



**Altnagelvin Hospitals
Health and Social Services Trust
Annual Report 2002-03**



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CHAIRMAN'S STATEMENT

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It is my pleasure to present the 7th Annual Report of the Trust. Once again it has been an extremely busy and challenging year. Outstanding teamwork within the Hospital and close co-operation with our key partners in the delivery of Healthcare have ensured that we continue to develop improved standards of care across the wide range of services, which we, as a major area Hospital, provide.

I commend the team, that once again we have achieved the 3 key financial objectives, set by the Department of Health, Social Services and Public Safety:-

- A surplus before inclusion of provisions for future obligations of £45,000
- We remained within the agreed External Financing Limit
- We had capital cost absorption rate of 6.4%

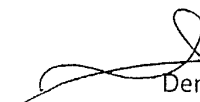


This will be the last annual statement which I will make, as shortly I will complete my second and final term as Chairman.

It has always been an enormous privilege and highly rewarding experience to be part of the team in Altnagelvin and to have had the opportunity to work closely with staff, patients, Trust Board and the wider Healthcare family – Trusts, Councils, DHSS&PS, Elected Representatives, Western Board and Northern Board

Finally, I would like to pay tribute to the members of our Trust Board. Without their dedication and support I don't believe I would be able to discharge my responsibilities. I leave a forward looking organisation, secure in its position as a key provider of acute services to the North and West and beyond, confident in its capacity to change and innovate, to match the ever changing technology of healthcare to the real needs of our patients.

The high ideals of public service are at their best in the Health Services. I remain thankful for the dedication and professionalism of all our staff, who provide a high quality of patient care in all circumstances.


Denis Desmond
Chairman



CHAIRMAN'S STATEMENT

INTRODUCTION

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CHIEF EXECUTIVE'S STATEMENT

The year past has been one of significant achievement, some anxiety and, as always, a substantial amount of altruism and good-will on the part of our staff whose efforts sustain the continued success of the hospital.

The danger and fear caused by a fire last April, the joy of the funding announcement for the major capital redevelopment and the visibility of the replacement for Spruce House, the achievement of a research grant, a reduction in the number of people waiting for elective treatment and coping with the almost year round pressure on beds needed for emergency admissions are some among the rich experiences which make up life in our hospital. The effectiveness of our hospital is demonstrated, once again, by our recognition amongst the Top 40 hospitals benchmarked by CHKS and by the achievement of our major financial targets and performance targets.



The pattern of hospital care provision is changing and we are building upon our history of collaborative work long established with Foyle, Causeway, and Sperrin Lakeland Trusts, Letterkenny General Hospital and the North Western Health Board to develop new networks for care across Northern Ireland as we ensure that Altnagelvin Hospitals H&SS Trust continues to play its important part in the strategic development and provision of services.

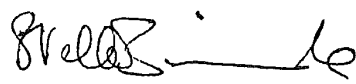
The fiscal challenges of the past are now matched by the challenges of recruitment across a range of specialties and disciplines of work. The Trust has risen to this challenge by innovative approaches to the recruitment of staff and by imaginative approaches to supporting and sustaining our staff. It is the exceptional professionalism, commitment, and value system of concern for others, that characterises our staff and which underpins our efforts to be among the best hospitals.

In a world of ever increasing demands upon our services our colleagues deserve acknowledgement and appreciation for their sustained and successful efforts.

This Report outlines some of the work which constitutes our efforts and conveys the



facts related to the work of Altnagelvin Hospitals Health and Social Services Trust.


.....inside
Chief Executive



Trust Board and Directors

The Trust's facilities comprise:

- The Trust provides the widest range of acute secondary care services outside Belfast, and serves a population of some 200,000 for general hospital services and some 400,000 for specialist services, such as Trauma, Orthopaedics and Ophthalmology.

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

OUTPATIENT LOCATIONS



INTRODUCTION

Specialty	Altnagelvin Hospital	Roe Valley Area Hospital	Strabane Hospital	Tyrone Health Centre	Erne County	Mid-Ulster Hospital
Hospital	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	•			•	•	
Corporate Governance	•					

The Trust is governed by the Board of Directors 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 2002/03 the Trust Board members were:

Non-Executive Directors:

Mr Denis Desmond, Chairman
 Ms Joan Casey
 Mr Gerard Guckian
 Mrs Marlene Jefferson
 Mr Columb Henry
 Mr Neville Orr

Executive Directors:

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

The Trust Board held eleven meetings in 2002/03. 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 J Casey, Non-Executive Director
 Mr C Henry, Non-Executive Director

Remuneration and
Terms of Service Committee

Mr D Desmond, (Chairman)
 Mrs M Jefferson, Non-Executive Director
 Mrs J Casey, Non-Executive Director

Number of Meetings held – four.

Number of Meetings held – two.

