

# Annual Report & Accounts for the year ended 31 March 2010



Downe Hospital



Lagan Valley Hospital



Ulster Hospital



# Contents

Chairman's Report	1
Chief Executive's Report	2
Social Services & Social Care	3
Children's Services	5
Children's Nursing	8
Nursing	10
Surgery	11
Cancer Services	13
Capital Development	14
Woman & Acute Child Health	19
Radiology	22
Pharmacy	24
Health Development	27
Medical	29
Adult Services	30
Allied Health Professionals	38
Informatics Communication & Technology	40
Governance	45
Planning & Performance	51
Kiwoko	52
Year at a glance	53
Trust Performance	56
Finance	60

# Chairman's Report

I am delighted to present to you the third Annual Report of the South Eastern Health and Social Care Trust. This has been my first full year as Chairman, and it has been a year of landmark achievements.

It's encouraging to have so much progress to report in the current difficult economic climate as we continue to develop and further modernise our services. In Mental Health we have seen particular advances to aid clients to live in their own communities. Despite unprecedented pressures in the area of safeguarding children, I have been impressed by the diligence and commitment of staff in children's services.

We have opened the new £64m Downe Hospital, a state of the art enhanced local hospital which provides a wonderful environment for both patients and staff. Moving an entire hospital full of patients requires planning with military precision, and staff are to be commended for their professionalism in achieving the transition.

The midwifery led maternity unit at the Downe opened some months later with three births in the first week, the first stand alone unit of its kind in Ireland. And we are immensely proud of the new Lisburn Assessment and Resource Centre with its specialist facilities and multi sensory suites which was opened by the Health Minister Michael McGimpsey in March.

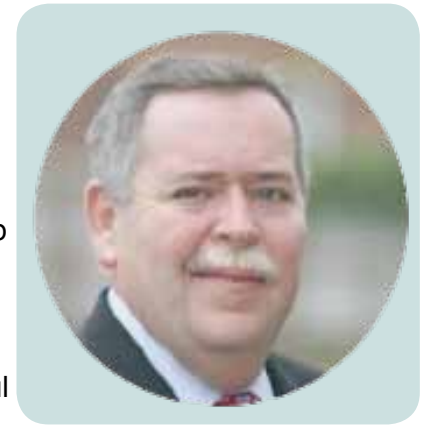
There are some exciting capital developments to come. The new Critical Care Block at the Ulster has just been handed over to the Trust by the builders, and many staff have already had tours as we prepare for it to become operational. And we look forward to starting Phase B of the Ulster Redevelopment Plan, the Ward and Acute Services Blocks, which we hope will be completed by 2014 at a cost of almost £200 million.

The new theatres in Lagan Valley are on target to be finished by the end of this year, and work is progressing well on the refurbishing of the front entrance to the Ulster. We were the first Trust to go live with NIPACS, the NI Picture Archiving Communication System which makes images such as scans and x-rays instantly available to clinicians across the region.

This year we commissioned a review of our risk and governance arrangements, resulting in a revised structure and the appointment of a new Trust Board sub committee. Its function is to review the development and maintenance of an effective system of integrated governance and provide assurance to Trust Board that the system of internal control is operating effectively.

I continue to be impressed by the dedication and hard work of staff right across the Trust. All staff deserve to be congratulated for the level and quality of care they provide, sometimes under difficult circumstances. I would also like to pay tribute to the army of volunteers who support the work of the Trust, some of whom have been giving us their time for forty years or more.

Thanks are also due to my colleagues on the Trust Board for their support throughout the year, and for the significant contribution they make to delivering health care to our community. In particular I would like to extend a warm welcome to Hugh McCaughey, our new Chief Executive who joined us from his position as Deputy Chief Executive of the Belfast Trust in June last year.



A handwritten signature in black ink, appearing to read 'Colm McKenna'.

Colm McKenna  
Chairman



# Chief Executive's Report

In my first year as Chief Executive I have been humbled by the commitment of staff to delivering the highest quality of service to our patients and clients. I have also been hugely impressed by the number of improvements and innovations in services and by the care and compassion displayed by staff. This all took place in a difficult financial climate, whilst experiencing a growing demand on our services, greater than any other Trust in N. Ireland. It is down to staff that we improved services whilst living within our financial resources and I owe them a huge debt of gratitude.

We have opened a number of wonderful new buildings this year, notably the Downe Hospital and the Lisburn Assessment and Resource Centre, and we look forward to the completion of the redevelopment on the Ulster Hospital site. You have probably heard me say this before, but health care is not about buildings, or even about the number of beds. It is about our staff and what they do, and it is about our services, how we deliver them and the outcomes the public consequently experience. I have been greatly impressed by the work being taken forward to reform and modernise our services.

In the community there are excellent projects such as the Family Support Panels, the New Parents Programme, the Looked After Children Employment Programme and the work to tackle social isolation for older people. We have greatly improved home services for Older People, and other vulnerable groups.

In Mental Health I have been impressed by the measures to help patients move from acute wards through a range of facilities back into the community.

In Acute Care we have made significant improvements in waiting times in the context of increased demand on our services, we have opened the new Midwife Led Unit in the Downe, and further enhanced ambulatory services in both the Downe and Lagan Valley Hospitals. We have also seen some improvement in Prison Healthcare and we remain committed to enhancing services further. This is only a snapshot of a vast range of excellent work being undertaken right across the Trust.

I would also like to commend the many staff who have had their innovative work recognised through an impressive list of awards over the past year. Many of these demonstrate how staff are willing to go the extra mile to achieve better services and outcomes for their patients.

In the past year we faced the threat of Pandemic. A detailed pandemic flu plan was developed and a vaccination programme implemented but thankfully the outbreak did not reach predicted levels. Had it done so, we would have been well prepared and thanks are due to our emergency planners for their hard work.

More challenges lie ahead. We have another year of the Compulsory Spending Review and additional restrictions on the health budget. However our performance in the past year leaves me in no doubt that we can continue to deliver high quality services and to develop and improve future models of care.

To all our staff, **THANK YOU** for what you do for the public each and every day.

Hugh McCaughey  
Chief Executive

# Social Services & Social Care

## Pride in Care, A Strategy for Social Care

In October 2009, a strategy for Social Care entitled 'Pride in Care 2009-2012', was launched in Downpatrick.

Kate Thompson endorsed the strategy expressing a view that social care services and social care workers are the corner stone of providing locally based quality services to all users, whether in children's services, adult services, residential settings in the community, or in hospital settings.

The vision of the strategy was outlined by Barbara Campbell, (Assistant Director) highlighting how the Trust will ensure the delivery of the best social care services to our community. The theme of 'expect the best' was emphasised highlighting that we want service users to expect the best from us as we provide services that promote independence and build on abilities of individuals and communities. Furthermore the Trust will 'expect the best' from social care staff and ensure they have opportunities to develop their skills in partnership with service users, communities and partner agencies.



Barbara Campbell, Roslyn Doherty,  
Colm McKenna & Kate Thompson

## T.I.L.I.I Awards Ceremony



T.I.L.I.I Awards

In November 2009 members of the Lisburn 'Tell It Like It Is' (TILII) group received their TILII course completion certificates at Belfast City Hall in the presence of the Deputy Lord Mayor of Belfast, Mayor of Bangor, staff and carers.

The Lisburn TILII Group, set up through partnership with ARC NI and the Trust, enables people with a learning disability to design and deliver training to staff in Personal Social Services and in other community services. The project includes the training and awareness raising of staff on the acute side of the Trust to improve the hospital experience for people with learning disabilities.

This is the 4th TILII Group set up within Northern Ireland and all staff that attend the training sessions facilitated by the TILII members have heard group members experiences and of the issues that face people with a learning disability throughout the wider health and social community.



## Social Services Training

In December 2009, the Trust held a celebration of Achievement for Social Work and Social Care staff under the banner of 'Pride in Care and Practice'. Dame Joan Harbison, Commissioner for Older People's Services and Hugh McCaughey, Chief Executive presented awards to a total of 163 staff, representing achievement at all levels across the Training continuum.

This included recognition of 56 Social Care staff who have NVQ awards at levels 2, 3, and 4 and 43 Social Workers from all directorates who have met the requirements for the Post Qualifying award. A further 12 staff achieved the advanced award in Social Work and 24 have undertaken programmes under the new Post Qualifying framework in areas like Practice Teaching, Child Care, Approved Social Work and Research Methods.

The Chief Executive and Dame Joan Harbison reflected on the challenges facing Social Care and Social Work and the importance of ensuring that staff have access to learning and development to enable them to provide the most safe and effective service. Both commended staff on their achievement and encouraged them to continue on to see learning as a core part of their role.



Pride in Care and Practice

## Social Care Governance



Last year Sally Curtis, from Somerset visited the Trust to hear how we were progressing Social Care Governance. Since then Somerset County Council has been using the social care governance workbook developed in N.Ireland.

In June 2009, Barbara Campbell and the Social Care Governance team were invited to a Social Care Governance Conference in Somerset where Barbara was a guest speaker.

The conference offered an opportunity to hear how work in England had progressed, share ideas and reflect on learning, with Barbara providing an update of the work being undertaken with Social Work teams throughout the Trust.

In September 2009, Sally returned to N. Ireland to co-present a workshop with Pauline Thompson at the NISCC Social Work Conference, reinforcing the benefits of sharing experiences of facilitating teams to improve quality in social work practice. This partnership working will continue as Pauline Thompson and Pat McAuley travel to Bristol to speak at Somerset's conference on their continuing work in this area.

# Children's Services

## Safeguarding Children

The Trust has continued to manage its Safeguarding Children's Services through the Gateway model whereby Gateway Teams in Newtownards, Downpatrick and Stewartstown Road in Dunmurry receive all new referrals to Children's Social Work Services.

The Gateway Services are accessed via a single telephone number **0300 1000 300**. This service is also linked to the Family Support Panels in each sector which can provide individual support packages tailored to the needs of the family. Where families require more long term support or intervention the case moves to the Family Intervention Teams which are located throughout the Trust area.

There has been an increased demand for these services and staff working in Safeguarding have continued to work closely with colleagues in Health, Education and Police to meet the challenges in this area and to address the increased activity.

The Trust has also placed emphasis on induction, professional supervision and support for staff working in this field. A number of new initiatives linked to the Regional Reform Programme including the further development of UNOCINI Pathways, information exchange and recording requirements have all been taken forward by the service.





## Looked After Children

In 2009 – 2010 the Looked After Children Service (Children on the Edge of Care, Fostering, Adoption, Permanence, 16+ Teams, Residential Care and Specialist Residential Provision and Children with Disabilities) completed significant changes to the programme in line with the Trust's Looked After Children's Strategy. This service has developed within regional strategies, policies, improved standards of practice and ensured a more co-ordinated approach for children, parents and carers.



There continues to be a rise in referrals for placement within the Fostering Service. This year in particular has shown an increase in referrals for children with disabilities, sibling placements, children and young people with complex emotional and behaviour problems. To try and co-ordinate this demand in service, the Trust has established a Placement Co-ordinator who ensure that all referrals come through a central point and are monitored until a placement is identified to meet the child's needs.

The re-organisation of the Fostering Service into specialist teams has been fully implemented. ISO procedures have been developed in respect of each part of the Fostering Service and it is proposed that these will be implemented in May 2010 and will ensure consistency of practice across the teams. The Trust has highlighted a pressure within the Kinship service due to a number of placements which are progressing to long term and requiring full assessment and regulation.

There has been a review of Residential Children's Homes and this has resulted in the re-profiling of Glenmore Children's Home in Lisburn and the move to realign the resources released into community based preventative support to prevent children coming into care.

The exciting implementation of the new SET Connects Model, a Multi Disciplinary Team, offers consultation, support and individual sessions to children in Foster Care and Residential Homes, Trust staff and parents. The team focuses on those children who are at risk of self harming or who exhibit complex behavioural difficulties and works with them to help them achieve stability and maintain emotional wellbeing. This Team works in partnership with CAMHS.

The implementation of the Sanctuary Model, which is a systems approach focused on helping injured young people recover from the damaging effects of trauma, has continued across all the Trust's 8 residential units. To date, over 200 staff have been fully trained in the 8 core modules and are on target for the introduction of all the Sanctuary tools. In addition, staff from all units have been trained to deliver a psycho-education programme to the young people resident. An evaluation of the model is ongoing and the benefits have already been identified for young people and staff in the creation of safer and more supportive living and working environments.

The work of the Trust's Outcomes Board has continued to develop and within this, the Looked after Children's Group has proved to be very successful. It is addressing the education, employment and training needs of Looked after Children, as statistically they have been shown to under achieve in comparison to children not looked after. The group monitors the effectiveness and stability of placements and the health and emotional wellbeing of the looked after population. A vital part of the work has been to identify clear outcomes and this is being progressed with the help of the voluntary and community sectors.

## **Objectives for 2010-2011**

### **1. 16+ services and the use of unregulated placements**

The Trust has identified that there is a growing level of referrals for 16+ young people and a range of accommodation is required to be tailored to their needs. This has to offer support but also allow the young people to have their independence. Work will be progressed during the year to identify the type of placements needed to meet demand.

### **2. Reduction of Violence**

There has been a growing trend in violent attacks upon staff and other residents within residential homes and foster care placements. Work will be undertaken to tackle this through participation of the Trust's "Zero Tolerance" group. The TCI (Therapeutic Crisis Intervention) training is important to manage violent situations. The implementation of the Sanctuary Model across all residential homes, secure homes and Intensive Support Units provide a model for the young people and staff to prevent violent incidents.

### **3. Employability and education of Looked after Children.**

The Trust has a pioneering programme in place that offers training and employment opportunities within the organisation. In developing and running this, the Trust works with Department of Education and Learning (DEL), Business in the Community, Include Youth and the Prince's Trust to enable the participants to be best prepared to make the most of the opportunities available.

# Children's Nursing

## New Parent Project

September 2009 saw the launch of the New Parent Project in the greater Lisburn area. Two very experienced Health Visitors were seconded to work on a new programme which has the aim "To help parents raise securely attached children". This is an intensive home visiting programme for first time parents who are assessed as being vulnerable.

Research such as Adverse Childhood Experience study undertaken by Kaiser Permanente in the US and the longitudinal Dunedin study from New Zealand has demonstrated that poor infant attachment and adverse experiences can lead to a range of poor physical and emotional health outcomes later in life, including cancer, suicide and heart disease. Sir Michael Marmot, chair of the WHO report into the social determinants of health has suggested that the best way to reduce different rates in mortality from heart disease and cancer in later life may be through investment in early years as preventative programmes.

