



# **Altnagelvin Hospitals Health and Social Services Trust**

## **Annual Report 2001-02**

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## CHAIRMAN'S STATEMENT

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I am pleased to present this sixth annual report summarising the major activities, accountabilities and achievements of the Trust.

The Trust has worked in a spirit of co-operation and partnership with colleague Trusts, General Practitioners, the Western Area Health and Social Services Council, and our commissioning partners, Western and Northern Health and Social Services Boards, to enhance the quality and the quantity of care for the population. The spirit of partnership alongside the collaborative arrangements for networking have facilitated the development of improved standards of care and enabled each organisation to play its respective part in the health and social services care system.



The contribution of all our colleagues is respected and appreciated.

Our Trust has a proud record of achievement. It is the constant attention of each individual and by every team in the hospital which sustains the capacity to improve the standards and the range of care. The Trust Board is proud to acknowledge the expertise and dedication of our staff who provide such excellence of diagnosis, care and treatment to increasing numbers of patients from across the north and west of Ireland.

Once again the Trust has demonstrated its efficiency as well as its effectiveness by the achievement of the three key financial duties set by the Department of Health, Social Services and Public Safety:

- The Trust had a surplus, before inclusion of provisions for Future Obligations, of £4,000;
- We remained within the agreed External Financing Limit;
- A Capital Cost Absorption Rate achieved of 6.9%.



#### CHAIRMAN'S STATEMENT

I am grateful for, and pay tribute to, the contribution of all our colleagues in the service and the Trust Board without whom none of the achievements would be possible.

Denis Desmond  
Chairman



## CHIEF EXECUTIVE'S STATEMENT

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The past year has once again been one where the staff of Altnagelvin have demonstrated their capacity to cope with the constant pressure of emergency medical admissions, the clinically urgent surgery, waiting lists and increasing public expectations. The successful management of these competing priorities is achieved by the contribution of every individual and every department. This contribution is made in a spirit of co-operation for the greater good, where each works flexibly to deal with the multiple and sometimes competing demands placed upon the hospital. It is only with the contribution of staff, trade unions, colleague organisations, our neighbouring Trusts and the voluntary sector, that the team spirit to sustain this level of achievement can be nurtured.



The increased number of patients being treated, the satisfaction expressed and the audited outcomes of care are all testament to the expertise, commitment and achievement of the hospital. Each year we take this opportunity to appreciate our staff and acknowledge their tremendous contribution. It is important that this acknowledgement is made sincerely to all of our staff whose constant efforts sustain the capacity of this hospital to care for its population.

As this year closes we, once again, acknowledge and apologise for the hurt and the difficulties caused through the past practices and hope that the O'Hara Report will bring closure on the past and clear guidance for the future.

In a previous Annual Report I stated that, "excellence is a dynamic standard which changes with technology, therapeutics, knowledge and expectation". We can only strive after excellence when we are open to learning. As an organisation we will continue to be open to learning so that we may never be complacent about excellence but always see the higher goals for better care in the future.

A handwritten signature in dark ink, appearing to read 'Stella Burnside'.

Stella Burnside  
Chief Executive

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## INTRODUCTION

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This is the sixth 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  
453 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	Erne Hospital	Coleraine Hospital	Mid-Ulster Hospital
Oncology	•						
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  
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## 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 2001/02 the Trust Board members were:

### **Non-Executive Directors:**

Mr Denis Desmond, Chairman  
 Ms Joan Casey (from 7 Jan 02)  
 Mr Gerard Guckian (from 7 Jan 02)  
 Mr Columb Henry  
 Mrs Marlene Jefferson  
 Dame Geraldine Keegan (to 30 Nov 01)  
 Mr Neville Orr

### **Executive Directors:**

Mrs Stella Burnside, Chief Executive  
 Miss Irene Duddy, Director of Nursing  
 Dr Raymond Fulton, Medical Director (to 28 Feb 02)  
 Dr Geoff Nesbitt, Medical Director (from 1 Mar 02)  
 Mr Raymond McCartney, Dir of Business Services  
 Mr Niall Smyth, Director of Finance

The Trust Board held eleven meetings in 2001/02. The meetings are open to the public and are held in Altnagelvin Hospital or at the offices 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)  
 Mrs M Jefferson, 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  
 Dame Geraldine Keegan, Non-Exec. Director  
*Number of Meetings held – two.*

## SUB COMMITTEES OF THE TRUST BOARD:

### **Ethics Committee**

Mrs M Jefferson, Non-Executive Director (Acting Chair)  
 Mr R Rogan, Western Health & Social Services Council  
 Miss I Duddy, Director of Nursing  
 Mr T Melaugh, Director of Clinical Support Services  
*Number of Meetings held – four.*

Dr R Fulton, Medical Director  
 Dr A Beirne, Chairman of Medical Staff  
 Dr M Parker, Clinical Audit Co-Ordinator



### Health and Safety Steering Committee

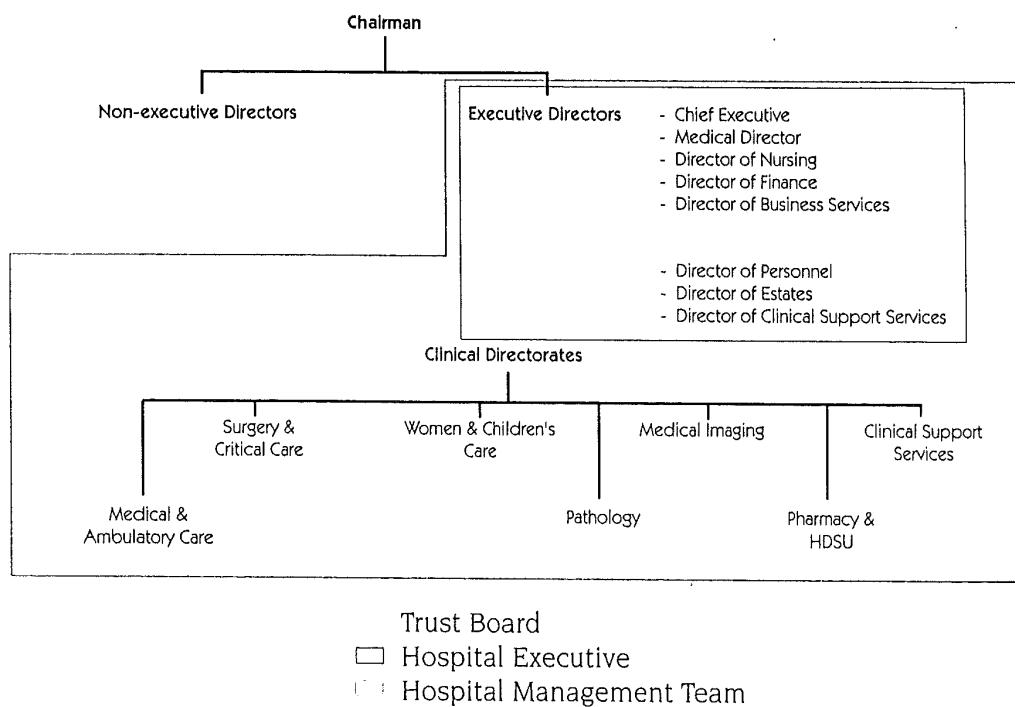
Mrs J Hutchinson, Clinical Services Manager (Chair)	Mrs T Brown, Risk Manager (Vice Chair)
Mr C Henry, Non-Executive Director	Mrs H Allen, Chief MLSO
Mr P McCorkell Support Services Contracts Manager	Ms U Doherty, Asst Dir of Personnel
Mr B Moran, Estates Services Manager	Mrs F Hughes, Infection Control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

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

### SERVICE PLANNING

The Northern Ireland Executive's Programme for Government outlines the aims and objectives for the Health and Personal Social Services over the coming year. These aims are detailed in "Priorities for Action" which states specific targets to be achieved. These include action to deal with such issues as winter pressures and long waiting lists and raising standards of care generally.