SUB COMMITTEES OF THE TRUST BOARD:

Ethics Committee

Mr G Guckian, (Chair)
 Mrs M Jefferson, Non-Executive Director
 Mr R Rogan, Western Health & Social Services Council
 Miss I Duddy, Director of Nursing
 Mr T Melaugh, Director Clinical Support Services

Dr G Nesbitt, Medical Director
 Mr R Wray, Chairman of Medical Staff
 Dr M Parker, Clinical Audit Co-Ordinator

Number of Meetings held – four.

Health and Safety Steering Committee

Mr B Moran, Estates Services Manager (Chair)
 Mr C Henry, Non-Executive Director
 Mr P McCorkell Support Services Contracts Manager
 Ms B Harkin, Risk Management Project Sister
 Mr A McGrath, Deputy Superintendent Radiographer

Mrs T Brown, Risk Manager (Vice Chair)
 Mr K Garrett, Clinical Services Manager
 Ms U Doherty, Asst Dir of Personnel
 Mrs F Hughes, Infection Control Nurse
 Mrs M Lafferty, Sister



CORPORATE GOVERNANCE

Mrs S Allen-Hamilton, Clinical Services Manager
Mrs N McKenny, Infection Control Nurse
Mrs A Boylan, Ergonomics Assessor Physiotherapist

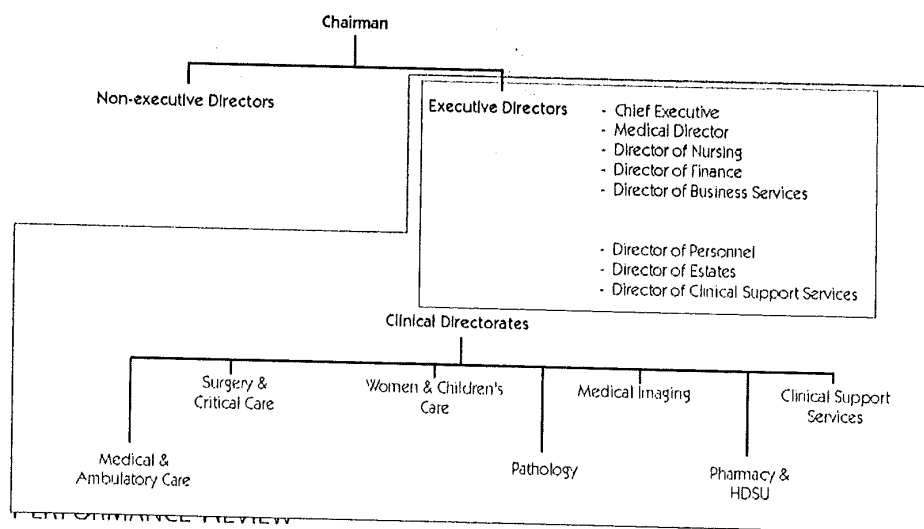
Mrs N Sweeney, Site Management
Ms J Ward, Sister Occupation Health Unit

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).



"PRIORITIES FOR ACTION"

Trust Board

☐ Hospital Executive

☐ Hospital Management Team



"Priorities for Action" continues to provide the detailed planning guidelines for the preparation of Trust Delivery Plans for service provision. Altnagelvin Hospitals H&SS Trust has maintained a clear focus, and achieved significant success, in improving access to acute elective services, one of the major areas for improvement identified by Priorities for Action.

This has been achieved through a performance management framework developed by the Trust to ensure that organisational structures and processes support the achievement of agreed objectives and goals.

Most recently this need to focus on improving patient access has led to the framework being adopted in order to integrate a "Waiting List Office" function within the main hospital structures and processes. A Waiting List Manager has been appointed and a sub-committee of the Hospital Management Team established to mainstream service improvement and service access developments.

TRUST PERFORMANCE

Progress in meeting the specific targets agreed in the Trust Delivery Plan is monitored through reports submitted quarterly and meetings held bi-annually with the Planning and Performance Management Directorate at the Department of Health, Social Services and Public Safety.

The Trust continues to treat more patients year on year as shown below.

	2001/02	2002/03
Inpatients	25,604	25,958
Day Cases	13,860	14,663
Outpatients	153,759	154,287

TABLE 1: ALTNAGELVIN AREA HOSPITAL: ACTIVITY 2001/02 -2002/03
(INCLUDING WAITING LIST INITIATIVES)

All main sectors of patient activity showed a rise over the previous year.

More emergency and elective cases were treated with emergency admissions up by 3.4%, and elective cases (both inpatient and day case) 6.9% higher than in the previous year. This equates to more than 1,500 extra patients being treated for an elective procedure in 2002/03 than in the previous year.



PERFORMANCE REVIEW

WAITING LISTS

The reduction of waiting lists continues to be a priority for Altnagelvin and during the year a reduction in inpatient/day case waiting lists was achieved as shown below.

Inpatient/Day Case Waiting Lists at 30.03.02	4,204
Inpatient/Day Case Waiting Lists at 30.03.03	4,136

TABLE 2: COMPARISON OF INPATIENT/DAY CASE WAITING LIST

After a rise last year, the figures above show a reduction of 68 patients overall year on year. If this is compared to the additional 1,500 elective patients seen during the year, it provides some indication of the increasing demand on services. Altnagelvin has to considerably improve its performance each year just to keep waiting lists from rising.

