minister de Brún has released the Hayes Review on Acute Hospital Services. Sustainability, modernisation and effectiveness all feature. We will be taking the opportunity to provide an informed view to the Minister on the Hayes recommendations and, once decisions are taken, we will play our part in ensuring that those which affect local services will be handled responsibly and sensitively.

### Did you know?

Walking 5 times a week for 30 minutes (the 30 minutes can be divided into 3 sets of 10 minutes) can half your chances of having a heart attack or hip failure.

# Innovation...A Modern Service

## Head Injury Service

We are delighted to report the appointment of Alice Haller, Neuropsychologist, to our Head Injury Service. Based at Drumcoo Centre, this service responds to the needs of brain-injured people between the ages of 16 and 64.

The service provides a practical support to assist rehabilitation through either:

- attendance at Drumcoo Centre, where an individual programme is designed for the person; or
- a community-based programme, where the person is encouraged to interact with other people and cope with different situations in their own community.

Daycare respite is available on a daily basis, as well as residential respite twice yearly.

As well as practical support, we have developed innovative approaches to rehabilitation, eg. a newly accredited information technology programme. These approaches have been developed with the involvement of clients and their families.

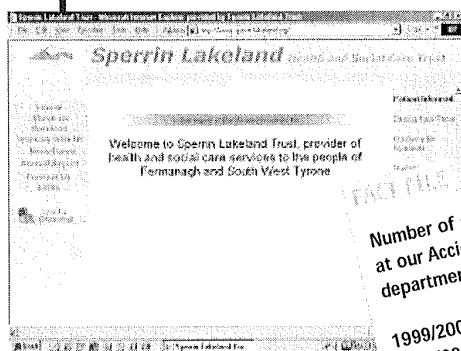
Alice Haller will be joining the current team of two and providing services 3 days per month.

## Trust on the Worldwide web

Our website has been running since August last year. As well as information about our services, any job vacancies within the Trust are displayed. We plan to make job descriptions and application forms available directly from the site in the future.

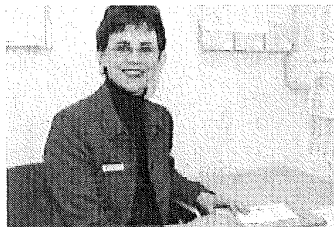
Over Christmas, we offered a free electronic greeting card service to in-patients in the Tyrone County and Erne Hospitals. At the request of families and friends, a greeting card was printed off with their personal message and delivered by hand to the patient. While only a small number were received, each card was warmly welcomed by the patients.

Visit us on [www.sperrin-lakeland.org](http://www.sperrin-lakeland.org)



Number of attendances  
at our Accident and Emergency  
departments

1999/2000	30,640
2000/2001	37,836



Edel Aughey, Oncology Nurse Practitioner.

## Cancer Services

It is now over two years since the Western Health and Social Services Board developed its strategy for the delivery of cancer services. Work is continuing to get these new arrangements in place.

In the past year, several local developments have sought to meet new improved standards. We are committed to local services:

- Edel Aughey, pictured above, was appointed as an Oncology Nurse Practitioner working with the Cancer Centre in Belfast and Cancer Unit in Altnagelvin. She has begun local nurse-led review clinics in our hospitals. During the clinic, Edel carries out a general assessment of the patient, focusing on emotional needs as well as physical assessment of signs and symptoms. This service will be formally evaluated over the next year.
- We have also developed assessment services locally for patients. This service includes radiological examination, eg. CT scanning and organising blood tests, thus avoiding the need for patients to go to Belfast or Derry.
- Sister Patricia Kearney - Stoma Care Nurse - was released from some of her duties to work as a Breast Nurse Specialist. In addition to her continued work at the Tyrone County Hospital, Patricia now supports the clinics and patients of Mr Marshall, Consultant Surgeon, at the Erne Hospital. Stoma care is being provided by a colleague, Mildred Rutledge.
- Finally, we have continued to work with the Western Health and Social Services Board, Macmillan Cancer Relief and the NI Hospice to further develop our Palliative Care Services. This service, which has existed since the early 1990s, has been delivered by two Macmillan nurses. Plans are progressing to extend the team by appointing two more nurses with support from the NI Hospice, and a Consultant in Palliative Care Medicine with support from Macmillan Cancer Relief.

## Intercountry Adoption

Interest in intercountry adoption was stimulated in the early 1990s by concern for the plight of children in Romania. In the past year we have received five applications.

Intercountry adoption is a complex area of work. Whenever someone applies to adopt a child from overseas, two sets of legislation and procedures must be followed - those of the country where the child lives and those of the country where the prospective adopters lives.

We have a vital role in safeguarding the welfare of children from overseas who are brought into this area for adoption. Our responsibilities include:

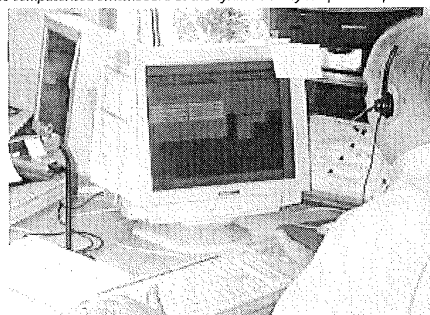
- preparing and assessing applicants who seek to adopt a child from overseas;
- sending our decisions to the Department of Health, Social Services and Public Safety about the suitability of prospective adopters;
- advising prospective adopters on health matters arising from the information known about the background, health and development of the child concerned;
- supervising the placements of children from overseas;
- providing the court with a report;
- providing reports to the authorities in the child's country of origin as required;
- providing support after placement and adoption.

Over the past two years we have been unable to complete assessments of adopters' home circumstances because of other priorities. So we have arranged for the Family Care Society, a voluntary adoption agency with offices in Belfast and Derry to undertake a number of these home studies under a service agreement.

The process must be thorough, given that it is vital for the applicants and the child to be fully prepared. In November 2000 we introduced a fee of £3,000 to cover costs incurred in this process. The fee will be reviewed annually.

