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Altnagelvin Hospitals Health and Social Services Trust



Annual Report 1998-99

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CHAIRMAN'S STATEMENT

I am pleased to present the third Annual Report which outlines the effectiveness and the efficiency of Altnagelvin Health and Social Services Trust and demonstrates the stewardship of our Trust Board.

The details presented within this Report outline the detail of the performance of the Trust as one which continues to improve the quality of the service whilst continuing to meet the ever increasing need for our services. Year on year we are treating more patients within Altnagelvin and at the outreach clinics in Limavady, Coleraine, Strabane, Omagh, Enniskillen and Magherafelt. The Trust is developing important clinical links with our neighbouring Trusts and is preparing for the improved shape of Acute Services for the future. The progress of our capital development project, which saw the opening of the new Day Case Unit, is evidence of the accurate planning for that future when Altnagelvin will serve an even larger population as acute care is realigned sensitively to match local care with the care expected in the Area Hospital.



The rise in the numbers of patient treated is reflected in the financial performance which found our resources over-stretched. In relation to the three key financial targets, the Trust completed the year ended 31 March 1999 with;

- A deficit of £900,000.
- We remained within the agreed External Financing Limit.
- A Capital Cost Absorption Rate of 6.67%.

I am, once again, grateful to our Non-Executive and Executive Directors who comprise the Trusts' Board of Directors. They work closely together bringing their skills and expertise to bear upon the strategic direction, goals and management of the Trust.

The Trust Board is committed to providing the highest quality of care and as part of that commitment works closely with General Practitioners, Commissioners, the local community and its representatives to ensure that our services remain sensitive to the needs of our patients. This year the Patients' Council has been formed and is



CHAIRMAN'S STATEMENT

adding an important contribution to the improvement of quality within the hospital.

Any reflection upon the past year is overshadowed by sad memories of the devastation and anguish caused by the bombing of Omagh. Throughout Northern Ireland the staff of health and social services distinguished themselves by their expert and compassionate response to that devastation and our staff in Altnagelvin played their important part. It is with great pride that I acknowledge and thank them for that and for the constancy of their excellent work throughout the year.

In the future, as in the past, we remain indebted to the commitment and professionalism of our staff who provide a high quality comprehensive and coherent service to our patients.

A handwritten signature in black ink, appearing to read "Denis Desmond". The signature is fluid and stylized, with a large loop at the end.

Denis Desmond,
Chairman.



CHIEF EXECUTIVE'S STATEMENT

It is my privilege to work with and within a superb team and within a series of positive and supportive relationships that have made the challenges facing us less daunting than they might otherwise have been.

The key task of the Trust, as set out in our Mission Statement, is presented as care of patients. This concern lies at the very heart of our purpose and of our work. In this, Altnagelvin relies on a well-established, highly proficient and extremely dedicated team of health care professionals. They, in turn, can rely on the assistance of an experienced and loyal support staff. During the year all have given unstintingly of their commitment and expertise.

It is clear that government health care policy has resulted in each of us having to work within a context where, on the one hand, demand and expectation is rising and, on the other, resources to match the demand are becoming scarcer. In this context, it is the combined efforts of the overall hospital team, together with the support and understanding of our partners in the wider community, that has helped us achieve our targets. The commitment of our staff is reflected in the constructive relationships with the staff associations. The partnership approach which has been developed in the staff consultative forum is an important contribution to our Trust.



The future holds many challenges. In facing these, it is our intention to keep our focus on our prime role - that is, effectively and efficiently to meet the health care needs of our population and to do so by addressing the requirements of our purchasers. In this we have to be aware of the increasing pace of technological change, of advances in diagnosis and treatment and of our accountability in the use of public resources. Each challenge can be seen as an opportunity to continue to improve our services and to support and equip our staff to meet what the future holds.

The establishment and progress of our capital development programme provides a useful framework within which we shall be developing our services as we approach



CHIEF EXECUTIVE'S STATEMENT

the new millennium. Within that framework we have continued to develop standards and approaches to care which are nationally recognised and which are consistent with Regional Strategy.

In responding to challenges, and to their concomitant opportunities, the Trust will continue to seek to secure and maximise the income necessary to meet existing and growing health care needs. It is our particular concern that we ensure continuous improvement in both the quality and quantity of care. To this end, the Trust Board will be seeking to optimise all opportunities to ensure that Altnagelvin Hospitals Trust is at the forefront of professional development and in stimulating participation in educational provision for all members of staff.

During the year reported on here, Altnagelvin Hospitals Trust has worked strenuously to maintain and provide a spectrum of essential services. In addition, we have striven, where possible, to advance the boundaries of traditional provision. Whilst avoiding complacency, it is with pride in all our staff that we issue this Annual Report.

A handwritten signature in dark ink, appearing to read "Stella Burnside", followed by a long horizontal flourish.

Stella Burnside,
Chief Executive.



INTRODUCTION

This is the third Annual Report of the Altnagelvin Hospitals Health and Social Services Trust. The Trust was established on 1 April 1996 as a Health and Social Services Trust within the Northern Ireland Health and Personal Social Services.

The Trust's facilities comprise:

- Altnagelvin Area Hospital Acute Hospital Services
450 Inpatient Beds
54 Day Case Beds
- Ward 5, Waterside Hospital Slow Stream Rehabilitation
18 Inpatient Beds
- Spruce House, Gransha Park Care of the Young Physically Disabled
17 Inpatient Beds

The services provided by the Trust encompass a wide range of acute hospital services within and beyond the local community. Altnagelvin Area Hospital is the major district general hospital in the north-west and is the largest acute hospital in Northern Ireland, outside Belfast. The Hospital is a designated Cancer Unit. It offers the most comprehensive and complex range of services of any hospital outside Belfast.

In order to maximise specialisation and to provide care with access for all populations, outpatients services are provided at the following locations:



OUTPATIENT LOCATIONS

Specialty	Altnagelvin Area Hospital	Roe Valley Hospital	Strabane Health Centre	Tyrone County Hospital	Erne Hospital	Coleraine Hospital	Mid-Ulster Hospital
General Surgery	•	•	•				
Urology	•	•					
General Medicine	•	•	•				
Trauma & Orthopaedics	•	•		•			
ENT	•	•	•				
Paediatrics	•	•	•				
Ophthalmology	•	•	•	•	•	•	•
Obstetrics	•	•	•				
Gynaecology	•	•	•		•		
Dermatology	•	•		•	•		
Cardiology	•	•					
Oral Surgery	•			•	•	•	
Orthodontics	•			•	•		
Diabetology	•						
Genito-Urinary Medicine	•						
Colposcopy	•						
Haematology	•			•	•	•	
Geriatric Medicine	•	•					
Pain Relief	•						
Rheumatology	•			•	•		
Chemical Pathology	•			•			

•• Western Health Board locations
•• Mourneside Family Practice



CORPORATE GOVERNANCE

The Trust is governed by a Board of Non-Executive and Executive Directors who constitute the Trust Board. The Trust Board has responsibility for:

- Determining the overall policies and strategy of the Trust;
- Monitoring the execution of the agreed policies;
- Maintaining the financial viability of the Trust.

In 1998/99 the Trust Board members were:

Non-Executive Directors:

Mr Denis Desmond, Chairman
Mr Columb Henry
Mrs Marlene Jefferson
Miss Geraldine Keegan
Miss Elizabeth McCaffrey
Mr Neville Orr

Executive Directors:

Mrs Stella Burnside, Chief Executive
Miss Irene Duddy, Director of Nursing
Dr Raymond Fulton, Medical Director
Mr Raymond McCartney, Director of Business Services
Mr Niall Smyth, Director of Finance

The Trust Board held eight meetings in 1998/99. The meetings are open to the public and are held in Altnagelvin Hospital or in the Chambers of Local District Councils. Information on speaking rights and venue can be obtained from the Chief Executive's Office, Trust Headquarters, Altnagelvin Area Hospital. Tel (028 71) 611280.

STATUTORY COMMITTEES OF THE TRUST BOARD:

Audit Committee

Mr N Orr, Non-Executive Director (Chair)
Miss E McCaffrey, Non-Executive Director
Mr C Henry, Non-Executive Director
Number of Meetings held – four.

Remuneration and

Terms of Service Committee

Mr D Desmond, (Chairman)
Mrs M Jefferson, Non-Executive Director
Miss G Keegan, Non-Executive Director
Number of Meetings held – two.

SUB COMMITTEES OF THE TRUST BOARD:

Planning Committee – Comprises all members of the Trust Board. *Number of Meetings held – three.*

Ethics Committee

Miss E McCaffrey, Non-Executive Director (Chairman)
Mr R Rogan, Western Health & Social Services Council
Miss I Duddy, Director of Nursing
Dr M Parker, Clinical Audit Co-Ordinator
Number of Meetings held – four.