ADMISSION PRESSURES

Bed occupancy rates in our medical and surgical wards are on average above 90% throughout the year. The impact of this is a constant demand on the time of ward and A&E staff to manage the demand for hospital admission.

The rising patient numbers put increasing pressure during the year on beds and staff. This pressure now arises throughout the year and peaks for weeks or months at a time. However, the dedication and professionalism of our staff meant that emergency admissions and elective cases were cared for.

Altnagelvin continues to rigorously examine a range of options, actions and measures, both long and short term, to improve the capacity of our hospital to deal with peak demands. Initiatives have been completed during 2002 in re-assigning beds between medical and surgical specialties in order to improve bed utilisation and to increase, in the most economic way, the total beds available. Work is continuing in this area. Within Trauma and Orthopaedics our staff have developed admission and discharge protocols which have been shared within Altnagelvin and with neighbouring hospitals as a means of achieving greater rigour and consistency in the efficiency and quality of trauma patients' admission and discharge.

INNOVATION

As well as maintaining and, where possible, increasing patient treatments, the Trust is committed to constantly reviewing and, where appropriate, changing the way we



carry out our work. More and more activities formerly carried out by doctors can now be safely undertaken by specially trained nurses and allied health professionals. One of the benefits of this is that consultants and other doctors can concentrate on the work which only they can properly do, which in turn will have a beneficial effect on waiting times for patients. Developments at Altnagelvin in using nursing skills in ophthalmology outpatient pre-assessment and post-operative follow-up have been especially successful.

Service improvements during the year included:-

- Commissioning of the MRI scanner, the first in the province outside Belfast. This means quicker access and less travel for patients to achieve rapid diagnosis.
- Continuing expansion of intensive care and high dependency beds in line with the Chief Medical Officer's Report, 2000.
- Expansion of breast care services – additional staff and larger premises.
- Setting up of nurse-led endoscopy sessions.
- Establishment of bone density service.
- Opening of enlarged protected elective unit with the potential to increase the number of elective cases seen each year.

MEDICAL AND AMBULATORY CARE DIRECTORATE

SERVICES INCLUDE:

• **General Medicine including:**

• **Dermatology;**

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SERVICE REVIEW - MEDICAL AND AMBULATORY CARE

Elderly;

- **Cardiology;**
- **Rheumatology and Rehabilitation;**
- **Gastroenterology;**

Measurement;

- **Respiratory Medicine;**
- **Diabetology;**
- **Clinical Haematology;**

Procedure Unit;

- **Oncology;**

Disabled.

Clinical Director

- **Care of the**
Dr Ken Moles

Clinical Services Manager

- **Genito Urinary Medicine;**
- **Physiological**
Miss Diane Brennan
- **Outpatients;**
- **Accident and Emergency;**
- **Day Case**

- **Physically**

DIRECTORATE ACTIVITY

Inpatients	7,586	Day Cases	5,592
Outpatients	48,080	A&E Attendances	47,314

Key Achievements

Palliative Care/Oncology Services

- The need for Palliative Care continues to grow across all directorates in the Hospital.
- Appointment of Clinical Nurse Specialist in Haematology
- Appointment of Staff Grade Physician

Cardiology

- Data was collected for the N.I. Regional Audit of Thrombolytic Therapy. Altnagelvin HSS Trust's results compared very favourably with the rest of the province. One example of this is the 0% mortality rate of patients on discharge from hospital who had received thrombolytic therapy. The data was presented at the Hospitals' Clinical Audit Symposium, and received a prize for the best quality audit.
- The Cardiology department has recently begun a new venture, working in collaboration with the University of Coleraine on genetic factors and Heart Disease.
- We have recently been asked to join the international TIMI group, world renowned for their work in thrombolytic therapy and acute coronary syndromes.
- Continue to participate in multi-national, multi -regional clinical studies remaining one of the top recruiting centres for the United Kingdom.
- Continuation of UK Resuscitation Council ILS & ALS advanced adult resuscitation courses.
- Audit of adult resuscitation equipment leading to introduction of advisory defibrillators and pocket masks throughout the Trust.
- Introduction of 1st ALERT (Acute Life Threatening Events - Recognition and Treatment)



course in Northern Ireland.

Accident & Emergency

- Accident & Emergency computer system has now been purchased and is operational.
- Further reconfiguration of A&E department, to minimise risk to both patients and staff has been completed.
- Accident & Emergency Managed Clinical Networks with Sperrin Lakeland continue to develop.

Diabetic Services

- Recurrent funding for Podiatry
- Appointment of part-time Clinical Psychologist
- Business Case for expansion of diabetes in conjunction with Foyle Trust has been made.
- Progress has been made with the Diabetic Database and is regularly used in clinics.
- Ongoing diabetes education, support and counselling given to our diabetes population both in hospital and as outpatients.
- Hospital diabetes information resource for medical and nursing staff.