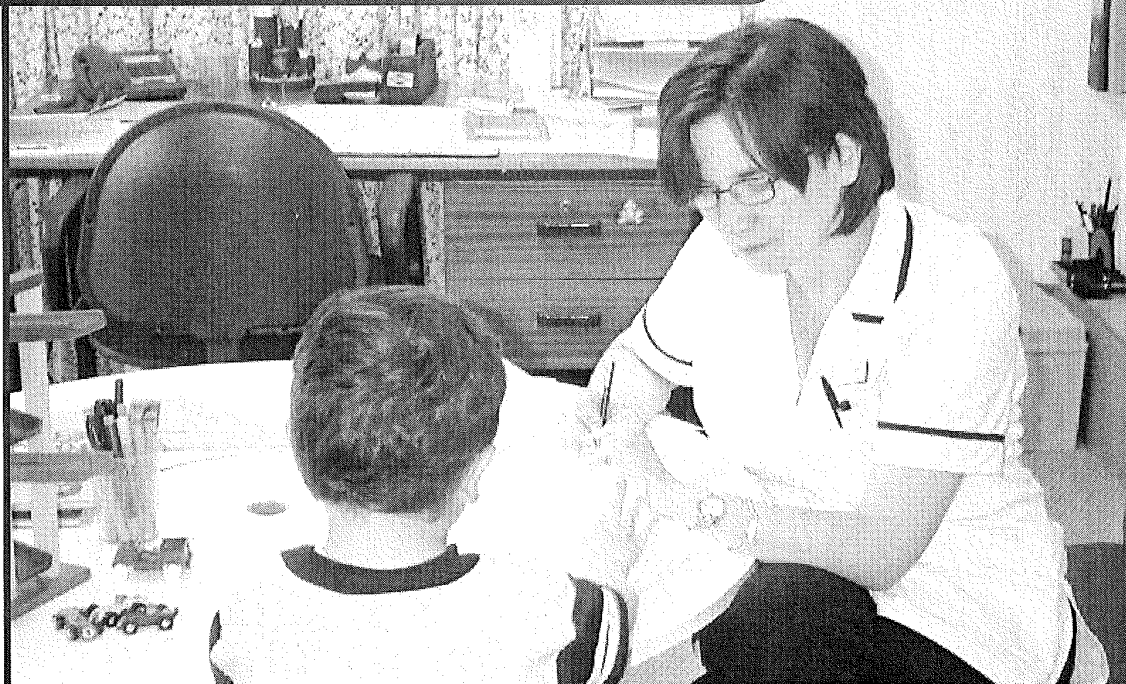
There is no doubt that the complexities and risks of intercountry adoption demand great care and attention to detail. In all circumstances the overriding consideration will be the best interests of the child.

2000 saw the launch of our new telephone system in all facilities. Below, the computerised switchboard at the Tyrone County Hospital in operation.



Did you know? Head injury (mild, moderate and severe) in our area is estimated at 150 new cases a year.

## Services to Meet Your Needs



*Christine Harper, Speech and Language Therapist, and one of her young clients.*

**Each year the Annual Review tries to give you information on the services we offer. The articles on these pages give you information that may help you or those close to you.**

**FACT FILE**  
Number of acute hospital new and review outpatient attendances (excluding visiting consultants clinics)

1999/2000 - 49,406  
2000/2001 - 49,535

### Sensory services

The Sensory Team, based at Drumcoo Centre in Enniskillen, continues to provide a fully comprehensive and inclusive assessment to everyone who has a mild to severe/profound hearing loss.

Key developments this year included the involvement of our staff in the first cross-border Residential Rehabilitation Programme for Deafened People. This was followed by three information seminars on specific issues

related to hearing loss. It is expected that the programme will be repeated in the future.

We are also running a series of Deaf Awareness Training courses for staff across the Trust. The course aims to create an understanding of the communication needs of deaf and hard-of-hearing people and of the different methods of communication.

We also provided:

- an information seminar for parents of children with a hearing loss, highlighting ways of supporting and improving the social and intellectual development of their children;
- an information seminar for members of the Hard of Hearing group in Monaghan on environmental aids;
- an exhibition in Omagh on the Listening Bus from the National Deaf Children's Society in Birmingham. The exhibition included equipment available to support and help hard-of-hearing children to deal with all aspects of daily living.

**If you want to know more, please contact the Sensory Team at (028) 6632 4400.**

### Respite care

Respite care is provided in various settings for children and adults with disabilities.

It recognises the needs of carers to have a break from being permanently 'on duty', as one mother put it. It also enables their dependants to take a short break in a caring environment, providing what should be a refreshing change for both.

Within our Trust, respite is provided in four ways:

- Host carers who provide temporary care of children or adults with varying disabilities to provide a break for the main carer;
- summer breaks at the Share Centre, near Lisnaskea;
- Beltany House in Omagh - a three-bed unit offering care, at different times, to children and adults;
- use of Dungiven Road Unit in Foyle Trust, for children and adults.

There is a heavy demand for these services, which are accessed through the health and disability social work teams in Enniskillen and Omagh. Much more respite is needed to ease the pressures on families, help them have regular breaks, and assist them in continuing to function as a viable family unit.

Attempts continue to develop and improve respite services. A Business Case to develop two four-bed respite units for children, which will replace Beltany House, has been submitted to the Western Health and Social Services Board - our main commissioner - for consideration. One unit would probably be in the Fermanagh area and one in the Omagh area. Plans for similar services for adults are being developed. If funding is secured, this will vastly improve respite services for families.

**FACT FILE**  
Sixty meals are provided by Enniskillen Community Meals Service each day. In a recent audit, 81% said the meals were good value for money and 90% said they were happy with the delivery time

**Did you know?** A smoker who starts young, for example at aged 15, is 5 times more likely to die of lung cancer than those who start at 25.

# Services to Meet Your Needs

## Preventing Suicide

In previous annual reviews, we have reported on our work as part of Western Health and Social Services Board's Strategy of Prevention of Suicide. This year, work has included:

- establishing mental health promotion groups to look at local needs;
- making training available to all our professional staff in suicide risk assessment and care;
- developing a booklet, 'Bereaved by Suicide', designed to guide relatives through the aftermath of suicide, and an information leaflet, 'Concerned about Suicide', which aims to create an awareness of suicide warning signs, gives information on what to do when concerned, and encourages people to seek help;
- implementing recommendations of the national Safety First Report 2001;
- using national awareness days, such as Defeat Depression Week, to highlight the risks of suicide in our community.

Further information from Jim Duffy, Suicide Awareness Co-ordinator on (028) 8283 5479 or email [jduffy@westcare.n-l.nhs.uk](mailto:jduffy@westcare.n-l.nhs.uk)

## Managing Depression

Several services are available from our Community Mental Health Teams based at Lissan House in Omagh and Belmore House in Enniskillen. The services include information, support, professional advice, and listening/befriending. You can get access to these services through your general practitioner (family doctor).

Other organisations that provide complementary services include:

- Northern Ireland Agoraphobia and Anxiety Society;
- Samaritans;
- Pre-menstrual Syndrome and Post-natal Depression Support;
- Aware Defeat Depression.

**FACT FILE**

During 2000/2001 there were the following number of contacts with clients:

PAMs staff	- 116,235
District Nurses	- 116,232
Health Visitors	- 68,004
Psychiatric Nurses	- 34,958



Hugh Mills welcomes John Reid, Secretary of State, on a visit to the Bridge Centre, Omagh.

