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Altnagelvin Hospitals Health and Social Services Trust

Annual Report 1999-2000

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CHAIRMAN'S STATEMENT

I am pleased to present the fourth Annual Report.

The details presented within this Report outline the Trust's performance as one which continues to improve the quality of the service whilst continuing to meet the ever increasing need for our services. Each year we are treating more patients within Altnagelvin and at the outreach clinics in Limavady, Coleraine, Strabane, Omagh, Enniskillen and Magherafelt.

The Trust also continues to develop important clinical links with our neighbouring Trusts and with service providers throughout the north of Ireland, and is preparing for the improved shape of Acute Services for the future. Our major capital development project, which is nearing completion of the first phase, is evidence of the careful 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 patients treated, particularly during the winter months, is reflected in the financial performance which, once again, found our resources overstretched. In relation to the three key financial targets, the Trust completed the year ended 31 March 2000 with:

- A deficit of £1.176m;
- We remained within the agreed External Financing Limit;
- A Capital Cost Absorption Rate of 8.1%

Our Non-Executive and Executive Directors who comprise the Trusts' Board of Directors work closely in partnership bringing their skills and expertise to bear upon the strategic direction, goals and management of the Trust. I am grateful to them for their efforts and support.

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



CHAIRMAN'S STATEMENT

community and its representatives to ensure that our services remain sensitive to the needs of our patients.

In this the fortieth anniversary year of the opening of Altnagelvin Hospital, 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, consisting of a series of loops and a long horizontal stroke, representing the name Denis Desmond.

Denis Desmond
Chairman



CHIEF EXECUTIVE'S STATEMENT

The staff in Altnagelvin Hospitals Trust work with commitment to care and pride in their professionalism. The quality of diagnosis and care, the experience of hospital for the person who is the patient and their relatives and the outcome for the patient are all dependent upon the contribution of each member of the hospital team. Each department, shift, occupational grouping and profession contributes to the team. Each team contributes to the organisation so that we can coherently develop our knowledge, skills and abilities to serve the population in need of our Acute Hospital Service.

This year has, once again, been one of increasing pressures upon our staff. Whilst the rate of increase in emergency admissions steadied the actual peak of numbers of ill patients occurred over the extended holiday period of Christmas and the millennium celebrations. The hospital continues to work efficiently and effectively at maximum capacity for most of the year so when there is a peak of activity there is no excess capacity to absorb that pressure. The constancy of pressure for increased efficiency, increasing standards and rising public expectations all mean that our colleagues, from all departments, are working harder and under greater stress as there are fewer opportunities for recovery from busy peak periods.



Each year we take this opportunity to thank our staff for their efforts and their achievements but it is important to acknowledge the extent of that effort and the personal commitment required to sustain the quantity and quality of care.

Our staff deserve the highest praise for the constancy of their commitment and the quality of their achievements in providing care in this hospital as it begins the celebration of its fortieth anniversary.

Stella Burnside
Chief Executive

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This is the fourth 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 |

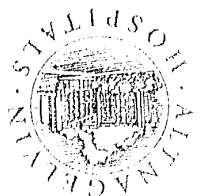
The services provided by the Trust encompass a wide range of acute hospital services within and beyond the local community. Altnagelvin Area Hospital is the major district general hospital in the north-west and is the largest acute hospital in the north of Ireland. The Hospital is a designated Cancer 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	Eme 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



INTRODUCTION



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 1999/00 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, Dir of Business Services
Mr Niall Smyth, Director of Finance

The Trust Board held eleven meetings in 1999/00. 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 [REDACTED]

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:

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

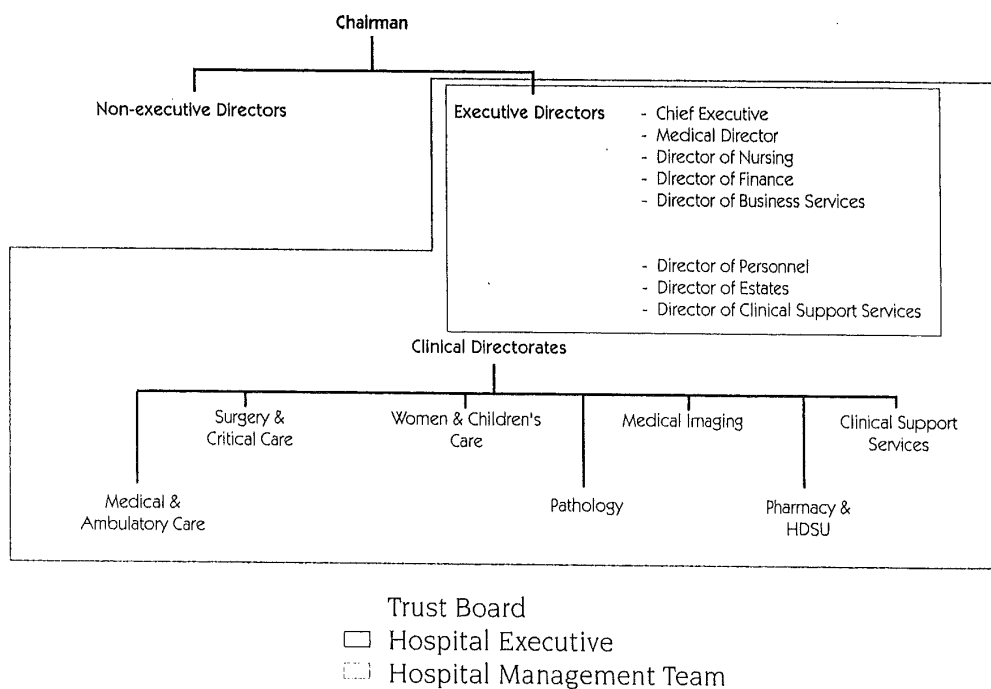
Mrs J Hutchinson, Clinical Services Manager (Chair)	Mrs T Brown, Risk Manager (Vice Chair)
Mr C Henry, Non-Executive Director	Mrs H Allen, Chief MLSO
Mr P McCorkell Support Services Contracts Manager	Mrs K Duffy, Asst Dir of Personnel (to 31/08/99)
Mr B Moran, Estates Services Manager	Mrs F Hughes, Infection Control Nurse
Mr A McGrath, Deputy Superintendent Radiographer	Dr C Burges, Occupational Health Physician
Mrs M Bray, Occupational Health Nurse	Mr M Doherty Dir of Personnel (from 01/09/99)

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).





PERFORMANCE REVIEW

Altnagelvin Hospitals Trust continues to use its resources in an effective and efficient manner. The latest available official performance statistics continue to place Altnagelvin near the top of the performance league of hospitals in Northern Ireland. The number of patients treated per available bed (throughput) rose from 55.8 in 1997/98 to 65.6 last year.

Compared to 1998/99, hospital inpatient episodes were down slightly, as shown below.