The Trust's performance is rigorously measured against these targets several times during the year, and this model of planning and service delivery is now accepted as the way forward for the foreseeable future.

### TRUST PERFORMANCE

During the past year the Trust has again treated more patients than ever before. Comparison of patient activity over the last two years is given below:

	2000/01	2001/02
<b>Inpatients</b>	25,693	25,604
<b>Day Cases</b>	13,101	13,860
<b>Outpatients</b>	151,250	153,759

TABLE 1: ALTNAGELVIN AREA HOSPITAL: ACTIVITY 2000/01 -2001/02  
(INCLUDING WAITING LIST INITIATIVES)

There was a very slight reduction in inpatients treated, which was more than offset by a rise of nearly 6% in day cases. These are patients who attend the hospital for a procedure and are able to return home the same day.

As in the previous year, there was no repeat of the very high level of emergency medical admissions experienced in early January 2000. The last two years has seen a change in the pattern whereby many more less severe admission pressures occur at any time of the year. Indeed, one of the most severe pressure periods on beds in 2001/02 occurred in August 2001. However, the Trust again managed to cope with the pressures throughout the year without having to use beds allocated to elective surgery.



Despite difficulties in recruiting staff, capacity in Intensive Care/High Dependency was again increased and additional anaesthetic sessions were provided so that all children who require a general anaesthetic for dental extraction can have their treatment in a hospital setting.

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Investment by the Western Health and Social Services Board in the Trust's ophthalmology service resulted in a 5% rise in ophthalmic procedures and a 30% increase in the number of outpatients seen at Altnagelvin.

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The expanding services provided by the Cancer Unit saw a 6% rise in chemotherapy treatments.

After many years of planning the cardiac catheterisation unit at Altnagelvin, the only one outside Belfast, was commissioned during the year.

DIREC

Due to consultant staffing difficulties, the clinical haematology service at Altnagelvin was severely curtailed during the year, with some patients having to travel to Belfast for treatment. It is expected that this situation will be resolved in the coming year.

KEY

Waiting lists overall rose by around 7% despite the Trust maintaining the level of its elective workload of the previous year. This reflects the continued high demand for hospital services in this area. Despite this, the vast majority of patients are seen and treated promptly:

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- Nearly 80% of patients on waiting lists receive their surgery within 3 months and 95% within 12 months.
- Two thirds of patients referred for an outpatient appointment are seen within 12 weeks and 96% within 12 months.

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## 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	7,433	Day Cases	5,492
Outpatients	48,229	A&E Attendances	48,601

## KEY ACHIEVEMENTS

*Palliative Care/Oncology Services*

- The Palliative Care service continues to grow across all directorates in the Hospital.
- A Lead Nurse in Clinical Oncology has been appointed in addition to a part-time Clinical Psychologist.
- Links with Palliative Care teams in other sectors have been strengthened and continue to be developed.
- An Ulster Cancer Foundation Counsellor has been appointed and is based at Altnagelvin.

*Cardiology*

- On site cardiac catheterization commenced in October, 2001 with dedicated Radiographers and Physiological Measurement Technicians. This has been a major benefit to patients with reduction in the waiting list for this investigation.
- Stress testing facilities have been further enhanced by the provision of a new "state of the art" treadmill and its associated computer software.





- Resuscitation Council approved 1-day immediate life support training has been introduced for nursing and medical staff.
- The one stop chest pain clinic continues to develop.

#### *Accident & Emergency*

- The Accident & Emergency computer system has been purchased with implementation planned for the late autumn of 2002.
- A reconfiguration of the Accident & Emergency department, to minimise risk to both patients and staff has commenced. A full risk assessment of the department has been carried out and this is being actioned by a Project Team.
- The Accident & Emergency Managed Clinical Network with the Sperrin Lakeland Trust continues to develop.

#### *Diabetic Services*

- Patient numbers continue to increase.
- A Value for Money audit has been carried out and this has highlighted a number of areas for consideration.
- Additional temporary funding has been achieved for the podiatry service.

#### *Care of the Elderly*



- Care of the Elderly services remain under pressure by virtue of increasing numbers in elderly patients and ongoing staffing difficulties.
- The length of stay has unfortunately continued to increase with a knock on effect on both the other medical specialties and also surgical beds.

#### *Gastroenterology*

- Funding has been secured to develop the nurse endoscopy service and it is hoped that appointments will be made in the near future.
- Waiting list initiatives have been carried out on a number of occasions to ease the pressure on the open access waiting list.

#### *Stroke Services*

- A Business Case has been developed for complete multi-disciplinary care in this area.



### Rheumatology Services

- The use of Remicaid has proven very successful and is now well established being supervised in the Sperrin Room facility.
- A Dexa Scanner is now installed and associated protocols for this service have been developed.

### Respiratory Services

- A database has been established on lung cancer.
- A multi-disciplinary staff training day on non-invasive ventilation has taken place.
- Histamine challenge testing is now available for the assessment of bronchial hyper responsiveness.

### TARGETS

- Further strengthen medical staffing by the appointment of a Staff Grade post in Oncology/Palliative Care and additionally replace and expand Haematology Consultant numbers.
- Recruit additional nursing staff in Oncology and open dedicated inpatient beds for this service.
- Improve Accident & Emergency nurse staffing levels in keeping with department workload.
- Secure funding for additional medical and psychology support in the diabetic service. Clinical Psychology support needs to be made available to the diabetic service.
- Telemedicine service for Chronic Obstructive Pulmonary Disease early support discharge programme.
- Develop a Business Case to provide cardio pulmonary exercise testing service
- Development of the Respiratory Home Care service. A business case has been submitted for an early support discharge service.
- Appointment of a part time Anti-coagulant Nurse Specialist.
- Appointment of a Clinical Nurse Specialist in Haematology
- Secure funding for an additional nurse to undertake contact tracing and health education in the Genito Urinary Medicine service.
- Secure funding for an IT System for the Genito Urinary Medicine service.
- Bids have been submitted for nursing support for an additional rheumatology clinic and a joint and soft tissue injection clinic.
- A Business Case is being prepared in Dermatology for the purchase of a second TLOI machine and staffing backup.
- Adjust skill mix staffing within the Medical Directorate.





SERVICE REVIEW - MEDICAL AND AMBULATORY CARE

- Business Case to be completed for an increase in staffing within the Resuscitation Training department.
- Business Case to be completed for a Heart Failure Nurse.