## Speech and Language Therapy explained

- S** Speech and Language Therapists help people with communication problems
- P** PAMs (Professions Allied to Medicine) - we are one of six PAMs professions - the other 5 are physiotherapy, occupational therapy, podiatry, orthoptics and dietetics
- E** Each of our therapists is registered with the Royal College of Speech and Language Therapists and the Council of Professions Supplementary to Medicine - this ensures professional standards
- E** Elocution - we are not elocutionists nor do we correct accents or dialects
- C** Children make up 90% of our total caseload
- H** Help and advice is given to those with delayed speech and/or language, learning disability, hearing impairment, neurological impairment, voice problems, stammers and other speech or language problems

and

- L** Lengthy waiting lists are regrettably a feature of our service - as high as 18 months. To help us respond to new referrals, we operate a system of 10-week blocks of treatment
- A** Anyone can access our open referral system
- N** Numbers - we have 14 therapists, 764 clients currently receiving therapy, 122 on the waiting list for assessment, 494 on waiting list for treatment
- G** Group therapy as well as individual therapy is offered
- U** Users of our service include clients, carers and colleagues within health, education and voluntary groups
- A** Aims of our service are to offer an effective, timely, high quality and locally provided specialised service
- G** Generally we see clients in community and hospital clinics, and special schools and units
- E** Exciting developments include:
- a project jointly funded with Western Education and Library Board and Western Health and Social Services Board where teachers in local schools receive training and support from an advisory speech and language therapist
  - involvement in the two Surestart projects in Irvinestown and Omagh where we will be working closely with children under 4 and their families on early intervention and prevention.

**If you need any further information about our services please contact Carmel Cassidy on (028) 8283 5100**

## The Omagh Trauma Team completes its work

After almost three years and after seeing over 650 people, the Bridge Centre - home to the Omagh Trauma Team - completed its work early in the summer. The Trust consulted widely within the community on the transition arrangements.

At the outset, the Team was expected to be in place for the short to medium term after the explosion, concluding its work when our mainstream services could meet the continuing needs of the local community.

Our mainstream adult and children's services in Omagh at Lissan House and Rivendale House, will continue to respond to people who seek help. They should speak first to their family doctor or contact our services at Lissan House, telephone (028) 8225 2202 or any of the following voluntary organisations - WAVE, tel: (028) 8225 2522;

Tara Centre, tel: (028) 8225 0024; CRUSE, tel: (028) 82 244 414; or Samaritans, tel: (028) 8224 4944.

The Team's work and the research in Omagh after the bombing have created great interest beyond the town. Our experience has enabled us to give help and advice to other European countries dealing with tragedies, such as the firework factory explosion in Enschede, Holland. It has also helped us inform our practices.

Marking the completion of the Team's work, Mr Hugh Mills, Chief Executive, said: "In the wake of the Omagh tragedy, the Trauma Team and other Trust staff have made an important and valued contribution to the restoration of this community. I am deeply grateful to all our staff who played a part in this important task and to those who assisted and supported the Trust and its staff in its endeavours."

Our rehabilitation services at the Tyrone County Hospital continue to provide services for those who were physically injured by the bombing.

## Did you know?

In emergency-related treatment last year, our Accident and Emergency departments used £28,000 worth of dressings.



# Quality Matters...An Effective Service

## Listening and Responding

The views of service users continue to be valuable means of testing quality. We received their views through satisfaction surveys, local user groups, our new Users Association and our complaints procedure.

From 1 April 2000 to 31 March 2001 we received 93 formal complaints - an increase of 3 on last year. 3,887 compliments were recorded. This is down from the previous year's high of 5,110, but reassuringly represents a ratio of 42 compliments to every complaint we receive.

The chart below reflects the top four areas of concern raised by service users.

Quarterly reports are considered by our Clinical and Social Care Governance Committee. These reports not only identify trends - what's recurring most and where - but also actions we have taken to deal with any issue of poor performance or system failure.

Improvements included:

- the triage system being reinforced by accident and emergency staff to ensure patients are seen and assessed promptly ('triage' is where a nurse assesses a patient's condition on arrival and prioritises their care);
- review of patient menus by our hotel services team to improve choice and nutritional value;
- review of the stock of hospital clothing and arrangements for dealing with patients' property in our mental health wards;
- review of arrangements in the maternity unit for post-operative pain relief to ensure it is given regularly as prescribed.

## Auditing Our Services

### What is audit and why should we do it?

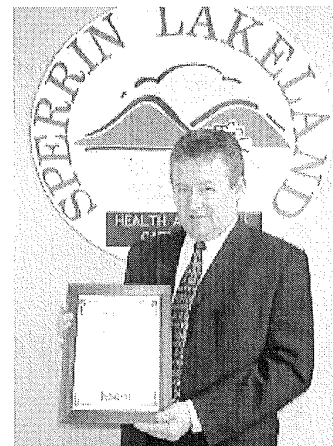
Audit helps us to reflect on how we provide our services and measure them against good-practice guidelines and standards. From this we can identify where improvements are needed.

### So why do it?

- it supports professionals in making sure patients/clients receive the best possible care;
- it can inform us about the need for organisational change, or new investment;
- it can improve your confidence in the quality of our service;
- it strengthens team working;
- it demonstrates our commitment to improving services;
- it helps professions to learn from one another across all health and social services.

This year, our wide range of audits included:

- The management of hospital cardiac arrest.
- Are we meeting the professional Charter standards for children?
- Transport audit.
- Outcomes of treatment of amblyopic children.
- Homehelp service (Fermanagh). This audit was carried out with a sample of homehelps in the Fermanagh area. Using a questionnaire, staff were asked to comment on their training and the support they had received while doing their work. The survey identified several helpful suggestions to improve this much-valued service.
- Re-audit of communication with GPs regarding short-stay mental health patients.