Gastro-enterology

- Nurse endoscopy service has commenced.
- Business Case for improvement in gastroenterology service with plan to appoint 3rd Gastroenterologist.



GUM Services

- Appointment of an additional
- nurse to assist with contact tracing and health education in the GUM

service.

Stroke Services

- Stroke services continue to be provided by Care of the Elderly Physicians in association with the General Physician in the Medical Directorate.

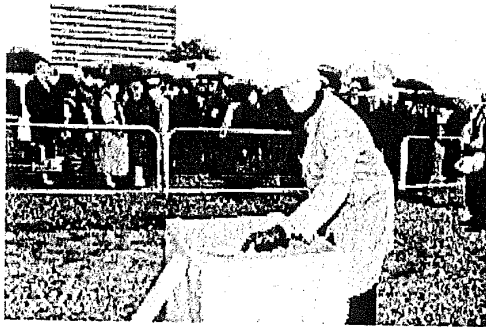
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SERVICE REVIEW - MEDICAL AND AMBULATORY CARE

Young Chronic Sick



- Work has commenced with the new Spruce House, which is planned to open in Spring, 2004.

Care of the Elderly

- Care of the Elderly services continues to be under pressure by virtue of increasing numbers in elderly patients.

Respiratory Services

- Further development of non-invasive ventilation on respiratory ward
- Pilot of telemedicine service for Chronic Obstructive Pulmonary Disease early support discharge programme established.

TARGETS

- Recruitment is ongoing for nursing staff to Oncology/Haematology. Dedicated inpatient beds for this service will open in the Autumn, 2003
- Funding for additional medical and psychology support is required in the diabetic service.
- Development of Business Case to provide cardio pulmonary exercise testing service
- Skill mix staffing within the Medical Directorate.
- Business Case completed for an increase in staffing within the Resuscitation Training department.
- Development of Heart Failure Nurse service.



SURGERY AND CRITICAL CARE DIRECTORATE

Lead Clinical Director
Mr Paul Bateson

Clinical Services Manager
Mrs Sylvia Allen-Hamilton

SERVICES INCLUDE:

- **Surgery & Urology:**

Clinical Director: Mr Paul Bateson

- **Breast Clinics;**
- **Gastroenterology;**
- **Colorectal Surgery;**
- **Laparoscopic Surgery;**

- Surgery;**

- **General Paediatric Surgery;**
- **Venous and Arterial Surgery;**
- **Breast Surgery;**
- **Urology Services.**

- **Specialist Surgery:**

Clinical Director: Mr Jim Cullen

- **Orthopaedics & Trauma;**
- **Ophthalmology;**
- **Ear, Nose & Throat (ENT);**
- **Oral & Maxillo-Facial**

- **Hospital Orthodontic Services;**

- **Audiology;**
- **Orthoptics;**
- **Low Visual Aid.**

- **Critical Care:**

Clinical Director: Dr Greg Furness

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

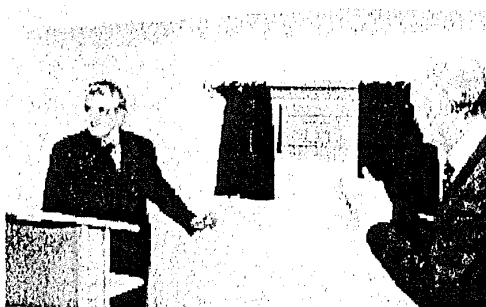
DIRECTORATE ACTIVITY

Inpatients	9,522	Day Cases	8,339
Outpatients	78,705	Theatre Procedures	18,696

KEY ACHIEVEMENTS

DESU

- The DESU (Dedicated Elective Surgical Unit) at Altnagelvin was officially opened on 20 February 2003 by Mr Des Browne MP Parliamentary Under-Secretary of State for Northern Ireland.



ICU/HDU/Theatres

- The number of patients treated with mechanical ventilation has increased again this year. There has been an increase of 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, now open 7 days a week.
- Great efforts and more resourceful planning have resulted in more efficient use of theatre time.



General Surgery

- The 'One Stop' Rectal Bleeding Clinic has now been established. This is nurse lead by a specialist Colorectal Nurse Endoscopist.
- Extension of the material management system to a general surgical ward to provide an automated and simplified process of ordering stocks and supplies.

General Surgery – Breast Care

- Several different types of breast reconstruction surgery are now being performed – post mastectomy.
- The introduction of an Evening Clinic for patients considering complex breast reconstruction surgery – to facilitate counselling in a less formal atmosphere.

Urology

- An Urology/Oncology Nurse and Specialist Urology Nurse are now in place.
- A local Prostate Cancer Support Group has been set up with the Ulster Cancer Foundation Nurse Counsellor.