Incorporating many elements from infant mental health research and influenced by the Nurse Family Partnership model (USA), the Health Visitors played a pivotal role in the design of the programme structure including the development of a referral pathway which outlines clear eligibility criteria and a schedule of contacts which may commence at 20 weeks gestation following referral from midwifery services.

Eligibility for the programme includes criteria such as:

- First time parents living in an urban area with high levels of social deprivation
- Mental health problems – either maternal or partner
- History of overdose/self harm
- Maternal learning disability
- Looked after child or care leaver
- Alcohol / substance abuse
- Domestic violence
- Maternal history of abuse or neglect
- Father is in prison.

A key component of the programme is its established links with other local service providers such as SureStart. The underlying ethos of the project is to act as a conduit to connect the most vulnerable parents with local support providers in their community as often they struggle to make contact with these young "hard to reach" clients.



## New Parent Project continued

It is planned to roll out the New Parent Programme to other areas within the Trust, especially those covered by SureStart which represents the 20% most deprived wards. Recurrent funding for a three year period has been identified and is being provided by the Department of Education, South Eastern Trust and the Public Health Agency.

Evaluation of this project has indicated outcomes will include:-

- Maternal well being
- Baby attachment
- Parent's self efficacy.

Additional measures such as breast feeding rates, immunisation rates, childhood accidents, family spacing, baby's growth and weaning regimes will also be explored during the evaluation. Already both Health Visitors skilled engagement with these "young parents to be" is reflecting positive results in respect of serious consideration of breast feeding as an option for feeding instead of the normal rejection which is so common with this vulnerable target group. There is evidence of positive engagement with a client group, including young fathers, who historically avoid contact with health service staff. We are confident that these interventions will have long term benefits for parents and their children who might otherwise have been at risk of poor health and developmental outcomes.

## Scrabo Children's Centre

Scrabo Children's Centre (SCC) situated in the grounds of Ards Community Hospital has benefited from a major refurbishment with the official opening taking place in September 2009.

SCC has a large number of diverse staff groups, providing a comprehensive range of paediatric services to the population of the North Down and Ards area. The team consists of Paediatricians, Community Children's Nurses, Occupational Therapists, Physiotherapists, Podiatrists, Speech & Language Therapists, Clinical Psychologists, Dietician, Orthoptist, Social Workers, School Nurses, Centre Manager and Administration Teams for Community Paediatrics, Child Health and Children's Disability. Although the team functions under different organisational and professional structures, they operate in an integrated manner. SCC has a 'shared ethos':

- The team aim to provide a child centred service by working in partnership with families
- The team's remit frequently extends beyond 'the clinic' and we aim to provide an holistic approach to child health and wellbeing
- SCC has a strong multi-disciplinary ethos and value collaborative working practices.

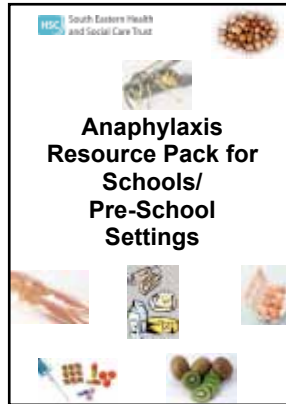
The completion of the work has enabled all staff to be located on the first floor, therefore freeing up offices on the ground floor that have now been converted into consulting/therapy rooms thus increasing the availability of accommodation to carry out specialised therapies and medical consultations on children with complex health needs.



Official Opening of  
Scrabo Children's Centre

# Nursing

## Anaphylaxis Resource Packs



An Anaphylaxis Resource pack has been developed for use within schools and preschool settings across the Trust. This is an aid to teachers and other staff to use in the event of a child having an anaphylactic reaction. It details what symptoms to look out for and what action needs to be taken to ensure the child is treated appropriately.

An action plan is developed with the parents, schools and school nurse/health visitor and it remains in the school/nursery along with the prescribed medication. All staff can have access to anaphylaxis training annually from their Named School Nurse or Health Visitor to ensure that all staff are up to date.

## Paediatric Epilepsy Nurse Specialist

The appointment of Moyra Beattie as Paediatric Epilepsy Nurse Specialist (PENS) has enhanced the service to children and young people with Epilepsy. She has developed strong links with the three other PENS throughout NI and they are currently developing regional guidelines relating to referral process, referral forms, follow up and development of nurse led clinics.

Close links have also been developed with Neuro colleagues, and Moyra has been present when some of the children with complex epilepsy who reside in the Trust area have attended.

Children/adolescents within the Trust area have benefited from this new service through the provision of training to education staff and the drawing up of individualised management plans to ensure a clear pathway of care for children during school hours.

Moyra has also worked closely with colleagues in the Beeches Nursing Centre who undertake to provide training for staff and carers in relation to Epilepsy management.

Moyra is just about to commence her Epilepsy Diploma, Distance Learning and on completion of this, plans to commence a Nurse Led Epilepsy Clinic within the Trust.



Moyra Beattie  
Paediatric Epilepsy Nurse  
Specialist

# Surgery

## Clinical Co-Ordinator

Jenny McMahon's role as Clinical Co-ordinator has evolved to provide a visible presence on the wards to support, motivate and involve staff in regional and organisational priority actions.

Regional and organisational initiatives have required the main priorities to be focused on:

- Coordinating patient flow through the directorate whilst working closely with the patient flow team
- Introduction of Infection Prevention and Control initiatives
- Introduction of Cleaner Hospitals initiatives and follow up on RQIA inspections.

Jenny also focuses on:

- Identifying, developing, implementing and reviewing service improvements on the wards
- Investigating and preparing responses to complaints with the Clinical Coordinator for Safe and Effective Care
- Developing within the Directorate a learning culture for ward staff to enable them to review the experience and continue to improve practice following a complaint.



Jenny McMahon

## Bowel Screening

Barbara Simpson was appointed as Project Lead for Endoscopy in June 2009. Barbara led on preparing the Trust to meet the requirements for Bowel Cancer Screening in the Downe.

The Accreditation Visit took place February 2010 and it is hoped Bowel Cancer Screening will start soon.



Barbara Simpson



## Chronic Pain Department

2009 has been a challenging year for the Department due to the increased demands of Government requirements to meet set waiting list targets and endeavouring to meet the complex issues surrounding the chronic pain patient.

In an effort to meet these challenges funding is now available to appoint a Locum Speciality Doctor in Chronic Pain, a GP with special interest and additional nursing staff. This will facilitate 4 additional clinical sessions and 3 additional Nurse Led sessions.

New services in progress are telephone reviews, which will be captured on PAS, and a pilot Pain Management Programme.

In June 2009 we had our first half study day away from the hospital setting to help us focus and reflect on our services. This was so beneficial we hope to repeat this again this year. We also hosted a 3 day event for a group of European Pain Specialists to compare and contrast pain management services and clinical practices across Europe. Feedback from this was very encouraging.

## Regional Ward Manager Project - NIPEC



Michelle McCartan  
Regional Ward Manager Project

Michelle McCartan, Ward Manager is involved in the Regional Ward Manager's Project which was commissioned by the Chief Nursing Officer in recognition of the vital role Ward Managers/Sisters play. It is being led by the Steering Group which consists of representatives from all 5 Trusts. There are 3 Sub-Groups working on the differing components of the project i.e Michelle McCartan chairs Sub Group 2 which aims to develop programmes including induction, ongoing development and succession planning programmes for ward managers, they are scoping the available induction/development and succession planning programmes available both across N. Ireland and in the UK as a whole.

# Cancer Services

## New Breast and Endocrine Centre

A new Breast and Endocrine Centre was opened at the Ulster Hospital in May 2009 by the Health Minister, Michael McGimpsey.

The facility includes a “one stop” Breast and Endocrine Outpatient Service, Outpatient Radiology and a Macmillan Information Service. It also includes a new Multidisciplinary Team meeting room with state of the art audio visual and teleconferencing facilities enabling access to all regional Multidisciplinary Team meetings.

Due to the year on year rise in patient activity the facilities in both outpatients and radiology were no longer able to meet demand. Conditions were cramped and overcrowded. With limited space on the Ulster Hospital site, it was agreed to refurbish one of the old Maternity Wards (Rea Ward) to accommodate the new facility.

Macmillan Cancer Support very generously assisted the project by providing funding towards the scheme and a grant from DIS was also awarded to fully equip the seminar room with a video-conferencing system.

The Macmillan Information Centre provides an invaluable resource to accurate, comprehensive information and support not only to patients but to anyone affected by cancer. It is hoped that in 2010 the Information Centre will also include a Benefits Advice Service providing financial advice for patients and their families who may often face additional and unexpected costs during their treatment for cancer.

**WE ARE  
MACMILLAN.  
CANCER SUPPORT**



Official Opening of  
Breast & Endocrine Centre

# Capital Development

The Capital Development Department is incorporated within the Planning, Information and Performance Management Directorate.

The role of the Department is to manage and deliver the Trust's Capital Programme through a process of capital planning, design, procurement, construction and commissioning of capital projects over £500,000. The Department also has a key role in the delivery of the Trust's Strategic Estates Development Plan.

## Successes/Achievements in 2009 / 2010

In 2009/10 the Department completed a number of major projects including:

### New Downe Hospital

The New Downe Hospital opened in June 2009. The new local enhanced Hospital for Downpatrick represents £64m capital investment and provides a state of the art, purpose built facility with the following services:

- Consultant led Emergency Department
- Inpatient Wards
- X-ray
- Day Procedure Unit
- Children's Centre
- Rehabilitation
- Outpatients
- Mental Health and Psychiatry of Old Age
- Maternity (including Midwifery Led Unit)
- GP Out of Hours
- Nursing Rapid Response Service.



Downe Hospital

The building has received the following awards to date:

- William Keown Trust for Disability Access
- Construction Excellence in Healthcare.



Health Minister official opens  
Lisburn Adult Resource Centre

## Lisburn Adult Resource Centre (LARC)

This new £3.5m disability day centre opened in January 2010 and the Minister for Health, Michael McGimpsey officially opened the facility in March 2010. The Centre provides day care support for up to 120 adults with learning disabilities, and specialist assessment / treatment for up to 30 clients with challenging behaviour.

### Strategic Estate Development Plan

The DHSSPS has asked Trusts to undertake:

- A review of existing estate portfolio in line with strategic service delivery plans / direction
- Capital Priorities Review
- Identification of potential estate for disposal / rationalisation.

This work is in progress across all Trust sectors.

The Trust is continuing to work towards further rationalisation of the Downshire Estate in Downpatrick. We are working with Down District Council (DDC) to transfer Wards 1-10 (West Wing) on a long lease in Summer 2010 to enable the provision of a local Council Administration Centre on this site.

## Ulster Hospital Phase A Redevelopment

- **Critical Care Complex**

This £53m 'State of the Art Complex' will provide new Laboratories, Sterile Services Department, 7 Inpatient Theatres and a 16 bedded Intensive Care Unit. The building was handed over to the Trust in April 2010. Extensive building commissioning will take place prior to opening in September 2010.



- **Front Entrance**

This refurbishment scheme will provide essential improvements for patients and their families, including disability access, signage, reception, waiting facilities, upgraded lift and new shop/snack bar. Work on this £1.3m project commenced in November 2009 and will complete in October 2010.

## Lagan Valley Theatres

The Trust received DHSSPS approval for the construction of two replacement theatres for the Lagan Valley Hospital (£2.2M).

Construction commenced in September 2009 and will complete in January 2011.

## Community Projects

- **Glenmore Children's Home**

Glenmore Children's Home offers short to medium term care for young people aged between 12 and 18 years. The current facility at Glenmore is being reconfigured to provide a much needed four bedded long term care home for young people with disabilities and complex health needs.

- **Ballymote, Downpatrick**

The Trust is part funding an extension to the Ballymote Centre in Downpatrick to provide two multi-functional clinical rooms (£500k). The project completed in May 2010. Services to be provided include podiatry and speech and language therapy. In addition, the Trust will work closely with Surestart and Action for Children (formerly Children's Home).

## Capital Planning 2010 / 2011

- **Ulster Hospital Phase B Redevelopment**

The Trust awaits DHSSPSNI approval for the £190m Ulster Hospital Phase B Redevelopment Outline Business Case. This phase of development will provide new hospital accommodation.

The Generic Ward Block will provide Day Surgery, Endoscopy, Cardiac Catheter Laboratory and Investigations Suite, Pharmacy, and 12 wards (24 beds).

The Acute Services Block will provide an Emergency Department, Imaging & Nuclear Medicine. Specialist wards will include Stroke, Renal/Haematology, Plastic Surgery, Gynaecology and an Assessment bed. Construction is planned to commence in 2010, with completion anticipated in 2016.



- **Lagan Valley Redevelopment**

The Trust has recently received Health and Social Services Board support for a Strategic Outline Case for the redevelopment of the Lagan Valley Hospital site to provide a local Hospital and Health and Care Centre.

Upon DHSSPS approval the Trust will develop an Outline Business Case 1 for the project.

- **Pound Lane Health Centre, Downpatrick**

Following a fire to the GP wing of the existing facility in November 2008, GPs have been temporarily relocated to St John's House, Downpatrick. An Outline Business Case for the reprovision of both GP and Community Services is currently being developed. The Trust aims to provide alternative accommodation for the GPs and community services in 2011.



Lisburn Adult Resource Centre



Lagan Valley Hospital  
Theatres



Ulster Hospital  
Critical Care Block

# Woman & Acute Child Health

## Maternity & Gynaecological Services

2009 saw two midwives from the Ulster Hospital, Dundonald winning one of the UK's top midwifery prizes at the Royal College of Midwives (RCM) 7th Annual Awards. These are the UK's most prestigious midwifery awards. Elaine Madden, Head of Midwifery & Gynaecology and Melanie McMechan, Labour Ward Sister scooped the 'Research into Practice' prize for their work on maternity emergency drills.

Later in the year the maternity services won three key awards at the Northern Ireland National Childbirth Trust Awards held at Stormont. The Bereavement Support Service Patient Liaison Group 'Forget Me Not' was presented with an award for 'Good Practice in Supporting Parents in the Early Months', the Trust's 'Home from Home' Unit at the Ulster Hospital was presented with the award for 'Providing Birth Environments designed around Women's Needs' and the Maternity Unit at Lagan Valley Hospital in Lisburn was presented with the award for 'Promoting the Normality of Birth'.