John Boyle, Trust Health and Safety Committee, pictured with Working Well Together in Health Care Certificate awarded to the Trust by the Health and Safety Executive for Northern Ireland for its "Violence to Staff - It's Not On!" initiative

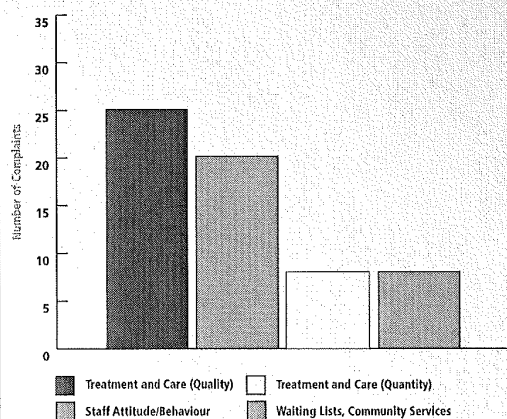
**Number of inpatient consultant episodes (including renal dialysis)**

1999/2000 - 25,006  
2000/2001 - 27,925

**Number of completed acute hospital day-cases**

1999/2000 - 5,126  
2000/2001 - 5,247

Top Four Complaints: 1 April 2000 - 31 March 2001



## Inspecting services

Monitoring of our services by independent organisations is an important way to test standards. Every year a number of inspections are undertaken. In 2000/2001 some of them were:

- |   |   |  |
|---|---|--|
| • Beltany House Respite Care Unit                             | } | Registration and Inspection Unit           |
| • Gortmore House (elderly persons home) -                     |   |  |
| • Drumhew House (elderly persons home)                        |   |  |
| • Junior doctors training arrangements -                      |   | Postgraduate Dean for Medical Education    |
| • Radiology services -  |   | Department of Health, London               |
| • Accident and Emergency services - casualty watch exercise - |   | Western Health and Social Services Council |
| • Tyrone and Fermanagh Hospital -                             |   | Mental Health Commission                   |
| • Drumcoo Centre -  |   | Social Services Inspectorate               |

**Did you know?** Last year, we provided meals for our senior citizens in their homes at a cost of £95,000

# Investing in our people...A Safe Service

## Our Staff

Investing in our staff through recruitment, education, training and improved working conditions helps to ensure we are fit to deliver effective services to our community. We employ 3,008 part-time and full-time staff as well as 670 home helps and home carers.

## Major Staff Initiatives

- Partnership approaches at both regional and local level have brought further benefit to the Trust and its staff. At regional level the combined efforts of the management and staff side resulted in several agreements that will enable eligible nursing and PAMs staff to apply for discretionary pay additions. It is hoped that this will reward, retain and motivate employees who deliver core services to patients.
- Regional Agreement on Award of Discretionary Points, which allows us to recognise and reward our nursing and PAMs staff for contributions above and beyond what is expected of their grade.
- Introduction of arrangements under the Working Time Directive, to ensure appropriate rest periods for staff.
- Introduction of an in-house staff support scheme recommended by the Wellbeing at Work Group.

## Workforce Planning

This topic is now regarded as one of the most critical facing the service. A shortage of skilled staff in several professional groups is now a reality in the province. To protect services to patients and clients, we are contributing to several local, area and regional working groups. The work aims to help ensure there are enough appropriately trained staff available to meet service needs in the coming years. Specific areas where difficulties are being experienced in the province include:



Killadeas success continues in Derrygonnelly.

## Appointments and Retirements

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

Ms Madeline Casey, Assistant Director of Finance for the Trust; Mr Richard Quinn, Chief Biomedical Scientist, Tyrone County Hospital; Dr Thomas G Flynn, Consultant Psychiatrist, Tyrone and Fermanagh Hospital; Dr Andrea M Friel, Forensic Psychiatry, Tyrone and Fermanagh Hospital; Mr Eugene Gillease, Senior Clinical Nurse Advisor for Mental health; and Dr Ian Ritchie, who works in the Children's Ward of the Erne Hospital.

During the year we also said farewell to Mr Ronnie Barton, Mr Brendan Colgan, Miss Irene Armstrong, Sister Pat Crawford and Mr Ray Bothwell, who have retired after many years of service.

- (a) Nursing;
- (b) hospital pharmacy;
- (c) medical;
- (d) clinical psychology;
- (e) occupational therapy;
- (f) radiography.

## Work-life balance

There is increasing pressure on working parents - especially those with young children. We have developed several initiatives that seek to respond to staff views and promote a better work-life balance:

- introduction of more formalised discussions with staff before they take maternity leave and as they reach the end of it
- update the maternity information pack
- extend the period of maternity leave
- phased return to work for those returning to employment - no financial penalty
- support for breast-feeding mothers
- extend the range of family-friendly policies
- medical support
- link with existing summer play scheme initiative
- develop in-house creche / nursery facilities
- promote Child-minder Registration

✓  
✓  
✓  
✓  
✓  
in progress  
in progress  
in progress  
in progress  
in progress

"I am a staff nurse about to go on maternity leave. It is often easy to pinpoint the negative areas in our workplace; however, I wish to highlight a positive viewpoint. I have found that the Trust is providing good options for those wishing to extend their maternity leave such as extended leave, phased return to work or a career break. I feel this is important for working mothers and can only improve staff morale and performance when we are able to balance work and family life."

Sandra Charters, District Nurse

As a first-time mother I was delighted to be able to avail of the phased return to work. Leaving baby Ben was difficult enough but at least both of us have had a little more time to get used to the idea rather than an 'all or nothing' situation. I feel this option afforded me an opportunity to ease back into the working environment without the guilt which sometimes accompanies mothers leaving their first baby.

Janice Duddy, Personal Assistant

## Awards and Accolades

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

### 2000 BEST KEPT AWARDS

The Killadeas Unit in Derrygonnelly, a day care facility for people with learning disabilities, was named the Best Kept Daycare Facility in the Western area; while Clare House in Enniskillen, a facility for people with mental health problems, was named as joint winner of the Best Kept Residential Facility in the Western area.

In addition, Tempo Road Day Centre, Enniskillen and Lisnamallard Industries in Omagh have been commended in the Best Kept Daycare Facility Award.

### PERSONNEL TODAY AWARDS

Our Attendance at Work project has received national recognition. The project was one of the top three in the United Kingdom in meeting the occupational health needs of employees. The holistic approach of the Trust - through the involvement of Occupational Health, staff organisations, Human Resources department and staff themselves - was regarded as an excellent model of best practice. Efforts to share the model are taking place in Northern Ireland and the mainland.

### UNSUNG HERO AWARD

Rosalla McCrory, a volunteer and befriender of the elderly community in Gortin, was named as one of twelve regional finalists in the Unsung Hero Award, and attended the national finals in London in October last. Rosalla was nominated for this award by Ann Maguire, one of our Day Care workers.

### NICARE INTERNATIONAL TRAVEL AWARD

Pamela Mulholland, a theatre nurse in the Erne Hospital, scooped a major award at a recent NICARE conference. Pamela picked up the International Travel Award in the face of some stiff competition and is the only nurse to have won such an award. Pamela, from Lisnaskea, received her award for a project proposal to establish a pre-operative anaesthetic clinic for day surgery patients at the Erne Hospital.