	1998/99	1999/00
Inpatients	27,737	26,153
Day Cases	10,031	10,811
Outpatients	140,085	139,045

TABLE 1: ALTNAGELVIN AREA HOSPITAL: ACTIVITY 1998/99-1999/00
(INCLUDING WAITING LIST INITIATIVES)

Over the year, emergency admissions fell by 2%, but a surge in emergency medical admissions over a six-week period beginning just after Christmas had the hospital at full stretch. At one point in early January the hospital had all 131 general medical and care of the elderly beds full plus another 65 medical patients in other beds around the hospital.

The pressures felt during the winter period also affected other departments and wards such as Intensive Care Unit (ICU) and the Accident & Emergency Department. The beds in ICU were continually fully occupied and a small number of patients had to be transferred to other hospitals because of a lack of ICU capacity.

To accommodate this surge in medical admissions, most elective surgery had to be postponed for a short period. Despite this, the total of elective surgery, inpatients and day cases, still showed a slight rise of 0.6 % over the previous year (see Figure 1 below).

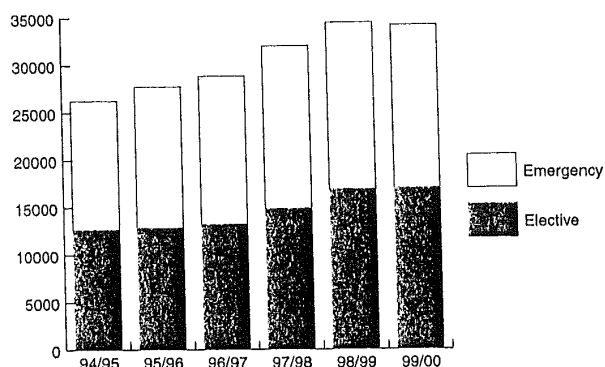


FIGURE 1. INPATIENT/DAY CASE EPISODES BY ELECTIVE/EMERGENCY SPLIT
(excluding maternity and healthy babies)

The Trust continued to carry out extra work to reduce waiting lists for elective surgery. Extra outpatient clinics and operating lists were organised which had the effect of reducing the overall numbers of patients waiting for an operation, and virtually eliminated the numbers waiting > 18 months (see Table 2 below).

	31 MARCH 1999		31 MARCH 2000	
	TOTAL WAITING	WAITING > 18 MONTHS	TOTAL WAITING	WAITING > 18 MONTHS
General Surgery	958	70	781	4
Orthopaedics	563	72	475	2

TABLE 2. COMPARISON OF COMBINED INPATIENT/DAY CASE WAITING LISTS.

DURING 1999/00 ALTNAGELVIN:

- Continued to improve performance over 1998/99, increasing patient throughput by 17%.
- Maintained the previous year's level of elective inpatients/day cases despite unprecedented winter pressures.
- Reduced the total number of patients waiting and patients waiting >18 months for a procedure, in contrast to the trend elsewhere in Northern Ireland.
- Carried out more than 15,500 procedures in operating theatres.
- Treated 51,289 patients at the Accident & Emergency Department.



MEDICAL AND AMBULATORY CARE DIRECTORATE

Clinical Director

Dr Ken Moles

Clinical Services Manager

Miss Diane Brennan

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	8,009	Day Cases	4,479
Outpatients	46,981	A&E Attendances	51,289

KEY ACHIEVEMENTS

Once again medical inpatient, outpatient and day case numbers have risen as had been projected. This has continued to make demands on all members of staff who have responded magnificently. The new outpatient department and day case unit are open and running satisfactorily.

Oncology

- Cancer services continue to grow and visiting Oncologists are now on site three days per week.
- Day case management of cancer patients will move to a new facility adjacent to Accident and Emergency and this will improve the management of these patients.

*Cardiology*

- Progress is continuing towards the provision of a Cardiac Catheterization service at Altnagelvin. It is hoped that this service will be on site by April, 2001.
- Non-invasive investigations continue to increase with more use being made of transoesophageal echo cardiography, tilt table testing and ambulatory blood pressure monitoring.
- A one-stop chest pain clinic is currently being piloted and proving of value.



Gastroenterology

- This specialty continues to increase throughput and is making advances in nurse-led endoscopy. Two senior Staff Nurses are currently approaching the end of their training and are involved in supervised practice of their specialties.

Respiratory

- A team of two specialist Respiratory Physicians is now in place and it is hoped to appoint a Specialist Registrar in the near future.



- A formal joint forum between the Physicians, Surgeons and the Oncologists for the management of patients with lung cancer has been developed.
- Currently one Staff Nurse provides an invaluable specialist nurse service but it is hoped that this funding can be fully established and augmented by a further nursing colleague.
- The management of respiratory patients at home is increasingly recognised as an important facet of medical care and is of value in facilitating early discharge and preventing unnecessary admissions.

Rheumatology

- Nurse-led Rheumatology services continue to be an important part of this specialty and, as with all medical specialties, the involvement of General Practitioners is encouraged.
- Approval has been obtained for a "Joint Shared Care Card" venture in the management of patients with rheumatological diseases. This has been progressed by the nurse specialist.

Dermatology

- Dermatology continues to have a high throughput of patients and once again has been awarded a Charter Mark commendation for standards of service and care.

Genito-Urinary Medicine Clinic

- This service has been developed and expanded to facilitate the increasing patient attendances.



TARGETS

- Increase staffing levels for the Oncology Department commensurate with the increased demands and quality requirements.
- Further development of services for Care of the Elderly and Young Chronic Sick.
- Development of nurse-led Endoscopy services.
- Further development of nurse-led Respiratory care.
- Locally based bone densitometry and osteoporosis service.



SERVICE REVIEW - SURGERY AND CRITICAL CARE

SURGERY AND CRITICAL CARE DIRECTORATE

Lead Clinical Director
Mr Paul Bateson

SERVICES INCLUDE:

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	9,272	Day Cases	5,625
Outpatients	67,118	Theatre Procedures	15,502

KEY ACHIEVEMENTS

The short stay planned surgery unit at Altnagelvin, a joint venture between the Trust and the Western Health Board has been active for approximately a year. The unit has been very successful at reducing waiting times and eliminating long waiters. A commitment has been made to continue the pilot for at least another year. This model is applicable to other specialities with long waiting lists.

Surgery

- Senior staff members have been involved in comparison studies (bench marking) with similar sized hospitals in England and Scotland. The purpose was to consider clinical practice and look at areas for improvement. This exercise changed our approach to hernia operations. A new technique using Local Anaesthesia was introduced which enables this procedure to be offered on a day case basis.
- The breast surgery service is now on the verge of formal expansion, reflecting the increased workload. We are optimistic that within the next financial year additional resources will be committed. This will result in the appointment of a second Breast Surgeon and a second Breast Care Nurse.
- The benefits of pre-operative assessment in general surgery were made very



apparent in the Short Stay Unit with substantial reductions in non-attenders and immediate pre-operative cancellations. This service is now being enthusiastically adopted in the main surgical wards.