Ophthalmology



- A pilot project has been undertaken to introduce a Partial Booking Cataract Clinic.
- A special Medical Retinal Clinic with Fluorescein Angiogram Service has now been established.
- Ophthalmic trained nurses are now running primary nurse-led clinics for patients with cataract, parallel with consultant clinics

Orthodontics

- Following last year's success, the Orthodontic Dept is continuing with third year CCST specialist registrar training.

Oral Surgery

- There continues to be a steady increase in outpatient attendances. Inpatient operating sessions have been reconfigured to all-day operating lists. There is also a steady increase in orthognathic surgery cases. The trauma workload remains relatively high with approximately 140 cases being operated on each year.

Ear, Nose and Throat

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- Swallowing assessment equipment has now arrived.
- Waiting list validation/initiative has resulted in waiting list reduction.
- Re-siting ENT, Oral Surgery and Ophthalmology inpatient services from the tenth to the seventh floor which will enable the Oncology Dept to provide an improved inpatient service in the Autumn 2003.

Orthopaedics

- Two orthopaedic consultants have completed training on a new technique for performing hamstring grafts – reconstruction of anterior cruciate ligament injuries. Prior to this training this surgery was only available in Belfast.

TARGETS

ICU/HDU/Theatres

- To increase the number of beds in HDU from 4 to 6
- To improve services for children, an area has been identified for a specialised paediatric recovery area with adjacent Parents Waiting Room.
- An increase in staffing is envisaged to establish a paediatric only theatre list and to be able to allocate recovery staff to the Paediatric Recovery Room.
- Confirmation is awaited to commence a Consultant-led/nurse delivered Pre-assessment Clinic which will spearhead the further development of a stream-lined, systematic process with protocols in place leading to even more efficient utilisation of theatre lists.
- A Project Committee has been established to research and install the most appropriate complete, computerised theatre system, (incorporating theatre time management) to increase theatre efficiency.

General Surgery

- Develop a vascular surgery capacity, appropriate to the needs of the major hospital.
- Plans to expand the Colonoscopy Service to cope with the increase in demand.
- Development of ano-rectal manometry service.
- To continue to develop the research profile of colorectal surgery
- To implement a Partial Booking System for Outpatient Vascular Surgery. It is proposed that clinical assessment by a Nurse Specialist will provide a 'One Stop' Clinic. It is hoped that this Service will reduce the number of patient reviews and will also provide a resource for TIA (transient ischaemic attack) and Claudication Clinics
- To secure services for inpatient Oral & Maxillo-facial and achieve appropriate staffing levels



Urology

- It is planned to replace a vacant Consultant post and expand to a 3-Consultant Team.
- The Urology/Oncology Nurse is planning a Haematuria Clinic where the patient would have USS, X-ray and then flexible cystoscopy – this way a diagnosis can be made and passed on to the patient/GP after one visit.
- The Urology/Oncology nurse is setting up a review clinic for men with prostate cancer which will allocate 30 mins consultation time allowing for a more holistic assessment and include quality of life issues for the patient and family.

Ophthalmology

- A service improvement project is planned for the autumn dealing with diagnosis/ review of glaucoma patients being seen in Altnagelvin.
- Plans are underway to develop specialist services for Paediatric Ophthalmology and Oculoplastic Service pending new consultant appointments.

Orthodontics

- To appoint a second Consultant to address the needs of the population in the near future.

Ear, Nose and Throat

- Develop plan to address patient needs.
- Following a pilot study, the screening programme for all new born infants is continuing.

Orthopaedics

- A project has been re-started to consolidate services and plan for the expansion of services for the Western Board and the northern sector of the Northern Board.

WOMEN AND CHILDREN'S CARE DIRECTORATE



SERVICES INCLUDE:

Clinical Director
Dr Michael ParkerClinical Services Manager
Mrs Margaret Doherty

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

DIRECTORATE ACTIVITY

Inpatients	7,320	Outpatients	27,830
Deliveries	2,565	Daycases	720

KEY ACHIEVEMENTS

Gynaecology

- The Guidelines on the Sensitive Disposal of Fetal Remains and Products of Conception (Oct 2001) as recommended by the Human Organs Inquiry Report (June 2002) have been implemented.
- The Guidelines for the Management of Gynaecology Malignancy were issued early 2003 and these have been implemented.
- Altnagelvin is the only gynaecology unit in the UK with European recognition to provide hands on training in Endometrial Ablation for doctors across Europe.



Paediatrics

- The recruitment process is underway for the appointment of a H Grade member of staff to undertake the co-ordinating role within NNICU.
- Staff members have commenced the Advanced Neonatal Nurse Practitioner course, the Enhanced Neonatal Nurse Practitioner Course, and the Shortened Children's Nursing Course.
- A Home Care Team has been recruited for the care of technology dependent children.
- Two members of nursing staff have successfully completed the Paediatric Advanced Life Support Course.

Obstetrics

- The Maternity Unit was successful in its application for renewal of the Charter Mark

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Award previously awarded in 1999.