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## ation 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

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

#### • **Specialist Surgery:**

Clinical Director:

Mr Naresh Sharma (to 31 Oct 2001)

Mr Jim Cullen (from 1 Nov 2001)

- **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 (to 28 Feb 2002)

Dr Greg Furness (from 1 Mar 2002)

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

### DIRECTORATE ACTIVITY

Inpatients	9,349	Day Cases	6,691
Outpatients	76,143	Theatre Procedures	18,086

### KEY ACHIEVEMENTS

#### General Surgery

- The Short Stay Unit has continued to play a major role in the reduction of waiting times for General Surgery and Urology. This is made possible by a fast tracking process, new procedures, e.g. local anaesthetic hernia repair technique and by realigning care processes and pathways.
- A second Breast Surgeon has been appointed and is due to take up post in August 2002. It is the intention to offer breast reconstruction services in the latter half of 2002.
- The Breast Care service has moved to a new refurbished facility. The new accommodation allows for expansion in clinic provision and the introduction of multi-disciplinary review clinics.
- There has been a significant increase in research activity within the department





resulting in several national and international presentations.

- The department was awarded grants from the Regional Multi-disciplinary Audit Group and the Western Health and Social Services Board to investigate service provision for colo-rectal cancer patients.

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#### *Urology*

- Referral rates for urology patients from throughout the Western Board continue to grow.
- All cancer patients and urgent cases have been given priority.

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#### *Ophthalmology*

- Since the appointment of the fifth Ophthalmic consultant the waiting time for Cataract surgery has been significantly reduced.
- A specialist service for the treatment of retinal disease is being developed.
- A new-patient cataract clinic has been set up to reduce waiting times for first appointment.
- Ophthalmic trained nurses have been appointed to assist in streamlining the cataract service.

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#### *Orthopaedics & Trauma*

- Altnagelvin Hospital is now dealing with the majority of trauma from both the Western Board and Northern Board areas.
- The arrival of the sixth orthopaedic consultant in May 2002 should contribute to effectively reducing waiting times for elective orthopaedic procedures.
- The fracture research nurse continues to take part in research as part of the Northern Ireland team to evaluate the efficiency and effectiveness of the fracture service.

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#### *Orthodontics*

- The Orthodontic Department continues to consolidate it's position to modernise alongside the Oral and Maxillo Facial Department.
- The first third year CCST Specialist registrar to train at Altnagelvin has successfully gained his M.Orth at first attempt.

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#### *Oral and Maxillo-facial Surgery*

- This department is planning to re-equip with a new digital X-ray system and to move towards a paperless patient records system for both X-rays and case notes.
- Negotiations are still on-going with the North Western Health Board to appoint a third Oral Surgeon.
- Approval has been secured for the appointment of a fourth SHO for Maxillo-facial

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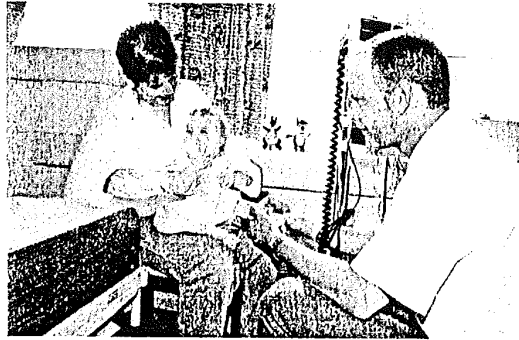


#### Surgery.

- The department is continuing to development services in consultant restorative dentistry.

#### Ear Nose and Throat

- The unit continues to provide a high level of outpatient and inpatient care.
- The levels of day case surgery have increased during the year following the introduction of a dedicated day case list.
- The pilot study to screen all new born infants for hearing loss is on-going.
- Plans to offer a swallowing assessment clinic are at an advanced stage.



#### Theatres

- This department continues to deal with a high volume of both elective and emergency surgery.
- The introduction of a computer system last year to capture theatre activity has successfully been rolled out to all operating rooms.
- The introduction of the materials management system has provided a more automated approach to theatre stock control and simplified the process of ordering stocks and supplies.
- Some funding has been secured to extend the opening times for the recovery service. Implementation of this has been delayed due to nurse recruitment difficulties.

#### Critical Care

- The number of patients treated with mechanical ventilation has increased again this year. There has been an increase of 51% in the ventilated bed days over the previous year.
- The number of patients being treated with renal replacement therapy has also risen significantly.
- In addition there has been an increase in the number of patients who have benefited from the services of the High Dependency Unit.



TARGETS

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- Further development of a one-stop rectal bleeding clinic.
- Further expansion of the facilities to provide renal replacement therapy for acute renal dialysis patients.
- Development of an acute pain service.
- Develop a vascular laboratory to streamline assessment and follow-up of patients with major blood vessel disease.
- Plans to provide an endovascular service with the arrival of a new interventional radiologist.
- Appointment of a Research registrar in conjunction with the Department of Surgery Queens University Belfast.
- Secure funding for a 24 hour theatre recovery service, as recommended by national guidelines and which is necessary for specialist anaesthetic training.
- Appoint a second Consultant Orthodontist.

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## WOMEN AND CHILDREN'S CARE DIRECTORATE

Clinical Director  
Dr Denis Martin

Clinical Services Manager  
Mrs Margaret Doherty

## SERVICES INCLUDE:

- **Maternal care including midwifery and obstetrics;**
- **Gynaecology;**
- **Paediatrics;**
- **Neo Natal Intensive Care.**

## DIRECTORATE ACTIVITY

Inpatients	7,232	Outpatients	26,403
Deliveries	2,593	Daycases	734

## KEY ACHIEVEMENTS

*Obstetrics*

- Anomaly scanning commenced in July 2001 for patients within the Londonderry area and has recently been extended to patients within Limavady and Strabane.
- A Waterbirth Study Day took place in August 2001 and was attended by midwives from throughout Ireland.
- A milk bank transfer system is in place with Altnagelvin acting as a collection point for breast milk to be transported to Enniskillen.
- Altnagelvin was awarded the UNICEF Baby Friendly Status in June 2001.
- Altnagelvin hosted the combined meeting of the Ulster Obstetric and Gynaecological Society and the Dublin Obstetric and Gynaecology Society in February 2002
- Reflexology clinics have commenced for antenatal patients.
- A proposal was successfully submitted for monies from the Martha McMenamin Memorial Fund to run a project (LARATOT Listening and Responding Appropriately To Our Teenagers) for teenagers in school; to provide information on sex/relationships/parenting. This will involve working in partnership with Barnardo's, Young Parents Network and SAM (School Age Mothers) Project.
- Another successful application to the Martha McMenamin Memorial Fund provided a certified aqua natal training course for midwives. The aim of this course is to improve physical fitness and psychological well-being and build endurance in





preparation for labour and delivery.

- The number of patients initiating breastfeeding has risen to 44% in line with the NI Breastfeeding Strategy target of 50%.
- Training for midwives in the Advanced Life Support in Obstetrics Course continues

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#### Gynaecology

- Accreditation of Consultant as a European Trainer in Endometrial Ablation.
- A monthly ovarian screening clinic has been established.
- An additional weekly urodynamic clinic has been established.
- A Gynaecology study day was held in May 2001 and was attended by nurses from throughout Ireland.