- The second Colorectal Surgeon will take up post in August 2000 having satisfied the new regulations in respect of additional training and experience in paediatric surgery.

Urology

- The Urology department has increased throughput during the year. Despite this, the waiting lists for operations continue to grow.
- The unit has been recognised for specialist training of future consultants, the first trainee commenced in February 2000.



Oral and Maxillo-facial Surgery

- A comprehensive service for both emergency and elective treatments is provided.
- Integration into the Regional Head & Neck Cancer Service is being pursued.
- Plans are well advanced to expand the unit in order to secure its further development.

Ophthalmology

- A high level of Day Case Cataract Surgery continued to be achieved throughout the year.
- Despite additional outpatient activity the waiting time for new appointments remains excessive.
- Children's eye services for hospital and community have been partially implemented. On successful recruitment of an Orthoptist the full service will be realised.

Orthopaedics & Trauma

- The Orthopaedic and Fracture clinics were the first specialty to decant to the new outpatients department in September 1999. This has improved the environment and clinical space for patient care.
- The inpatient service has continued to expand in workload and intensity. This includes an increase in trauma patients from the Northern Health Board and from Sperrin Lakeland Trust.
- There has been considerable investment and commitment to training nurses in



Orthopaedic nursing.

Orthodontics

- During the year the Orthodontic service has relocated to excellent facilities in the out-patients department. The benefits of the designated reception and waiting areas shared with Oral and Maxillo-facial services has meant a more appropriate use of staff time.



- With the move, more opportunities exist for health promotion and patient education.
- An additional senior dental officer employed within a waiting list initiative has greatly increased the number of patients seen in both the Western and Northern Health Board areas.

Ear, Nose and Throat (ENT or Otorhinolaryngology)

- A full range of ENT surgery continues to be provided on both an inpatient and day case basis.
- The pilot screening service introduced during the year to detect hearing deficiencies in infants is ongoing. A total of 2,900 babies have been tested.

Theatres

- A high level of both elective and emergency procedures were performed during the year.
- During the period of high sickness (winter pressures) planned surgical lists had to be cancelled to release beds for the increased number of medical admissions.
- Staff have worked enthusiastically in the planning and preparation for moving into the new theatres in August 2000.

Intensive Care Unit

- The requirement for intensive care beds to provide mechanical ventilation (life support) for the critically ill patient has continued to increase with the result that the demand frequently exceeded capacity to the extent that a number of patients had to be transferred to other hospitals for ventilation following stabilisation.
- The demand for kidney dialysis for acute renal failure has continued to increase with a total of 17 patients treated during the year. A number of these patients required renal replacement therapy for up to 5 weeks.
- Decant to the new Intensive Care/High Dependency Unit will take place in July.



2000. In preparation for this staff have been closely involved in the commissioning process.

TARGETS

- Development of a "one stop" rectal bleeding clinic.
- Expansion of the trauma service to the southern sector of the Western Board will be fully implemented with the new orthopaedic consultant appointments in August 2000.
- Appointment of the second Breast Surgeon and Breast Care Nurse remains a high priority.
- Multidisciplinary review clinics for Breast Cancer patients.
- Further expansion of the facilities to provide acute renal dialysis.
- A senior nurse is required to expand the present limited acute pain service.
- Consultant delivered emergency service.
- Theatre Control and Information system to capture theatre scheduling and utilisation information.
- Keyhole (Endovascular) repair of aortic aneurysms has become a reality as a service provision, particularly for the frail. Plans are being developed to provide this in the future.
- Develop a vascular laboratory to streamline assessment and follow-up of patients with major blood vessel disease.



WOMEN AND CHILDREN'S CARE DIRECTORATE

Clinical Director
Dr Denis Martin

SERVICES INCLUDE:

Clinical Services Manager
Mrs Margaret Doherty

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

DIRECTORATE ACTIVITY

Inpatients	7,623	Outpatients	24,426
Deliveries	2,692	Daycases	716

The Directorate is now in the second of a three-year development programme funded by the Western Health Board.

KEY ACHIEVEMENTS

Obstetrics

- The Maternity Unit was awarded the Charter Mark for excellence in provision of Maternity Services.
- Financial resources have been secured for the introduction of anomaly scanning (provisional start date 1 October).
- The recent appointment of a fifth Consultant Obstetrician provides dedicated Consultant cover for the Labour Ward.
- Two Midwives dedicated to assist with breastfeeding have been appointed to improve the low breastfeeding rates.
- The Breastfeeding Training Programme for Nursing Auxiliaries has been completed and an updating programme for midwives has commenced. These training programmes resulted in the surpassing of the UNICEF's requirement to have 80% of staff trained.
- Staff training has continued in both the Instructor's Advanced Life Support in Obstetrics and the Advanced Life Support in Obstetrics courses.
- The Maternity Services Liaison Committee provides advice on service improvement.

Gynaecology

- Additional members of staff have been trained in caring and supporting patients with cancer.
- Staff have been trained in the provision of assistance and advice to women with menopausal problems. The increase in the number of attendees confirms the



demand for this service.

- Ovulation induction and intra-uterine insemination clinics, and the open phone line advice and enquiry service on fertility are ongoing. The Consultant Obstetrician and Gynaecologist, who is a Royal College accredited sub-specialist in Reproductive Medicine, enhances continuity of care and expertise.
- The appointment of the fifth Consultant Gynaecologist will facilitate the provision of colposcopy services.

Paediatrics

- A fifth Consultant Paediatrician has been appointed. This will permit one Consultant Neonatologist to act as lead clinician for the Neo Natal Intensive Care Unit.
- Funding has been secured to provide midwives/ children's nurses to staff an additional 0.5 neonatal intensive care cot.
- The appointment of two Senior House Officers has increased medical staffing within Neo Natal Intensive Care, to provide dedicated staffing.
- A dedicated Day Care Unit has been established.
- Funding was secured to resource the specialist outpatient clinics.
- A Paediatric Diabetic Nurse Specialist has been appointed and resources have been secured for the appointment of a Paediatric Community Liaison Specialist Nurse.
- Preparations are ongoing for the introduction of ultrasound facilities and telemedia link with the Royal Victoria Hospital.



TARGETS

Obstetrics

- Following the award of the UNICEF Baby Friendly Initiative Certificate of Commitment, an assessment is planned for November 2000 in a bid to become accredited as a Baby Friendly Hospital.
- To appoint additional staff to complete the breastfeeding counsellors' team providing full cover for day and night duty.
- To make available an additional 0.5 intensive care cot taking the neonatal intensive care ventilation capacity to 3.



SERVICE REVIEW - WOMEN AND CHILDREN'S CARE

Gynaecology

- The introduction of a weekly outreach Gynaecology clinic in Strabane.
- The introduction of a monthly Oncology review clinic in Altnagelvin.
- Additional nursing resources to maintain the Urodynamics, Menopause and Infertility Clinics.
- To introduce techniques to further enhance the "one stop" clinic concept.