Mrs M Jefferson, Non-Executive Director
Dr R Fulton, Medical Director
Dr A Beirne, Chairman of Medical Staff



Health and Safety Steering Committee

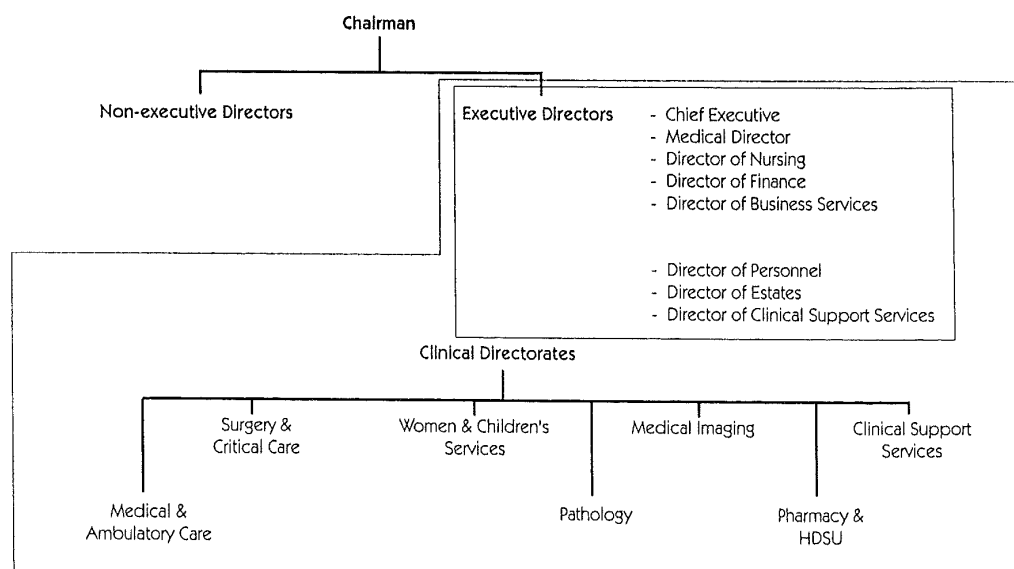
Mrs J Hutchinson, Clinical Services Manager (Chair)	Mrs T Brown, Risk Manager (Vice Chair)
Mr C Henry, Non-Executive Director	Mrs H Allen, Chief MLSO
Mr P McCorkell Support Services Contracts Manager	Mrs K Duffy, Assistant Director of Personnel
Mr B Moran, Estates Services Manager	Mrs F Hughes, Infection Control Nurse
Mr A McGrath, Deputy Superintendent Radiographer	Dr C Burges, Occupational Health Physician
Mrs M Bray, Occupational Health Nurse	

Number of Meetings held – six.

MANAGEMENT STRUCTURE

A senior management team (Hospital Executive) is responsible for ensuring the implementation of the policies and strategy set by the Trust Board. At this level, the Executive Directors are joined by the Trust's Director of Personnel (Mr Manus Doherty), the Director of Estates (Mr Alan Moore), and the Director of Clinical Support Services (Mr Thomas Melaugh).

The responsibility for overseeing the operational, day-to-day management of the Trust rests with the Hospital Management Team. This team includes a number of Clinical Directorates which are each managed by a Clinical Director and a Clinical Services Manager (see Service Review Section).



Trust Board

□ Hospital Executive

□ Hospital Management Team



PERFORMANCE REVIEW

In 1998/99 Altnagelvin Hospitals Health and Social Services Trust yet again improved performance and treated record numbers of Inpatients, Day Cases and Outpatients. The Department of Health and Social Services' recently published analysis of Northern Ireland Hospital Statistics singles out Altnagelvin's performance for the second successive year.

"The Altnagelvin Group H&SS Trust had the highest level of throughput of all Northern Ireland providers treating an average of 55.8 patients per available bed during 1997/98. In turn, the average length of stay in this Provider was the shortest at 5.0 days."

This performance, when taken alongside the high volumes of work carried out, clearly places Altnagelvin as one of the three main acute providers in Northern Ireland.

Inpatient activity rose by 6.6% compared to a year earlier, and with the average length of stay continuing to fall, occupied bed days were up by only 2.1%, demonstrating more efficient use of available beds. Day cases continued their steep annual rise, up 15% over 1997/98. There were 16,151 procedures carried out in operating theatres, a rise of 19% over the previous year. Outpatients, including those at outreach locations, rose by 1.9%.

Altnagelvin's continuing improvement in performance is shown in Table 1 below.

TABLE 1: ALTNAGELVIN AREA HOSPITAL ACTIVITY 1992/93 – 1998/99.

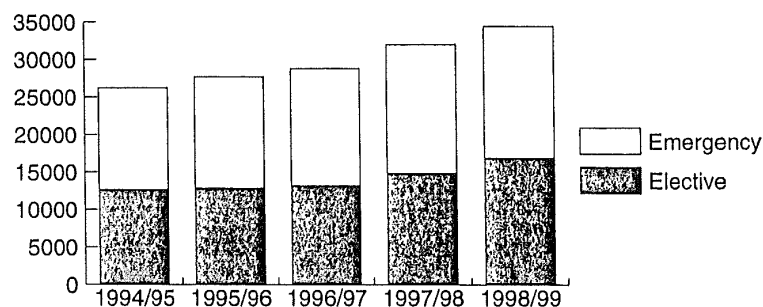
	Occupied Bed Days	Deaths and Discharges	Average Length of Stay	Day Cases
1992/93	135,488	22,271	6.08	3,386
1993/94	128,845	22,615	5.69	4,409
1994/95	126,911	23,698	5.36	5,411
1995/96	123,626	24,380	5.07	5,875
1996/97	116,727	23,337	5.0	7,607
1997/98	122,494	24,791	4.94	8,759
1998/99	125,049	26,438	4.73	10,077

Within the overall inpatient increase in 1998/99, emergency admissions continued to rise, but at a lower rate than during the previous year. The period from January to March 1999 was particularly busy, with extra beds needed from other specialties to cater for admissions to general medicine. Despite this, cancellation of elective cases



was avoided and overall, elective admissions increased sharply by 14%, meaning that an additional 2,027 patients had an elective procedure compared to the previous year.

FIGURE 1: INPATIENT/DAY CASE EPISODES BY ELECTIVE/EMERGENCY SPLIT
(EXCLUDING MATERNITY AND HEALTHY BABIES).



Specialties most affected by increasing emergency admissions were general medicine/ acute care of the elderly, general surgery/urology and paediatrics. Activity in these specialties is shown below.

TABLE 2: COMPARISON OF FINISHED CONSULTANT EPISODES 1995/96 – 1998/99.

	1995/96	1996/97	1997/98	1998/99
General Medicine/ Care of the Elderly	4,561	4,936	5,464	5,755
General Surgery/Urology	4,826	5,109	5,813	6,306
Paediatrics	2,659	2,599	2,966	3,064

As well as high levels of activity carried out under agreed contracts with purchasers, large numbers of extra patients were also treated under waiting list initiatives. To facilitate this, the Trust identified an opportunity to utilise the space formerly occupied by the Day Case Unit when the Unit moved to new premises. This, and other initiatives, had the effect of substantially reducing the number of patients waiting for surgery, particularly in general surgery and orthopaedics, as shown below:-



TABLE 3: COMPARISON OF COMBINED INPATIENT/DAY CASE WAITING LISTS.

	31 March 1998		31 March 1999	
	Total Waiting	Waiting > 18 Months	Total Waiting	Waiting > 18 Months
General Surgery	1,539	243	958	70
Orthopaedics	777	97	563	72

DURING 1998/99 ALTNAGELVIN:

- Continued to improve performance over 1997/98, during which it had the highest patient throughput of any hospital in Northern Ireland;
- Treated 14% more elective inpatients and day cases than in the previous year;
- Admitted more emergency cases than in the previous year;
- Reduced inpatient and day case waiting lists in general surgery and orthopaedics;
- Continued to reduce patient length of stay in hospital;
- Carried out 16,151 procedures in operating theatres;
- More than 140,514 outpatients attended Altnagelvin and outreach clinics located as far apart as Enniskillen and Coleraine.



SERVICE REVIEW - MEDICAL AND AMBULATORY CARE

MEDICAL AND AMBULATORY CARE DIRECTORATE

Clinical Director
Dr Heather Dunn

Clinical Services Manager
Mrs S Allen-Hamilton (Acting)

Miss Diane Brennan (1st January 1999)

SERVICES INCLUDE:

- **General Medicine including:**
 - **Cardiology;**
 - **Rheumatology and Rehabilitation;**
 - **Gastroenterology;**
 - **Respiratory Medicine;**
 - **Diabetology;**
 - **Clinical Haematology;**
 - **Oncology;**
- **Dermatology;**
- **Care of the Elderly;**
- **Genito Urinary Medicine;**
- **Physiological Measurement;**
- **Outpatients;**
- **Accident and Emergency;**
- **Day Case Procedure Unit;**
- **Physically Disabled.**

DIRECTORATE ACTIVITY

Inpatients	8,246	Day Cases	4,083
Outpatients	46,086	A&E Attendances	50,301

KEY ACHIEVEMENTS

The year proved very exciting for the Directorate. We have seen the development of not only the Stroke Unit and dedicated Oncology/Haematology unit but also the opening of the major new Day Case Unit and work continuing on our impressive new Outpatients Department.