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#### Paediatrics

- Paediatric outpatient services have transferred to the Children's Unit.
- Under Co-operation and Working Together (CAWT), arrangements are in place for the antenatal transfer of high risk or pre-term labours from Letterkenny Hospital to Altnagelvin. This arrangement has allowed for the staffing of an additional 0.1 intensive care cot in NNICU.
- A senior nurse has been appointed to undertake the co-ordinating role within the NNICU.

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- A gastroenterology service has been developed, including the provision of endoscopy and colonoscopy.
- Training of medical and nursing staff in Paediatric Advanced Life Support Courses continues
- Funding has been secured for the appointment of a Paediatric Community Liaison Nurse.

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- Due to the increasing number of children being diagnosed with Type I Diabetes, second monthly Paediatric Diabetic Clinic has been established.
- A support group for parents of Diabetic children has been established, with meetings taking place 2/3 monthly.
- A monthly adolescent diabetic clinic has been organised in union with the Adult Diabetic Nurse Specialist.



## TARGETS

### Obstetrics

- The Maternity Unit is submitting an application to gain renewal of the Charter Mark Award previously attained in 1999.
- Secure funding for the employment of additional breastfeeding counsellors.
- To further develop the LARATOT scheme.

### Gynaecology

- Endometrial Ablation training sessions will continue at Altnagelvin Hospital for medical staff from the UK and Europe.
- Secure funding for the menopause and infertility clinics currently on offer.
- The establishment of an outpatient hysteroscopy service.

### Paediatrics

- The further development of gastroenterology services within Altnagelvin.
- The training of a further member of staff as a Neonatal Nurse Practitioner.
- The establishment of a Paediatric Rapid Response Clinic to provide early access to a Paediatrician, and reduce the necessity for admission.
- The establishment of a third Diabetic clinic per month.
- The further development of paediatric outreach clinics.
- Secure funding for the appointment of a Paediatric Respiratory Nurse





## SERVICE REVIEW - PATHOLOGY

### PATHOLOGY DIRECTORATE

#### SERVICES INCLUDE:

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

#### DIRECTORATE ACTIVITY

A total of 618,618 tests and analyses were performed during the year. In all departments the number and complexity of analyses has increased.

#### KEY ACHIEVEMENTS

##### *Histopathology*

- Expanded repertoire of immunoassay test for cancer diagnosis.
- Expansion of the duties of the biomedical scientist to include specimen dissection.

##### *Cytopathology*

- Introduction of liquid based cytology for non-gynaecological samples.
- Audit confirms that quality benchmarks are in line with national requirement and demonstrate continued improvement.
- Participation in a regional Quality Advisory Group to help identify quality priorities and targets.

##### *Microbiology and Infection Control*

- National standardisation of anti-microbial testing.
- Introduction of PCR (Preliminary Chain Reaction) technology for diagnostic testing.
- Ongoing computerisation of the department.

##### *Clinical Chemistry*

- Attainment of full CPA accreditation.
- Installation of a new high throughput automated analyser with improved turnaround times.

Clinical Director Haematology  
Dr Maurice O'Kane

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Acting Clinical Services Manager  
Ms Helen Allen

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Director  
O'Kane

### *Haematology and Blood Bank*

- Expansion of the haematology immunoassay service.
- Expansion of the trainee staff base.



### TARGETS

- Achievement of full CPA accreditation for all departments.
- Fill vacant consultant posts within Histopathology and Haematology Departments.
- Fill Biomedical Scientist Staff vacancies.
- Introduction of liquid based Cytopathology for gynaecological pathology in accordance with the NICE (National Institute for Clinical Excellence) recommendations.
- Complete computerisation of Microbiology.
- Development of advanced practitioner grade in cytology.
- Expansion of the teaching role of Histopathology in undergraduate medical education.

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## MEDICAL IMAGING DIRECTORATE

Clinical Director • To act as clinical  
Dr Michael Reilly

Clinical Services Manager • To develop and  
Mr Ivan Craig Bone

### 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

A total of 105,149 examinations/procedures were performed during the year.

### KEY ACHIEVEMENTS

- Reduction in the waiting time for general ultrasound investigations from 10 months to 4 weeks was achieved through revised working procedures and skill mix.
- The 22-week foetal assessment programme planned in conjunction with Obstetric services commenced in July 2001.
- Cardiac Angiography/Interventional Radiology services commenced in October 2001.
- A Magnetic Resonance Imaging (MRI) scanner was selected and procured.
- A grading review has been completed including Link grade and lead specialist radiographers.



### TARGETS

- To develop and integrate computer radiography into the existing network as part of an ongoing digital image management system.
- To proceed with development of the MR service provision.



- To address the issue of radiologist and radiographic staffing in light of continued clinical demand.
- To develop in conjunction with the Medical and Ambulatory Care Directorate, a Bone Densitometry service for the local population.

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## SERVICE REVIEW - PHARMACY AND HOSPITAL STERILE AND DISINFECTING UNIT

### PHARMACY AND HOSPITAL STERILE AND DISINFECTING UNIT (HSDU)

Director • A  
Mrs Sally O'Kane L

#### 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	1,042,262
Clinical pharmacy ward visits	885
Medicine information enquiries	1,060
Quality Assurance tests	12,648
Parenteral Therapy	
Cancer Therapy	3,262
Intravenous Additives	9,180
Total Parenteral Nutrition	24,114
Non sterile production	25,252
Instrument trays processed	7,452

#### KEY ACHIEVEMENTS

- The HSDU has successfully achieved the quality standards of ISO9002, En46002 and MDD 93/42/EEC
- Medical Devices Agency registration was retained following an external audit of the department.
- The provision of HSDU services to Causeway Trust has been successfully implemented.



Director  
O'Kane

- A service level agreement has been set up with the Central Pharmaceutical Laboratory Service to provide endotoxin and water testing to HSDU.
- A survey of refrigerators used for storing pharmaceuticals in Altnagelvin was completed.
- A materials management system is now fully operational in Main Theatres, the Catheterisation Laboratory and the Intensive Care Unit.
- An MTO3 technician was appointed to lead technical staff in the patient services section.



#### TARGETS

- Procure a new washer disinfecter to increase capacity to enable additional service provision to other Trusts.
- Retain registration with the Medical Devices Agency.
- Secure resources to appoint additional permanent staff in HSDU to meet increased workload.
- Develop a business case for the appointment of a Quality Controller in HSDU.
- Expand sterile store services to Ophthalmology.
- Develop an action plan for the development of clinical pharmacy services in response to the NI review of clinical pharmacy services and the Audit document, "A Spoonful of Sugar".
- Review unlicensed medicine policy.
- Review skill mix within pharmacy.
- Develop the accredited checking technician programme.
- Complete and evaluate the medicines management pilot on two wards.
- Appoint a pharmacist to implement Patient Group Directions throughout the Trust
- Appoint a pharmacist to develop and maintain the Trust Drug Formulary.

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## CLINICAL SUPPORT SERVICES DIRECTORATE

Director • Th  
Mr Thomas Melaugh du

### 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

- A specialist dietitian in oncology was appointed. This is an important post as up to 80% of patients with cancer will suffer from malnutrition and improving the nutritional status of individuals improves outcomes and quality of life.