- The number of mothers initiating breastfeeding has risen to 46% in line with the NI Breastfeeding Strategy target of 50%.
- A Birth-rate Plus Workforce Planning study was carried out in Altnagelvin between July and December 2002.
- A Waterbirth Pool has been purchased for use within the labour ward and a number of waterbirths have been booked.
- Reflexology sessions have been established and are taking place on a regular basis.
- Guidelines on Continuous Fetal Monitoring were developed in accordance with the RCOG (2001) and NICE (updated Oct 2002).
- Guidelines for the Induction of Labour based on the recommendations from NICE (2002) have been introduced.
- The LARATOT (Listening and Responding Appropriately To Our Teenagers) Project has continued to be developed with two additional schools being targeted.
- The SAM (School Age Mothers) has been further developed with weekly sessions taking place in the Women's Centre, Derry.

TARGETS

Gynaecology

- To continue with and further expand the laparoscopic surgery service in Altnagelvin.
- To continue hands on training in endometrial ablation at Altnagelvin.
- To introduce ESSURE as a sterilisation technique within Altnagelvin.

Obstetrics

- The Hospital has applied for reaccreditation as a UNICEF Baby Friendly Hospital.
- To implement the recommendations arising from the Birth-rate Plus Report.
- To have additional members of staff trained in Obstetric Emergency Training.
- To introduce HIV screening for all antenatal patients in line with the recommendations from The National Screening Committee.
- To introduce Routine Anti-D Prophylaxis to all non-sensitised pregnant women who are Rh negative at 28 and 34 weeks of pregnancy.
- To introduce midwife led clinics in all localities in Londonderry, Limavady and Strabane.
- To develop an Integrated Care Pathway for low risk women.
- To develop an Admission/Fetal Assessment Unit in the antenatal ward.



- To continue to work closely with Mothers' Voice (Maternity Services Liaison Committee).
- To develop aquanatal classes for antenatal patients in partnership with Healthy Living and Learning Centre and Derry City Council.

Paediatrics

- The development of the High Dependency Unit for children on long term ventilation and with complex needs.
- The further development of paediatric gastroenterology services within Altnagelvin commencing with the appointment of a specialist nurse.
- The establishment of a Paediatric Rapid Response Clinic to provide early access to a Paediatrician, and reduce the necessity for admission.
- To further develop the Cleft Liaison Nurse Service.
- To train members of staff in the management of childhood diabetes, Asthma, Epilepsy and Paediatric Orthopaedic patients.



SERVICE REVIEW - PATHOLOGY

PATHOLOGY DIRECTORATE

Clinical Director
Dr Maurice O'Kane

SERVICES INCLUDE:

Clinical Services Manager
Mr Ken Garrett

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

DIRECTORATE ACTIVITY

A total of 641,596 tests and analyses were performed during the year. In all departments the number and complexity of analyses has increased.

KEY ACHIEVEMENTS

Histopathology

- Attainment of full CPA accreditation.
- Expansion in audit activity to meet the needs of clinical governance.

Cytopathology

- Attainment of full CPA Accreditation.
- Audit continues to show that quality benchmarks are in line with national requirements and demonstrate continued improvement.
- Continuing participation in a regional Quality Advisory Group to help identify quality priorities and targets.

Microbiology and Infection Control

- Attainment of conditional CPA accreditation pending structural building upgrade.
- Implementation of BSAC methodology for national standardisation of anti-microbial testing.
- Achievement of computerisation of the department.

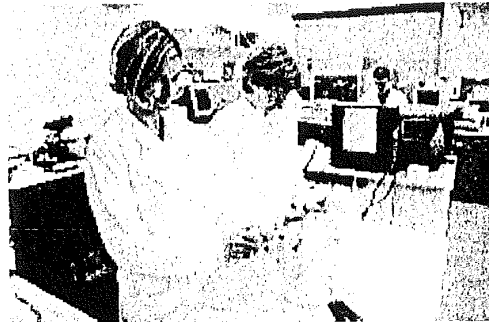
Clinical Chemistry

- Expansion in point of care testing.
- Setting up of analytical service for the Nutritional Content of Breast Milk in conjunction with Regional Human Breast Milk Bank.



Haematology and Blood Bank

- Appointment of a Consultant Haematologist.
- Installation of new analysers for Coagulation testing.



TARGETS

- Full CPA Accreditation for all departments
- Recruitment to vacant Consultant Posts in Haematology/Histopathology/Microbiology
- Further development of Clinical Haematology service
- Introduction of liquid based Cytopathology for non-gynaecological pathology in accordance with the NICE (National Institute for Clinical Excellence) recommendations.
- Development of Advanced Practitioner grade in Cytopathology.
- Development of additional diagnostic cancer tests.
- Installation of order communications system/request card scanning system.