Cardiology

- The service for patients following heart attacks was enhanced with an increased emphasis on rehabilitation and secondary prevention. The service is provided by a full time Cardiac Liaison Rehabilitation Sister.
- An increased range of non invasive cardiac investigations is now offered to patients with the addition of Tilt Table testing and 24 hour ambulatory Blood Pressure monitoring.

Gastroenterology

- The Medical Gastroenterologists and Gastroenterology Surgeons work closely together with patients managed jointly where appropriate. The gastroenterology unit, already approved for U.K. Specialist Registrar training, has been recognised by the European Board of Gastroenterology for European G.I. Training: the first unit in Northern Ireland to achieve this distinction. The number and diversity of the endoscopic procedures continues to increase.



- In the Day Case Unit, with the increasing use of specialist nurse practitioner initiatives, a nurse is now in training to undertake flexible sigmoidoscopy to aid in the provision of a rectal cancer surveillance clinic. It is hoped to expand the endoscopy service by training another member of the team in upper G.I. endoscopy.

Stroke Unit

- Stroke is the third commonest cause of death in the United Kingdom. It accounts for 5% of the NHS budget, and studies have confirmed that Stroke Units do save lives. The Stroke Unit, known as Ward 22, opened in October 1998. This is an eleven bedded unit for the acute care of patients of all ages who suffer a stroke or "brain attack". There is a dedicated multi-disciplinary team working within the unit to provide the best possible care for stroke patients.



Respiratory

- With the increased undergraduate medical student responsibilities, Altnagelvin has been able to appoint a second Respiratory Physician. Although teaching commitment is an important component of the new role, the appointment of a second respiratory physician has enabled us to seek accreditation as a Cancer Unit for the assessment and management of patients with lung cancer, the first of the Northern Ireland Units to do so.
- An additional bonus is the potential to train Postgraduate Specialist Registrars in Respiratory Medicine with two consultants in post. The Respiratory Medicine service, its personnel and practices, will come under scrutiny from the British Thoracic Society Standards of Care Committee to ensure that the service provided is of a standard which both users and purchasers can be assured.
- One to one patient education and supervision along with home oxygen monitoring and non-invasive ventilation is now provided by a respiratory nurse specialist.

Accident & Emergency Department (A&E)

- The A&E Department workload continued to increase in keeping with the general activity of the Directorate. The appointment of a second consultant in Accident & Emergency Medicine has greatly increased the department's ability to cope.



Oncology

- With the designation of Altnagelvin as a cancer unit, major advances have been made for patients in this important area. From October 1999 there will be three specialist-run weekly oncology clinics which will integrate with the respective medical and surgical specialties. In addition, the dedicated oncology/haematology ward and outpatient units are completed and will be opened shortly.

Rheumatology

- A telephone clinic co-ordinated by the rheumatology nurse specialist has been established for patients under the care of both Consultant Rheumatologists. This provides a designated point of contact for patients and relatives and provides consistent advice about the condition and treatment. The telephone clinic is also available for other professionals involved in the patient's care such as G.P.s, practice and district nurses.
- A pilot multi-disciplinary patient education clinic for patients who suffer from rheumatoid arthritis has been carried out in the Erne Hospital. The clinic, which was co-ordinated by the rheumatology nurse and involved other professionals, incorporated information relating to the patient's diagnosis, prognosis and treatment. Patient feedback and outcomes have been very positive and it is anticipated that regular clinics will be established at the Erne, Altnagelvin and Tyrone County Hospitals.

Dermatology

- Equipping of the Phototherapy Suite was completed in April 1998 with delivery of a specialist UVB machine. The 'narrowband' UVB provided by the unit has been shown to provide most benefit to people with chronic skin conditions e.g. psoriasis and eczema. A safe, efficient treatment regime has been introduced and results are very encouraging. Clearance is achieved quicker thereby minimising the long term risks of UVB exposure.



- The Unit has been highly commended by the Charter Mark Office in recognition of its high standard of service.



TARGETS

- With approval of the business case secured, the establishment of an onsite coronary angiography suite will proceed.
- The establishment of a one stop chest pain assessment clinic is under consideration.
- A locally based bone densitometry and osteoporosis service.
- An improved service for the disabled and post head injury patient.
- A fully functioning diabetic database and adolescent clinic.
- An integrated diabetic shared care system with interested family doctors.
- An integrated cardiology database to further streamline patient care and the various modalities of investigation.



SERVICE REVIEW - SURGERY AND CRITICAL CARE

SURGERY AND CRITICAL CARE DIRECTORATE

SERVICES INCLUDE:

Lead Clinical Director
Mr Paul Bateson

Clinical Services Manager
Mrs Joan Hutchinson

• **Surgery & Urology:**

Clinical Director: Mr Paul Bateson

- **Open Access Breast Clinics;**
- **Gastroenterology;**
- **Colorectal Surgery;**
- **Laparoscopic Surgery;**
- **General Paediatric Surgery;**
- **Venous and Arterial Surgery;**
- **Breast Surgery;**
- **Urology Services.**

• **Specialist Surgery:**

Clinical Director: Mr N Sharma

- **Orthopaedics & Trauma;**
- **Ophthalmology;**
- **Ear, Nose & Throat (ENT);**
- **Oral & Maxillo-Facial Surgery;**
- **Hospital Orthodontic Services;**
- **Audiology;**
- **Orthoptics;**
- **Low Visual Aid.**

• **Critical Care:**

Clinical Director: Dr Geoff Nesbitt

- **Anaesthetics;**
- **Theatres;**
- **Intensive Care Unit;**

DIRECTORATE ACTIVITY:

Inpatients	9,935	Day Cases	5,239
Outpatients	68,059	Theatre Procedures	16,151

KEY ACHIEVEMENTS

The Omagh tragedy demonstrated the importance and benefit of close multi-disciplinary team working. The large numbers of seriously injured victims had the benefit of Orthopaedic, General/Vascular surgeons, Ophthalmic, Maxillo-Facial and ENT surgeons working simultaneously in three operating teams. At the same time, routine activity was preserved during the immediate days which followed. Outreach expertise was also provided from the Directorate.

Orthopaedics & Trauma

- The unit has continued to maintain a quality service, in the face of increases in workload intensity. All trauma patients who are medically fit have their surgery carried out within 24 - 48 hours of admission.
- A nurse led hip screening clinic for babies to ensure early diagnosis and treatment of developmental dislocation of hips is under development. Infants will have all appropriate scans and x-rays carried out in preparation for consultant opinion. This will allow new patients to be seen more quickly and will increase the capacity for other out-patient referrals.



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Ophthalmology

- The high level of Day Case Cataract Surgery continues to be maintained. The day case service has been relocated to the new Day Case Unit. This has improved the environment for patients and allows for increased efficiency due to close proximity to the operating theatre.
- An increasing number of patients have benefited from the establishment of a dedicated clinic for the diagnosis and treatment of corneal and external eye disease.

Oral and Maxillo-Facial Surgery

- A comprehensive service for both emergency and elective procedures continues to be provided. The recent appointment of a second maxillo-facial surgeon will allow further development of the head and neck service particularly in the field of diagnosis and treatment of oral cancers.

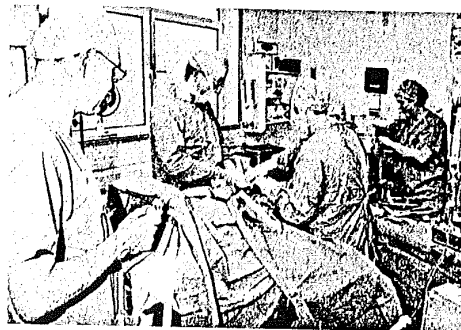


Ear, Nose and Throat (ENT or Otorhinolaryngology)

- The appointment of a third ENT Consultant has allowed outpatient referrals to be dealt with within charter standards and prevented long waiting times for surgery. Further specialist developments will also be achieved in areas such as voice rhinology and swallowing clinics.
- An infant screening service has been established following the purchase of an otoacoustics emissions machine. This will enable early detection of deafness in the new born.

Surgery and Urology

- The opening of a self-contained short stay unit with its own operating theatre has been successful in addressing long waiting times for surgery such as varicose veins and hernia operations.
- Research is currently ongoing into new surgical techniques for the treatment of haemorrhoids and Pilonidal sinus.
- During the year, groups of third year medical students from Queen's University, Belfast have come to Altnagelvin for surgical teaching modules. Although this has meant a heavy commitment for consultants it has proved to be a very successful and beneficial experience for the students.



- The Urology Department continues to provide a full range of urology plus core secondary referral paediatric urological services.
- Arrangements are in place for urgent assessment of patients with worrying symptoms such as testicular lumps and frank haematuria.

Critical Care

- This department has continued to excel both in throughput and quality of care. Increasing numbers of operations are carried out both in elective and emergency surgery every year.
- The decant of Orthopaedic and Ophthalmic theatres to the new day case facilities was carried out. This was necessary to allow further building and refurbishment of the theatre suites which is scheduled for completion early in 2000. This will include the commissioning of a new recovery ward with a capacity of 8 beds.