The awards continued with Iris Hamilton winning runner up in the Health Care Support Worker Award at RCN Nurse of Year Awards. Iris piloted assisting at caesarian section in labour wards during her NVQ 3 studies. Hilary Patterson, Bereavement Support Midwife kept the awards coming by winning City Beat gold award for making a difference to patient care.

There were a number of changes in services not least Irene Magowan retiring as manager of the Gynae Ward after a thirty+ year career. During Irene's last year she agreed to pilot, in liaison with the maternity ward and sister Rosie Wasson, "the productive ward".

The Productive Ward developed by the [NHS Institute for Innovation and Improvement](#) (NHSI), adopts 'lean' principles as a vehicle for continuous improvement, aiming to improve quality, cost-effectiveness and delivery of goods and services. Also aiming to motivate ward teams to review the way in which activities are undertaken in the workplace, with the goal of removing waste and releasing time to provide more direct patient care. Both Neely Ward and Maternity noticed differences achieved through the pilot and in Irene's words "*I have left the ward in the best possible place for my successor*". The productive tools are now being rolled out in the maternity outpatient setting.

Changes to maternity services at Downpatrick and Lagan Valley continue to be at the forefront of practice and we have now opened the Downpatrick unit to inpatients, the first stand alone midwifery unit in Northern Ireland.

Liz McElkerney has led and supported the establishment of a number of innovative and leading projects within the maternity and Gynae settings, including the specialist posts of bereavement support, governance and practice development. Under Liz's leadership, services have been enhanced and developed to support best possible patient care, early pregnancy clinic, day obstetric unit, midwives clinics, community bookings and a whole new build on 2 sites. Inspections and reports have noted the high standard of services and commented on the leading aspects.

## Home from Home

The Home from Home Unit has been open for 2 years. An initial target set for 300 births was exceeded in both the first and second years with 700 births in the last financial year. Water for labour and birth is available to all women with a low risk pregnancy. The water birth rate has grown from 32% initially to 39% in the second year and 43% within the last 6 months. This greatly exceeds any target anticipated based on established units across the UK.

Home from Home has won a prestigious NCT award for a birth environment designed around women's needs. This has made a significant contribution to increasing normal birth rates in the Ulster Hospital which in turn decreases the risk of both physical and psychological morbidity in the postnatal period and makes it easier to establish breastfeeding.

While it has to be acknowledged that approximately 18% of women choose to transfer to Labour ward for an Epidural or Remifentanyl analgesia, it has been shown through audit that women who start labour in Home from Home are more likely to have a vaginal birth than a caesarean section.



Retirement of Liz McElkerney



Home from Home Unit

## Downpatrick Midwifery-Led Unit

Stand alone midwifery units are well established in the United Kingdom and we are delighted and excited to be pioneering the first totally midwifery led unit in Northern Ireland.

The Midwifery Led Unit in the Downe Hospital was opened in March 2010 by the Minister for Health, Michael McGimpsey. In the first week of opening three babies were born and the feedback from women and families regarding their experience was very positive.



Official opening of  
Downe Maternity Unit



1<sup>st</sup> baby born at Downe

# Radiology



## Service Objectives

The Service Plan for the Department of Radiology has been prepared to outline the service objectives which are not only in keeping and consistent with the Trust's Corporate Plan but are also specific and measurable.

The service objectives are constantly reviewed to ensure they are modern and fit for purpose.

## Diagnostic Imaging Targets

There continues to be an ever increasing demand on the imaging service however, all DHSSPS targets were achieved during 2009:

- 9 week diagnostic imaging target
- 7 day red flag target (suspect cancer)
- Provision of CT imaging within 3 hours to enable the delivery of stroke thrombolysis for appropriate patients, Monday to Friday, 9.00am – 5.00pm
- Diagnostic Report Turnaround Targets.

## Proposed Service Developments

- Cardiac CT – a safer and faster alternative to a conventional angiogram where dye is pumped through the arteries to detect coronary artery disease
- Cardiac MRI – an excellent imaging modality for assessing patients with functional and ischaemic heart disease and does not require ionising radiation
- Non-operative Vacuum-Assisted Core Biopsy breast service – is considered to be the sampling method of choice for specific types of breast disease
- CT Colonography – a new minimally invasive procedure which provides a more extensive investigation of the colon and abdomen than a conventional barium enema examination.

## NIPACS Update

The South Eastern Trust was the first in Northern Ireland to install and implement the NIPACS and integrated Radiology Information System (RIS) in October 2009.

The Trust provided the capital to procure a large number of high specification diagnostic viewing monitors.

NIPACS has assisted the Department of Radiology in achieving the diagnostic imaging targets and facilitate inpatient imaging examinations within 24 - 48 hours.

## Activity of Summary 2009/2010

Site	No of Patients	No of Examinations	% increase in examinations
Ulster	11,8096	134,901	9%
Ards	14,,304	16,206	-3%
Bangor	9412	10,491	39%
Lagan Valley	35,215	43,523	7%
Downe	26,604	31,654	4.4%



Launch of NIPACS



# Pharmacy

The N.Ireland Clinical Pharmacy Standards have been agreed and the 5 HSC Trusts are now using these to benchmark where they are and develop plans to improve compliance with these standards. Within the Trust the Clinical Pharmacy SOPs have been standardised across the sites and patients are being encouraged to bring in their own medication on admission to hospital for safe storage in the new POD lockers. This development improves the reconciliation of all medicines on admission and discharge and the POD section of the Trust Medicine Policy, launched in September 2009, ensures all staff have access to information on how to manage patients' own medicines safely.

In the Mental Health Directorate we now have pharmacists working on the Ulster, Lagan Valley and Downe sites one day per week working to improve medicines management and patient safety.

The introduction of the new electronic discharge prescriptions using PatientCentre software in all wards in the Lagan Valley and Downe Hospital and pilot areas in the Ulster has addressed the issue of improving the legibility of discharge prescriptions. Clinical pharmacists are contributing greatly to the quality of the information on these electronic prescriptions and this has reduced the number of second discharge letters that are required for better communication to primary care. This improvement work is being shared with the N.I.Safety Forum medication safety collaborative.

## Vocational Training programme for Junior Pharmacists

There are now 9 Pharmacists in the Trust registered with NICPLD on the vocational training programme for junior pharmacists. This is a new competency based programme in which the Pharmacist rotates through all the specialities of hospital pharmacy to gain valuable experience in clinical and technical services.



## Post Graduate success

Rosemary Donnelly has successfully completed a 2 year Research MPhil postgraduate degree via Queens University Belfast, with the support of a bursary from the Research & Development Office, DHSSPS . The study compared the impact of a pharmacist prescriber running a type 2 diabetes cardiovascular risk clinic in primary care, to usual patient care. Four general practices were involved. During the study the pharmacist altered prescribed medication, as necessary for intervention patients, in line with study protocols. In total, 87 patients participated in the study (56 intervention, 31 control), the study ran for 6 months. Primary outcomes were improvements in blood pressure (BP) control and cholesterol profile. By the end of the study mean BP measurements for patients in the intervention group improved and more patients in this group achieved target cholesterol profiles. Interviews & questionnaires conducted on patients and GPs in the intervention group reported support for the pharmacist-run clinic and the concept of extending prescribing rights to pharmacists.

The findings of this small feasibility study indicate that an independent pharmacist prescriber can successfully run a diabetes cardiovascular risk clinic. These were presented as a poster at the Diabetes UK, Annual Professional Conference in March 2010.

## Telemedicine

In 2005 DI@L-log, a remote telemonitoring system was developed in collaboration with the University of Ulster. The Ulster Hospital Diabetes Outpatient Clinics have been evaluating DI@L-log to determine benefits, when this type of monitoring is employed. The pharmacist at the clinic educates patients on the use of DI@L-log. Patients agree to regularly measure their blood pressure, weight and blood sugar in their own homes, sending results to the diabetes centre at pre-agreed, regular intervals, via the telephone or internet. The Multi Disciplinary Team and the Pharmacist review the patient's results on a weekly basis adjusting therapy if necessary. To date over 200 patients have enrolled in DI@L-log. Data collected indicates that the system has enabled clinical staff to remotely manage their patients, with respect to blood glucose and blood pressure. Audit results reported that patients are happy to engage in this model of self-monitoring.

## Independent Prescribers

There are now 7 Pharmacists qualified to work as independent prescribers in the Trust, three of which are using this qualification to run outpatient clinics and the others are prescribing according to agreed treatment plans in the inpatient setting.

Five pharmacists have newly qualified this year as Independent Prescribers across the Trust.

Five more Pharmacists have enrolled this year on the IP course at NICPLD.

Congratulations to all those who have been successful in their studies and best wishes to those currently undertaking courses.

## Aseptic accredited checking technician

James McCorry, Chief Pharmacy Technician on the Ulster site is the first technician in Northern Ireland to complete the aseptic accredited checking technician course. This qualification allows him to perform pre and in-process checks during the production of aseptically prepared items and also to check and release industry manufactured dose banded chemotherapy products. As these checks previously had to be carried out by a pharmacist this now enables the pharmacist to devote this time to the care of patients in cancer outpatient unit and haematology ward.



James McCorry at work

# Health Development

A number of new initiatives have been initiated by the Health Development Department throughout the year. The biggest of these is the award of a £1m Big Lottery grant to help us tackle social isolation for older people across the Trust. The project is now underway and promises to make a huge impact on some of the most vulnerable, isolated older people in the Downpatrick and Lisburn areas. In addition, we were able to secure funding from Lisburn Borough Council and Investing for Health to enable us to launch a new volunteer befriending scheme for older people. This service aims to recruit volunteers who will visit isolated older people in their local communities on a regular basis, which will help them stay at home for as long as possible.

We continue to be heavily involved in Sexual Health and Mental Health Promotion, as well as Suicide Prevention, and with funding from DSD secured, we have delivered 2 mental health projects in Downpatrick and Bangor. The World Mental Health Day events were a huge success and attracted significant numbers, as well as media attention, with events in Bangor, Downpatrick and Lisburn. These events included presentations from George Hosking and Nick Baylis, national experts in infant mental health and wellbeing.

Widespread media interest was also received from the launch of “Rory”, a new resource for children whose parents live with addiction that was developed in partnership with the Trust, the Public Health Agency and a number of voluntary sector organisations. We have also been involved with the Disability Programme of Care and have established new communities of interest for those with a physical disability across the Trust area.

A number of new developments have happened in partnership with hospital services, including new ante-natal smoking cessation clinics that run alongside ante-natal clinics at the Ulster and Lagan Valley Hospitals. A new health promotion class has been piloted in partnership with the Ulster Hospital, aimed at those who have had a recent TIA.

In relation to Children’s Services, we have worked in partnership with Child Health, Looked After Children and Safeguarding to develop a range of preventative programmes. This work has been part of the overall Children’s Outcomes Board, which is jointly chaired by the Director of Children’s Services and the Director of CINI, that brings statutory, voluntary and community agencies together in order to improve outcomes for vulnerable children across the Trust area.



Launch of 'Rory'

The Outcomes Board has led to a number of new developments including the further development of Family Support Panels, the creation of the New Parent Programme (an intensive home visiting programme for vulnerable first time mothers both before and after birth), Roots of Empathy (a classroom based initiative from Canada that seeks to reduce childhood aggression and improve levels of empathy), Mellow Parents and the Looked After Children Employment Project that seeks to create employment opportunities for young people either in, or leaving, care within the Trust and its partners.

Across these Early Intervention and Looked After Children programmes, the Health Development Department, as part of the Outcomes Board, has acted as a regional 'pathfinder', which has been of value to other organisations across Northern Ireland.



Nuala McKeever helps raise awareness of smoking cessation



Lynda Bryans launches World Mental Health Day



World Mental Health Day Committee with Nick Baylis

# Medical

## Unscheduled Care

The Unscheduled Care Project has been running since September 2009 to improve quality and efficiency within medical specialties. The project consists of 6 work-streams which focus on the Emergency Department (ED), Medical Assessment Unit (MAU), Respiratory, Gastroenterology, Cardiology, Stroke and Care of Elderly inpatient services.

Several key improvement projects have proven to be successful within the work-streams. An ambulatory care pilot within the ED and MAU saved 278 bed days from August to December 2009.

A stroke improvement pilot which ran in November 2009 significantly reduced the length of stay of stroke patients compared to the same time period the previous year. More patients received direct admission to the stroke unit from the ED as a result of the improvement pilot, an increase from 21.62% to 57.69%.

Care pathways are being introduced in each work-stream to improve the quality of care received, reduce the variation in care, increase admission avoidance and reduce the length of inpatient stay, for the top volume Healthcare Resource Groups (HRGs) across Medicine.

A Medical Day Case Unit has been created on the Ulster site in the old Ward 13 which is extending its service to perform some day case procedures, such as liver and lung biopsies, which would previously have required an inpatient stay.

MAU has redesignated 10 of its 40 beds for respiratory patients and is working towards a reduced length of stay for all patients of 24 hours. This is being facilitated by patient pull systems from the Respiratory, Gastroenterology, Stroke and Cardiology wards. This is to ensure a patient is treated within the right specialty bed for their condition, as early as possible during their stay in hospital.

A pilot has also been running within Elderly Care to improve the flow of patients to orthopaedic geriatric rehab beds. All of the immediate actions from the action plan have been fully implemented. The medium to long term plans are starting to be implemented, following the agreement of investment proposals to seek potential funding. 2 Project Nurses have been appointed to support the Project Coordinator. The project has been focused primarily on the Ulster site but is now extending to Lagan Valley and the Downe Hospitals.





# Adult Services

## Condition Management Programme

The Condition Management Programme (CMP) is a programme which consists of a variety of interventions lasting between 12 and 16 weeks. It is delivered by a range of healthcare professionals with the aim of helping clients manage their physical and / or mental health condition with a view to returning to work. It is part of the Department for Employment & Learning (DEL) Pathways to Work Scheme, which can be accessed through the local Jobs & Benefits Office / Job Centres. CMP is available to any clients in receipt of either Employment Support Allowance (ESA) or Incapacity Benefit (IB).

Staff who deliver CMP include Occupational Therapists, Physiotherapists, Psychologists and Nurses and are all employed by the Trust. 2009 / 2010 saw a major drive to increase the awareness of CMP with health service colleagues, GP's, non-statutory services and the general public.