### NURSING STANDARD NURSE OF THE YEAR

One of our staff nurses in the Erne Hospital, Norma Ross, won the Nursing Standard Nurse of the Year Award. This was for her work in improving the pain management of patients with terminal illness. It involved developing a protocol, improving documents and a teaching programme for staff on managing 'syringe drivers', which supply pain relief to patients.

### MBE - GEORGE FLEMING

George Fleming was awarded an MBE by the Queen in her Birthday Honours List in recognition of 25 years' service in the mortuary at the Tyrone and Fermanagh Hospital.

FACT FILE  
New staff appointments

1999/2000 - 781  
2000/2001 - 996

Did you know? Cell by cell, a child's skeleton is replaced every 2 years - an adult's every 7-10 years

# Working in Partnership...Effective Services



*The voice of the Public, Patients and Clients*

## What is the Western Health and Social Services Council?

by Stanley Millar, Chief Officer

We are an independent organisation that represents the views and opinions of the general public in all areas of health and social services.

### What do we do?

- provide information and advice and help to people who want to complain about a service;
- monitor the quality of local services - including unannounced visits;
- work with local groups to help them voice their opinions;
- act for the public to seek improvements in the range, type and quality of services;
- carry out independent surveys to find out what the public think about services;
- ensure the public's interests are represented in consultations on health and social service issues.

### Do we have any legal rights?

Yes:

- to be consulted on any major developments or changes in services;
- to have formal meetings with Health and Social Services Boards;
- to enter and inspect health and social services facilities;
- to have the access we need to do our job;

### Who are we?

Our Council members are all local people who have an interest in health and social care. Our 24 members are drawn from district councils, voluntary and community

organisations and other interested groups in the western area. Our work is supported by three full-time staff.

### Can anyone become a member?

For more details about the Council or information on how to become a member of the Council, contact Stanley Millar on (028) 8225 2555 or email: kloughran@hilltop.n.hhs.uk

## Users Association - One Year On

by Mavis Rolston, Chair

The membership of the Users Association reflects the main user groups of the services in the Trust area. However, everyone is a potential user and our aim is to raise issues of concern to all 'ages and stages' of life in the area.

Problems may arise through breakdown in communication. The two-way process of information-giving between the professionals who deliver the health and social care services and the public is crucial. A collaborative rather than confrontational approach is likely to be much more productive - as ideas in the medical and social care fields develop and change, this information needs to be passed on to the public and particularly to those most directly affected.

In our first year we have raised issues ranging from the car-parking problems at the Erne Hospital to the allocation of budgetary resources. It has been encouraging that senior staff have listened and given explanations to concerns raised. Our membership has been widened and we hope this will allow all sections of our community and the full range of services to be discussed.

As Chair, it is my personal hope that the public will use the Association to help influence the provision of high-quality services in our area and that any weakness or deficiencies can be dealt with in a spirit of caring partnership.

**Number of clients on social work caseloads**

1999/2000 - 10,365  
2000/2001 - 10,603



*Launch of the Triangle Project's feasibility study.*

## Fermanagh Dementia Research Project

A joint two-year research project started in August 2000 between us and the Alzheimer's Society. Funding was secured through the Fermanagh District Partnership. This work follows from a survey in 1991 on the needs of people with dementia and their carers. Guidance and support is being provided by Professor Faith Gibson and the Queen's University Social Work department.

The first part of the project identified 435 people as suffering from a form of dementia in Fermanagh. The research is now examining their circumstances to see whether the community care policy has benefited them and their families.

A second phase is planned. This will involve a more in-depth examination of the circumstances of people with dementia who live on their own.

Further information from Helen Gilmour, Project Worker, on (028) 6634 4000

## Western Sperrins Carers Programme

We contributed to an Educational and Enjoyment Programme developed by the Western Sperrins Area Based Strategy. Two project co-ordinators were seconded from our Trust to oversee the programme.

Carers involved in the programme came from two main areas:

- Area A: Creagan, Gortin/The Glens, Mountfield, Greencastle, Rouskey, and Glenhull.
- Area B: Cranagh, Glenelly, Donnemana, Newtownstewart, Baronscourt, Mary Gray, Douglas Bridge.

Information evenings were held in each patch and carers decided on the topics to be covered. Courses were provided by Omagh College tutors in community settings or in the college itself. Information evenings were also held in community centres on arthritis, benefits, Alzheimer's and mental health.

A total of 150 carers participated in this programme.

## Cross-border Project

In January, a feasibility study, which examined the potential for co-operation and working together of Sperrin Lakeland Trust, Sligo General Hospital and Cavan/Monaghan Hospitals, was launched. The Triangle Project considered ways of overcoming the drawbacks of outlying border locations and explore ways of achieving greater efficiency. The aim is to improve the health and social wellbeing of the three communities.

The project looked at the following areas:

- medical training/education;
- nurse training/education;
- emergency planning response;
- renal services;
- radiology services;
- pathology services.

The Trust looks forward to the ongoing work of CAWT (Co-operating and Working Together), which has facilitated this initiative, in exploring future cross-border relationships.

**Did you know?** Last year in our area, road accidents injured 643 people, seriously injured another 100, and killed 12 people.



# Beyond 2001... Sustainable Services

## Acute Hospital Services

### Key Priorities

Services continue to deal with a range of challenges. The key priorities for the coming year will include maintaining stability and consolidating several services such as the Children's Day Treatment Unit at Tyrone County Hospital and the management of patients attending with fractures at the Erne Hospital.

While we await the outcome of the consultation on the Hayes Review of Acute Services, we need to maintain stability in addition to ensuring that we have the capacity to deal with increased demand for emergency services. We also need to reduce waiting lists for planned procedures and treatments.

Recruiting trained staff is critical. We plan to improve our prospects of filling key posts. In addition, training initiatives are helping to ensure that our current staff can get new and improved skills.

We are working with colleagues from Altnagelvin Trust to appoint Consultants in Accident and Emergency Medicine and Clinical Microbiology Services in order to improve the network of services in these areas. In addition we have plans to recruit Staff Grade Anaesthetists to improve epidural services, a Respiratory Physician and a Consultant Paediatrician. In addition, we plan to increase the number of staff in nursing, radiography and laboratory work.

These plans rely on our being able to get additional investment from the Department of Health, Social Security and Public Safety. Discussions continue between us, the Western Health and Social Services Board and the Department.

### Developments and Future Plans

In all acute hospital services in Northern Ireland, the priority is to achieve stability and receive adequate funding for current services. Several key areas will need investment to achieve this in our Trust.

### • Accident and Emergency

We have now been funded for the appointment of an Accident and Emergency Consultant who, along with a Nurse Consultant, will develop a network of Accident and Emergency Services in conjunction with Altnagelvin Hospital. This investment, plus additional medical and nursing staffing at both Accident and Emergency Departments, will be needed to ensure that services continue to be delivered in future.