- The workload of the Intensive Care Unit increased significantly with the greatest number of patients treated by mechanical ventilation (life support machines) outside the Belfast hospitals. During the year, 18 patients received renal dialysis treatment on the Prisma machine for acute renal failure, thereby removing the need to transfer them to Belfast.
- High Dependency beds were opened during the year allowing post operative major surgical patients to have extensive monitoring and a high ratio of nursing care for the first 24 hours.
- Five nurses have completed the specialist practice qualification in Intensive Care Nursing and two consultants have successfully obtained a diploma in Intensive Care medicine.

TARGETS

- The appointment of three Orthopaedic Surgeons to allow the extension of the orthopaedic and trauma service to the southern section of the Western Board. This will allow further development of services depending on the speciality interests of the new appointments.
- A fifth Ophthalmic Consultant is required in order to improve the waiting time for both outpatient and inpatient treatment.
- The appointment of an Orthoptist and an Optometrist in the near future will improve the community eye service for school age children.
- Appointment of a second Coloproctologist.



- A direct access service for GP's for selected procedures. This will reduce unnecessary clinic attendances.
- Appointment of a second Breast Surgeon to allow the expansion of the symptomatic Breast Clinic.
- A dedicated clinic for male erectile dysfunction, female incontinence and paediatric urology is planned to commence shortly.
- Multi-disciplinary review clinics for Breast Cancer patients.
- Consultant delivered Emergency service.
- Development of a "one stop" rectal bleeding clinic.
- Thresholding of venous disease
- The appointment of a Paediatric Anaesthetist to comply with the document, "Surgical Care of Children".
- Appointment of a second Orthodontic Consultant who will be based in Altnagelvin but will enable the extension of outreach services to Coleraine in addition to Omagh and Enniskillen.
- Support for a higher training programme in Orthodontics.
- Additional anaesthetic cover to facilitate surgical expansion.
- Further expansion of the service for acute renal dialysis.
- Further expansion of the presently limited Acute Pain Service.
- Set up comparative auditing system to measure and compare quality outcomes.
- Set up theatre computer system to: code operations; monitor stock control and apportion costs more accurately; schedule sessions.
- Decant to the new Intensive Care Unit will take place in early 2000. This will provide much needed space and increased bed capacity for both ICU and the High Dependency Unit.



SERVICE REVIEW - WOMEN AND CHILDREN'S SERVICES

WOMEN AND CHILDREN'S SERVICES DIRECTORATE

Clinical Director
Dr Denis Martin

SERVICES INCLUDE:

Clinical Services Manager
Mrs Margaret Doherty

- **Obstetrics;**
- **Gynaecology;**
- **Paediatrics;**
- **Neo Natal Intensive Care.**

DIRECTORATE ACTIVITY

Inpatients	8,482	Outpatients	25,073
Deliveries	2,911	Daycases	752

KEY ACHIEVEMENTS

Obstetrics

- Following an evaluation of the pilot scheme for the Midwife Led Care Project, it was agreed that this service will be extended for the foreseeable future. It is hoped to expand into more G.P. Practices in order to influence choice for a wider spectrum of women.
- The Maternity Department was Highly Commended by the Charter Mark Awards for providing a high quality public service.
- A Breastfeeding Training Programme has been completed for all Midwives and is ongoing for Nursing Auxiliaries.



- The UNICEF UK Baby Friendly Initiative has awarded a Certificate of Commitment to the Maternity Department who have committed to become a Baby Friendly Hospital by implementing the Ten Steps to Successful Breastfeeding.

- Several Midwives have been trained to assist the Anaesthetists in Labour Ward. This is an accepted alternative to the employment of

Operating Department Assistants.

- A Midwife has been seconded to the Neonatal Nurse Practitioners Course.
- The work of the Maternity Services Liaison Committee is relevant and appreciated.

Gynaecology

- Additional members of staff have been trained in caring and supporting patients with cancer.



- Staff are being trained in the provision of assistance and advice, to ensure continual dedicated nursing involvement for menopausal women at the Hospital Menopausal Clinic.
- Ovulation induction and intra-uterine insemination clinics, and the open phone line advice and enquiry service on infertility are ongoing. Continuity of care and expertise is enhanced by the newly appointed Consultant Obstetrician and Gynaecologist who is a Royal College accredited sub-specialist in Reproductive Medicine.

Paediatrics

- The Paediatric Cardiology Clinic increased to one day per month and will address the unacceptable waiting times.
- Due to the increase in attendances at the Paediatric Outreach Clinics in Strabane, the Clinic increased to one day per month.
- The Diabetic Nurse Specialist has provided training for all staff and has helped reduce the need for ward admissions.
- With the impending vacation of an adjacent area there is an opportunity to considerably enhance the facilities. Planning has been in progress to relocate a number of services to this space.



TARGETS

Four Reports have to be addressed:

(i) *Hospital Services for the Acutely Ill Child* (DHSS)

- A separate medical rota for Neonatal Intensive Care Unit.
- Midwifery staff for a third ventilator.
- Formal extension of the catchment area for sick neonates.
- Appointment of a Consultant Neonatologist with specific responsibility for Neonatal Intensive Care Unit.
- Appointment of a Neonatal Nurse Practitioner.

(ii) *Delivering The Future - Report of High Risk Group* (DHSS)

- A fifth Consultant Obstetrician and Gynaecologist is to be appointed to permit dedicated responsibility to the Labour Ward for each working day.
- All aspects of Clinical Governance will be addressed, in particular Critical Incidence Reporting.



SERVICE REVIEW - WOMEN AND CHILDREN'S SERVICES

- Staffing must conform with the recommendation of the British Association of Perinatal Medicine.
- A formal Fetal Anomaly Scanning Service (at 20 weeks) will be introduced for those wishing to avail of this service.
- The catchment area for High Risk Pregnancies will expand.
- High technology links will be established with the new Regional Perinatal Centre in Belfast.

(iii) *Towards Safer Childbirth* (RCOG/RCM)

- The above Reports (i & ii) will address the demands of this more recently published document.



PATHOLOGY DIRECTORATE

Clinical Director
Dr Robert Cuthbert

SERVICES INCLUDE:

Clinical Services Manager
Mr Anthony Crilly

- **Histopathology;**
- **Cytopathology;**
- **Haematology and Blood Bank;**
- **Microbiology and Infection Control;**
- **Clinical Chemistry.**

DIRECTORATE ACTIVITY

Approximately 536,784 tests and analyses were performed during the year.

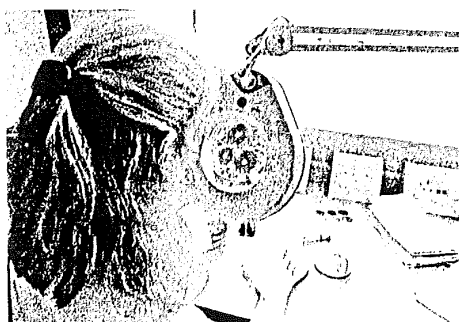
KEY ACHIEVEMENTS

Microbiology

- The microbiology laboratory continues to increase its annual throughput, which now exceeds 100,000 specimens per year. The range and complexity of tests on offer continues to expand.
- New automated technology was introduced providing microbial identification and antimicrobial sensitivity results for high value specimens in 4 hours.
- Other automated equipment enables sensitivity results to be performed in accordance with the new BSAC national standardised methodologies.
- The Infection Control Service continues to participate in multi-disciplinary audit exercises, having recently completed a major audit of infection rates within the Orthopaedic service, and an all-Ireland prevalence study of MRSA.
- The Microbiology service continues its research commitment by participation in international antibiotic trials.

Histopathology

- The department has submitted an application for CPA Ltd accreditation.
- A Lead Pathologist system has been introduced to support the Calman multi-disciplinary groups involved in cancer care.
- Sub-specialisation in pathology has been established to allow focused activity in areas such as Continuing Professional Development, clinical audit, and clinical governance.





Cytopathology:

- The department has submitted an application for CPA Ltd accreditation and is awaiting an inspection visit. In addition to the functioning Local Area Committee, the department has representation at the Regional Quality Advisory Group.
- With four consultant pathologists in post it is now possible to provide increased audit activity in non-gynaecological cytology, and emphasise the role of cytopathology in cancer care.

Clinical Chemistry:

- The department has achieved provisional CPA Ltd accreditation pending a formal inspection visit.
- The laboratory has become involved increasingly in regional and national clinical audit activities.

Haematology:

- The department has achieved provisional CPA Ltd accreditation pending a formal inspection visit, which is due later in the year.
- As part of the on-going quality assurance programme, the blood bank has installed automated blood group and cross-match equipment. The system will further improve the safety of blood transfusion in the hospital. The new system is consistent with the recent recommendations published in the Serious Hazards of Transfusion (SHOT) report.
- The laboratory has continued to develop clinical audit programmes, including activity to support the audit work of other hospital specialties.
- A nurse-led venesection programme for the treatment of patients with polycythaemias and haemochromatosis has been established.
- A pilot study to assess the value of a community-based near-patient testing system for oral anticoagulant monitoring is currently being undertaken.