Participation in the CMP is voluntary. Whether clients choose to take part in the programme or not will have no effect on their benefits.

A variety of interventions are offered by CMP, which include:

- Stress / anxiety management
- Self-esteem and confidence building
- Pain management
- Managing depression and sleep problems
- Lifestyle management and
- Helping people to develop return to work plans.

To date, the CMP has had good success in improving the general health state and employability status of many of our clients.

## Hospital Service / Nursing

The past year saw the relocation of acute mental health wards in the Down and North Down & Ards sectors. The ward in Downpatrick moved from Finneston House to Mental Health Inpatient Unit of the Downe Hospital. The ward formerly at McKelvey Unit, Ards Hospital moved to Ward 27 at the Ulster Hospital

The new wards offer much improved environments for patients. The new staffing model that has been introduced across the three acute inpatient units affords considerable opportunities to enhance the therapeutic experience of patients and carers. The Trust has embarked on the 'Productive Ward' project, which will further improve the quality of acute psychiatric inpatient services.

Plans are well advanced for the resettlement of the remaining patients from the continuing care and rehabilitation wards within the Downshire Hospital. As a consequence of this strategy, many people have already been discharged from hospital to community services with comprehensive care packages. Planning for other elements of the service and new models of care, including Psychiatric Intensive Care and low secure accommodation, is now at a critical phase. The intended outcome is a highly developing community infrastructure that provides real and viable alternatives to hospital treatment.

Mental Health Nursing forums have been established in all three community sectors and the Hospital Ward Managers Group continues to meet regularly to take forward governance and professional issues.

## Mental Health Assessment Centres

The Mental Health Assessment Centres within the Down and Lisburn sectors began in October 2004. This new way of working which provided a single point of entry to Mental Health Services, was warmly welcomed by GP's and service users. In 2008, the Mental Health Assessment Centre in North Down and Ards opened, thus providing an Assessment Centre in each of the three sectors of the Trust. This service now offers a single access point to services in each sector together with a rapid response for those patients who require urgent intervention.

To further improve access to Mental Health Services, hours were extended to be open from 9.00am to 8.00pm seven days per week. The decision to extend the opening hours has been widely supported by GP's, service users and carers.

## Service Improvement

A new Service Improvement Manager, Pat McGreevy, has been appointed to a two year post supported by the Performance Management Service Improvement Directorate, Health & Social Care Board. The main service improvement projects are:- “Releasing Time to Care” - Productive Mental Health Ward; Choice and Partnership Approach and securing greater involvement of Service User & Carers in the planning and delivery of services.

The Acute Inpatient Wards have embarked on “Releasing Time to Care” – Productive Mental Health Ward. The Mental Health Inpatient Unit, Downe in phase 1 and the units at Lagan Valley and Ulster Hospitals will join phase 2. The aim of this modular project is to enable nurses and other therapists to spend more time in the direct care of patients. At the core of this work will be a strong emphasis on ensuring that patients are more involved in decisions about every step of their journey through their time in hospital.

Alongside “Releasing Time to Care” all three wards have also just started Star Wards. This project aims to help patients make the best use of their time in hospital and encourages staff to make the best use of their skills and personal qualities. Staff have a portfolio of 75 practical ideas which they use to confirm existing good practice and inspire further development. Two key elements of the Star Wards approach are patient involvement in care planning and patient responsibility in the day to day running of the ward.

Another new project has begun in Community Mental Health called Choice and Partnership Approach. As the title suggests it aims to give clients greater choice over when they are seen for the first appointment and for any further appointments that are needed. The project will examine the current total demand for care and the total number of practitioners and skills available to meet the demand, with the aim of shorter waiting times and improved client experiences.

In August 2009 a special CUP Action Planning Workshop took place where attendees set out their views on the future of involving services users and carers. These ideas and progress to date, have been drafted into a strategy and action plan which have been presented to the CUP Network for consideration.

The Trustwide CUP Strategy group will continue to meet. New representatives from the local CUP groups in Lisburn, Down and North Down & Ards will meet to work on the issues and ideas for improvement brought to the forum. They will also play a key role in monitoring the progress of the elements of the Action Plan.

## Stream Street

People who experience mental ill-health have the same rights, responsibilities and opportunities as the rest of society. They should be enabled to live in their own communities for as long as possible. To this end, a newly refurbished 24 hour staffed community facility opened in Stream Street, Downpatrick in September 2009, when the first resident moved into his new home.

The accommodation is a spacious three storey house which has 5 bedrooms, a large living room and a garden to the rear. It is furnished to a high standard and has a warm and welcoming atmosphere conducive to the pleasures and opportunities of domestic living.

Stream Street provides an opportunity for 5 people who suffer from significant mental health problems, to be resettled from the Downshire Hospital into the community. It offers residents the opportunity to avail of the benefits of living in their chosen community whilst having the necessary support to meet their individual needs.

The facility is staffed 24 hours by staff who work closely with the residents in a supportive manner to encourage independence, maintain and promote recovery according to the needs of each individual.

## Well 2 - Wellbeing, Education, Living and Learning

The Trust was awarded a major grant of £994,011 to run the Well 2 Project. **WELL**, stands for **Wellbeing, Education, Living and Learning**. The project aims to increase training opportunities and improve the health and well-being of young people aged 16-25 who have physical, learning disabilities, or mental health difficulties and live in the South Eastern Trust area.

The funding is part of £17million rolled out to 17 projects across Northern Ireland through the Big Lottery Fund's Live and Learn programme which supports organisations in developing projects to help local people of all ages boost their learning opportunities and improve their health.

The Well 2 Project, will work in partnership with Action Mental Health, the Cedar Foundation and Autism NI to help people with disabilities and mental health problems across the Trust to get involved in a range of activities and training courses that will help them achieve qualifications, gain independence, access volunteering opportunities, gain employment, and lead more fulfilled lives.

The WELL 2 project will particularly target those individuals with disabilities who are not currently engaging with services - 'hard to reach' individuals and groups and those individuals and groups for whom current services are inadequate.

Particular emphasis will be placed on young people with disabilities who: are undergoing difficulties in the transitions from school to work and from youth to adulthood; currently have few social, recreational and personal development opportunities as the result of conditions such as Aspergers Syndrome; live in disadvantaged and rural areas where availability of services is limited and the community infrastructure is less developed.

The WELL 2 project aims to enable people to achieve their full potential, improve their mental and physical health and wellbeing and promote social inclusion.

The project will provide beneficiaries with opportunities to:

- Improve their social functioning
- Strengthen their social networks
- Improve their knowledge and skills
- Engage in volunteering; and
- Engage in programmes and activities to improve their mental and physical health.

A Project Co-ordinator was appointed in 2010, and there will be three outreach support workers who will be based and deliver the project in each of the three Trust sectors of Down, Lisburn and North Down and Ards.

The project is funded for 5 years and will accept referrals from a range of sources, including statutory and voluntary organisations as well as self referral.



Caroline Quinn  
Well 2 Project Co-ordinator

## Prison Health Care

The Trust continues to work in Partnership with the Northern Ireland Prison Services to improve healthcare in prisons across the province.

A service improvement board has been instigated in Maghaberry prison to drive forward a continuous improvement agenda. Workstreams focussing on a range of improvement areas have been put in place. They cover:-

- Mental Health, Addictions and Personality Disorder
- Learning Disability
- Performance and Governance
- Committal procedures
- Primary Care
- Medicines Management
- Human Resources
- Health Promotion
- Information Governance
- User involvement.

A service improvement board consisting of a broad range of stakeholders meets monthly to monitor progress.

Esther Gishkouri has been appointed as governance lead for Prison Healthcare and she has conducted a baseline audit of performance against national standards for prisoner healthcare. An action plan has been developed and further audit is planned to measure improvements against the standards.

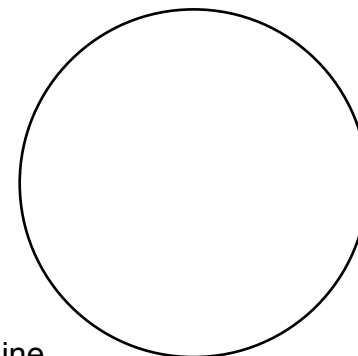
The Independent Monitoring Board inspected Magilligan Prison earlier this year and they were impressed with the level of patient satisfaction with services.

Hydebank prison is taking forward the Healthy Prison project along with the public health agency and new risk assessment and management procedures have been instigated through partnership working in Safer Custody.

The healthcare centre in Maghaberry Prison has just been refurbished and new xray equipment fitted.

Plans to relocate the unit for vulnerable prisoners are at an advanced stage and a bid for resources has been made to the Commissioner.

A 5 year Prison Healthcare strategy is in draft form and will go out for consultation this year.



## Sensory Support Service

The Sensory Support Service has two dedicated teams providing services across the spectrum of children, adults and older people who have Visual and / or Hearing Impairments (Blind / Partially Sighted, Deaf / Hard of Hearing). The teams are based in Downpatrick, Lisburn and Newtownards and are led and managed by team leaders Roisin O'Neill and Clare McStay. This service is unique in that it covers the entirety of both the Trust area and the age profile of service users.

The team leaders prioritised time out for staff to explore directly and indirectly the rationale for organisational change and to influence staff motivation and morale. The Team members reflected upon the key service drivers by completing an annual SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis which has informed the development of a service workplan. This process provided the individual staff with clear knowledge and information about the external factors influencing the organisation while reassuring them of their strengths and highlighting areas of weakness.

The development of a service work plan provides a focus for continuous quality improvement, governance, accountability and performance for Sensory Support Services within the Trust.

Key service developments within this period are as follows:-

- **Review and implementation of ISO (International Standards Organisation)** across the service promoting equality and consistency in the service provided
- **Promotion of Health & Well-Being** initiatives within the service user group
- **Partnership working:** The service has been proactive in developing strong links with key stakeholders
- **A Multidisciplinary Paediatric Audio logical pathway** in the Ards Sector
- **Provision of Equipment guidelines** have been written and implemented across the service to ensure equity of service provision. These guidelines are being used to inform the regional equipment guidelines
- **The Low Vision Service** in the Trust area has been reviewed in partnership with Ophthalmology
- **Regional Sensory Support working groups** have been established with the focus on developing a consistent approach to the delivery of services for people who have sensory support needs within NI as a whole.



## Re-accreditation for Neurology and Brain Injury Service

Thompson House Hospital and Community Brain Injury Service have now received formal confirmation of the re-accreditation of the Commission for Accreditation of Rehabilitation Facilities (C.A.R.F) quality award for the third time during 2009/2010.

The C.A.R.F organisation referenced the continuous high quality of services being provided in Thompson House Hospital and the Community Brain Injury Service.

### **C.A.R.F. assessed services in the following areas:-**

Leadership; Strategic Integrated Planning; Input from Persons Served and Other Stakeholders; Legal Requirements; Financial Planning and Management; Risk Management; Health & Safety; Human Resources; Technology; Information Measurement and Management; Rights of Persons Served; Accessibility; Performance Improvement and The Rehabilitation Process for the Persons Served.

Special thanks go to the staff teams in our services for their continued dedication in providing high quality patient and client care.



Thompson House Hospital

# Allied Health Professionals

## Community Specialist Palliative Care Team

AHPs from the Community Specialist Palliative Care Team presented a poster at a recent All Ireland International Conference – Pushing Boundaries in Palliative and End of Life Care.

The poster outlined a service improvement project which aimed to improve the non pharmacological management of fatigue and breathlessness for patients with advanced disease in a primary care setting. The project involved analysis of the existing service using a process mapping technique, review of literature to determine best evidence based practice and stakeholder involvement. This led to the development of a new service which is currently being piloted.



Carolyn Murdock, Occupational Therapist & Lesley Nelson, Physiotherapist with their poster presentation

## Speech and Language Therapy



Speech & Language Therapy Award

The Trust's Speech and Language Therapists have been honoured at the National Advancing Health Care Awards for Allied Health Professionals and Clinical Scientists held in London. The team were runners up in the category of Enhancing Public Health and Creating Healthy Communities - working with social disadvantage and hard to reach populations.

The award was for the Primary School Outreach Service in the Colin area - a 3 year project in partnership with local schools. The team worked across 6 schools providing speech and language therapy to children in school and in partnership with education staff. Outcomes have been excellent with 52% of children discharged with age appropriate speech and language skills at the end of their P1 year, 100% uptake and access to the service compared to only 50% at the local clinic, also waiting times for assessment and therapy is 2 weeks compared to 9 weeks at the local clinic.

## Elective Waiting Lists - PFA Targets

A PFA Target for AHP's in 2009/10 stated that from April 2009, no patient should wait longer than 13 weeks from referral to commencement of treatment, reducing to 9 weeks by March 2010. This has been a challenging target which was achieved by all AHP professions.

This was achieved through team work by the lead professionals, team leaders, Clinicians and clerical staff, and the invaluable help of the ICT staff.

Most AHP departments are now using the LCID/Scheduler system which allows activity to be updated daily by clinicians and staff to use a computerised diary management system. IT have also developed web based AHP waiting list information, which has improved waiting list management.

## Podiatry

During 2009 the Podiatry Department has continued to deliver a high quality service to all of its users across the Trust, whilst meeting its waiting list targets. Continuous improvement has also remained a priority with the emphasis on 'Best Practice'. New initiatives across the Trust include:

- Roll out Trustwide of Health Education Triage for new patients
- Increase in skill mix through Podiatry Assistant clinics
- Appointment of a Podiatrist to work between the Downe and Lagan Valley hospitals.

The introduction of two Podiatry Assistants in the Down Lisburn area has already proved to be a great success for users and professionals. One of the podiatry assistants trained achieved the highest examination marks across the United Kingdom on completion of the Society of Chiropodists and Podiatrists, Podiatry Assistants examination.

A Value for Money audit on Podiatry Service from the DHPSS is almost completed and early signs show a high level of satisfaction from service users and referrers.

# Informatics Communication & Technology

Transforming health & social care  
through technology

In April 2009 the Trust published its Informatics Strategy for 2009 to 2012. “To enable the delivery of safe and effective care and the improvement of our population’s health and well being through the provision of innovative informatics solutions, which change ways of working to ensure the delivery of the right information at the right time in the right format to the right person”.

The strategy outlined a number of core areas where Informatics would impact and where patients/clients and staff would begin to see immediate benefits, ie.