- A multi-professional audit of the nutritional care of elderly patients showed many areas of good practice. One major improvement made as a result of the audit was the introduction of food moulds to produce pureed meals for those people who have difficulty with solid foods. This improves both the nutritional and aesthetic qualities of the meals and has reduced wastage.
- A specialist physiotherapist was appointed as part of the oncology team. This very important team member advises patients on the benefits of exercise therapy and applies pressure bandages to assist in lymphatic drainage following surgical intervention.
- The Information Systems Support Unit introduced a number of new systems during the year. Materials Management systems were extended to theatres and ICU. This facility enables direct links between these departments and Pharmacy and Supplies information systems, which facilitates the re-ordering of items. This streamlines the ordering process and provides for timelier and efficient stock control. Further extensions are planned.
- A Diabetes information system was implemented. This is a multi-professional clinical information system used by medical, nursing, dietetic, podiatry and secretarial staff and promotes the sharing of information between the diabetes team. It is being used in one clinic on a 'real time' basis providing the clinicians with the latest information on the patient's history.



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- The Information Systems Support Unit dealt with a major computer virus attack during the year. The attack occurred across the HPSS and resulted in the Wide Area Network connections between hospitals being unavailable. All PCs within the Trust had to be inspected for evidence of the virus and the virus was removed when detected. Contingency arrangements were implemented where necessary. IT security throughout the HPSS is being reviewed as a result of this virus attack.

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## 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

5<sup>th</sup> September 2002

Stella Burnside  
Chief Executive

5<sup>th</sup> September 2002

## 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 2002, on which I have issued an unqualified opinion.

## APPOINTED AUDITOR

Martin Pitt

5<sup>th</sup> September 2002



## FINANCIAL PERFORMANCE

This is the sixth annual financial report of the Altnagelvin Hospitals Health and Social Services Trust which covers the period from 1 April 2001 to 31 March 2002. 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

- The Trust had a surplus of £4,000 for the year ended 31 March 2002 before inclusion of increased provision for Future Obligations (£74,000).

### TO STAY WITHIN AN AGREED EXTERNAL FINANCIAL LIMIT (EFL)

- A Positive External Financing Limit of £2,325,000 was set by the Department of Health, Social Services and Public Safety for the financial year 2001/02. 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 2001/02. The actual rate achieved for the financial year was 6.9%. Actual capital charges for the year were lower than those 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



## FINANCIAL PERFORMANCE

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.

### INTERNAL CONTROL

The Trust Board is accountable for internal control with the aim of managing and minimising the risk of failure to achieve policies, aims and objectives. The Trust is developing its approaches to risk management with a view to achieving full implementation of the standard required by the Department of Health, Social Services and Public Safety in advance of the target date of 31 March 2003. In the interim the Trust is developing a risk management strategy that will identify the organisation's objectives and risks and set out a strategy for managing those risks. Risk management will be incorporated fully into the corporate planning and decision making processes of the Trust.

### 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 £65,571,000 (£59,170,000 in 2000/01). 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.

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SOURCE OF INCOME	2001/02		2000/01	
	£000	%	£000	%
Western Health and Social Services Board	60,002	81.6	52,819	80.2
Northern Health and Social Services Board	1,541	2.1	1,267	1.9
Southern Health and Social Services Board	162	0.2	89	0.1
Eastern Health and Social Services Board	54	0.1	54	0.1
Western Area General Practice Fundholders	3,451	4.7	4,573	6.9
Other General Practice Fundholders	361	0.5	368	0.6
Other Patient Income	775	1.0	606	0.9
Education and Training Income	3,433	4.7	2,986	4.5
Services to other Trusts	1,786	2.4	1,546	2.4
Other Income	1,958	2.7	1,547	2.4
<b>TOTAL INCOME</b>	<b>73,523</b>	<b>100%</b>	<b>65,855</b>	<b>100%</b>

## EXPENDITURE

The Trust spent £69,999,000 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	2001/02		2000/01	
	£000	%	£000	%
Salaries and Wages	44,558	63.6	40,683	65.3
Drugs, Dressings and Medical Supplies	7,357	10.5	6,228	10.0
Laboratory Supplies	1,090	1.6	1,000	1.6
X Ray Supplies	461	0.7	404	0.6
Catering Service	1,423	2.0	1,347	2.2
Other Goods and Services	8,523	12.2	6,506	10.5
Services from other Trusts	3,968	5.7	3,504	5.6
Depreciation on Fixed Assets	2,619	3.7	2,602	4.2
<b>TOTAL OPERATING EXPENDITURE</b>	<b>69,999</b>	<b>100%</b>	<b>62,274</b>	<b>100%</b>



## STATEMENT OF PUBLIC SECTOR PAYMENT POLICY

DIRECT

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	2001/02		2000/01	
	NUMBER	VALUE £000	NUMBER	VALUE £000
Total bills paid	31,741	22,720	31,273	18,725
Total bills paid within 30 days	29,450	21,325	27,836	17,192
% sampled bills paid within 30 days	92.8	93.9	89.0	91.8

## 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 Trust, 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 2001/02 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 £	2001/02 OTHER REMUNERATION £	TOTAL REMUNERATION £	2000/01 TOTAL REMUNERATION £
Non-Executive Directors	38,547		38,547	37,145
Executive Directors:				
Basic Salary	245,382	102,974	348,356	324,759
Performance Related Pay	0	0	0	0
Employers Pension Contributions	11,417	5,112	16,529	12,246
Benefits in Kind	1,947	278	2,225	1,265
<b>TOTAL</b>	<b>£297,293</b>	<b>£108,364</b>	<b>£405,657</b>	<b>£375,415</b>
Chairman	17,145		17,145	17,145
Non-Executive Directors <sup>(5)</sup>	21,402		21,402	20,000
Chief Executive	78,007		78,007	76,517
Medical Director	19,175	108,364	127,539	104,298
Nursing Director	52,353		52,353	51,170
Finance Director	54,381		54,381	53,134
Business Director	54,830		54,830	53,151
<b>TOTAL</b>	<b>£297,293</b>	<b>£108,364</b>	<b>£405,657</b>	<b>£375,415</b>

## DIRECTORS' PAY AWARDS

An award of 3.5% cost of living inflation was made for the 2001/02 financial year. This is broadly in line with the award to the majority of other staff groups. The Chairman waived an increase in remuneration of £2,680 p.a. with effect from 1 April 2001.