TARGETS

- Achievement of full CPA Ltd. accreditation for all departments.
- The present system for mycobacterial identification is to be replaced with a new automated system which eliminates the need for radioactive substances in the laboratory.
- Histopathology is keen to achieve an appropriate complement of laboratory staff to support the ever-expanding activity. The department is also committed to further development and expansion of the undergraduate medical teaching programme.
- The appointment of a clinical scientist is anticipated in the near future.
- Further expansion of the laboratory programme for Continuing Professional Development to enhance the professional work of all department staff.



MEDICAL IMAGING DIRECTORATE

Clinical Director
Dr Brendan Devlin

Clinical Services Manager
Mr Ivan Craig

SERVICES INCLUDE:

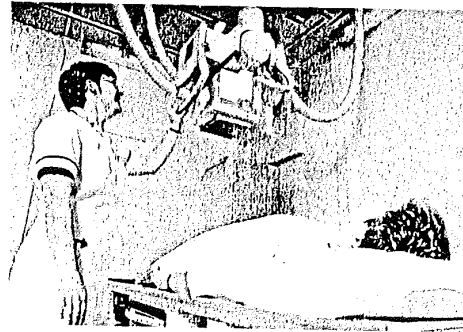
- **General Radiography;**
- **Barium Studies;**
- **Echocardiography;**
- **Endoanal and Endorectal Ultrasound;**
- **Mammography;**
- **Ultrasound including Doppler and Colour Doppler;**
- **Nuclear Medicine;**
- **Computed Tomography (CT);**
- **Angiography and Angioplasty;**
- **Image Guided Biopsies;**
- **Interventional/Therapeutic Procedures including oesophageal, biliary and arterial stenting.**

DIRECTORATE ACTIVITY

Approximately 101,429 examinations/procedures were performed during the year

KEY ACHIEVEMENTS

- The main development has been the commissioning of the new Medical Imaging Department. Existing equipment is now being moved to the new department and some new units installed. The move will take several months as the service must be maintained as far as possible during this period.
- A new staffing structure skill mix has been developed and will be implemented to coincide with the move to the new department. Discussions regarding the staffing requirements in all areas of the new service are ongoing.
- A proposal for a 20-week fetal assessment service by ultrasound is at an advanced stage.
- A series of waiting list initiatives have been developed to address the lengthy ultrasound waiting list.
- A comprehensive review of working practices in our core functions has been undertaken. It is hoped to implement this to coincide with the move to the new department with the objective of providing a more efficient and effective service to patients and clinicians alike.





TARGETS

- To acquire a computed radiography system as a sensible first step towards a full computerised image handling system.
- Following approval of the cardiac angiography business case, we will move to specify and acquire the interventional radiology unit required. This will accommodate the increasing need for complex radiological examinations and procedures as well as facilitating quality cardiac examinations.
- To establish new services including bone densitometry and White Cell Labelling.
- To continue to work towards the use of voice recognition technology within an integrated hospital wide computer system.
- To address the issue of radiologist staffing in light of past and continuing clinical expansion.
- To review radiographic staffing in respect of daytime pressures and the increasing out of hours requirement.
- To complete a business case for Magnetic Resonance Imaging and proceed with specification and procurement.



PHARMACY AND HOSPITAL STERILE AND DISINFECTING UNIT (HSDU)

Director
Mrs Sally O'Kane

SERVICES INCLUDE:

- **Pharmaceutical services to wards and departments;**
- **Provision of Total Parenteral Nutrition Solutions;**
- **Provision of special injections, eye drops and cancer treatments;**
- **Drug Information Service;**
- **Decontamination and sterilisation of instrumentation and patient care items;**
- **Medical gas testing;**
- **Radiopharmacy;**
- **Quality Assurance.**

DIRECTORATE ACTIVITY

Pharmaceutical issues	914,010
Special injections, eye drops, and cancer treatments	12,821
Total Parenteral Nutrition	1,838
Drug Information Enquiries	1,149
Medicines Helpline Enquiries	(3 months) 130
Theatre Trays and Procedure Packs	38,773
Soft Packs and Dressings	76,915

KEY ACHIEVEMENTS

- A full traceability system has been introduced for all theatre trays and instruments using tray tagging and colour coding.
- A full tray service has been provided to the new Day Case Orthopaedic and Eye Theatres since December 1998.
- The sterile dispensing suite was commissioned and will be used to cater for increasing demand for sterile injections.
- All medical gas installations in the new Day Case Unit and Medical Imaging departments were tested and accepted for use.
- A cancer services pharmacist was appointed to work with the multi-disciplinary team, providing pharmaceutical care to cancer patients.
- A Medicines Helpline was established to provide the public with information on their medicines.





SERVICE REVIEW - PHARMACY AND HOSPITAL STERILE AND DISINFECTING UNIT

TARGETS

- To manage the commissioning and the move to the new HSDU.
- To obtain registration with the Medical Devices Agency.
- To relocate the Quality Assurance Service to premises adjacent to the main pharmacy building.
- Secure funding to ensure pharmacy staffing, identified as essential to support the cancer unit, is put in place.
- Secure funding for appointment of clinical pharmacists to provide a formal clinical pharmacy service within the Trust.
- Appointment of a pharmacist to develop and maintain the Trust Drug Formulary



CLINICAL SUPPORT SERVICES DIRECTORATE

Director
Mr Thomas Melaugh

SERVICES INCLUDE:

- **Physiotherapy;**
- **Nutrition and Dietetics;**
- **Information Systems Support;**
- **Medical Audit;**
- **Medical Illustration;**
- **Medical Post Graduate Centre;**
- **Chaplaincy;**
- **Liaison with Occupational Therapy, Chiropody, Speech and Language Therapy and Ambulance Services.**

KEY ACHIEVEMENTS

- A formal collaborative agreement was signed with the University of Ulster with the aim of promoting research within the service but particularly using the research to bring about practice development within Altnagelvin.
- Audit and research continue to be key features in these departments. Physiotherapy is involved in a project investigating the effect of laser therapy on wound healing. All Professions Allied to Medicine (PAMS) participated in a National Sentinel Audit of Stroke Care together with nursing and medical staff.
- The Nutrition and Dietetic department launched a "Food and Health Policy". This Policy aims to promote good nutrition among both staff and patients. This emphasis on health promotion has been a key feature of the Nutrition and Dietetic department's work with innovative approaches such as a regular slot on local radio and supermarket tours in conjunction with the British Diabetic Association.
- Physiotherapy worked closely with General Practitioners to help implement Royal College of General Practitioner guidelines on the management of low back pain. In addition the investment in combined stimulation and biofeedback equipment will not only improve the current service for patients with urinary stress and urge incontinence but also positions the department for developments in services for patients with anorectal problems.
- The Information Systems Support Department, despite the pressures from Year 2000 work, completed the implementation of the Nurse Information System to all wards within Altnagelvin.
- The purchase of video conferencing equipment, under the control of the Medical





SERVICE REVIEW - CLINICAL SUPPORT SERVICES

Illustration Department, has provided further opportunities to enhance areas such as medical training by enabling medical students based at Altnagelvin to participate in lectures held at Queen's University, Belfast. The facility is also being used in postgraduate education.

- In recognition of the focus on information within the service as a result of the publication of the new NHS Information Strategy, the Trust has established an Information Strategy Steering Group to lead this initiative.



YEAR 2000

The Year 2000 problem relates to dates being correctly handled by computer systems and equipment containing computer chips before, during and after the millennium period. Computer chips are widely used in the Health and Personal Social Services (HPSS) in medical equipment, general hospital equipment, information and payment systems and we depend on these systems to deliver effective services to the public.

There are also other issues associated with the millennium that will impact on the HPSS. These concern the implications for the service from the potential extended period of widespread public celebrations.

The Trust has had a team of staff working on the Year 2000 issues. These cover the following main areas:

Equipment

- A complete inventory of all equipment was completed and checks were made on the compliance status of all potentially affected items. All affected equipment will be made Year 2000 compliant through applying 'fixes' or by replacing. Contingency plans will be developed for those items of equipment that are deemed to be high risk.

Information Technology

- A similar detailed inventory of IT hardware and software was established. This covered all types of systems such as patient information, laboratory and payment systems. The majority of the Trust's systems have been declared compliant. Work will continue in 1999/2000 on resolving the few remaining and testing all systems and the development of contingency plans.

Supplies

- The HPSS has centrally liaised with the major utilities such as electricity, water and telephones and received assurances on the continuity of supply over the millennium period. Assurances have been sought from other major suppliers in relation to uninterrupted provision of goods and services over this period.

Increased Activity

- It is difficult for us to estimate the potential for increased demands for services over this period. However, we are working with the emergency services and the



YEAR 2000

local councils to plan for any large-scale celebrations that may be planned.

Staffing

- We are planning our arrangements for staffing over the extended holiday period. Ongoing discussions are taking place with staff representatives on a regional basis regarding the issue of remuneration.