- New models of care by supporting more effective and efficient ways of operating and accessing services
- Easy access for individuals to key information about their health and wellbeing
- Systems to give patients/clients more control over their choice of appointment
- Technological infrastructure that connects key services and individuals to key information and systems
- Integrated care records in both the hospital and community sectors
- An Informatics Training Programme to ensure staff have a greater understanding of the potential of Information and Technology.



Over the last year the Trust has implemented a number of major Informatics developments aligned to the corporate strategy such as:

## The Downe Hospital

The ICT project to support the new hospital encompassed a major procurement for a wide range of new technologies.

The ICT procurement was managed by Regional Supplies Service and the competition was run over a 3 month period between November 2008 and January 2009.

The contract was awarded to BT at the end of January 2009 with a contract value of £1.525m.

The ICT project delivered the following state of the art technology:

- A high speed resilient Communications Network
- An Internet Protocol Telephony Solution
- A Voice Recognition Wireless Communication System - Vocera
- New PC Desktop Infrastructure (300 PCs and 50 notebooks)
- Colour review monitors for Radiology and Outpatient department.

All elements of the project were completed on time for the opening of the hospital in June.



## Patient Administration System - Order Communications

PAS Order Communications is an application which will allow the automated ordering of clinical services. This will include Laboratory Services in the Ulster, Ards and Bangor in the first instance and the application will be rolled out across the Inpatient Wards and Outpatient Departments over the next year. It may be extended to the ordering of Radiology Services through OCM and this is currently being assessed.

PAS Order Communications will replace the current paper-based processes which will provide many benefits including:

- Reduction in duplication of orders
- Reduction in time taken to receive results
- Reduction in paper-based results
- Ability to view status of order at any given time
- Decrease in administrative tasks in Laboratory Department
- Decrease in administrative errors
- Order auditing and tracing
- Regulatory compliance – online sign-off.

Implementation of this application will require a massive programme of change as it will have a huge effect on processes within the Laboratory Department and throughout the Clinical areas. This will be accompanied by a full staff training programme.

## Print Optimisation Project

As part of the Trust's ongoing efficiency programme we are currently working to upgrade and improve the Trust's print capability. Plans are now being implemented to replace many of the existing print devices with a reduced number of modern, environmentally friendly Multi-Function Devices (MFDs). These will be capable of printing, scanning, copying, and in some cases, faxing. The new machines will provide significant cost savings across the Trust and support our environmental agenda by reducing energy consumption, the use of consumables, paper wastage through double-sided printing and associated support and maintenance costs.



## HSC Electronic Care Record System

The Electronic Care Record System (ECR) makes use of patient data already held in other clinical systems such as PAS, LABS and NIRAES and presents it to the clinicians in a centralised, collective view. It is used by care professionals only, and access to patient records is tightly controlled to ensure the highest levels of security and privacy are maintained.

The ECR System has been in use in a number of key areas within the Ulster Hospital since February 2010. The ICT department, in conjunction with the Regional project team and clinical lead Dr Roy Harper, are currently working to increase system usage, with accessibility and training being provided at a local level by ICT.

The project is currently running as a Proof of Concept and will help to inform the business case for the implementation of a regional ECR.

## Critical Care Complex

The ICT project to support this new build includes the procurement and installation of:

- A high speed resilient Communications Network
- An Internet Protocol Telephony Solution
- A Voice Recognition Wireless Communication System - Vocera
- New PC Desktop Infrastructure (250 PCs )
- New ICT system for ICU.



## Northern Ireland Picture Archiving Communications System (NIPACS)

In October 2009 the Trust became the first to implement the Northern Ireland Picture and Archiving System (NIPACS).



## Digital Dictation

Digital dictation is a method of recording and editing the spoken word in real-time within a digital audio format as opposed to the predominant use of analogue dictation equipment (eg. use of tape recorders and associated tapes). Analogue technology is perceived to be antiquated and due for a technological refresh in line with the Trust vision to migrate from an analogue to digital dictation system.

The Trust is currently using Digital Dictation technology across Lagan Valley and Downe Hospitals and is observing the realisation of significant clinical and business benefits. As a result of this, the Trust wishes to adopt this established technology across all of its core business areas.



Digital Dictation users celebrate 10,000 dictations using Medspeech

# Governance

The Governance Committee, chaired by the Chief Executive, met on a bi-monthly basis during 2009/2010. The focus of this Committee is to be the overarching strategic committee responsible to the Trust Board on all matters pertaining to Governance issues. Following each bi-monthly meeting, reports were submitted to the Trust Board detailing the key issues discussed at each meeting. During the year the extant Governance Strategy continued to be rolled out ensuring a cohesive and integrated approach to the key building blocks of governance viz, financial, risk management and clinical and social care governance.

In April 2009, the Risk Management Committee commissioned a review of the Trust's Governance and Risk Management arrangements under the chairmanship of the Lead Director, Governance – Eamonn Molloy. The review determined that the Governance arrangements which the Trust adopted in the summer of 2007 had served it well in terms of signifying the high profile that Governance plays in all of the activities of the Trust. Also after two years of operation, it was clear that the current arrangements had also facilitated the embedding of integrated governance within the major service areas of the Trust and in smaller operational departments. However, the vast architecture had proved to be cumbersome, a challenge to service and maintain and on occasions slightly confusing in terms of the remit of some of the lower level committees.

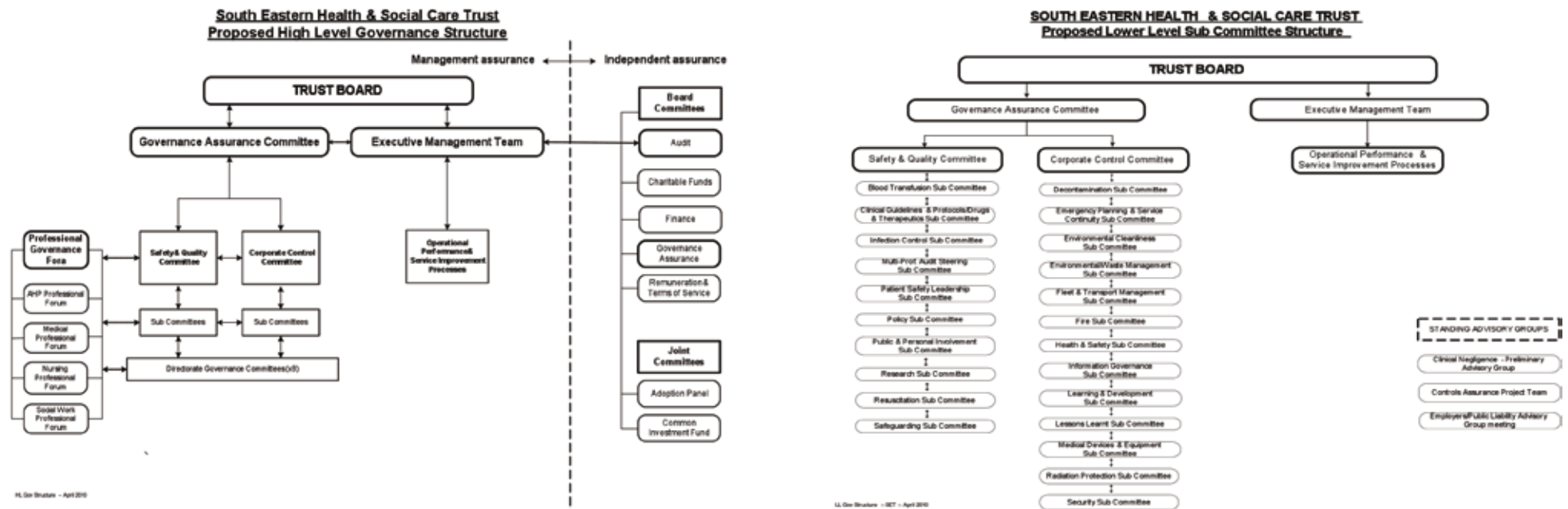
However, despite these criticisms, staff approached the agenda with zeal and have embraced the concepts which now directly influence how we provide care to our patient and clients. The success of this approach has been achieved primarily because the focus of activity centred on improving services to patients and clients through an integrated approach to governance at all levels across the Trust.

In April 2009, the Acting Permanent Secretary wrote to all Trusts and issued a revised Assurance Framework, this time for mandatory adoption. In doing so he also reminded Trusts of the many benefits of having explicit means of providing assurance in all areas of service. This new framework described how a Board and the senior executive team might go about utilising the Assurance Framework in conjunction with the Trust's Corporate Risk Register. The process described was not compulsory, but its underlying principles (making the most of managerial insight and experience without fettering the Board's scope for decision) must be observed.

The outcome of the review was the development of a revised Governance structure closely following the four stated domains within the Assurance Framework document, namely:

- **Corporate Control** - the arrangements by which the individual organisation directs and controls its functions and relates to stakeholders
- **Safety and Quality** – the arrangements for ensuring that health and social care services, and public safety services, are safe and effective and meet people's needs
- **Finance** – the arrangements for ensuring the financial stability of the Department's arm's length bodies, for securing value for money and for ensuring that resources allocated by the Minister/Department are deployed fully in achievement of agreed outcomes
- **Operational Performance and Service Improvement** – fulfilling the Departmental requirement for ensuring achievement of PfG and Ministerial objectives, standards and targets.

New committees were agreed aligned to the four domains to be chaired by the relevant Director/s and will report to a new Governance Assurance Committee chaired by a Non Executive Director. This committee is a sub committee of the Trust Board and will review the development and maintenance of an effective system of integrated governance (ie, risk management, finance and clinical and social care) and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. The new arrangements have been operational from 1 April 2010. The new committee structure is graphically depicted below:-



These new arrangements will be supported by Directorate Governance Committees (x8) chaired by the relevant Director who will prepare an annual governance plan. The Director will report progress on his/her plan on a bi-annual basis to the Governance Assurance Committee. This is intended to encourage an organic bottom up approach to the integrated governance agenda.

The role of Professional Governance Fora will continue as before ie, to identify and address professional issues in relation to practice and governance. They will inevitably have an interrelationship with the work of Directorate Governance Committees. Professional Governance action plans will be included in the Directorate Governance Plan chaired by the Executive Director.

## Controls Assurance

The Trust completed baseline assessments of the 22 controls assurance standards issued by the DHSSPS for 2009/2010. 21 out of 22 standards achieved substantive compliance. Each standard has an action plan in place to address any areas of non-compliance. Table 1 below provides a summary of the expected and actual levels of compliance for the standards for 2009/2010.

### Controls Assurance – 2009/2010

**Table 1 - Indicator Table of Levels of Compliance**

Controls Assurance Standard	Expected levels of compliance	Levels of Compliance with standards achieved by the organisation	Audited by Internal Audit
Buildings, land, plant and non-medical equipment	70%-99% Substantive	77% Substantive	No
Decontamination of Medical Devices	70%-99% Substantive	72% Substantive	No
Emergency Planning	70%-99% Substantive	81% Substantive	No
Environmental Cleanliness	70%-99% Substantive	82% Substantive	No
Environmental Management	70%-99% Substantive	74% Substantive	No
Financial Management ( <b>core standard</b> )	70%-99% Substantive	87% Substantive	Yes
Fire safety	70%-99% Substantive	75% Substantive	No
Fleet and Transport Management	70%-99% Substantive	65% Moderate	Yes
Food Hygiene	70%-99% Substantive	92% Substantive	No
Governance ( <b>core standard</b> )	70%-99% Substantive	92% Substantive	Yes
Health & Safety	70%-99% Substantive	87% Substantive	No
Human Resources	70%-99% Substantive	79% Substantive	No
Infection Control	70%-99% Substantive	87% Substantive	No
Information Communication & Technology	70%-99% Substantive	76% Substantive	Yes
Management of Purchasing and Supply	70%-99% Substantive	75% Substantive	No
Medical Devices & Equipment Management	70%-99% Substantive	71% Substantive	Yes
Medicines Management	70%-99% Substantive	81% Substantive	No
Records Management	70%-99% Substantive	76% Substantive	Yes
Research Governance	70%-99% Substantive	84% Substantive	No
Risk Management ( <b>core standard</b> )	70%-99% Substantive	83% Substantive	Yes
Security	70%-99% Substantive	77% Substantive	No
Waste Management	70%-99% Substantive	75% Substantive	No

	Descriptor
<b>Substantive 70 to 99</b>	<ul style="list-style-type: none"> <li>Substantive organisation-wide compliance with all requirements set by the standard.</li> <li>Demonstrable evidence that most parts of the organisation are meeting most of the requirements set by the standard.</li> <li>Only minor non-compliance issues requiring, in the main, minor action(s).</li> <li>High percentage of compliance by professional people as part of the self-assessment process.</li> </ul>
<b>Moderate 30 to 69</b>	<ul style="list-style-type: none"> <li>A moderate degree of organisation-wide compliance with the requirements set by the standard.</li> <li>Demonstrable evidence that work is ongoing across most parts of the organisation to achieve compliance, although some directorates or departments may be in the very early stages of compliance.</li> <li>Medium percentage of compliance by professional people as part of the self-assessment process.</li> </ul>
<b>Minimal 1 to 29</b>	<ul style="list-style-type: none"> <li>A low degree of organisation-wide compliance with the requirements set by the standard.</li> <li>Demonstrable evidence that a start has been made towards compliance in some or all parts of the organisation.</li> <li>Low percentage of compliance by professional people as part of the self-assessment process.</li> </ul>

## Emergency Planning

The detection of the swine flu outbreak in Mexico in April 2009 alerted the World Health Organisation to a potential worldwide flu pandemic. This was officially confirmed by the World Health Organisation in May 2009 and the Trust responded by activating its Pandemic Influenza Control Committee under the Chairmanship of the Medical Director. This Committee project managed the development of detailed pandemic flu plans across all of the Trust Directorates. The Trust in conjunction with the Public Health Agency HSC Board and other Trusts developed plans which included increasing adult critical care capacity by 100%, the provision of 4 paediatric critical care beds within the Ulster Hospital maternity unit, the development and delivery of a vaccination programme and an extensive testing programme to ensure that all key staff within the Trust were properly fit tested for FFP3 masks which had to be worn when staff were carrying out aerosol producing procedures on patients with flu like symptoms.

The plans were independently assessed by the HSC Board and DHSSPS and the Trust held a table top exercise to test the plans in October 2009. The Trust liaised closely with its Primary Care colleagues and Independent Sector service providers to ensure that robust service continuity plans were in place to cope with the pandemic. While the outbreak did not reach the predicted levels of clinical attack rate initially confirmed by the World Health Organisation the Trust was confident that the plans developed were adequate to ensure that core critical services would be maintained. The Pandemic Influenza Control Committee officially stood down in February 2010. A detailed debrief was carried out and a report was submitted to the Department of Health & Social Services in March 2010.