## 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 £155,362.



## MANAGEMENT COSTS

Trusts are required to report on their Management Costs based on the Audit Commission's definition of Management Costs. The management costs for Altnagelvin Trust, using this definition were:

	2001/02 £000 % of Total Income	2000/01 £000 % of Total Income
Management Costs	3,035 4.14%	2,866 4.31%

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2002

	2001/02 £000	2000/01 £000
Income from activities	66,346	59,777
Other operating income	7,177	6,078
Less operating expenses	(69,999)	(62,274)
Operating surplus	3,524	3,581
Profit/(Loss) on disposal of fixed assets	(8)	(23)
Surplus before interest	3,516	3,558
Interest receivable	226	199
Interest payable	(1,304)	(1,368)
Surplus on ordinary activities	2,438	2,389
Public dividends payable	(2,434)	(1,625)
OPERATIONAL SURPLUS/(DEFICIT) FOR THE YEAR	£4	£764
Provisions for Future Obligations	(74)	(75)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	(£70)	£689
Exceptional Income	0	1,600
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	(£70)	£2,289
OPERATIONAL SURPLUS/(DEFICIT) FOR THE YEAR BEFORE PROVISIONS & EXCEPTIONAL INCOME	£4	£764



## BALANCE SHEET AS AT 31 MARCH 2002

	2001/02		2000/01	
	£000	£000	£000	£000
FIXED ASSETS				
Tangible Assets		59,217		57,385
CURRENT ASSETS				
Stock and work in progress	1,290		1,284	
Debtors	5,078		4,593	
Short-term Investments	163		3,099	
Cash at bank and in hand	3		172	
Creditors: Amounts falling due within one year	(8,374)		(9,117)	
Net Current Assets/(Liabilities)	(1,840)	(1,840)	31	31
TOTAL ASSETS LESS CURRENT LIABILITIES		57,377		57,416
Creditors: Amounts falling due after more than one year		(14,469)		(15,251)
Provisions - Liabilities/Charges		(2,426)		(2,490)
TOTAL NET ASSETS EMPLOYED		£40,482		£39,675
FINANCED BY:				
CAPITAL AND RESERVES				
Public Dividend Capital		35,053		35,053
Revaluation Reserve		5,636		4,869
Donation Reserve		281		180
Income and Expenditure Reserve		(488)		(427)
TOTAL CAPITAL AND RESERVES		£40,482		£39,675





STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2002

	2001/02 £000	2000/01 £000
Surplus for the year	2,438	2,389
Provisions for Future Obligations	(74)	(75)
Exceptional Income	0	1,600
	2,364	3,914
Fixed Asset Impairment Losses	0	(9,234)
<b>Non-donated fixed assets</b>		
Indexation of fixed assets	776	1,440
Unrealised Surplus on revaluation of fixed assets	0	1,591
<b>Donated Assets</b>		
Additions to Donated Assets	138	68
Changes to Donation Reserve (except transfers to Realised Donation Reserve)	(37)	(31)
Prior Year Adjustment	0	0
TOTAL GAINS AND LOSSES RECOGNISED IN FINANCIAL YEAR	£3,241	(£2,252)

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2002

	2001/02 £000    £000		2000/01 £000    £000	
Net Cash Inflow from Operating Activities		4,112		6,335
Exceptional Income		0		1,600
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE				
Interest received	104		204	
Interest paid	(1,307)		(1,371)	
Dividends paid	(1,625)		(1,745)	
Net Cash (Outflow) on Investments AND SERVICING OF FINANCE	(2,828)	(2,828)	(2,912)	(2,912)
CAPITAL EXPENDITURE				
Payments to acquire fixed assets		(3,614)		(2,822)
Receipts from sale of fixed assets		7		0
NET CASH (OUTFLOW)/INFLOW BEFORE FINANCING		(2,323)		2,201
FINANCING				
New Public Dividend Capital				1,600
Repayment of amounts borrowed		(782)		(782)
(DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS		(£3,105)		£3,019



## CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT

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The DHSSPS consultation document, "Best Practice, Best Care" (April 2001) introduced a framework for the introduction of a statutory duty of quality for HPSS organisations and proposals for Clinical and Social Care Governance. A review of the Trust's Clinical Governance Strategy was initiated following receipt of this publication and a revised strategy will be presented to Trust Board for approval in the Autumn of 2002.

Within the Trust the focus remains on the following areas,

- Clinical Effectiveness;
- Risk Management;
- Training and Development.

Although the statutory responsibility for Clinical and Social Care Governance is not yet in place for Trusts, there remains a moral and professional responsibility to ensure that patients and the public can seek assurance relating to the standards within the Trust. These standards relate to the quality and outcomes of patient care as well as assurance that appropriate Risk Management procedures are in place.

### CLINICAL EFFECTIVENESS

#### KEY ACHIEVEMENTS

- Appointment of a Research Nurse to facilitate further development of uni and multi-disciplinary research across many specialties in the Trust.
- Closer research collaboration with the University of Ulster has been and continues to be developed.
- In recognition of contributions to Education and Research two of our staff have had visiting Professorships conferred upon them by the University of Ulster.
- Appointment of an Accident and Emergency Department Nurse Consultant has resulted in further development of the Nurse's role in AED, as well as ongoing research and audit in this department.
- Work continues in the following areas,
  - Development of Care Pathways;
  - Wound care standards and audit;
  - Documentation audit and improvement plan.
- A grant was secured through the Regional Multi-disciplinary Audit Group to



facilitate an audit of Blood Transfusions in the Trust.

- A grant was secured from the Research & Development Office for further research into the field of Diabetes.
- Ongoing review of Midwifery Services.
- Publication of Annual Audit Report.

#### TARGETS

- The second Audit, Quality and Research Conference is planned for June 2002.
- Evidence Informed Nursing Conference is planned for September 2002.
- A review of all clinical policies and guidelines and establishment of a central database.
- A review of approach to Nursing Documentation in collaboration with University of Ulster.
- Implementation of Care Pathways, which have been developed.

#### RISK MANAGEMENT

A major issue for the Trust, which received much media attention, were episodes of violence and aggression within the Accident and Emergency Department. Two external Risk Assessments were commissioned and these reports have formed the basis of a robust action plan for improvement – not only in the security arrangements but also in the physical layout of the department and the protocols and pathways relating to care of patients. The multidisciplinary team within the AED together with the Trust's Senior Management Team and the Risk Management Department are working together to effect the recommended improvements.

#### KEY ACHIEVEMENTS

- Third Health and Safety Report published.
- A Trust-wide Decontamination Audit conducted and an Improvement Action Plan developed.
- Procurement of a Risk Management database.
- Appointment of a Manual Handling Co-ordinator.
- COSHH and Manual Handling Risk Assessments conducted throughout the Trust.
- The review of Risk Assessment for Departments continued.
- Monitoring of accidents, complaints untoward incidents, clinical and critical incidents and legal cases to identify trends and the required action plan.
- Infection Control Annual Report issued.



- Appointment of a second Infection Control Nurse has allowed for increased monitoring of clinical areas and departments.

#### TARGETS

- Ensure that all complaints, accidents, untoward, clinical, critical and medical legal incidents are entered on to database from April 2002.
- From September 2002 produce monthly risk management reports to Trust Board.
- Establish the Risk Management and Standards Committee as a sub-committee of the Clinical Governance Committee.
- Identify lead clinicians from each specialty/directorate for Risk Management

#### EDUCATION AND TRAINING

#### KEY ACHIEVEMENTS

- Clinical Leadership Programme for Clinical Directors has been delivered.
- Staff Appraisal and revalidation procedures for career grade medical staff introduced in accordance with DHSSPS requirements.
- A work based Evidence Based Practice Module has been developed in partnership with the North West In-Service Education Consortium and validated by the University of Ulster. The first group of Nursing Staff have successfully completed this module.
- A series of seminars on Accessing Research Evidence have been delivered to Nursing Staff.
- Ongoing Staff Appraisal and Training Needs assessment for all non-medical staff.
- Ongoing education programmes relating to Pressure Sore, Leg Ulcer and Wound Care Management in line with the CREST guidelines for best practice in this field.
- The ongoing delivery of a comprehensive programme of education and training covering clinical effectiveness quality, risk assessment and health and safety of both staff and patients.