COSTS

During 1998/99 the Trust incurred direct expenditure of £111,500 to fix or replace equipment and computer systems in order to make them Year 2000 compliant. In addition, unquantified supporting costs were incurred by management and other staff in addressing the problem.

It is estimated that further direct expenditure in 1999/2000 of £100,000 will be required to address the balance of outstanding issues.



FINANCIAL PERFORMANCE

The financial statements included in this report are an extract of the information contained in the Trust's Annual Accounts. This financial report is only a summary of the information contained in the Trust's Annual Accounts and does not contain sufficient information for a full understanding of the activities and performance of the Trust. A copy of the full accounts and auditor's report is available on request by contacting Mrs Stella Burnside, Chief Executive and Secretary to the Trust Board at the Trust's registered office: Altnagelvin Hospitals H&SS Trust, Altnagelvin Area Hospital, Glenshane Road, Londonderry, BT47 6SB.

A handwritten signature in black ink, appearing to be 'D. Desmond'.

Denis Desmond
Chairman

2nd September 1999

A handwritten signature in black ink, appearing to be 'Stella Burnside'.

Stella Burnside
Chief Executive

2nd September 1999

AUDITORS REPORT ON THE SUMMARY FINANCIAL REPORT

I have audited the summary financial statements set out in pages 36 - 42 which have been prepared by the Trust and signed as approved by the Chairman and Chief Executive. My audit comprised a comparison of the statements with the full financial statements and an assessment of their presentation. In my opinion, the financial statements are consistent with the Trust's Annual Accounts for the year ended 31 March 1999, on which I have issued an unqualified opinion

APPOINTED AUDITOR

A handwritten signature in black ink, appearing to be 'M. Pitt'.

Martin Pitt

2nd September 1999



FINANCIAL PERFORMANCE

This is the third annual financial report of the Altnagelvin Hospitals Health and Social Services Trust which covers the period from 1 April 1998 to 31 March 1999. As a Health Service Trust it is accountable through the Health and Social Services Executive for the achievement of three key financial duties.

TO BREAK EVEN ON ITS INCOME AND EXPENDITURE ACCOUNT AFTER PAYMENT OF INTEREST AND DIVIDENDS, TAKING ONE YEAR WITH ANOTHER

- The Trust had a deficit of £900,000 for the year ended 31 March 1999. This is an increase over the previous year and was due to cost pressures arising directly from treating increased numbers of patients not being matched by increased funding for services, during the financial year. In meeting the increased patient activity, the Trust employed additional medical and nursing staff and purchased the necessary goods and services to treat these patients. This higher level of patient activity has been acknowledged by service commissioners and additional funding will be made available in future years to meet the Trust's increased costs.

TO STAY WITHIN AN AGREED EXTERNAL FINANCIAL LIMIT (EFL)

- An External Financing Limit of £5,410,000 was set by the Health and Social Services Executive for the financial year 1998/99. The Trust remained within this agreed limit.

TO ACHIEVE A CAPITAL COST ABSORPTION RATE OF 6%

- The Health and Social Services Executive has revised the method of calculating the rate of return on capital investment of the Trust for 1998/99. This revised method is called the Capital Cost Absorption Duty and sets a target rate of 6% for the sum of interest and dividends payable expressed as a percentage of the value of the Trust's average relevant net assets. The Trust achieved a Capital Cost Absorption Rate of 6.67% for 1998/99.

FINANCIAL CONTROL

The Trust exercises financial control through Standing Orders, Standing Financial Instructions, its systems of internal financial control and through reports to the Trust Board. Whilst no system of internal financial control can provide absolute assurance against material mis-statement or loss, the Trust procedures are designed to provide reasonable assurances that problem areas are identified and dealt with promptly. The Directors of the Trust commission the services of an Internal Auditor to review



the operation of its financial controls throughout the financial year and to report to the Audit Committee of the Trust Board.

The Trust Board is responsible for the financial performance of the Trust and receives a finance report at Board meetings. Specific matters such as Financial Strategy and annual budgets, major investment decisions and the award of significant contracts are reserved for Board approval.

The Trust's Treasury Policy is managed by the Director of Finance and senior finance staff and operates within guidelines set down by the Health and Social Services Executive and within the Trust's own policy and procedures.

INCOME AND EXPENDITURE

INCOME

The Trust had contracts for the delivery of hospital services, with each of the four Area Boards and a range of General Practice Fundholders spread mainly throughout the Western and Northern Board areas. The income from these contracts totalled £48,007,000 (£44,929,000 in 97/98). The Trust also earned income from paying patients and from the provision of services to staff, visitors and patients. A statement of the principal sources of income is set out below.

SOURCE OF INCOME	1998/99		1997/98	
	£000	%	£000	%
Western Health and Social Services Board	42,018	78.4	39,366	78.7
Northern Health and Social Services Board	843	1.6	826	1.7
Southern Health and Social Services Board	84	0.2	77	0.2
Eastern Health and Social Services Board	85	0.2	80	0.2
Western Area General Practice Fundholders	4,617	8.6	4,271	8.5
Other General Practice Fundholders	360	0.7	309	0.6
Other Health Authorities	131	0.2	103	0.2
Other Patient Income	462	0.9	409	0.8
Education and Training Income	2,515	4.7	1,738	3.5
Services to other Trusts	1,516	2.8	1,918	3.8
Other Income	943	1.8	920	1.8
TOTAL INCOME	£53,574	100%	£50,017	100%



FINANCIAL PERFORMANCE

EXPENDITURE

The Trust spent £52,039,000 on its operating expenses throughout the year. The major part of this expenditure was on staff salaries and wages. It included the purchase of services from other Health Service Trusts as well as the purchase of a wide range of goods and services required for the treatment of patients. A statement of the principal categories of expenditure is set out below.

	1998/99		1997/98	
	£000	%	£000	%
OPERATING EXPENDITURE				
Salaries and Wages	33,403	64.2	29,029	60.8
Drugs, Dressings and Medical Supplies	5,205	10.0	4,461	9.4
Laboratory Supplies	879	1.7	793	1.7
X Ray Supplies	294	0.6	160	0.3
Catering Service	1,243	2.4	1,190	2.5
Other Goods and Services	5,900	11.3	4,700	9.8
Services from other Trusts	2,951	5.7	4,869	10.2
Depreciation on Fixed Assets	2,164	4.2	2,539	5.3
TOTAL OPERATING EXPENDITURE	£52,039	100%	£47,741	100%

STATEMENT OF PUBLIC SECTOR PAYMENT POLICY

The policy of the Trust is to comply with both the Confederation of British Industry's Prompt Payment Code and Government Accounting Rules. The Health and Social Services Executive requires that Trusts pay non-HPSS trade creditors in accordance with the Confederation of British Industry's Prompt Payment Code. Government Accounting rules state that "the timing of payment should normally be stated in the contract where there is no contractual provision, departments should pay within 30 days of receipt of goods or the presentation of a valid invoice, whichever is the later". The Trust's Payment Policy meets these requirements. Our measure of compliance is:

CATEGORY	1998/99		1997/98	
	NUMBER	VALUE £000	NUMBER	VALUE £000
Total bills paid	28,970	24,278	23,833	17,401
Total bills paid within 30 days	26,572	22,971	19,714	15,120
% sampled bills paid within 30 days	91.72%	94.62%	82.72%	86.89%



DECLARATION AND REGISTER OF BOARD MEMBERS AND SENIOR MANAGERS INTERESTS

Board members and Senior Managers are required to declare, on appointment and during the tenure of their contract of employment, any directorships in private or public companies, ownership of, part ownership of, or majority or controlling shareholdings in any organisation which would potentially do business with the Health and Personal Social Services. They must also declare the holding of any position of authority in a charity or voluntary body in the field of health and social care, and any connection with a voluntary or other body contracting for Trust's services. In the 1998/99 year there were no relevant interests to declare.

A formal Register of Interests is available for public scrutiny and can be viewed on request to the Office of the Chief Executive at the Trust's Headquarters.

DIRECTORS' REMUNERATION

The Directors' Emoluments (excluding employer's contribution to National Insurance) for the year were:

	REMUNERATION AS DIRECTOR £	1998/99 OTHER REMUNERATION £	TOTAL REMUNERATION £	1997/98 TOTAL REMUNERATION £
Non-Executive Directors	42,145		42,145	42,145
Executive Directors				
Basic Salary	202,167	72,378	274,545	271,083
Performance Related Pay	12,608		12,608	16,159
Employers Pension Contributions	8,664	2,283	10,947	10,889
Benefits in Kind	1,390		1,390	2,219
TOTAL	£266,974	£74,661	£341,635	£342,495
Chairman	17,145		17,145	17,145
Non-Executive Directors ⁽⁵⁾	25,000		25,000	25,000
Chief Executive	69,234		69,234	67,418
Medical Director	14,530	72,948	87,478	92,552
Nursing Director	45,849	1,713	47,562	46,739
Finance Director	47,608		47,608	46,383
Business Director	47,608		47,608	47,258
TOTAL	£266,974	£74,661	£341,635	£342,495



FINANCIAL PERFORMANCE

DIRECTORS' PAY AWARDS

The Remuneration Committee when considering pay awards complied with the Minister's directive to limit pay awards to no more than 2.7% for the 1998/99 financial year.