In January 2010 the Eastern Group of Councils Environmental Health Committee established an Eastern Emergency Support Group in which the Trust will play a key role. The purpose of this multi agency group is to deliver integrated major incident planning for the Eastern Group of Councils area including 'C' district of the PSNI and Lisburn City Council by producing multi agency plans with regular review testing and evaluation in accordance with the guidance incorporated in the Northern Ireland Civil Contingencies framework and the local Government Emergency Management Group strategy.

The Trust Information Governance Committee has established a number of key workstreams to ensure the Trust delivers its information governance programme and adheres to statutory and legislative requirements. All of the Trust information governance policies and procedures were revised and reissued during the past year and the Trust achieved substantive compliance with the Records Management and ICT controls assurance standard for 2009/2010.

## Safe & Effective Care

In 2009/2010 the Safe and Effective Care Department have continued to work with service areas in delivering a range of strategic priorities relating to the delivery of the Trust's integrated governance framework, with specific responsibility for the clinical and social care governance agenda. Processes and systems have been established to facilitate the implementation and monitoring of relevant standards and improvement activities relating to patient/client care, as identified from numerous sources eg. case management reviews, internal/external reviews, DHSSPS/NICE learning circulars and RQIA reviews, in order to ensure the delivery of high quality, evidence based care.

In September 2009, the Trust adopted the Department of Health, Social Services and Public Safety (DHSSPS) Patient and Client Experience standards in relation to Respect, Attitude, Behaviour, Communication, and Privacy and Dignity. As part of the Priorities for Action Targets for 2009/2010 the Safe and Effective Care Department together with relevant service areas put in place arrangements to monitor and report performance against the standards which promote the delivery of high quality, effective care by ensuring a positive patient/client experience.

## Patient Safety

During 2009/10 significant progress has been made in the development of Patient Safety and Quality Improvement. The Priorities for Action have raised the profile of this work in a number of service areas and the Trust continues to excel as leaders across many of the workstreams. The Trust has also given a commitment to participate in the Safer Patients Network (SPN). Launched in June 2009, the organisations within the network will work alongside the Health Foundation and the Institute for Healthcare Improvement to test, develop and export ways to make healthcare safer for patients and build improvement skills in their systems of care. The Network will:

- Sustain and strengthen the impact of the Safer Patients Initiative (SPI)
- Create opportunities to test and develop new approaches to patient safety
- Build capability in the service by establishing accredited sites.

The Trust has also shown its commitment to improving Patient Safety through its work with the Regional HSC Safety Forum on a number of additional collaboratives - Medication Safety and Perinatal Care and has also been developing skills and techniques in Quality Improvement through the framework Transforming Care at the Bedside (TCAB).

## Safe and Effective Care Committee

The Safe and Effective care committee, jointly chaired by the Medical Director and Director of Primary Care, Older People and Executive Director of Nursing continued to meet on a quarterly basis during 2009/2010. The overall aim of the committee was to ensure that the Trust health and social care services were safe, effective and met people's needs. The committee did this by identifying and leading on key priorities relating to the delivery of high quality, safe and effective care. A framework of sub-committees, reporting to the Safe and Effective Care Committee, addressed key clinical and social care governance priorities eg. multiprofessional audit, patient safety, policies, clinical guidelines, research governance, learning and development, personal & public involvement, and infection control. Effective and robust links between the Safe & Effective Care Committee and the Risk Management Committee ensured that areas of risk in patient/client care were identified, appropriate action taken and that lessons were shared and disseminated.

Under the revised governance structure outlined the Safety and Quality Committee will continue to progress the work of the Safe and Effective Care Committee throughout 2010/2011 to ensure that health and social care services, and public safety services, are safe and effective and meet people's needs.



# Planning & Performance

## Personal & Public Involvement (PPI)

South Eastern Trust fully recognises the importance of engagement with a wide variety of stakeholders with regards to how our service might change and improve. The strategy to engage, described as Personal and Public Involvement, is captured in our three year plan **Having Your Say** 2009-2012.

Following the launch of **Having Your Say** there have been a number of key milestones in its implementation. Each Directorate within the Trust now reports quarterly to Trust Board, outlining PPI activities undertaken, the impact on services and service users and their future plans to engage with the public. An information leaflet encouraging the public to become involved has been circulated widely and has led to an increased number of people wanting to contribute to the development of services within the Trust. As part of the communication arrangements the Trust's first edition of the PPI newsletter was issued in April 2010. The newsletter was circulated to all staff and members of the public that had responded to the **Having Your Say** leaflet.

To support staff to work with the public and to maximise the benefits of PPI there have been a number of developments. PPI has now been included in the Trust Corporate Induction. This means that all new Trust staff are aware of the Trust's commitment to work with the public, local groups and the local population and have an understanding of their responsibility to engage with the public. To enhance this, PPI awareness sessions are planned and a regional PPI Toolkit has been developed to give staff practical tools and examples of the methods that they can use to engage with the public.



Julie Davidson and Kieran Dryane  
discussing PPI Toolkit

# Kiwoko

The project has had its most successful fund raising year so far with a total exceeding £30,000. Kiwoko Hospital in Uganda depends on donations for over 60% of its income of £700,000 p.a. and in 2009 they faced a major financial crisis as they struggled to deal with the fallout from the global recession. A huge thank you to everyone in the Trust who helped to keep the work of the hospital going in a very unstable financial climate.

We were able to fund the Outpatients department, and the Radiology department, where we have invested in a new building, training and equipment to improve quality. The outpatient department acts as an A/E, GP type facility seeing 34,000 patients each year - thus providing quality health care to a significant number of people!

In February 2010, 7 Trust staff visited Kiwoko to contribute to the work in the Nurse Training School, the laboratory, the laboratory training school, the medical wards and maternity. The project is committed to developing the quality of the work in all of these areas and in particular the laboratory training school in 2010 through the provision of new equipment, support and training.

For further information on the project contact: Alan Vincent at: [alan.vincent@setrust.hscni.net](mailto:alan.vincent@setrust.hscni.net)



Dr Ray Harper at Kiwoko



Trust staff getting into the spirit of Uganda

# Year at a glance



Roisin O'Neill and Clare McStay, Team Leaders for Sensory Support Services were awarded the Northern Ireland Association of Social Work 'Team Service Award' by Michael McGimpsey at the NIASW World Social Work Day Celebration Award Ceremony in March 2010.



Caitlin McCoy was awarded RCN Ward "Manager of the Year" for her outstanding leadership skills. Caitlin has been the Ward Manager in the Chemotherapy Unit at the Ulster Hospital for 7 years.



Elaine Madden, Lead Midwife was a "Nurse of the Year finalist" and won an award in 2009 from the RCM for her Multi Disciplinary Emergency Drill Work.



Hilary Patterson, Bereavement Nurse won an award from NCT for the Forget-Me-Not Bereavement Support Group. She was also a finalist in the "Nurse of the Year" Awards and won an award from Citybeat.



Jeanie Johnston, formerly from UTV has been appointed as Head of Communications.

# Year at a glance

Helen Quinn successfully completed her Masters in Clinical Pharmacy from Queens University, Belfast.



Cathy Whitley, Mairead Battersby and Anne Houston passed their Diploma in Clinical Pharmacy from Queens University, Belfast



**Lesley Reid RCN Finalist for "Nurse of the Year" 2009**

Her role of Designated Nurse for Looked After Children (LAC Nurse) aims to improve the health outcomes for looked after children (LAC) in the Trust.



The use of DI@L-log was presented by staff & patient experience at the Diabetes UK Conference in March 2010.



# Year at a glance



Pauline Mulholland, Lead Dietician in the Trust has been made a Fellow of the British Dietetic Association.

Pauline deals with all issues from malnutrition to obesity and is currently the regional lead on improving hospital food across Northern Ireland.

Heather Crawford, Speech & Language Therapy Manager was awarded an MBE in the Queen's New Years Honours for services to Speech & Language Therapy.

She was also made a Fellow of the College of Speech & Language Therapy in 2009.



Helen Daley, Clinical Co-ordinator for Safe & Effective Care graduated with distinction in a Masters in Public Administration with the University of Ulster.



Award winners at RCN "Nurse of the Year" Awards 2009.

# Trust Performance 2009/2010

The Trust had a particularly challenging year with stringent targets set by the Department of Health, Social Services and Public Safety. The following indicators show that while focus continues on patient care, service improvement and efficiency, much has been achieved.

The following give a brief overview of some of the Key Performance Measures indicating the Trust position at the end of March 2010. Performance is presented using the red (unachieved), amber (partially achieved), green (achieved) format.

The Trust performance at the end of March was strong with most standards and targets being achieved or maintained. Where targets were not fully achieved the Trust demonstrated improved performance against the 2008/09 year.

<b>Hospital Services</b>		
<b>Target</b>	<b>Commentary</b>	<b>March Position</b>
<b>Inpatient Daycase Waits</b> From April 2009 no patient should wait longer than 13 weeks for inpatient or day-care treatment. (26 weeks for Plastics).	The Trust achieved the 13 week standard across all specialties with the exception of Plastic Surgery at 31 March 2010 and achieved the agreed 26 week maximum wait for Plastic Surgery at end of March.	Green
<b>Outpatient Waits</b> From April 2009 no patient should wait longer than 9 weeks for a first outpatient appointment.	The Trust achieved the 9 week standard across all outpatient specialties at 31 March.	Green
<b>Diagnostic Test Waits</b> From April 2009 no patient should wait longer than 9 weeks for a diagnostic test.	The Trust achieved the 9 week standard at 31 March.	Green
<b>Diagnostic Reporting (Urgent)</b> From April 2009, all urgent diagnostic tests should be reported within 2 days of the test being undertaken.	The Trust achieved 59.3% within 2 days during March 2010 as written reports. The Trust achieved 100% of verbal reports within 2 days.	Red
<b>Diagnostic Reporting (Routine)</b> From April 2009, 75% of all routine diagnostic tests to be reported within 2 weeks.	The Trust achieved 96% during March 2010.	Green
<b>Allied Health Professional Outpatient Waits</b> From April 2009 no patient should wait longer than 13 weeks from referral to commencement of treatment, reducing to 9 weeks by March 2010. (9 week performance being reported from January 2010)	The Trust achieved the 9 week standard across all AHP services at 31 March.	Green

Target	Commentary	March Position
<b>Anti-TNF</b> – 9 months to commence specialist drug therapies for the treatment of severe arthritis (report on pts waiting >9months).	The Trust achieved the 9 month standard at 31 March.	
<b>Cancelled Operations</b> From April 2009, no more than 2% of operations should be cancelled for non-clinical reasons.	Standard achieved. During March 2010, 1.7% of operations were cancelled for non-clinical reasons.	
<b>Accident &amp; Emergency</b> From April 2009 95% of patients attending any A&E department should be either treated and discharged home, or admitted within 4 hours of their arrival in the department.	<b>Trust</b> - Standard not maintained during March 2010, 79.4% treated & discharged home, or admitted within 4 hours.	
	Ards - Standard maintained, 100% within 4 hours.	
	Bangor - Standard maintained, 100% within 4 hours.	
	Downe - Standard not maintained, 90.5% within 4 hours.	
	Lagan Valley - Standard not maintained, 72.6% within 4 hours.	
Ulster - Standard not maintained, 72.8% within 4 hours.		
<b>Renal Services</b> From April 2009 at least 50% of patients should receive dialysis via a fistula, increasing to 60% by March 2010.	The Trust achieved 54.2% at 31 March 2010.	
<b>Cancer Services</b>		
Target	Commentary	March Position
From April 2009, all urgent breast cancer referrals should be seen within 14 days.	In March 2010, 100% of urgent cancer referrals were seen within 14 days.	
From April 2009, 98% of cancer patients should commence treatment within 31 days of decision to treat.	In March 2010 100% of patients commenced treatment within 31 days of decision to treat.	
From April 2009 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	In March 2010 98% of patients urgently referred with a suspect cancer began first treatment within 62 days.	



<b>Community Services and Services for Older People</b>		
<b>Target</b>	<b>Commentary</b>	<b>March Position</b>
<b>Assess &amp; treat older people</b> - By March 2010, 45% of people in care management should have their assessed care needs met in a domiciliary setting.	In March 2010, 52% receiving care in domiciliary setting.	
<b>Assess &amp; treat older people</b> - Older people with continuing care needs should wait no longer than 8 weeks for assessment to be completed.	The Trust achieved 100% at March 2010.	
<b>Assess &amp; treat older people</b> - Older people should have the main components of their care needs met within 12 weeks of the completion of assessment.	The Trust achieved 100% at March 2010.	
<b>Direct Payments</b> - By March 2010 the number of cases should increase to 220 in South Eastern Trust.	By the end March 2010 the Trust provided 251 Care Packages by Direct Payments.	
<b>Childrens Services</b>		
<b>Target</b>	<b>Commentary</b>	<b>March Position</b>
<b>Foster Carers</b> By March 2010 increase the number in the Trust area to 329.	The Trust achieved 355 by 31 March 2010.	
By March 2010 provide <b>family support interventions</b> to 360 children in vulnerable families.	The Trust achieved 643.	
By March 2010 90% of all children admitted to <b>residential care</b> should, prior to admission: (1) have been the subject of a formal assessment to determine the need for residential care. (2) have had their placement matched through the Children's Resource Panel process.	The Trust achieved 100% at March 2010.	
<b>Care leavers living with former foster carers or supported families</b> By March 2010, increase to 35 the number of care leavers aged 18-20 living with their former foster carers or supported family.	The Trust achieved 40 at 31 March 2010.	
<b>Care leavers in education, training or employed</b> By March 2010 ensure that at least 70% of all care leavers aged 19 are in education, training or employment.	The Trust achieved 62% at March 2010.	
During 2009/10, ensure that at least 90 children participate in <b>family group conferences</b> .	The Trust achieved 91 in 2009/10.	
By March 2010, for every child taken into care, a <b>plan for permanence</b> and associated timescales should be agreed within 6 months.	The Trust achieved 85.7% during March 2010.	