Paediatrics

- A major refurbishment is planned on floor 6 and will enable the relocation of paediatric surgical and orthopaedic patients. Space will also be provided for the enhanced outpatient services.
- Implementation of the Rapid Response Clinic.
- To enhance outreach clinics.
- To introduce the Asthma Nurse Specialist and the Epileptic Nurse Specialist to complete our Children's Specialist Team.



PATHOLOGY DIRECTORATE

Clinical Director
Dr Robert Cuthbert (to 29/2/00)

SERVICES INCLUDE:

Dr Maurice O'Kane (from 1/3/00)

Clinical Services Manager
Mr Anthony Crilly

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

DIRECTORATE ACTIVITY

A total of 553,245 tests and analyses were performed during the year.
In all departments the number and complexity of analyses has increased.

KEY ACHIEVEMENTS

Histopathology

- Attainment of provisional CPA accreditation pending a formal inspection visit.
- Appointment of a Chief Biomedical Scientist.
- Successful participation in national quality assurance schemes.

Cytopathology

- Attainment of provisional CPA accreditation pending a formal inspection visit.
- Participation in the regional Quality Advisory Group to help identify quality priorities and target resources.
- Audit confirms that quality benchmarks are in line with national requirements and demonstrate continued improvement.

Haematology and Blood Bank

- Attainment of conditional CPA accreditation following a formal inspection.
- The Blood Bank has become fully automated providing improvements in turnaround of tests and in antibody detection.
- Clinical Haematology continues to expand with an increasing proportion of patients enrolled in national randomised treatment trials.





Microbiology and Infection Control

- New Polymerase Chain Reaction (PCR) technology has been introduced for the detection of chlamydia infections.
- The department has applied for CPA accreditation.
- The department has continued active involvement in audit of infection rates and MRSA at an all Ireland level.

Clinical Chemistry

- Attainment of conditional CPA accreditation following a formal inspection.
- The department has appointed a principal grade Clinical Scientist with an expansion of the analytical service.
- The department has been actively involved in the development of audit standards at regional and national level.

TARGETS

- Achievement of full CPA accreditation for all departments.
- Fill vacant consultant posts within the directorate.
- The filling of the vacant Consultant Histopathologist/Cytopathologists posts will allow expansion of the non-gynaecology cytology service with increased audit activity.
- Expansion of the Clinical Chemistry test repertoire to include fertility hormones and drugs of abuse screening.
- Introduction of automated immunostaining in Histopathology.
- Computerisation of the Microbiology service.



MEDICAL IMAGING DIRECTORATE

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.**

Clinical Director

Dr Brendan Devlin (to 31/12/99)

Dr Michael Reilly (from 4/1/00)

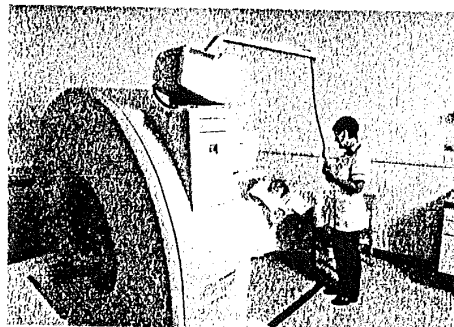
Clinical Services Manager
Mr Ivan Craig

DIRECTORATE ACTIVITY

A total of 103,209 examinations/procedures were performed during the year.

KEY ACHIEVEMENTS

- The transfer of all imaging services to the new department was successfully completed during May to September 1999.
- As part of this transfer, a review of working practices and support staff skill mix was undertaken resulting in major improvements in examination reporting time for both inpatient, outpatient and direct access General Practitioner referrals. This review has resulted in:
 - 93% of GP referral reports completed within 5 working days;
 - 80% of inpatient reports completed within 5 working days (prior to the changes in core functions this figure was 19%).
- The 24 week fetal assessment programme has had business case approval. Equipment procurement and staffing is now at an advanced stage. This programme, planned in conjunction with Obstetrics services will commence in October 2000.
- The Cardiac Angiography/Interventional Radiology business case approval has been granted. The planning of this service is now at an advanced stage including equipment tendering and staffing implications.





TARGETS

- To develop and integrate computed radiography into the existing network as part of an ongoing digital image management system.
- To gain business case approval for a Magnetic Resonance Imaging service and instigate the system specification and procurement.
- To address the issue of radiologist and radiographic staffing in light of continued clinical demand.
- To establish the Cardiac Angiography and extended Interventional Radiology service to accommodate the increasing need for both complex radiological interventions and cardiac procedures.
- To review service provision within the ultrasound unit with an emphasis on skill mix and potential non-radiology supervised scanning.
- To review grade structure within radiography in an effort to develop lead specialist radiographers.



PHARMACY AND HOSPITAL STERILE AND DISINFECTING UNIT (HSDU)

Director
Mrs Sally O'Kane

PHARMACY SERVICES INCLUDE:

- **Pharmaceutical services to wards and departments**
- **Sterile Dispensing**
 - Cancer Treatments
 - Total Parenteral Nutrition Solutions
 - Intravenous infusions
 - Intravenous injections
 - Eye drops
 - Radiopharmacy
- **Drug Information Service and Medicines Helpline**
- **Clinical Pharmacy**
- **Quality Assurance Service**
 - Medical gas testing
 - Control of pharmaceutical waste

HSDU SERVICES INCLUDE:

- **Decontamination and sterilisation of instrumentation and patient care items**

DIRECTORATE ACTIVITY

Pharmaceutical issues	1,059,869
Clinical pharmacy ward visits	885
Drug information enquiries	1,149
Medicines Helpline enquiries	266
Theatre trays and procedure packs	63,539
Quality assurance tests	12,203

KEY ACHIEVEMENTS

- The commissioning of the new Hospital Sterile and Disinfection Unit was successfully completed in November 1999.
- The provision of a full tray service to the new Day Case, Orthopaedic and Eye Theatres.
- HSDU staff successfully completed planned training.
- All medical gas installations in the new building were commissioned and accepted for use.
- A second cancer services pharmacist is to be





appointed to work with the multidisciplinary team providing pharmaceutical care to cancer patients

TARGETS

- Provision of a full HSDU service to main theatres.
- Establish a sterile store to provide accountability for all theatre trays.
- To obtain registration with the Medical Devices Agency.
- To ensure compliance with Special Waste Regulations within the directorate and have input to Altnagelvin and Foyle Trust waste policies.
- Review COSHH assessments.
- Ensure that the needs of cancer patients are met through the provision of technical and clinical support to patients and the multidisciplinary team.
- Appointment of clinical pharmacists to provide a formal clinical pharmacy service.
- Appointment of a pharmacist to develop and maintain the drug formulary in accordance with the Trust's policy on Clinical Governance.
- Appointment of a medical technical officer (MTO3) to relieve severe pressures in the dispensary.
- Implement communication technology to allow the development of bar coded stock control and ordering systems for all wards and departments.
- Implement electronic data interchange for procurement of drugs, dressings and medical and surgical sundries.