HIGHEST PAID EMPLOYEE

The highest paid employee of the Trust was a member of medical staff whose salary cost, including employer's contributions to National Insurance and Pension Scheme was £112,227.

MANAGEMENT COSTS

Trusts are required to report on their Management Costs based on the Audit Commission's definition of Management Costs. The Health and Social Services Executive revised the method of calculating management costs in 1998/99. The previous year's management costs have been restated based on the revised definition. The management costs for Altnagelvin Trust, using this definition were:

	1998/99		1997/98	
	£000	% of Total Income	£000	% of Total Income
Management Costs	2,567	4.79%	2,542	5.08%

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 1999

	1998/99 £000	1997/98 £000
Income from activities	48,847	45,585
Other operating income	4,727	4,432
Less operating expenses	(52,039)	(47,741)
Operating surplus	1,535	2,276
Profit/(Loss) on disposal of fixed assets	12	5
Surplus before interest	1,547	2,281
Interest receivable	112	141
Interest payable	(1,497)	(1,579)
Surplus on ordinary activities	162	843
Public dividends payable	(1,062)	(972)
RETAINED (DEFICIT)/SURPLUS FOR THE YEAR	(£900)	(£129)



BALANCE SHEET AS AT 31 MARCH 1999

	1998/99		1997/98	
	£000	£000	£000	£000
FIXED ASSETS				
Tangible Assets		53,717		45,190
CURRENT ASSETS				
Stock and work in progress	871		837	
Debtors	2,421		3,031	
Short-term Investments	267		303	
Cash at bank and in hand	13		54	
Creditors: Amounts falling due within one year	(7,263)		(6,972)	
Net Current Assets/(Liabilities)	(3,691)	(3,691)	(2,747)	(2,747)
TOTAL ASSETS LESS CURRENT LIABILITIES		50,026		42,443
Creditors: Amounts falling due after more than one year		(16,815)		(17,597)
Provisions - Liabilities/Charges				
TOTAL NET ASSETS EMPLOYED		£33,211		£24,846
FINANCED BY:				
CAPITAL AND RESERVES				
Public Dividend Capital		27,953		21,853
Revaluation Reserve		6,236		3,092
Donation Reserve		154		134
Income and Expenditure Reserve		(1,132)		(233)
TOTAL CAPITAL AND RESERVES		£33,211		£24,846



FINANCIAL PERFORMANCE

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 1999

	1998/99 £000	1997/98 £000
Surplus for the year	162	843
Non-donated fixed assets		
Surplus on revaluation of fixed assets	3,145	1,455
Donated Assets		
Additions to Donated Assets	39	12
Changes to Donation Reserve (except transfers to Realised Donation Reserve)	(19)	(25)
TOTAL GAINS AND LOSSES RECOGNISED IN FINANCIAL YEAR	£3,327	£2,285

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 1999

	1998/99 £000 £000		1997/98 £000 £000	
Net Cash Inflow from Operating Activities		4,639		5,418
Returns on Investments and Servicing of Finance				
Interest received	113		147	
Interest paid	(1,500)		(1,582)	
Dividends paid	(972)		(976)	
Net Cash (Outflow) on Investments AND SERVICING OF FINANCE	(2,359)	(2,359)	(2,411)	(2,411)
CAPITAL EXPENDITURE				
Payments to acquire fixed assets		(7,694)		(5,129)
Receipts from sale of fixed assets		19		24
Net Cash (Outflow)/Inflow before Financing		(5,395)		(2,098)
Financing				
New Public Dividend Capital		6,100		2,300
Repayment of amounts borrowed		(782)		(788)
(DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS		(£77)		(£586)



CLINICAL GOVERNANCE AND QUALITY

From 1 April 2000, Chief Executives will be responsible for not only the financial performance of the Trust but will have clear accountability for quality in the clinical setting. In preparing to meet these responsibilities, a Clinical Governance Strategy has been developed at Altnagelvin which details the structures and processes required to ensure that patients will receive the highest quality of care, with the best clinical outcomes.

KEY ACHIEVEMENTS

CLINICAL EFFECTIVENESS

High quality care is a right for every patient in the National Health Service. The Trust is approaching the quality agenda on two fronts:

- (a) By evaluating outcomes of care;
- (b) By evaluating patients' experiences of care.

EVALUATING OUTCOMES OF CARE

- Reorganisation of a multi-disciplinary Clinical Audit Committee which will provide the focus for all audit activity in the Trust. This Committee works closely with ward and departmental staff in reviewing clinical practice against best practice standards and implementing change to improve the quality of care given to the patient.
- Annual Audit Report and Conference.
- Appointment of a Clinical Effectiveness Co-ordinator who will work with the Chairperson of the Clinical and Medical Audit Committee, and with staff undertaking uni-professional audit to improve their practice.
- Development of Clinical Care Pathways to ensure best practice.

PATIENTS' EXPERIENCES OF CARE

- Refocusing of HOSQIP (Hospital Quality Improvement Programme) on evaluating the patients' experience of care.
- The Trust continues to seek the views of patients through various channels which inform the work of HOSQIP:
 - Complaints Procedure;
 - Patient Surveys;
 - Patients Fora eg, Patients' Council and Maternity Services Liaison Committee.
- HOSQIP also offers departments not directly involved in patient care the



opportunity to put in place quality improvement programmes which increase their efficiency and effectiveness.

RISK MANAGEMENT

The risk management process is viewed as a key approach to improving the quality of patient and client care. It offers a practical means of enabling the safety of services, reducing the potential for systems failing and minimising the effects of risk when things go wrong.

CLINICAL RISK MANAGEMENT

- Agreed policy for the management of Clinical Risk which includes the arrangements for the management of legal claims and reporting of clinical incidents. This process enables the Trust to identify where clinical practice could be improved and to disseminate suggestions for implementing such improvements.
- System of Adverse Incident Reporting which helps clinicians in the development of clinical guidelines and protocols to improve patient care.
- Involvement of the Risk Management Co-ordinator in the investigation of incidents and in making recommendations for improvements to the quality of care being delivered.
- The Risk Management Co-ordinator is a key member of the Clinical Audit Committee which ensures that where clinical risk issues are identified, audit can be initiated to ensure that change to clinical practice takes place and such risk is prevented or minimised.

NON-CLINICAL RISK MANAGEMENT

- Improved Accident and Incident reporting systems and analysis.
- General Risk assessments have been carried out on all wards and action plans developed and implemented to address areas of concern.
- Trust wide training in Health and Safety is continuous.
- Development of a Health and Safety Policy and Risk Management Strategy is almost complete.

RESEARCH

- Continuing involvement of staff in clinical research which builds on the existing body of knowledge and evidence about clinical practice.
- Close liaison with research departments in universities is being actively developed.
- Interprofessional Practice Development Partnership Agreement with the University of Ulster.



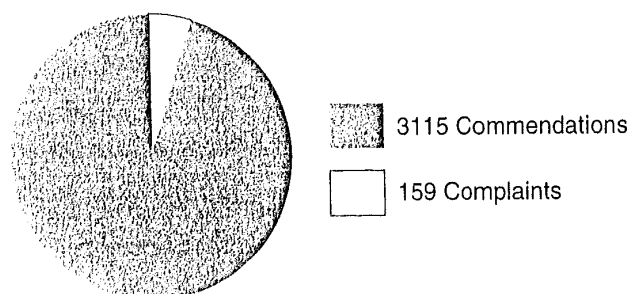
TRAINING AND DEVELOPMENT

- The Clinical Education Centre was opened as a multi-disciplinary facility for in-service education of staff.
- Creation of library and information technology facilities within the Clinical Education Centre allows staff to access current professional journals and databases to inform their clinical practice.
- Close liaison with Queen's University in order to promote their Altnagelvin campus for nursing and medical students.

CHARTER MONITORING ACHIEVEMENTS

- At the Professions Allied to Medicine and Nurse Led Clinics, all patients (100%) were seen within 30 minutes of appointment time.
- In the most recent survey at the outpatients clinics, 79% of patients were seen within 30 minutes of their appointment time and 97% were seen within one hour.
- A new Charter Standard was introduced in April 1998 in the Accident and Emergency Department. The standard states that patients needing immediate treatment will be cared for immediately, otherwise they will be assessed within 15 minutes and given a priority category. Over the past year, 98% of patients were assessed within 15 minutes, 97% were given a priority category and 98% were seen within the category time.
- In the Accident and Emergency Department, from the time of decision to admit a patient to hospital, to admission being made, 86% of patients were admitted within the Charter Standard of two hours.
- In 1998/99 the Patient's Advocate Office received 159 complaints from 158 complainants. There were 225 enquiries and 3,115 commendations in relation to services provided by the Trust. During the year there were 7.5 requests to the Convenor of the Western Health Board (the other 0.5 request involved another Trust). None of these were referred to Independent Review. One request was made to the Ombudsman who decided not to proceed with a formal investigation.