SERVICE REVIEW - MEDICAL IMAGING

MEDICAL IMAGING DIRECTORATE

Clinical Director
Dr Michael Reilly

SERVICES INCLUDE:

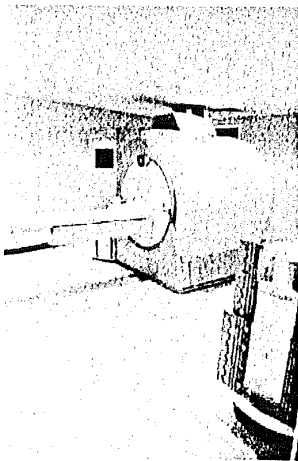
Clinical Services Manager
Mr Ivan Craig

- **General Radiography;**
- **Bone Densitometry;**
- **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;**
- **Magnetic Resonance Imaging;**

DIRECTORATE ACTIVITY

106,110 examinations/procedures were performed during the year. Activity analysis indicates a shifting examination complexity as measured by the Korner method. The average Korner measurement has over the last few years shifted from a value of 2.2 to the present value of 4.

KEY ACHIEVEMENTS



- MRI service commenced July 2002 and is now fully operational.
- Recruitment of a Consultant Radiologist with a specialist interest in interventional procedures.
- A Bone Densitometry service was developed and commenced operation mid-year
- A workforce plan has been undertaken in an effort to improve recruitment and staffing within the Directorate.

TARGETS

- To develop and integrate a computed radiography system into existing network as part of ongoing digital image management system
- To plan and implement a vascular assessment service.
- To address the issue of radiologist and radiographic staffing in light of the workforce



plan including the extension of radiographer roles within the diagnostic process and gain Trust Board approval for same

- To implement a clinical governance programme using CIRIS (Continuous Improvement in Radiological Services) as the support method



PHARMACY AND HOSPITAL STERILE AND DISINFECTING UNIT (HSDU) ^{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

PATIENT SERVICES

DIRECTORATE ACTIVITY

Full Pack Issues	498,079
Broken Pack Issues	7,727
Extemporaneous Preparations	1,549
Homeleaves	31,431
Controlled Drug Issues	8,129
Dressings Issues	273,214
Medical & Surgical Sundries	402,822
Radiopharmacy	2,478
Total	1,225,429

KEY ACHIEVEMENTS

- Materials Management system will be extended to Ward 21 in the near future. This system uses barcode technology for stock and stock control.
- Three technicians trained as Accredited Checking Technicians bringing the total to four.
- Medicines Management project on Ward 8/9 completed.

MAIN AREAS OF DEVELOPMENT 2002/2003

- Two further technicians to be trained to become Accredited Checking Technicians.



This is one of the areas recommended by the Audit Commission's Report "A Spoonful of Sugar" to help improve the quality of Pharmacy Services.

- Continue to monitor workload within the dispensary with a view to extending the roles of technicians and assistants.
- Continue to increase the clinical role of Pharmacists in the Dispensary.

HSDU

SERVICES INCLUDE:

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

ACTIVITY

A total of 142,020 instrument sets and patient care items were processed between April 2002 and March 2003, an increase of 22,000 on 2001/2002 (17.89%).

KEY ACHIEVEMENTS

- Medical Devices Agency registration was retained following external audits of the Department. These external audits are carried out every six months.
- New Washer-Disinfector has been procured and should be operational by August 2003.
- Sterile Store has been expanded to provide a service to Day Case Unit and Ophthalmology.

TARGETS

- Retain registration with the Medical Devices Agency.
- Develop a business case for the appointment of a Quality Controller in HSDU.
- Develop an exchange programme between Theatre and HSDU for training purposes.



Director
Mr Thomas Melaugh

CLINICAL SUPPORT SERVICES DIRECTORATE

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

Walking Aid Service

Physiotherapy Assistants took the lead in the first phase roll out of our walking aid service. Twenty-one nursing and residential homes were visited by the Assistants and a total of 189 clients were assessed for suitability for walking aids and safety. In 121 cases (67%) a physiotherapeutic intervention was required. In all cases the client's level of mobility had either stayed as it was or deteriorated since their last assessment.



Fifty-five of the clients were identified as previously having had one or more falls. This programme is one component of a falls strategy currently being developed within the physiotherapy service.

Modern Equipment

Significant investment was made in technologically advanced equipment for the Physiotherapy Department.

This equipment will enhance the physiotherapeutic element of cardiac rehabilitation, orthopaedic, neuro-rehabilitation, outpatient, respiratory, continence and community paediatric services. All the equipment provides improved levels of objectivity to the patient and physiotherapist.



DIETETICS

Healthier Lifestyle

Promoting a healthier lifestyle was a major theme of the work of the Dietetic Department during the year. As part of an ongoing health promotion campaign the staff held supermarket tours for the local Diabetes UK and Coeliac Society support groups. The objectives were to promote healthier choices and to enable people to see the range of foods that are available to them.



The Dietetic staff also coordinated a 'Lifestyle Programme' for hospital staff as part of the Health Promoting Hospital initiative. The aim of the programme was to promote a healthier lifestyle among staff and their families. The programme included sessions on motivation, healthy eating, physical activity, stress management, back-care and complementary therapies.