CLINICAL SUPPORT SERVICES DIRECTORATE

Director
Mr Thomas Melaugh

SERVICES INCLUDE:

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

KEY ACHIEVEMENTS

- Physiotherapy introduced a number of new initiatives including:
 - A self referral clinic for staff ;
 - An evening exercise group for Ankylosing Spondylitis patients supported by the National Ankylosing Spondylitis Society.
- Waiting lists for Physiotherapy were significantly reduced through additional clinics supported by the Western Health and Social Services Board's Waiting List Taskforce. This initiative also involved a review of the use of assessment/advice clinics and comparisons of the use of telephone and letters to promote a better attendance at clinics.
- The Dietetic Service secured regional funding to conduct a multi-professional, cross-trust audit on feeding our elderly patients. The aim is to ensure that menus and feeding practices promote good nutrition among the elderly.
- A very successful Gluten Free Fayre was held in January, with over 100 people attending. As the North West has a very high incidence of Coeliac disease, the Dietetic Department aimed to inform people about their diet, the products available and encourage the formation of a local support group. Such a group has now been formed.
- The Information Systems Support Department completed their comprehensive Year 2000 Programme with the result that there were no major IT disruptions.
- The Podiatry Service transferred its services to a purpose built room in the new Outpatients Department. This has enhanced access to the Podiatry service by Diabetic and other Clinics.
- The Hospital Chaplains formally dedicated a Room of Prayer and Reflection which was part of the first phase of the Strategic Development Project. The room provides a quiet, peaceful location for patients, relatives and staff to use.





YEAR 2000

YEAR 2000

The Year 2000 problem related to the ability of computer systems and equipment containing computer chips to properly handle dates following the New Year 2000. Such systems and chips are widespread and impact on all aspects of health and social care including direct patient care. A further concern was the potential impact on hospital services through problems caused by computer failures or through the planned major public celebrations eg, major incidents, multiple accidents. Altnagelvin had a team working on all aspects of the Year 2000 problem. The main areas focused on were:

Equipment

- All equipment was made Year 2000 compliant either through a replacement programme or the application of a 'fix'. Contingency plans were developed, in conjunction with the users, for those items identified as high risk.

Information Technology

- All systems were made compliant and testing was conducted. Again contingency plans were updated for these systems to ensure they were suitable for the Year 2000 problem.

Supplies

- Assurances were sought from all major utilities and suppliers as to their ability to provide continuity of supply over the period. The Estates Department put in place arrangements that made the Trust self-sufficient in the critical areas of water, electricity etc. Contingency stocks were held by the Regional Supplies Service for those items that the hospital identified as critical.

Increased Activity

- Trust representatives were centrally involved in a planning group looking at the planned public celebrations for New Year's Eve and contributed to the development of a multi-agency contingency plan for the City for this period.

These preparations and plans were subjected to an independent assessment commissioned by the Department of Health, Social Services & Public Safety which concluded that the plans were comprehensive and that no major problems were anticipated due to the Year 2000.



As part of the contingency plans a Control Room was established operating over New Year's Eve/New Year's Day. The staff involved checked all critical systems and equipment after midnight and were available to respond to any incidents reported by staff.

In the event, only 5 minor problems were reported to the Year 2000 Control Room and none of these resulted in a disruption to services. No problems were encountered at 29 February or at 31 March.

Costs

In total the Trust incurred direct expenditure of £187,000 to fix or replace equipment and computer systems in order to make them Year 2000 compliant.



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.

Denis Desmond
Chairman

7 September 2000

Stella Burnside
Chief Executive

7 September 2000

AUDITORS REPORT ON THE SUMMARY FINANCIAL REPORT

I have audited the summary financial statements set out in pages 33 - 40 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 2000, on which I have issued an unqualified opinion.

APPOINTED AUDITOR

Martin Pitt

7 September 2000



ACCOUNTING POLICY CHANGE

The introduction of a new accounting standard on accounting for and reporting of provisions for liabilities, in the 1999/00 financial year, has necessitated the reinstatement of some prior year values. This will enable the year on year comparison of actual performance to be viewed on a like for like basis. The prior year values which have been amended have been identified by an asterisk (*).

FINANCIAL PERFORMANCE

This is the fourth annual financial report of the Altnagelvin Hospitals Health and Social Services Trust which covers the period from 1 April 1999 to 31 March 2000. As a Health Service Trust it is accountable through the Department of Health, Social Services and Public Safety 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 £1,176,000 for the year ended 31 March 2000. This is an increase over the previous year and was due to cost pressures arising directly from treating patients. Trust costs increased due to the recruitment of additional medical and nursing staff needed to meet improvements in clinical standards and working practice. Additional costs were also incurred in employing increased numbers of junior doctors in order to reduce the working hours of individual doctors. There are ongoing negotiations with service commissioners, principally the Western Health and Social Services Board on increased funding to meet these cost increases.

TO STAY WITHIN AN AGREED EXTERNAL FINANCIAL LIMIT (EFL)

- An External Financing Limit of £4,763,000 was set by the Department of Health and Social Services and Public Safety for the financial year 1999/00. The Trust remained within this agreed limit.

TO ACHIEVE A CAPITAL COST ABSORPTION RATE OF 6%

- The Department of Health, Social Services and Public Safety set a target rate of return on capital investment of 6% for 1999/00. The actual rate achieved for the financial year was 8.1%. Actual capital charges for the year were lower than those



FINANCIAL PERFORMANCE

forecast at the start of the year on which capital charge income is based. This resulted in a windfall gain which was recovered by the Department of Health, Social Services and Public Safety through setting a higher rate of dividends payable. The increased amount for dividends payable resulted in the higher Capital Cost Absorption Rate.

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 Department of Health, Social Services and Public Safety 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 £52,253,000 (£48,007,000 in 1998/99). 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	1999/00		1998/99	
	£000	%	£000	%
Western Health and Social Services Board	46,059	79.0	42,018	78.4
Northern Health and Social Services Board	1,081	1.9	843	1.6
Southern Health and Social Services Board	87	0.1	84	0.2
Eastern Health and Social Services Board	59	0.1	85	0.2
Western Area General Practice Fundholders	4,651	8.0	4,617	8.6
Other General Practice Fundholders	316	0.6	360	0.7
Other Health Authorities	0	0	131	0.2
Other Patient Income	547	0.9	462	0.9
Education and Training Income	2,884	4.9	2,515	4.7
Services to other Trusts	1,582	2.7	1,516	2.8
Other Income	1,050	1.8	943	1.8
TOTAL INCOME	£58,316	100%	£53,574	100%

EXPENDITURE

The Trust spent £56,423,000 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.