<b>Mental Health</b>		
<b>Target</b>	<b>Commentary</b>	<b>March Position</b>
By March 2010, <b>resettle</b> 10 patients from hospital to appropriate places in the community.	The Trust resettled 10 patients during 2009/10.	
<b>Mental Health Discharges</b> From April 2009, 75% of patients admitted for assessment and treatment to be discharged within 7 days of the decision to discharge.	The Trust achieved 100% during March 2010.	
From April 2009 no patient to wait more than 13 weeks (reducing to 9 weeks by March 2010) from referral to assessment and commencement of treatment for <b>mental health issues</b> .	The Trust achieved the 9 week standard at 31 March.	
No patient to wait longer than 13 weeks from referral to assessment and commencement of <b>psychological therapies</b> .	The Trust achieved 91.4% of patients waiting less than 13 weeks at 31 March.	
<b>Disability</b>		
<b>Target</b>	<b>Commentary</b>	<b>March Position</b>
By March 2010 ensure 18 week maximum waiting time for 90% of all <b>wheelchairs</b> .	74% of wheelchairs were issued within 18 weeks at 31 March 2010.	
By March 2010 to ensure that all <b>urgent minor housing</b> adaptations are completed within 10 working days.	70% were completed within 10 working days during March 2010.	
By March 2010 to ensure installation of all <b>lift and ceiling tracks</b> within 22 weeks of OT assessment and options appraisal.	100% were installed within 22 weeks during March 2010.	
By March 2010 to ensure that no child waits more than 13 weeks for assessment following referral for <b>Autism</b> .	100% within 13 weeks during March 2010.	
To ensure that no child waits more than 13 weeks for the commencement of specialist treatment following assessment for <b>Autism</b> .	98% within 13 weeks during March 2010.	
<b>Acquired Brain Injury</b> By March 2010 to ensure a maximum 13 week waiting time from referral to assessment and commencement of specialised treatment.	100% within 13 weeks by March 2010.	

# Summary Financial Statement

These accounts for the year ended 31 March 2010 have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

This Summary Financial Statement does not contain sufficient information for a full understanding of the activities and performance of the Trust. For further information, the full Accounts (including the Statement of Internal Control), and Annual Report and Auditor's Report for the year ended 31 March 2010 should be consulted.


Copies of the full accounts are available from:

Assistant Director, Financial Services  
South Eastern Health and Social Care Trust  
Health and Care Centre  
39 Regent Street  
Newtownards  
BT23 4AD

# Net Expenditure Account for Year Ended 31 March 2010

	NOTE	2010 £000s	Restated 2009 £000s
<b>Expenditure</b>			
Staff costs	4.1	(288,021)	(272,485)
Depreciation	5.0	(14,385)	(13,177)
Other Expenditure	5.0	(238,846)	(203,817)
		<u>(541,252)</u>	<u>(489,479)</u>
<b>Income</b>			
Income from activities	6.1	22,304	19,775
Other Income	6.2	15,291	10,240
Reimbursements receivable	6.3	1,351	5,925
		<u>38,946</u>	<u>35,940</u>
<b>Net Expenditure</b>		<u><b>(502,306)</b></u>	<u><b>(453,539)</b></u>
<b>Credit reversal of notional costs</b>			
Cost of capital	5.0	11,261	10,571
Notional costs (audit fees)	5.0	65	59
<b>Net expenditure for the financial year</b>		<u><b>(490,980)</b></u>	<u><b>(442,909)</b></u>
<b>Revenue Resource Limit (RRL)</b>	26.1	502,334	453,589
<b>Surplus/deficit against RRL</b>		<u><b>28</b></u>	<u><b>50</b></u>

I certify that the attached Financial Statements and Annual Report were approved by the Board of Directors on:

Signed:  (Chief Executive) Date: 4 June 2010

# Statement of Financial Position as at 31 March 2010

	NOTE	2010		Restated 2009		Restated 2008	
		£000s	£000s	£000s	£000s	£000s	£000s
<b>Non Current Assets</b>							
Property, Plant and Equipment	7.0/7.2/7.4	379,569		391,688		344,223	
Intangible assets	8.0 /8.2/8.4	0		0		5	
Financial Assets	9.1	0		0		0	
Trade and other Receivables	13.0	5,527		7,675		10,998	
<b>Total non current Assets</b>			<b>385,096</b>		<b>399,363</b>		<b>355,226</b>
<b>Current Assets</b>							
Assets classified as held for sale	10.0	5,700		580		0	
Inventories	12.0	2,327		1,822		1,774	
Trade and other Receivables	13.0	35,008		25,896		16,846	
Other current assets	13.0	0		0		0	
Financial assets	9.1	0		0		0	
Cash and cash equivalents	14.0	1,884		1,090		7,421	
<b>Total Current Assets</b>			44,919		29,388		26,041
<b>Total Assets</b>			<b>430,015</b>		<b>428,751</b>		<b>381,267</b>
<b>Current Liabilities</b>							
Trade and other Payables	15.0	(59,048)		(63,308)		(71,845)	
Other Liabilities	15.0	0		0		0	
Provisions < 1yr	17.0	(14,048)		(13,802)		(11,956)	
<b>Total current liabilities</b>			(73,096)		(77,110)		(83,801)
<b>Non current assets plus/less net current assets/liabilities</b>			<b>356,919</b>		<b>351,641</b>		<b>297,466</b>
<b>Non Current liabilities</b>							
Provisions > 1yr	17.0	(9,850)		(14,561)		(14,827)	
Other Payables > 1 yr	15.0	0		0		0	
Financial Liabilities	9.1	0		0		0	
<b>Total Non Current Liabilities</b>			(9,850)		(14,561)		(14,827)
<b>ASSETS LESS LIABILITIES</b>			<b>347,069</b>		<b>337,080</b>		<b>282,639</b>
<b>RESERVES</b>							
Donated asset reserve		17,778		23,141		23,288	
Revaluation Reserve		27,446		22,826		17,592	
General Reserve		301,845		291,113		241,759	
			<b>347,069</b>		<b>337,080</b>		<b>282,639</b>

# Statement of Changes in Reserves for the year ended 31 March 2010

Note	General Reserve £000s	Revaluation Reserve £000s	Donation Reserve £000s	Total £000s	
<b>Balance at 31 March 2008</b>	258,119	17,592	23,288	298,999	
Changes in accounting policy (IFRS)	(4,760)	0	0	(4,760)	
Change in accounting policy - GIA	(11,600)	0	0	(11,600)	
Transfers of Function					
<b>Restated balance at 1 April 2008</b>	<b>241,759</b>	<b>17,592</b>	<b>23,288</b>	<b>282,639</b>	
<b>Changes in reserves 2008-09</b>					
Net gain/(loss) on revaluation of property, plant & equipment	7.2, 7.4	0	5,303	95	5,398
Impairment of property, plant and equipment	11	0	0	0	0
Net gain/(loss) on revaluation of intangible assets	8.2, 8.4	0	0	0	0
Impairment of intangible asset	11	0	0	0	0
Donated asset reserve - transfer to net expend for depreciation		0	0	(634)	(634)
Donated asset receipts		0	0	392	392
Non cash charges - cost of capital	5	10,571	0	0	10,571
Non cash charges - auditors remuneration	5	59	0	0	59
Transfers between reserves		69	(69)	0	0
Net expenditure for the year		(453,539)	0	0	(453,539)
Movement - Other		2,041	0	0	2,041
<b>Total recognised income and expense for 2008-09</b>		(440,799)	5,234	(147)	(435,712)
Grant from DHSSPS		490,153			490,153
<b>Balance at 31 March 2009</b>	<b>291,113</b>	<b>22,826</b>	<b>23,141</b>	<b>337,080</b>	
<b>Changes in reserves 2009-10</b>					
Net gain/(loss) on revaluation of property, plant & equipment	7.1, 7.3	0	4,861	(773)	4,088
Impairment of property, plant and equipment	11	0	0	(4,630)	(4,630)
Net gain/(loss) on revaluation of intangible assets	8.1, 8.3	0	0	0	0
Impairment of intangible asset	11	0	0	0	0
Donated asset reserve - transfer to net expend for depreciation		0	0	(637)	(637)
Donated asset receipts		0	0	677	677
Non cash charges - cost of capital	5	11,261	0	0	11,261
Non cash charges - auditors remuneration	5	65	0	0	65
Transfers between reserves		241	(241)	0	0
Net expenditure for the year		(502,306)	0	0	(502,306)
<b>Total recognised income and expense for 2009-10</b>		(490,739)	4,620	(5,363)	(491,482)
Grant from DHSSPS		501,471	0	0	501,471
<b>Balance at 31 March 2010</b>	<b>301,845</b>	<b>27,446</b>	<b>17,778</b>	<b>347,069</b>	

## Statement of Changes in Reserves for the year ended 31 March 2010 continued

Analysis of Revaluation Reserve	Property, Plant & Equipment		
	£'000	Intangibles £'000	Total £'000
<b>Balance at 31 March 2008</b>	17,592	0	17,592
Changes in accounting policy			
<b>Restated balance at 1 April 2008</b>	<u>17,592</u>	<u>0</u>	<u>17,592</u>
Movements in 2008/09:			
Net gain/ loss on revaluation	5,303	0	5,303
Impairment	0	0	0
Transfer to General Reserve	(69)	0	(69)
Release of reserves to Net Expenditure Account			
<b>Balance at 31 March 2009</b>	<u>22,826</u>	<u>0</u>	<u>22,826</u>
Movements in 2009/10:			
Net gain/ loss on revaluation	4,861	0	4,861
Impairment	0	0	0
Transfer to General Reserve	(241)	0	(241)
Release of reserves to Net Expenditure Account			
<b>Balance at 31 March 2010</b>	<u>27,446</u>	<u>0</u>	<u>27,446</u>



# Statement of Cashflows for the year ended 31 March 2010

	<b>2010</b>	<b>Restated</b>
	<b>£000s</b>	<b>2009</b>
		<b>£000s</b>
<b>Cashflows from operating activities</b>		
Net expenditure after coc & interest	(502,306)	(453,539)
Adjustments for non cash costs	59,202	35,579
Prior Year GIA adjustment	0	2,040
(Increase)/decrease in trade & other receivables	(6,964)	(5,727)
(Increase)/decrease in inventories	(505)	(48)
Increase/(decrease) in trade payables	(550)	(5,210)
Use of provisions	(5,524)	(9,217)
<b>Net cash outflow from operating activities</b>	<b>(456,647)</b>	<b>(436,122)</b>
 <b>Cashflows from investing activities</b>		
Purchase of property, plant & equipment	(44,732)	(60,365)
Purchase of intangible assets	0	0
Proceeds of disposal of property, plant & equipment	702	3
Proceeds on disposal of intangibles	0	0
Proceeds on disposal of assets held for resale	0	0
Interest Received	0	0
<b>Net Cash inflow/(Outflow) from investing activities</b>	<b>(44,030)</b>	<b>(60,362)</b>
 <b>Cash flows from financing activities</b>		
Grant in aid	501,471	490,153
Cap element of payments iro finance leases & on balance sheet PFIs	0	0
<b>Net financing</b>	<b>501,471</b>	<b>490,153</b>
 <b>Net increase (decrease) in cash &amp; cash equivalents in the period</b>	<b>794</b>	<b>(6,331)</b>
<b>Cash &amp; cash equivalents at the beginning of the period</b>	<b>14</b>	<b>1,090</b>
<b>Cash &amp; cash equivalents at the end of the period</b>	<b>14</b>	<b>1,884</b>

### Management Board

The Management Board responsible for setting the direction for the South Eastern Trust is made up of the following individuals:

#### Executive members:

Seamus McGoran (Acting chief executive from 1 April 2009 to 31 May 2009 and Director 1 June onwards)

Hugh McCaughey (appointed 1 June 2009)

Desi Bannon

Paul Cummings (left 31 May 2009)

Neil Guckian (appointed 21 September 2009)

Charlie Martyn

Charlotte McArdle

Eamonn Molloy

John Simpson

Kate Thompson

Simon Christie (Acting director 24 April to 30 September 2009)

#### Non-executive members:

Colm McKenna

Peter Davidson

Donal Flanagan

Francesca Graham

Deepa Mann-Kler

Nigel Mansley

Dermot O'Hara

John Trethowan

## History of the South Eastern Trust

The South Eastern Trust was established on the 1 April 2007 following the merger of the former Ulster Community and Hospitals Trust and Down and Lisburn Trust.

It is an integrated organisation, incorporating acute hospital services, community health and social services and serves a population of approx. 440,000 people.

## Equal opportunities

The South Eastern Trust has in place an equal opportunities policy to promote and provide equality between persons of different genders, marital or family status, religious belief or political opinion, age, disability, race or ethnic origin, nationality or sexual orientation, between persons with a disability and persons without, between persons with dependants and persons without, between men and women generally, and irrespective of Staff Organisation membership. This policy applies to recruitment, promotion, training, transfer and other benefits and facilities.

## Staff involvement

The Trust also seeks to communicate and involve its staff through mechanisms such as the Trust Intranet site, workshops on the Reform and Modernisation programme, and a regular Trust newsletter.

## Public Sector Payment Policy - Measure of Compliance

The Department requires that Trusts pay their non HSC trade creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. The Trust's payment policy is consistent with the CBI prompt payment codes and Government Accounting rules and its measure of compliance is:

	<b>2010 Number</b>	<b>2009 Number</b>
Total bills paid	<u>145,234</u>	<u>133,663</u>
Total bills paid within 30 day target	<u>122,375</u>	<u>105,862</u>
% of bills paid within 30 day target	<u><b>84.3%</b></u>	<u><b>79.2%</b></u>

## Related party transactions

The South Eastern HSC Trust is an arm's length body of the Department of Health, Social Services and public Safety and as such the Department is a related party with which the South Eastern HSC Trust has had various material transactions during the year. The Trust has received income during the year of £501 million.

During the year, none of the board members (except for those listed below), members of the key management other or other related parties has undertaken any material transactions with the South Eastern HSC Trust.

## Neil Guckian, Director of Finance and Estates

Mr Guckian is the brother of the Chairman of the Western Health and Social Care Trust. Mr Guckian was appointed as Director of Finance and Estates with effect from 21 September 2009. From this date until the end of the financial year the Trust received income from the Western HSC Trust of £394,000 for the provision of goods and services. The Trust made payments to the Western HSC Trust of £110,000 for goods and services received.

## John Trethowan, Non Executive Director

Mr Trethowan is the Director of business in the Community Ireland. Payments amounting to £15,900 were paid to Business in the Community for services provided during the year.