#### TARGETS

- Training of 4 members of staff to enable them to become facilitators for the "Leading Empowered Organisations" programmes.
- Launch of the Professional Development Plan for Nursing which will develop Nurses in the following areas,
  - Clinical Practice;



- Clinical Governance;
- Issues in Nursing; HPSS and NHS;
- Leadership and Management.
- Survey of the baseline knowledge of staff relating to clinical governance and plan a comprehensive education programme for all staff.

#### CHARTER MONITORING ACHIEVEMENTS

- At the Professions Allied to Medicine and Nurse Led Clinics, 99.5% of patients were seen within 30 minutes of their appointment time.
- In the most recent survey at Consultant led clinics, 78% of patients were seen within 30 minutes of their appointment time, 89% were seen within 45 minutes and 95% were seen within one hour.
- In the Accident & Emergency Department, from the time of decision to admit a patient to hospital, to an admission being made, 75% of patients were admitted within the Charter Standard of two hours in the last two surveys.
- Also in the Accident & Emergency Department the most recent survey's findings portrayed that 85% of patients attending A&E were assessed within 15 minutes of arrival and 95% were prioritised according to their need.

#### KEY ACHIEVEMENTS

- Work to provide patient information on treatment and procedures to the "Plain English" standard is ongoing. On completion, each document receives the Crystal Mark for clarity.
- Maternity Services have reapplied for the Charter Mark for their second three year term. The results of their application will be known in early 2003.
- Local facilitators within the HOSQIP Group (Hospital Quality Improvement Programme) are concentrating on issues, which should improve the patients' experience.

In 2001/2002 the Patient's Advocate Office received 234 complaints from 191 complainants. (See Table 3: Complaints by Category)

There were 218 Enquiries and 2,965 commendations in relation to services provided by the Trust.

During the year there were sixteen requests for Independent Review to the Convenor of the Western Health and Social Services Board of which:



9 did not pursue their requests when asked for a statement by the Convenor

1 is still under consideration

1 not referred to Panel - Private Patient

3 refused an Independent Review Panel

1 referred to panel

1 resolved at local resolution

#### 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 2001/2002, 192 complaints were responded to in 20 working days and 42 complaints were responded to in more than 20 working days.

Subject	No.	Subject	No.
Access to premises	4	Other	35
Admissions delay/ cancellation (inpatient)	1	Patients Privacy	3
Aids, adaptations & Appliances	2	Dignity	
Appointments	21	Patients Status,	1
Clinical Diagnosis	8	Discrimination	
Communication	28	Professional Assessment	2
Confidentiality	3	Staff Attitude	37
Discharge & Transfer	7	Treatment & Care (Quality)	65
Hotel/support/security	7	Treatment & Care (Quantity)	1
		Waiting Times (Outpatients)	5
		Waiting Times (A. & E.)	4

TABLE 3: COMPLAINTS BY CATEGORY



## PROMOTING HEALTH

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Altnagelvin is currently the Regional Co-ordinator of the World Health Organisation's Health Promoting Hospitals Programme. The Hospital co-ordinates and supports the other participating hospitals in Northern Ireland.

### KEY ACHIEVEMENTS

- A Health Promoting Hospital co-ordinator is to take up post in June 2002.
- The formal links established, during 2000-2001 between the Northern Ireland Regional Network and the Irish Health Promoting Hospital Network have developed further.
- Altnagelvin has been accredited with the UK UNICEF Baby Friendly Award. This prized award recognises Altnagelvin as implementing best practice to promote breastfeeding.
- To encourage physical activity amongst staff, a series of five walks were identified in the grounds of Altnagelvin Hospital. The walks are described in a leaflet, entitled 'The Altnagelvin Way' which details the walks designed to take between 3 and 12 minutes.
- A pilot lifestyle programme for staff commenced in February 2002. The programme consists of 8-10 sessions, addressing a variety of health topics including nutrition, stress, smoking, and physical activity. Health professionals with specialist knowledge will input into the programme.
- An extremely success pilot scheme to provide physiotherapy for staff was organised. A self-referral staff clinic ran for six months with six physiotherapy staff providing two evening sessions per week. As a consequence of the pilot the Trust is now considering a physiotherapy clinic for staff on a permanent basis.
- A pilot scheme to provide reflexology for antenatal mothers after week 36 of pregnancy ran in the hospital. The project is run by midwives and has proven extremely successful.
- The Trust is committed to addressing the stress of work and mental health issues faced by its staff. Following the development of the Trust's 'Promoting Mental Health and Well-being' strategy in 1998 a number of stress busting sessions teaching relaxation techniques for staff have taken place within the hospital. Senior managers have also benefited from attending training courses provided by the local health promotion department entitled 'Stress Management – What Every Manager Should Know'. A stress management/mental health programme to address causes through awareness raising, provision of training along with the



development of skills to enable interested staff to deliver stress management training is currently proposed.

- Two rooms within the hospital are available for use by staff as a breastfeeding facility. Both rooms are equipped with breast pumps, storage facilities and chairs to breastfeed. Reclining chairs have been provided for staff rooms in the hospital, primarily for pregnant staff.

#### TARGETS

- The establishment of a health and activity centre for staff is presently being negotiated. This is an exciting partnership with the Civil Service Sports Council (CSSC). The centre, if approved, will present a modern, bright energising image, offering state-of-the-art equipment and services designed to make working out an integral part of the working day. It would be managed by CSSC staff and a full time team of fitness professionals, will be available at all times.
- An innovative midwife led programme called Laratot is being developed to run in April 2002. This programme involves issues such as teenage pregnancy and parenting as well as life skills. The programme runs over seven weeks and is facilitated by a midwife, parentcraft sister and a health visitor.
- The Trust is currently negotiating the establishment of a creche for staff children. It is proposed that the creche is to be situated within the grounds of the hospital and will provide flexible opening hours to facilitate shift working.
- Altnagelvin has introduced the provision of complementary therapies for staff. It is intended to provide services for staff, which will be delivered by staff who have appropriate training. It is hoped that reflexology, aromatherapy and other therapies will be made available.





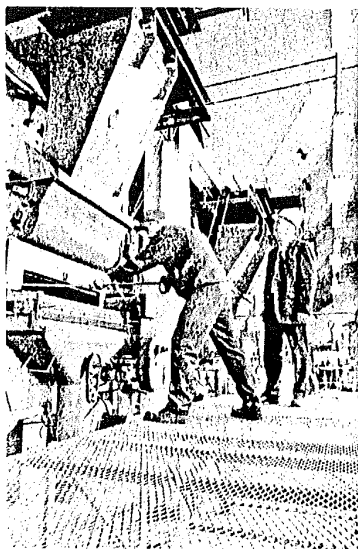
## ESTATES

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### ALTNAGELVIN STRATEGIC DEVELOPMENT

During the year, planning for Phase 2 (Laboratories and Pharmacy) and Phase 3 (Tower Block Refurbishment) of the Trust's major redevelopment project has intensified with the Project Planning Groups progressing work on Phase 2 through a Public Private Partnership/Private Finance Initiative and the Phase 3 Tower Block Refurbishment through a publicly funded route. Department of Health, Social Services and Public Safety funding approval for the Phase 3 development is anticipated in mid 2002.