OPERATING EXPENDITURE	1999/00		1998/99	
	£000	%	£000	%
Salaries and Wages	37,324	66.2	33,403	64.2
Drugs, Dressings and Medical Supplies	5,088	9.0	5,205	10.0
Laboratory Supplies	928	1.6	879	1.7
X Ray Supplies	392	0.7	294	0.6
Catering Service	1,306	2.3	1,243	2.4
Other Goods and Services	5,703	10.1	5,900	11.3
Services from other Trusts	3,244	5.8	2,951	5.7
Depreciation on Fixed Assets	2,438	4.3	2,164	4.2
TOTAL OPERATING EXPENDITURE	£56,423	100%	£52,039	100%



STATEMENT OF PUBLIC SECTOR PAYMENT POLICY

It is Trust policy to comply with both the Confederation of British Industry's Prompt Payment Code and Government Accounting Rules. The Department of Health, Social Services and Public Safety 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 adheres to these requirements. Our measure of compliance is:

CATEGORY	1999/00		1998/99	
	NUMBER	VALUE	NUMBER	VALUE
		£000		£000
Total bills paid	27,956	22,091	28,970	24,278
Total bills paid within 30 days	22,725	19,630	26,572	22,971
% sampled bills paid within 30 days	81.29%	88.86%	91.72%	94.62%

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 1999/00 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 £	1999/00 OTHER REMUNERATION £	TOTAL REMUNERATION £	1998/99 TOTAL REMUNERATION £
Non-Executive Directors	42,145		42,145	42,145
Executive Directors				
Basic Salary	220,890	74,160	295,050	274,545
Performance Related Pay	0	0	0	12,608
Employers Pension Contributions	8,244	2,974	11,218	10,947
Benefits in Kind	1,268	8	1,276	1,390
TOTAL	£272,547	£77,142	£349,689	£341,635
Chairman	17,145		17,145	17,145
Non-Executive Directors ⁽⁵⁾	25,000		25,000	25,000
Chief Executive	70,886		70,886	69,234
Medical Director	14,785	77,142	91,927	87,478
Nursing Director	47,023		47,023	47,562
Finance Director	48,854		48,854	47,608
Business Director	48,854		48,854	47,608
TOTAL	£272,547	£77,142	£349,689	£341,635

DIRECTORS' PAY AWARDS

The Minister of Health directed that pay awards to Directors of the Trust should not exceed 2.6% for the 1999/00 financial year. The Trust's Remuneration Committee, which is responsible for setting Directors' pay awards, decided to make no pay uplift or performance related pay award in 1999/00. The increase in remuneration illustrated above is due to the phasing in of the full year effect of the 1998/99 pay award.

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 £138,385.



MANAGEMENT COSTS

Trusts are required to report on their Management Costs based on the Audit Commission's definition of Management Costs. The Department of Health, Social Services and Public Safety revised the method of calculating management costs in 1999/00. The previous year's management costs have been restated based on the revised definition. The management costs for Altnagelvin Trust, using this definition were:

	1999/00		1998/99	
	£000	% of Total Income	£000	% of Total Income
Management Costs	2,635	4.51%	2,567	*4.76%

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2000

	1999/00 £000	1998/99 £000
Income from activities	52,800	48,731
Other operating income	5,516	4,843
Less operating expenses	(56,423)	(52,039)
Operating surplus	1,893	1,535
Profit/(Loss) on disposal of fixed assets	(11)	12
Surplus before interest	1,882	1,547
Interest receivable	114	112
Interest payable	(1,437)	(1,497)
Surplus on ordinary activities	559	162
Public dividends payable	(1,745)	(1,062)
OPERATIONAL (DEFICIT)/SURPLUS FOR THE YEAR	(£1,186)	(£900)
Provisions for Future Obligations	10	(25)
RETAINED (DEFICIT)/SURPLUS FOR THE YEAR	(£1,176)	(£925)
OPERATIONAL (DEFICIT)/SURPLUS FOR THE YEAR BEFORE PROVISIONS	(£1,186)	(£900)



BALANCE SHEET AS AT 31 MARCH 2000

	1999/00		1998/99	
	£000	£000	£000	£000
FIXED ASSETS				
Tangible Assets		62,891		53,717
CURRENT ASSETS				
Stock and work in progress	1,069		871	
Debtors	3,361		*3,752	
Short-term Investments	236		267	
Cash at bank and in hand	16		13	
Creditors: Amounts falling due within one year	(7,770)		(7,263)	
Net Current Assets/(Liabilities)	(3,088)	(3,088)	(2,360)	(2,360)
TOTAL ASSETS LESS CURRENT LIABILITIES		59,803		51,357
Creditors: Amounts falling due after more than one year		(16,033)		(16,815)
Provisions - Liabilities/Charges		(1,817)		*(1,752)
TOTAL NET ASSETS EMPLOYED		£41,953		£32,790
FINANCED BY:				
CAPITAL AND RESERVES				
Public Dividend Capital		33,453		27,953
Revaluation Reserve		11,079		6,236
Donation Reserve		144		154
Income and Expenditure Reserve		(2,723)		*(1,553)
TOTAL CAPITAL AND RESERVES		£41,953		£32,790



FINANCIAL PERFORMANCE

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2000

	1999/00 £000	1998/99 £000
Surplus for the year	559	162
Provisions for Future Obligations	10	(25)
	569	137
Non-donated fixed assets		
Surplus on revaluation of fixed assets	4,849	3,145
Donated Assets		
Additions to Donated Assets	9	39
Changes to Donation Reserve (except transfers to Realised Donation Reserve)	(20)	(19)
Prior Year Adjustment	421	0
TOTAL GAINS AND LOSSES RECOGNISED IN FINANCIAL YEAR	£5,828	£3,302

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2000

	1999/00 £000	1998/99 £000
Net Cash Inflow from Operating Activities	4,543	4,639
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE		
Interest received	107	113
Interest paid	(1,440)	(1,500)
Dividends paid	(1,062)	(972)
Net Cash (Outflow) on Investments AND SERVICING OF FINANCE	(2,395)	(2,359)
CAPITAL EXPENDITURE		
Payments to acquire fixed assets	(6,900)	(7,694)
Receipts from sale of fixed assets	6	19
NET CASH (OUTFLOW)/INFLOW BEFORE FINANCING	(4,746)	(5,395)
FINANCING		
New Public Dividend Capital	5,500	6,100
Repayment of amounts borrowed	(782)	(782)
(DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS	(£28)	(£77)



CLINICAL GOVERNANCE AND QUALITY

Whilst clinical governance is not yet a statutory requirement in Northern Ireland, Altnagelvin Trust has decided that the imperatives implicit within clinical governance are the basis for development and implementation of the Trust's Quality and Risk Management Strategies.

A Clinical Governance Committee has been established and will provide assurance to the Trust Board that procedures relating to: Clinical Effectiveness and Quality; Risk Management; and Education and Training, are in place within the Trust and are functioning effectively.