FIGURE 2: COMPLAINTS / COMMENDATIONS





COMPLAINTS PROCEDURE

A complaint can be made to any member of staff or by contacting the Patient's Advocate, Ground Floor, Altnagelvin Area Hospital, Glenshane Road, Londonderry, BT47 6SB. Telephone (028 71) 611226.

Complaints are acknowledged in writing within two working days and most are responded to within twenty working days.

TABLE 4: COMPLAINTS BY CATEGORY

SUBJECT	No.	SUBJECT	No.
Access to premises	8	Discharge & Transfer	4
Admissions	5	Hotel /support /security	7
Appointments	8	Other	27
Clinical Diagnosis	2	Staff Attitude	24
Communication	4	Treatment & Care	56
Confidentiality	3	Waiting times, Outpatients	11



PROMOTING HEALTH

The promotion of health and well-being in Altnagelvin provides a focus for both the medium and long term goals of all specialties and for all staff and patients.

KEY ACHIEVEMENTS

- The application to become the Regional Co-ordinator for Health Promotion in Northern Ireland was successful. Development of the Health Promotion Network Link with other Hospitals commenced through an initial Workshop in October 1998 which was enthusiastically attended.
- Seminars have been planned and these will be provided for the Chief Executives of Hospitals in the province who have agreed to join the Health Promotion Network.
- The new Health Promotion Sub Groups have been very progressive throughout the year. A Well-Being at Work Group which addresses the mental, physical, social health and well-being of staff has been introduced.
- In conjunction with the Health Promotion department, weekly information slots have been introduced on local radio. "Health Matters" is a regular section of the Hospital magazine, "Infusion", staff training in all areas of Health Promotion is provided, and catalogues of leaflets, videos and other resources have been distributed throughout the Hospital.
- Revised editions of the Smoking, Nutrition and Alcohol Policies have been launched throughout the year.

TARGETS

- To further develop the Health Promotion Network Link with other Hospitals and Community Trusts throughout the Province.
- To achieve the objectives identified by the Well-Being at Work Group.
- To identify funds to appoint a Health Promotion Activate Nurse and clerical assistance.
- To establish a senior management team to assist in the Health Promotion Liaison Group's quest to become a Non Smoking Hospital.



ESTATES

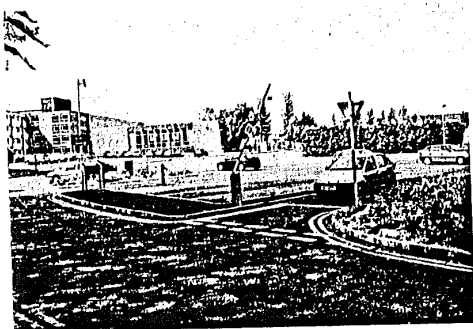
ESTATES

STRATEGIC DEVELOPMENT PROJECT

During the year, work on the first phase of the major Strategic Development Project has continued on site and remains on target in terms of quality, cost and time objectives. The first phase includes:

Day Surgery and Endoscopy Unit;	Extended Radiology Department;
Operating Theatres;	Outpatients Department;
Intensive Care Unit;	Hospital Sterilising and Disinfecting Unit;
High Dependency Unit;	Chapel and Offices.

OTHER WORKS SCHEMES UNDERTAKEN OR COMMENCED DURING THE YEAR:



- Provision of new patient car parking facilities adjacent to Phase One of the Strategic Development Project.
- Provision of a new Clinical Education Centre for staff education purposes.
- Refurbishment of Wards 19, 20 and 21 to provide Cancer and Stroke Rehabilitation facilities.
- Relocation of the helicopter landing pad to a

site adjacent to the Accident and Emergency Department.

- Provision of additional office accommodation for medical staff.
- Improvements to accessibility arrangements on site.
- Fire safety improvements.

TARGETS

- Fire safety improvements.
- Improvements to medical and nursing staff residential accommodation.
- Accessibility improvements.
- Provision of a medical equipment library.
- Upgrade of lift controllers.
- Additional parking and site security improvements.

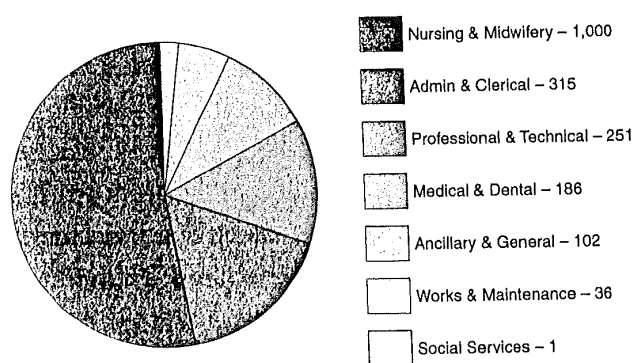


HUMAN RESOURCES

OUR STAFF

Altnagelvin employs approximately 1,900 staff in a variety of roles including medical and nursing/midwifery staff, professional and technical staff, ancillary staff and administrative, secretarial and clerical staff.

FIGURE 3: STAFFING LEVELS



The continued hard work and dedication of all staff has again ensured our ability to care for our patients.

As well as directly employed staff, Altnagelvin has contracts with external contractors for the provision of catering and domestic services. Their contribution has equally been important to the success of the Trust's operations.

Significant progress has been made during the year in offering permanent contracts, particularly among nursing and midwifery staff.

OPPORTUNITY 2000

The Opportunity 2000 campaign has the aim of improving the quality and quantity of women in the workforce. A staff survey was conducted during the year and, as a direct result, a range of initiatives are currently being considered:

- *Problems associated with shift work* - Work is ongoing with Staff Side with a view to examining alternative shift patterns to allow staff to balance personal and work commitment.
- *Carer's Leave* - Staff and managers have been surveyed to consider in detail views on the current carer's leave provisions and the criteria for eligibility.



- *Flexible Working* - Flexible working practices to include annualised hours. In the last year we have extended the possibility of part-time working to a range of staff and it is planned that this development will continue. Home working has been introduced on a pilot basis and will be evaluated following a six month period.
- *Staff Facilities* - A number of rooms have been made available for the use of pregnant women and breastfeeding mothers.

VOLUNTEER POLICY LAUNCH

The Trust's Volunteer Policy was launched. The policy is designed to attract voluntary support from the public to enrich patients' experiences whilst in hospital. A pilot scheme involving the recruitment of patient friends, ward help and patient escort to assist patients in Spruce House, will be introduced.

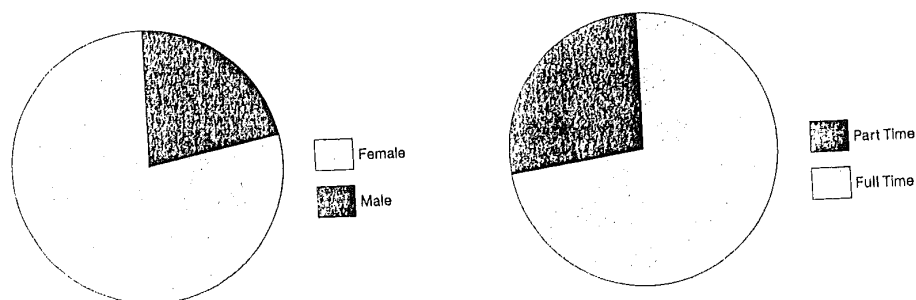
INDUSTRIAL RELATIONS

The positive relationship which has been built over the years with staff representative organisations continues to flourish. Regular meetings of the Joint Forum involving management and staff representatives have encouraged continued co-operation in addressing issues of mutual concern.

Ad hoc Joint Working Groups were set up to look at a number of issues such as Temporary Staffing, Violence at Work and the Opportunity 2000 initiative.

We would like to pay tribute to the Staff Side organisations and their representatives, both local and regional, on the mature way in which they conducted their business with Trust Management.

FIGURE 4: STAFF BY GENDER AND EMPLOYMENT TYPE





TRAINING AND DEVELOPMENT

During the past year the Trust spent £166,000 on training and development courses for staff. This is in addition to courses which were available from the Management Development Unit at Westcare Business Services and the North and West In-Service Education Consortium.

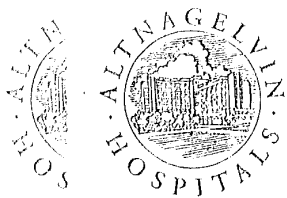
Our application for 'Investors in People' resulted in a formal assessment for accreditation being undertaken by a firm of external management consultants. At the time of writing their final recommendation was awaited.

A formal staff appraisal scheme was introduced during the latter part of the year and is in the process of being assimilated into the organisation.

JUNIOR DOCTORS' HOURS

Increased activity within the Trust continued to impact on our ability to meet the limits set for Junior Doctors' working hours across all specialties. However progress has been reached with our main purchaser in funding some additional posts which has helped to alleviate the problem to a degree.

The formation of a Local Task Force consisting of management representatives and representatives of the Junior Doctors has helped maintain a focus on the problems outstanding.



NOTES



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