### OTHER WORKS SCHEMES UNDERTAKEN OR COMMENCED DURING THE YEAR:



- Improvements to medical and nursing staff residential accommodation.
  - Accessibility improvements including provision of additional car parking facilities.
  - Infrastructural mechanical and electrical plant replacement throughout the site.
  - Statutory standards/urgent remedial work schemes to buildings throughout the site.
  - Environmental health improvements to staff and patient catering/dining areas.
  - Energy improvement schemes.
  - Additional site security measures.
  - Fire safety improvements including Fire Certification.
- Car parking and site security improvements.
  - Development of Cardiac Catheterisation facilities.
  - Breast Screening relocation and expansion of facilities.
  - Enhanced Day Room provision to the Oncology department.
  - Provision of upgraded medical secretaries' accommodation.

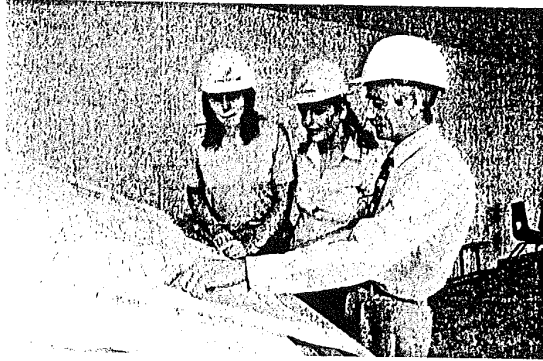
### TARGETS

- Provision of on-site creche facilities.
- Improvements to the Laboratory accommodation.
- Infrastructure plant improvements throughout the site.
- Statutory standards/urgent remedial work schemes to buildings throughout the



site.

- MRI infrastructure provision.
- Enhanced child dental facilities.
- Development of new facilities for Young Physically Disabled Patients within Altnagelvin Hospital site.
- Initiation of enabling and decant schemes in relation to Altnagelvin's Strategic Project.
- Further improvements to junior doctors' residential accommodation.
- Additional fire safety and site security improvements.





## HUMAN RESOURCES

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### OUR STAFF

Altnagelvin Hospitals Trust employs approximately 2,100 staff in a wide variety of occupations including doctors, nurses and midwives, porters, electricians, physiotherapists, radiographers, secretaries and clerical staff.

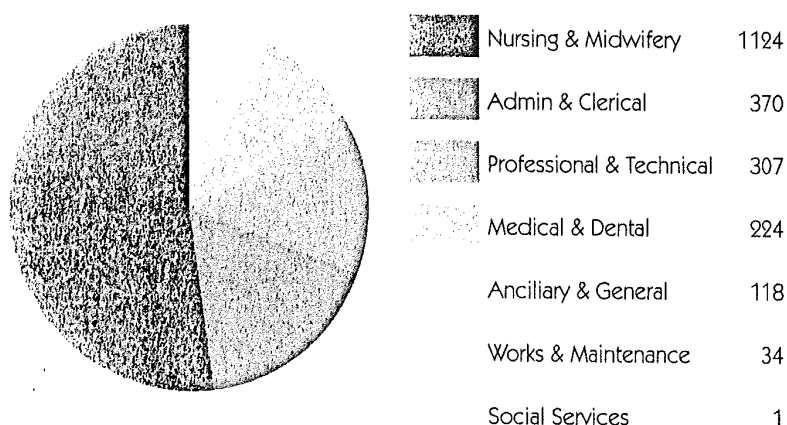


FIGURE 1: STAFF LEVELS

The hard work and commitment of our staff enables the Trust to provide high quality care to patients and to develop and improve services to the public. However, we continue to experience difficulties in recruiting staff to cover temporary vacancies, particularly in nursing.

### EMPLOYEE RELATIONS AND WORKFORCE PLANNING

This year representatives from the Trust and the Society of Radiographers have introduced an innovative revised grading and career path for Radiography staff. In addition, there has been a negotiated extension of the normal working day with Biomedical Science staff that will reduce reliance on voluntary on-call arrangements outside the "normal" working week and ensure compliance with the Working Time Regulations. The Trust's Sterile Services staff have also benefited from a review of pay and grading and the regional agreement for the payment of annual leave to Bank Nurses has been implemented.

A number of the Trust's Human Resource policies have been reviewed and amended



in accordance with new legislation and best practice.

The Trust continues to successfully manage sickness absence in accordance with the Attendance Management Policy and the requirements set by the Department of Health, Social Services and Public Safety.

A review of the skill mix of nursing and midwifery staff has been undertaken and awaits implementation in the near future. A number of other workforce planning initiatives aimed at improving the service in the Outpatients and Accident & Emergency Departments and amongst medical secretaries have been carried out.

#### JUNIOR DOCTORS

The Trust has established a Local Implementation Group to oversee the work required to achieve compliance with the New Deal for Junior Doctors. Trust Senior Executives have met with the relevant parties to review the difficulties being faced in achieving compliance while the Trust has received approval for the appointment of two additional Pre-registration House Officer posts. A Senior Personnel officer has been appointed to lead on the development of an action plan to address outstanding issues in relation to compliance with the New Deal and has already achieved compliance in some areas.

#### TRAINING AND DEVELOPMENT

In 2001/2002 the Trust spent £282,081 on the provision of training and development for staff. In addition the Trust has an active NVQ strategy supported by the appointment of an NVQ co-ordinator.

#### EQUALITY AND HUMAN RIGHTS

Altnagelvin Trust has been working closely with the other HSS organisations in the Western Area, through the Western Equality and Human Rights Forum (WEHRF) to ensure that the statutory obligations under Section 75 Northern Ireland Act 1998 are fulfilled, and that Articles under the Human Rights Act 1998 are not infringed.

THROUGHOUT THE YEAR, VARIOUS INITIATIVES HAVE BEEN TAKEN FORWARD.

- Altnagelvin Trust's Equality Scheme, which outlines how it intends to fulfil the legislative requirements, has been approved by the Equality Commission.



## HUMAN RESOURCES

- An intensive Human Rights Risk Assessment training session and exercise was completed during September, with the results reported to the Department of Health, Social Services and Public Safety in October.
- The Forum commissioned Westcare Business Services Management Development Team to provide Awareness Training to middle and senior management staff across the West.
- In addition, a specialised Equality Impact Assessment (EQIA) Training Programme was delivered to senior managers during December, by 3 external providers.
- An information leaflet was developed for all staff and distributed through heads of department.
- A policy development was developed to support local managers as they are working up policies to ensure that they are in keeping with Equality and Human Rights legislation.
- A Project Steering Group was established to carry out a Good Practice Review on User Involvement, involving members of the WEHRF in addition to local representatives of the community and voluntary sector. The purpose of the Review is to identify good User Involvement practice and produce practical guidelines, which can then be shared across Northern Ireland in order to support good User Involvement throughout the service.

During 2001/02 many challenges have been faced within this new and evolving area. Looking forward to 2002/03, work which will be tackled includes the completion of the Good Practice Review, the establishment of a local consultation panel, local Equality Impact Assessments, and appropriate training programmes.

## OTHER INITIATIVES

The Trust is in negotiations, with a company with charitable status, in relation to the provision of Crèche facilities for staff children. Arrangements for an on-site health and fitness centre, in partnership with the Civil Services Sports Council, are under consideration.