CLINICAL EFFECTIVENESS

The key to successful achievement of Clinical Governance will be in the development of a system which ensures changes in clinical practice on the basis of timely identification of quality failures. The Government has stressed that we need to approach the quality agenda on two fronts:-

- by evaluating outcomes of care;
- by evaluating Patients' Experiences of Care.

KEY ACHIEVEMENTS

- Establishment of a multidisciplinary Clinical Audit Committee which takes the lead in evaluating Outcomes of Care. It aims to encompass two major activities: audit of current practice against evidence based standards; audit in response to serious clinical incident reports.
- Reorganisation of the HOSQIP (Hospital Quality Improvement Programme) committee which will concentrate on evaluating and improving patients' experiences.
- Inter-professional partnership with the University of Ulster in research continues.
- Work has commenced in collaboration with Causeway Trust and the Northern Ireland Ambulance Trust looking at the prevention of pressure sores in patients with fractured femurs.
- Establishment of a Trust multidisciplinary Research Committee.
- Work has commenced on developing Care Pathways.
- Ongoing monitoring of Patient Charter standards



TARGETS

- Establish the Clinical Effectiveness Committee.
- Care Pathways programme to be further developed with Directorate and Ward/Department Staff.
- Clinical Audit and HOSQIP programmes for the coming year to be agreed.
- Nursing Monitor quality assessments on 5 wards in coming year
- Clinical Effectiveness Conference in the Autumn.
- Research Seminar – University of Ulster and Altnagelvin Hospital to jointly host in September.
- Appoint Research Nurse/s

RISK MANAGEMENT

Risk management involves clinicians, managers and health care provider organisations in identifying circumstances or practices which put patients, staff and visitors at risk of harm, and then acting both to prevent and control those risks.

KEY ACHIEVEMENTS

- Procedure for reporting and investigating Critical Incidents agreed.
- Establishment of a Clinical Incident Review Committee.
- Establishment of a Health and Safety Committee.
- Health and Safety Policy and Annual Report issued.
- Risk assessments in 30 Wards/Departments and 6 have had repeat assessments.
- Risk Management Newsletter to be published quarterly.
- Monitoring of accidents, complaints, untoward incidents, clinical and critical incidents and legal cases to identify trends and the required action plan.
- Establishment of a multidisciplinary committee to address incidents of verbal and physical aggression.
- Revised Infection Control Policy and Annual Report issued.
- Ongoing infection control monitoring of clinical areas and departments

TARGETS

- Establish Risk Management Committee.
- Development of a Clinical/Critical Incident Data Base to facilitate monitoring.
- Work with United Hospitals H&SS Trust in Falls Risk Management strategy.



EDUCATION AND TRAINING

It is important to the success of any health care organisation that clinical, as well as other staff, are given the opportunity to maintain professional skills and knowledge by way of relevant training and development opportunities.

KEY ACHIEVEMENTS

- Staff Appraisal system agreed which includes identification of individual and departmental training needs.
- Training sessions for staff on:-
 - Audit
 - D.Y.S.S.Y. (standard setting system)
 - Infection Control
 - Risk Assessment
 - C.O.S.H.H. Assessment
 - Health and Safety
 - Fire Safety
 - Management of Medical Devices
 - C.R.E.S.T. guidelines on wound care
- Clinical Governance Workshop
- Care Pathways Workshop
- Leadership Empowerment Programme
- Pilot Appraisal for Senior Medical Staff

TARGETS

- Establish Education and Training Committee.
- Plan to structure Education and Training programmes in response to issues which arise out of the Clinical Effectiveness and Risk Management Committees.
- Development of Corporate Training Plan through the Staff Appraisal Process.
- Review of Selection and Recruitment procedures to ensure compliance with Clinical Governance requirements.
- Develop appraisal and revalidation procedures for medical staff as proposed by General Medical Council.

CHARTER MONITORING ACHIEVEMENTS

- At the Professions Allied to Medicine and Nurse Led Clinics, 99.5% of patients 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 96% were seen within one hour.
- A Charter Standard was introduced in April 1998 in the Accident and Emergency



Department relating to the assessment of patients and the allocation of priority categories. In 1999/00, 91% of patients were assessed within 15 minutes, 98% were given a priority category and 97% 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, 85% of patients were admitted within the Charter Standard of two hours.
- The HSS Management Group commissioned a data quality audit on the above Charter Standard in February 2000. We were commended for the quality of the system operated at Altnagelvin to collect this data. This standard will be published for the first time in the Performance Tables for 1999/00.
- In 1999/00 the Patient's Advocate Office received 124 complaints from 117 complainants.
- There were 233 enquiries and 3,328 commendations in relation to services provided by the Trust.
- During the year there were 12 requests for Independent Review to the Convenor of the Western Health and Social Services Board. Ten requests were examined by the Convenor none of which were referred to Independent Review. Two complainants withdrew their request to the Convenor. One request was made to the Ombudsman, who decided not to proceed with a formal investigation.

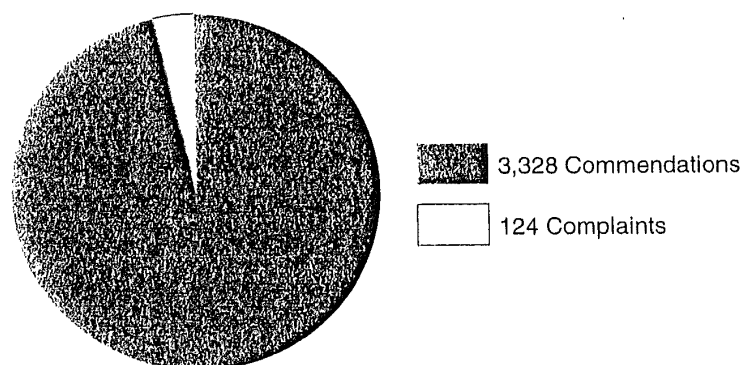


FIGURE 2: COMPLAINTS / COMMENDATIONS



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 [REDACTED]

Complaints are acknowledged in writing within two working days. During the year 100 complaints were responded to in 20 working days and 24 complaints were responded to in more than 20 working days.

SUBJECT	No.	SUBJECT	No.
Access to premises	4	Hotel / Support / Security	4
Access to records	1	Other	22
Appointments	5	Mortuary & Post-mortem	1
Clinical Diagnosis	4	Professional Assessment	3
Communication	6	Staff Attitude	19
Confidentiality	2	Treatment & Care	38
Discharge & Transfer	1	Waiting Times	14

TABLE 3: COMPLAINTS BY CATEGORY



PROMOTING HEALTH

KEY ACHIEVEMENTS

- In 1999/00, Altnagelvin was established as the Regional Co-ordinator for the European Health Promoting Hospitals Network. The Hospital is now the centre for the support and co-ordination for hospitals in Northern Ireland that have joined the Network.
- A conference, hosted by the Regional Network to encourage other hospitals to join the initiative, attracted over 90 participants and increased membership of the Network.
- The Health Promotion sub-groups have been progressive throughout the year.
- Work is underway to obtain full Baby Friendly Status for the Hospital - a UNICEF initiative.
- A Diet and Health Audit was undertaken to establish whether or not knowledge and behaviour in relation to healthy eating among staff has changed over the past five years. Training on nutrition will follow, subject to the results of the audit.
- The Women and Children's Directorate became smoke free.
- 1,468 staff completed the Accident & Injury Prevention training
- Three new initiatives were introduced under the Well-Being at Work Initiative:
 - A Physiotherapy Clinic is available for staff in the evening.
 - Breast-feeding rooms have been made available for use by staff.
 - A series of short Health Walks have been mapped out around the grounds to promote physical activity.