## Mental Health Services

Our main objective is to ensure high-quality care for people with a mental illness.

Hospital care will remain an essential element in our services for people whose lives are seriously disrupted by mental illness. However, improving community services will be a priority to prevent the need for hospital admission. Alongside this aim, we intend to encourage a preventative approach by promoting good health and increasing public awareness of mental health issues.

### Key objectives:

- to implement the report '98 and Beyond' on the review of acute and continuing care provision, and specifically to explore alternatives to hospital;
- to respond to the recommendation of the 1998 report 'With the Young in Mind', which focuses on the needs of children and adolescents with mental health/behavioural problems;
- to continue the 'hospital to community shift', while maintaining an appropriate level of therapeutic facilities for those who need them;
- to play an active part in the Western Drugs Co-ordinating Team to reduce the social acceptability and physical availability of drugs;
- to provide continuing care services for the elderly mentally ill;
- to participate on a Western Board Interagency Group which seeks to develop a range of services to meet the needs of adult survivors of sexual abuse;
- to further implement the western area suicide prevention strategy;
- to implement the strategy for mental health promotion.

## Elderly Services

Our overriding aim is to help enable elderly people to remain at home. If care at home is no longer possible, we aim to provide a suitable alternative such as residential or nursing home care.

In the coming year, we will also focus on meeting the needs of dementia sufferers and their carers.

### Key objectives:

- to develop services to meet the needs of dementia sufferers and their carers;
- to work with external organisations to provide relevant domiciliary, day care and respite services;
- to implement the strategy on health promotion for older people;
- to work with other agencies and organisations to improve the health and well-being of older people;
- to seek to provide continued support for carers;
- to pursue with the Western Health and Social Services Board a community development strategy which seeks to promote the inclusion and empowerment of older people;
- to involve users in developing services;
- to ensure that information about services is available in accessible formats;
- to continue to record and report on unmet standards, policies and procedures.

**FACT FILE**  
Number of births  
in our area  
1999/2000 - 1,315  
2000/2001 - 1,327

### • General Medicine

In common with most hospitals, the number of acute medical emergency admissions is increasing. We are now recruiting a fourth Consultant for the Erne Hospital to help deal with this demand and to provide a Trust-wide service for patients with respiratory problems. We are also completing a review of nurse staffing requirements; the aim is to agree additional investments in nursing over the next few years.

### • Anaesthetic Services

Proposals have been developed to enhance anaesthetic services. This will involve recruiting Staff Grade Anaesthetists at the Erne Hospital to improve epidural services, and an additional Consultant at the Tyrone County Hospital to support the delivery of dental services which will be transferred to the hospitals during this year.

### • Paediatric Services

Plans to appoint an additional Consultant Paediatrician are moving forward.

The Children's Day Treatment Unit service at Tyrone County Hospital is now in its second year. The service was formally reviewed at the end of the first year. This review will be considered by the Western Health and Social Services Board. Several recommendations are made, including developing the service within the community.

We are also planning to appoint a Community Children's Nurse in the Fermanagh sector, and work with a regional planning group is going ahead to set up a Palliative Care Service for children.



Local politicians come to "See Us At Work" in the Erne Hospital.  
(Photograph courtesy of Fermanagh Herald)

## Community Services

### Key Priorities

We hope to see progress on several building projects including:

- the development of new children's residential facilities in Omagh and Enniskillen, to replace the present provision at Coneywarren;
- residential units that will provide respite care for children with disabilities;
- a new facility for disabled adults.

We are seeking to secure funding for these projects.

We will be taking forward recommendations arising from value-for-money studies on district nursing services and on our administrative arrangements for providing aids and appliances to people with disabilities.

Demand for all our services continues to outstrip our resources. In discussion with the Western Health and Social Services Board, service users and community representatives, we will continue to give our views on the level and type of needs in the community. We will also reach an agreed position with them on our priorities in providing services. With the Board's help, we will continue to tackle waiting lists. We are pleased with the extra investment in occupational therapy, which seeks to reduce waiting lists for adaptation assessments; we hope to have an improved service fully in place by next summer.

The next few months should see the completion of the new day care unit at Lackaghboy Industrial Estate in Enniskillen, which will provide day care places for people with greater levels of dependency. This is an important development and will help us tackle the demand for day care places from clients with a learning disability.

With the appointment of a neuropsychologist to the Western Area last July, we look forward to extending our services to people who have suffered head injuries. We hope to see other day-care and work-related developments for people with head injuries.

Services for families and children continue to be an important priority. We have made the case for developing these services to help us respond to new legislation and changes in policy. In 2000/2001 we were disappointed by the low levels of additional funding but will continue to make the case for more funding. This is important for the expansion of services to children in general, children whose families need general support, children with disabilities or chronic illnesses, and children who are at risk.

**Did you know?** The annual cost of providing aids and appliances, such as wheelchairs, to Trust clients is £400,000.

# Financial Reports

## Introduction

The Trust entered the financial year with a £1,602,000 retained deficit. However, we ended the year with a cumulative surplus of £18,000 because we received a considerable amount of non-recurring funds during the year and an additional allocation at the end of the year to pay off our deficit.

## Recovery plan

Our original recovery plan anticipated a surplus this year to offset part of the cumulative deficit. We achieved a surplus of £720,000 in 2000/01, which enabled us to meet the target of £500,000 agreed with the Western Health and Social Services Board. The surplus was achieved through additional allocations from the Western Health and Social Services Board and additional budgetary control measures introduced at directorate level.

## Financial targets

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

	Target	Actual
1 Capital cost absorption duty	6%	8%
2 Surplus of income over expenditure	Break even - in year Break even - cumulative	£720,000 £ 18,000
3 External financing limit	(£5,807,000)	(£5,840,000)

## Management costs

This year, there was no target for reduction in Management Costs. Management Costs in 2000/01 represent 4.45 % of our total income.

## Capital expenditure

Capital works expenditure in 2000/01 amounted to £241,000. This included the extension and adaptations to Clare House and the doctors' accommodation at the Erne Hospital. £670,000 was spent on capital equipment including ultrasound machines.

## Financial Reporting Standard 11 - (FRS11)

All HPSS Trusts were required to adopt this standard - Impairment of Fixed Assets - for the first time in the 2000/01 accounts. Impairments can be caused by a general fall in property prices or through other reasons such as physical damage to a building. The Valuation and Lands Office revalued our land and buildings as at 1 April 2000. The land and buildings were reduced in value by £4,976,000 and this has been reflected in the accounting statements.