## Directors Interests

Details of company directorships or other significant interests held by Directors where those directors are likely to do business, or are possibly seeking to do business with the South Eastern Health and Social Care Trust where this may conflict with their managerial responsibilities are held on a central register. A copy is available from Assistant Director, Financial Services, South Eastern Health and Social Care Trust, 39 Regent Street, Newtownards, BT23 4AD.

## Charitable Donations

The Trust did not make any charitable donations during the financial year.

## Post Balance Sheet Events

There are no post balance sheet events which have a material impact on the accounts.

## **Sickness Absence Information**

The percentage figure for sickness absence for the 2009/2010 year is 5.22%.

## **Personal data related incidents**

There were no personal data related incidents requiring disclosure.

## **Audit Services**

The Trust's statutory audit was performed by PricewaterhouseCoopers on behalf of the Northern Ireland Audit Office. The audit fee for 2009/2010 was £65k.

## **Non audit Services**

During the year the South Eastern Trust purchased no non audit services from its auditor the Northern Ireland Audit Office.

## **Statement on disclosure of audit information**

All directors can confirm that they are not aware of any relevant audit information of which the South Eastern HSC Trust's auditors are unaware.

## Management Commentary

The South Eastern HSC Trust has continued to achieve its key financial targets in this, its third year of operation.

These targets are summarised as follows:

	Target	Actual
1. Excess of expenditure over Revenue Resource Limit (£'000s)	Nil	28
2. Capital Resource Limit (£'000s)	41,222*	41,023

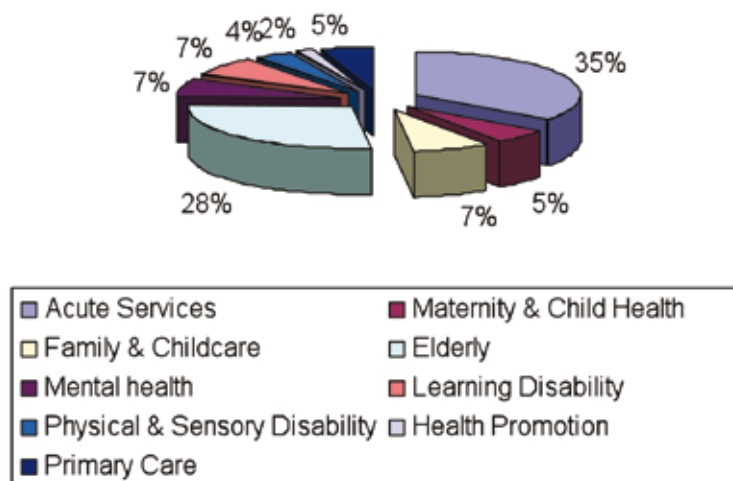
\*Inclusive of receipts from sale of fixed assets

The Trust's Revenue Resource Limit represents the funding provided to it primarily by the DHSSPSNI, either directly or through the New Health and Social Care Board. For the 2009/10 financial year this amounted to £502m.

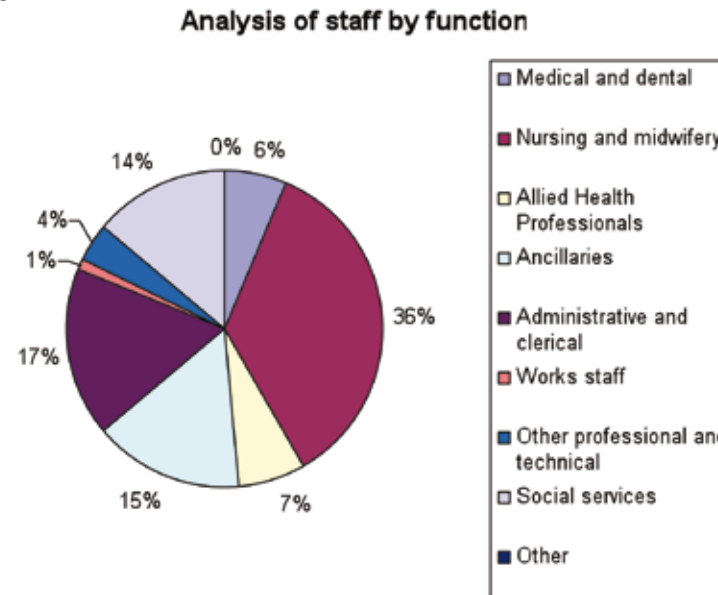
The funding is used to provide a wide range of health and personal social care services to the population of the North Down, Down, Ards and Lisburn government districts – a population of approx. 440,000 people.

The services provided can be classified into different programme of care, and an analysis of spend across these programmes is shown below:

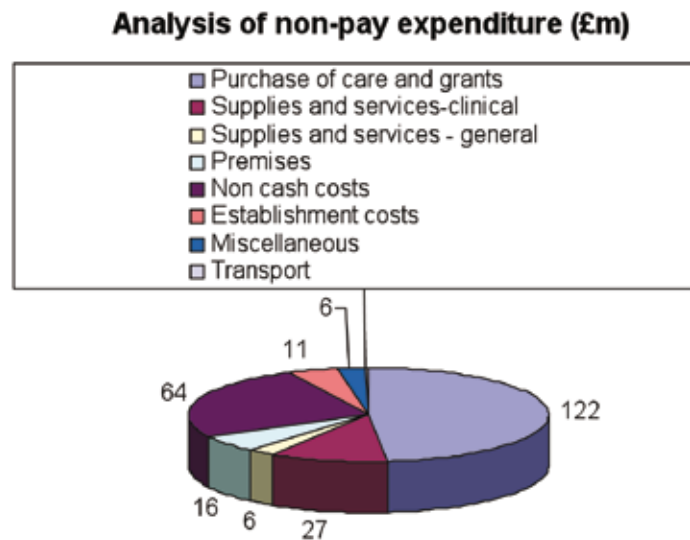
**Expenditure by Programme of Care**



The South Eastern Trust is dependent on its skilled and dedicated workforce to deliver high quality services to patients and clients. In total we employ over 8,000 whole time equivalent members of staff, and spend £288m on salaries and wages. The types of roles carried out by our staff can be classified as follows:



The Trust also spent £253m in the year on non-pay expenditure. This is analysed into the main areas of spend below:





Non-pay expenditure covers things like payments to residential and nursing homes and private domiciliary care providers (purchase of care), as well as all the costs associated with running and maintaining all the Trust facilities including the hospitals (premises and establishment costs).

In addition to the yearly spend on paying staff and other bills, the Trust is involved in a continuous process of improving its facilities and equipment. During the year over £41m was spent on capital – the main elements of this are as follows:

	£'000
New Downe Hospital	2,517
Ulster Hospital redevelopment	22,810
Medical equipment	7,901
Information technology	2,530
Lisburn Adult Resource Centre	1,498
Lagan Valley Theatres	1,198
Other	2,569
	41,023

### Membership of the Remuneration Committee

The Remuneration Committee of South Eastern Health & Social Care Trust includes the Chairman and Non Executive Directors of the Trust. They are supported by the Chief Executive and Director of Human Resources & Corporate Affairs.

### Policy on the Remuneration of the Chief Executive and Directors

The policy on the Remuneration of the Chief Executive and Directors is governed by and administered on the basis of the Department of Health, Social Services and Public Safety, Departmental Directives and Circulars on HPSS Senior Executive Salaries.

### Method used to assess performance

The Trust applies the Senior Executive Performance Management Scheme as set out within Departmental Circular HSS (SN) 1/2003 'Senior Executive Performance Management Scheme'. However two Senior Executives remain on protected terms and conditions of service.

### The Trust Board

The Trust Board determines the strategic and operational corporate objectives for the Trust for the year ahead, taking into account the parameters established by the Department and to incorporate them within the Service or Trust Delivery Plans.

### Remuneration Committee

The Remuneration Committee oversees the performance management process.

### Chair

The Chairman agrees the Chief Executive's performance objectives and reviews the performance of objectives and completes the final report.

## Chief Executive

The Chief Executive agrees individual performance objectives of Directors and reviews the performance of objectives and completes the final report.

## Performance Objectives

Performance objectives are linked to Trust service delivery and development plans. Performance objectives are clear and measurable.

## Evaluation of Performance

The evaluation of performance is based on evidence of achievement of service and task objectives relating pay to performance. This process is completed in accordance with Paragraph 14 of the Departmental Circular detailed within the HSS (SN) 1/2003. The performance of each individual is assessed and rated each year in one of four bands according to how successfully objectives or targets have been met.

Individual Performance Review bands are as follows:

- Superior
- Fully acceptable
- Incomplete
- Unsatisfactory

The Remuneration Committee, which is made up of non-executive directors of the Board, are fully conversant with organisational performance via monthly reports to the Trust Board. In particular, financial management, patient and client access and governance development performance are taken into account. These are reflected in individual performance objectives. The method used does not include formal comparisons with outside organisations.

## Duration of Contracts

Contracts of employment are permanent (subject to satisfactory performance) and provide for three months notice for both parties. As far as all Senior Executives are concerned, the provisions for compensation for early termination of contract are in accordance with the appropriate Departmental guidance.

## Remuneration Table

The salary and the value of any taxable benefits in kind of the most senior members of the Trust were as follows:

Name	2009-10	
	Salary, including Performance Pay £'000	Benefits in Kind (Rounded to nearest £100)
<b>Non-Executive Members</b>		
C McKenna	30-35	0
P Davidson	5-10	0
D Flanagan	5-10	0
F Graham	5-10	0
D Mann-Kler	5-10	0
N Mansley	5-10	0
D O'Hara	5-10	0
J Trethowan	5-10	0

<b>Executive Members</b>		
H McCaughey	95-100 (115-120 Full Year Equivalent)	300
D Bannon	65-70	1,500
P Cummings	15-20 (95-100 Full Year Equivalent)	600
N Guckian	40-45 (85-90 Full Year Equivalent)	0
C Martyn (incl clinical duties)	180-185	300
C McArdle	70-75	0
S McGoran	90-95	3,000
E Molloy	90-95	0
N J Simpson	85-90	300
K Thompson	85-90	0
S Christie	30-35 (60-65 Full Year Equivalent)	0

## Changes during the year

Mr S McGoran was Acting Chief Executive from 1 April to 31 May 2009. Mr H McCaughey was appointed Chief Executive on the 1 June 2009 and has held this position for the remainder of the year. Mr P Cummings left his position of Director of Finance and Estates on the 31 May 2009. Mr S Christie was Acting Director of Finance and Estates from 24 April to 30 September 2009. Mr N Guckian was appointed as Director of Finance and Estates on 21 September 2009 and has held this position for the remainder of the year.

The pensions of the most senior members of the Trust were as follows:

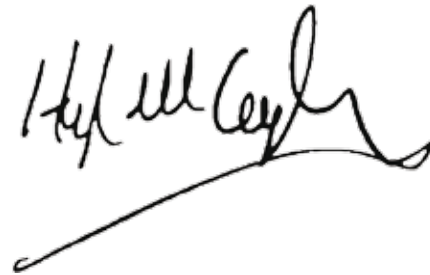
	Real increase in pension and related lump sum at age 60 £'000	Total accrued pension at age 60 and related lump sum £'000	CETV at 31/03/08 £'000	CETV at 31/03/09 £'000	Real increase in CETV £'000
<b>Non-Executive members</b>					
C McKenna	0	0	0	0	0
P Davidson	0	0	0	0	0
D Flanagan	0	0	0	0	0
F Graham	0	0	0	0	0
D Mann-Kler	0	0	0	0	0
N Mansley	0	0	0	0	0
D O'Hara	0	0	0	0	0
J Trethowan	0	0	0	0	0
<b>Executive members</b>					
H McCaughey	2.5-5 plus Lump sum 12.5-15	35-40 plus Lump sum 110-115	514	637	81
D Bannon	0-2.5 plus Lump sum 0-2.5	30-35 plus Lump sum 95-100	634	688	6
P Cummings	0-2.5 plus Lump sum 2.5-5	30-35 plus Lump sum 90-95	468	533	25
N Guckian	0-2.5 plus Lump sum 2.5-5	15-20 plus Lump sum 45-50	227	259	12
C Martyn (ins clinical duties)	12.5-15 plus Lump sum 40.42.5	40-45 plus Lump sum 130-135	600	935	280
C McArdle	0-2.5 plus Lump sum 2.5-5	15-20 plus Lump sum 45-50	207	238	13
S McGoran	0-2.5 plus Lump sum 2.5-5	25-30 plus Lump sum 75-80	403	458	20
E Molloy	0-2.5 plus Lump sum 2.5-5	35-40 plus Lump sum 105-110	656	736	24
N J Simpson	0-2.5 plus Lump sum 2.5-5	30-35 plus Lump sum 100-105	791	880	30
K Thompson	0-2.5 plus Lump sum 2.5-5	25-30 plus Lump sum 80-85	535	602	26
S Christie	0-2.5 plus Lump sum 2.5-5	5-10 plus Lump sum 15-20	77	98	14

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members

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

CETVs are calculated within the guidelines prescribed by the institute and Faculty of Actuaries.

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

A handwritten signature in black ink, appearing to read 'Hugh McCaughey', with a long, sweeping underline that extends to the left and then curves back under the signature.

Hugh McCaughey  
Chief Executive

# Statement of the Comptroller and Auditor General to the Northern Ireland Assembly

I have examined the summary financial statement for the year ended 31 March 2010 set out on pages 60 to 75.

## Respective responsibilities of the South Eastern Health and Social Care Trust, Chief Executive and Auditor

The South Eastern Health and Social Care Trust and Chief Executive are responsible for preparing the summary financial statement.

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

I also read the other information contained in the Annual Report, and consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement. The other information comprises only the Directors' Report and the Management Commentary.

## Basis of audit opinions

I conducted my work in accordance with Bulletin 2008/03 'The auditors' statement on the summary financial statement in the United Kingdom' issued by the Auditing Practices Board. My report on the South Eastern Health and Social Care Trust full annual financial statements describes the basis of my audit opinions on those financial statements and the part of the Remuneration Report to be audited.

## Opinion

In my opinion, the summary financial statement is consistent with the full annual financial statements of the South Eastern Health and Social Care Trust for the year ended 31 March 2010 and complies with the applicable requirements of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended, and Department of Health, Social Services and Public Safety directions made thereunder.



KJ Donnelly  
Comptroller and Auditor General  
Northern Ireland Audit Office  
106 University Street  
Belfast BT7 1EU

18 June 2010