TARGETS

- To further develop links with other hospitals in the Province through the Health Promoting Hospitals Network.
- To take forward the Health and Well-Being at Work Initiative, which addresses staff health issues.
- To further the work carried out to make Altnagelvin a Smoke Free Hospital.
- To achieve Baby-Friendly Status



ESTATES

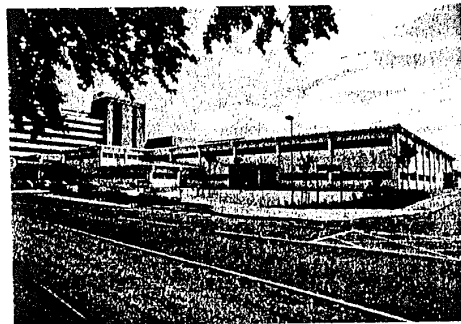
During the year, work on completing and commissioning elements of the first phase of the Strategic Development Project has continued and remains on target in terms of quality, cost and time objectives. The first phase includes:-

- Day Surgery and Endoscopy Unit
- Operating Theatres
- Intensive Care Unit
- High Dependency Unit
- Extended Radiology Department
- Outpatients Department
- Hospital Sterile and Disinfection Unit
- Prayer and Reflection Room and Offices

All Phase 1 elements are expected to be fully completed and commissioned by July 2000. Planning for the Phase 2 development (Services Centre including Laboratories and Pharmacy) and the Phase 3 development (Tower Block refurbishment) is ongoing.

OTHER WORKS SCHEMES UNDERTAKEN OR COMMENCED DURING THE YEAR:

- Improvements to medical and nursing staff residential accommodation.
- Provision of a medical equipment library.
- Fire safety improvements.
- Accessibility improvements.
- Refurbishment of passenger lifts interiors.
- Additional site signage.
- Infrastructural mechanical and engineering plant replacement throughout the site.
- Improvements to single ward accommodation throughout the Tower Block.
- Improvements to the Pharmacy Dispensary.
- Physical improvements to external fire exit doors.
- Improvements to patient bedside lights, Children's Unit.



TARGETS

- Fire safety improvements.
- Mechanical and engineering interim plant upgrade to existing laboratories.
- Statutory standards/urgent remedial work schemes to buildings throughout the site.
- Infrastructure plant improvements throughout the site.
- Additional car parking and site security improvements.
- Environmental health improvements to the main hospital kitchen and tunnel access.



HUMAN RESOURCES

OUR STAFF

Altnagelvin continues to be one of the largest employers in the North West area. There are approximately 1,900 staff on the payroll covering a range of professional and support staff, including medical and nursing/midwifery staff, professional and technical staff, maintenance workers, ancillary support staff and administrative, secretarial and clerical staff. Figure 3 below shows a breakdown by staff in post.

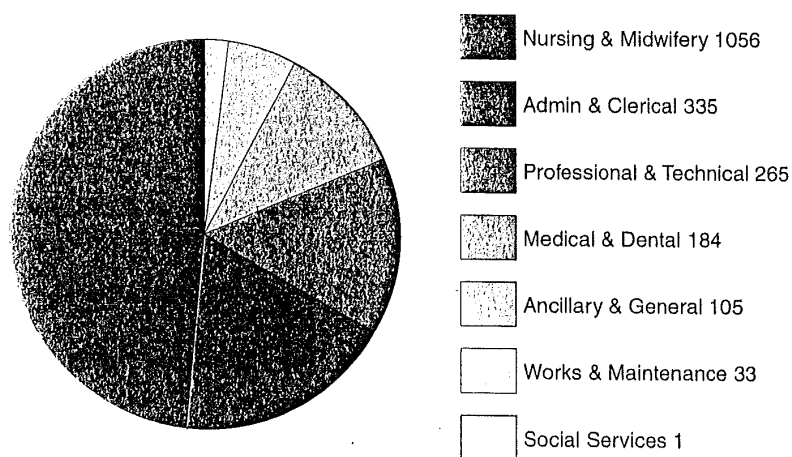


FIGURE 3: STAFF IN POST

The outstanding efforts shown by the staff of Altnagelvin in the care and treatment of patients was particularly striking during the exceptionally busy period over the winter months. The hard work and dedication demonstrated across the range of staff involved was recognised by the Minister for Health, Bairbre De Brun and the Deputy First Minister, Mr Seamus Mallon who each visited the hospital to personally thank staff for their achievements.

Staff turnover during the year remained low among the permanent staff employed by the Trust while continued efforts were made to reduce and manage the level of temporary staff employed.



INDUSTRIAL RELATIONS

Altnagelvin has developed a healthy and productive working relationship over the years with the organisations representing staff employed by the Trust. Although no formal partnership agreement is in place with staff side organisations the Trust managers and staff representatives continued to work within a partnership ethos to resolve outstanding issues. Again we would formally wish to recognise the contribution staff side representatives, both local and regional, have made to the development of positive industrial relations.

OPPORTUNITY NOW

With the departure midway through the year of the Assistant Director of Personnel the achievement of objectives in our Opportunity Now (formerly Opportunity 2000) campaign were hampered. However the Steering Group has renewed its vigor and a range of key objectives have been set for the incoming year.

TRAINING AND DEVELOPMENT

During the year, an Appraisal system for all staff, with the exception of medical staff, was introduced. As with every major scheme of this nature some teething problems have been experienced. However the scheme was well received in a number of areas and will be built upon in the coming year. In 1999/00, £202,804 was expended on training courses for staff in addition to the training and development opportunities which were available from Westcare Business Services and the North and West In-Service Education Consortium. The Trust was successful in the achievement of recognition as an 'Investor in People'.

JUNIOR DOCTORS' HOURS

Again the busyness of the hospital has had an impact on our ability to comply with all the requirements of the New Deal for Junior Doctors. The demands of a number of out of hours rotas were very intense. Negotiations have continued with the Western Health Board to secure funding for the appointment of additional medical staff to enable the introduction of partial shifts where necessary. One area where this has proved successful has been in Paediatrics.

The Local Task Force has continued to monitor the situation with regard to Junior Doctors Hours as well as other aspects of the New Deal eg, accommodation, catering and security.

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