## Financial Reporting Standard 15 - (FRS15)

This Standard is being adopted by Trusts for the first time. Financial Reporting Standard 15 sets out the accounting requirements in respect of the initial measurement, valuation and depreciation of tangible fixed assets. The objective of the standard is to ensure that tangible fixed assets are accounted for on a consistent basis and, where a policy of revaluation is adopted, that revaluations are kept up to date.

## Exceptional income

The Trust received additional income of £900,000. This was part of £18M identified to help trusts in clearing cumulative deficits.

## Donations

Charitable donations to the Trust in 2000/01 amounted to £264,676. Expenditure in the year amounted to £236,725.

## 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 2000/01 is:

	Number	£000
Total trade bills paid	32,337	25,681
Total bills paid within 30-day target	28,094	23,962
% of bills paid within 30-day target	87%	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	2000/01 Total £000	1999/00 Total £000
Non-executive directors' remuneration	42	-	42	46
Executive directors' remuneration:				
Basic salary	240	87	327	297
Performance-related-pay 2000/2001	17	-	17	-
Performance-related-pay: Prior Years	13	-	13	-
Employers' pension contributions	10	3	13	12
Benefits in kind	5	-	5	6
Compensation for loss of office	-	-	-	-
Pensions to former directors	-	-	-	-
	<u>327</u>	<u>90</u>	<u>417</u>	<u>361</u>

This note includes a provisional amount of £30,000 performance related pay (PRP) which relates to the years 1998/99 to 2000/01. Following a legal ruling in respect of PRP owed to a Senior Manager in another Trust, the Department of Health, Social Services and Public Safety sought information from the Trust on the estimated amount of PRP owed to Directors. The Trust's Remuneration Committee determined the above amount, having taken legal advice. A decision is awaited from the Department regarding payment, however, they have requested that the amount is included as an accrual in the Accounts.

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

	Remuneration As Director £000	Other Remuneration £000	2000/01 Total £000	1999/00 Total £000
<b>Chairman</b>				
Basic salary	21	-	21	21
Benefits	-	-	-	-
Performance-related-pay	-	-	-	-
	<u>21</u>	<u>-</u>	<u>21</u>	<u>21</u>
Pension contributions	-	-	-	-
<b>Total Salary</b>	<u>21</u>	<u>-</u>	<u>21</u>	<u>21</u>
<b>Chief Executive</b>				
Basic salary	72	-	72	69
Benefits	2	-	2	2
	<u>74</u>	<u>-</u>	<u>74</u>	<u>71</u>
Pension contributions	3	-	3	3
<b>Total Salary</b>	<u>77</u>	<u>-</u>	<u>77</u>	<u>74</u>
Performance related pay 2000/2001	4	-	4	-
Performance related pay: Prior Years	6	-	6	-
	<u>87</u>	<u>-</u>	<u>87</u>	<u>74</u>
<b>Highest-Paid Director*</b>				
Basic salary	22	87	109	-
Benefits	-	-	-	-
	<u>22</u>	<u>87</u>	<u>109</u>	<u>-</u>
Pension contributions	-	3	3	-
<b>Total Salary</b>	<u>22</u>	<u>90</u>	<u>112</u>	<u>-</u>
Performance related pay 2000/2001	1	-	1	-
	<u>23</u>	<u>90</u>	<u>113</u>	<u>-</u>

\* The Chief Executive was the highest-paid director in 1999/00.

Remuneration as Director this year includes arrears of £8,802.

The Chief Executive received an increase in total salary of 4.25% (2000 2.69%). The increase in basic pay amounted to 3.25% (2000 2.6%) and is within the limits set by the Department.

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

	2000/01 number	1999/00 number
£0 - £5,000	5	5
£20,001 - £25,000	1	1
£45,001 - £50,000	0	3
£50,001 - £55,000	3	0
£70,001 - £75,000	0	1
£80,001 - £85,000	1	1
£105,001 - £110,000	1	0

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

	2000/01 £000	1999/00 £000
Leased cars - directors	<u>5</u>	<u>6</u>

## 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 2001 have been prepared in accordance with Article 90(2) of the Health and Personal Services (NI) Order 1972, 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 2001.

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

**Did you know?** Nineteen private agencies provide care on our behalf to people in their own homes at a cost of £4.4 million.

# Financial Reports

## INCOME AND EXPENDITURE ACCOUNT for the year ended 31 March 2001

1999/00 £000		2000/01 £000
87,443	Income from activities	94,492
2,225	Other operating income	2,722
(88,623)	Less operating expenses	(92,986)
1,045	<b>OPERATING SURPLUS</b>	4,228
1	Profit on disposal of fixed assets	-
1,046	<b>SURPLUS BEFORE INTEREST</b>	4,228
294	Interest receivable	407
(1,706)	Less interest payable	(1,630)
(366)	<b>SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR</b>	3,005
(1,388)	Less public dividend capital dividends payable	(2,285)
(1,754)	<b>OPERATIONAL SURPLUS (DEFICIT) BEFORE PROVISIONS AND EXCEPTIONAL INCOME</b>	720
102	Provisions for future obligations	(330)
(1,652)	<b>SURPLUS (DEFICIT) BEFORE EXCEPTIONAL INCOME</b>	390
-	<b>EXCEPTIONAL INCOME</b>	900
(1,652)	<b>RETAINED SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR</b>	1,290
(1,754)	<b>OPERATIONAL SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR BEFORE PROVISIONS AND EXCEPTIONAL INCOME</b>	720

## BALANCE SHEET as at 31 March 2001

1999/00 £000		2000/01 £000
56,405	<b>FIXED ASSETS</b>	51,433
6,080	Current assets	10,551
(7,481)	Current liabilities	(9,602)
(1,401)	<b>NET CURRENT ASSETS (LIABILITIES)</b>	949
(20,361)	Long-term liabilities	(20,048)
34,643	<b>TOTAL ASSETS EMPLOYED</b>	32,334
	<b>FINANCED BY:</b>	
34,643	<b>TOTAL CAPITAL AND RESERVES</b>	32,334

Approved by the Board and signed on its behalf on 30 August 2001



Mr R T M Scott  
Chairman



Mr H S Mills  
Chief Executive

## CASH FLOW STATEMENT for the year ended 31 March 2001

1999/00 £000		2000/01 £000
4,430	<b>NET CASH INFLOW FROM OPERATING ACTIVITIES</b>	8,508
-	<b>EXCEPTIONAL INCOME</b>	900
(1,388)	<b>NET CASH (OUTFLOW) FROM RETURNS ON INVESTMENTS AND SERVICING OF FINANCE</b>	(1,322)
(2,245)	<b>NET CASH (OUTFLOW) FROM CAPITAL EXPENDITURE</b>	(858)
(1,100)	<b>DIVIDENDS PAID</b>	(1,388)
1,247	<b>NET CASH INFLOW (OUTFLOW) FROM MANAGEMENT OF LIQUID RESOURCES</b>	(4,924)
944	<b>NET CASH INFLOW BEFORE FINANCING</b>	916
	<b>FINANCING</b>	
(931)	Repayment of Loans - Government	(931)
(931)	<b>NET CASH (OUTFLOW) FROM FINANCING</b>	(931)
13	<b>INCREASE (DECREASE) IN CASH</b>	(15)

## STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES for the year ended 31 March 2001

1999/00 £000		2000/01 £000
(366)	Surplus (Deficit) for the financial year	3,005
102	Provisions for future obligations	(330)
-	Exceptional Income	900
(264)		3,575
	<b>NON-DONATED FIXED ASSETS</b>	
5,880	Indexation of fixed assets	1,418
5,880	Unrealised deficit on revaluation of fixed assets	(4,976)
		(3,558)
	<b>DONATED ASSETS</b>	
67	Additions to donated assets	-
4	Changes to donation reserve (except transfers to realised donation reserve)	(41)
5,687	Total recognised gains and losses relating to the year	(24)
(760)	Prior year adjustment	-
4,927	<b>TOTAL GAINS (LOSSES) RECOGNISED IN THE FINANCIAL YEAR</b>	(24)

**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 2001 on which I have issued an unqualified opinion.

Martin Pitt  
Appointed Auditor

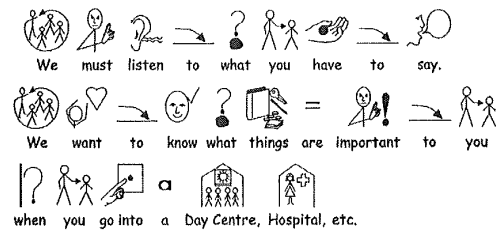
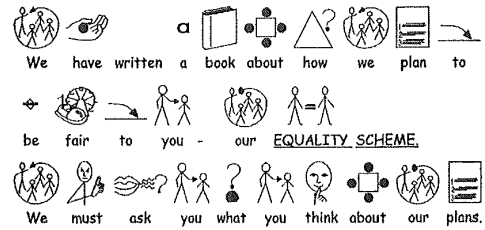
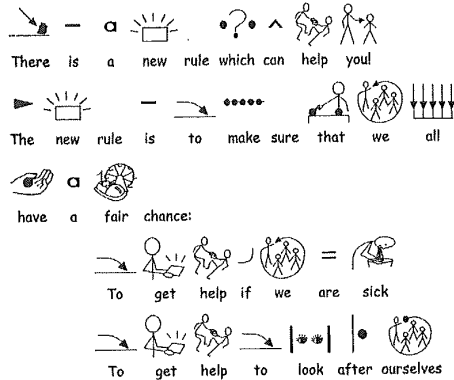
PricewaterhouseCoopers,  
Fanum House,  
108 Great Victoria Street,  
Belfast BT2 7AX

30 August 2001

**Did you know?** We spend £6.2 million on residential and nursing home care in our area.

# Health for All

## Our Commitment to Equality



## What is Osteoporosis?

Osteoporosis literally means 'porous bones' - the bones become fragile and liable to break easily.

### The facts are:

- This disease most commonly causes breaks to bones in the wrist, spine and hip.
- Childhood and teenage years are critical periods for developing a strong healthy skeleton. Bone is a living tissue which is constantly changing, with new bone being made (osteoblasts) and old bone being lost throughout life (osteocasts).
- In a young child the skeleton is replaced in about 2 years; in adults the bones remodel themselves more slowly.
- Our genes determine the potential height and strength of the skeleton but lifestyle factors can influence the amount of bone you build (peak bone mass).
- Many things can help - a good balanced diet containing calcium and vitamin D, regular weight-bearing exercise, the avoidance of smoking and too much alcohol.
- Peak bone strength is reached by your early 20s.
- If a good peak bone strength is achieved, the risk of osteoporosis in later life is reduced.

## Dental care

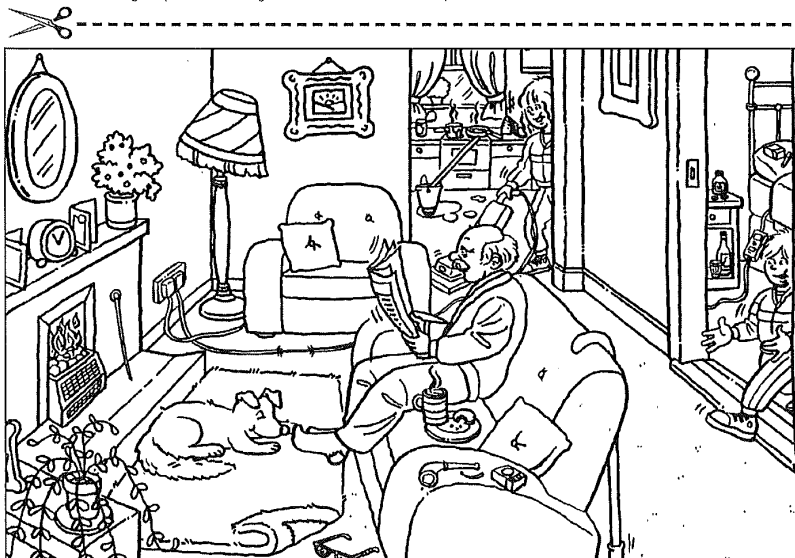
Annual school screening results and successive British Association for Study Community Dentistry surveys show that children in our area continue to suffer very high levels of tooth decay. In general, the western area has the worst dental health in the UK. We continue to provide almost 250 general anaesthetics every year for children needing multiple extractions. Some 80% of these children are under 6 years old.

### Prevention is vital:

- regular brushing with an effective fluoride toothpaste will help;
- dentists recommend the introduction of water fluoridation as the most effective means of preventing tooth decay - 50% reduction could be achieved.

**Percentage of in-patients and daycases admitted within 6 months of the decision being made to admit them.**

1999/2000 -	73% of in-patients and 95% of daycases
2000/2001 -	78% of in-patients and 98% of daycases



## READERS COMPETITION

- 1st Prize - £150 of sports goods vouchers
- 2nd Prize - £100 of sports goods vouchers
- 3rd Prize - £50 of sports goods vouchers

In this picture there are 17 dangers for you to spot and circle.

Once completed, fill in your name and address below, and place your 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, 12 October 2001. The winners will be notified in writing.

Name: .....

Address: .....

Telephone number: .....

Sponsored by the Western Health & Social Services Council



**Did you know?** It's not just women who suffer from osteoporosis (brittle bones); it affects 1 in 12 men too!