INFORMATION TECHNOLOGY

The IT Department facilitated the introduction of a number of new computer systems during the year, with the largest impact being an A&E System. This is a system that records the patient's complete A&E attendance from their initial registration, through their triage details, the clinical information including tests and procedures performed, to their method of discharge, including letters to their GP informing them of the attendance. This system will also enable greater analysis of the work within A&E to be carried out including research in support of accident prevention initiatives.



FINANCIAL PERFORMANCE

FINANCIAL PERFORMANCE

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

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

Denis Desmond
Chairman

4th September 2003

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

Stella Burnside
Chief Executive

4th September 2003

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 2003, on which I have issued an unqualified opinion.

APPOINTED AUDITOR

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

Martin Pitt

4th September 2003

FINANCIAL PERFORMANCE

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ANNUAL REPORT 2002 - 2003



This is the seventh annual financial report of the Altnagelvin Hospitals Health and Social Services Trust which covers the period from 1 April 2002 to 31 March 2003. 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 £45,000 for the year ended 31 March 2003 before inclusion of decrease in the provision for Future Obligations (£134,000).

TO STAY WITHIN AN AGREED EXTERNAL FINANCIAL LIMIT (EFL)

- A Positive External Financing Limit of £194,000 was set by the Department of Health and Social Services and Public Safety for the financial year 2002/03. The Trust remained within this agreed limit.

TO STAY WITHIN AN AGREED CAPITAL RESOURCE LIMIT (CRL)

- A Capital Resource Limit of £5,581,000 was set by the Department of Health and Social Services and Public Safety for the financial year 2002/03. The Trust remained within this agreed limit, spending £5,572,000 on Capital Additions to Purchased Assets during the financial year.

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 2002/03. The actual rate achieved for the financial year was 6.4%. 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



FINANCIAL PERFORMANCE

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.

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 has now developed its approaches to risk management which is now 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. The income from these contracts totalled £73,049,000 (£65,571,000 in 2001/02). 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	2002/03		2001/02	
	£000	%	£000	%



Western Health and Social Services Board	70,837	86.9	60,002	81.6
Northern Health and Social Services Board	1,971	2.4	1,541	2.1
Southern Health and Social Services Board	186	0.2	162	0.2
Eastern Health and Social Services Board	55	0.1	54	0.1
Western Area General Practice Fundholders	0	0	3,451	4.7
Other General Practice Fundholders	0	0	361	0.5
Other Patient Income	1,304	1.6	775	1.0
Education and Training Income	3,516	4.3	3,433	4.7
Services to other Trusts	1,690	2.1	1,786	2.4
Other Income	1,928	2.4	1,958	2.7
TOTAL INCOME	81,487	100%	73,523	100%
EXPENDITURE				

The Trust spent £77,894,000 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	2002/03		2001/02	
	£000	%	£000	%
Salaries and Wages	48,963	62.9	44,558	63.6
Drugs, Dressings and Medical Supplies	8,341	10.7	7,357	10.5
Laboratory Supplies	1,114	1.4	1,090	1.6
X Ray Supplies	496	0.6	461	0.7
Catering Service	1,452	1.9	1,423	2.0
Other Goods and Services	10,278	13.2	8,523	12.2
Services from other Trusts	3,858	4.9	3,968	5.7
Depreciation on Fixed Assets	3,392	4.4	2,619	3.7
TOTAL OPERATING EXPENDITURE	77,894	100%	69,999	100%
STATEMENT OF PUBLIC SECTOR PAYMENT POLICY				

It is Trust policy to comply with both the Confederation of British Industry's Prompt Payment

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FINANCIAL PERFORMANCE

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	2002/03		2001/02	
	NUMBER	VALUE £000	NUMBER	VALUE £000
Total bills paid	31,555	26,064	31,741	22,720
Total bills paid within 30 days	29,435	24,448	29,450	21,325
% sampled bills paid within 30 days	93.3	93.8	92.8	93.9
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 2002/03 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:

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	REMUNERATION AS DIRECTOR £	2002/03 OTHER REMUNERATION £	TOTAL REMUNERATION £	2001/02 TOTAL REMUNERATION £
Non – Executive Directors	42,580		42,580	38,547
Executive Directors				
Basic Salary	250,860	99,391	350,251	348,356
Performance Related Pay	0	0	0	0
Employers Pension Contributions	11,718	4,013	15,731	16,529
Benefits in Kind	670	107	777	2,225
TOTAL	305,828	103,511	409,339	£405,657
Chairman	17,145		17,145	17,145
Non Executive Directors	25,435		25,435	21,402
Chief Executive	79,919		79,919	78,007
Medical Director	16,511	103,511	120,022	127,539
Nursing Director	54,327		54,327	52,353
Finance Director	56,233		56,233	54,381
Business Director	56,258		56,258	54,830
TOTAL	£305,828	£103,511	£409,339	£405,657
DIRECTORS' PAY AWARDS				

An award of 3.6% cost of living inflation was made for the 2002/03 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 2002.

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 £157,707.

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

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FINANCIAL PERFORMANCE

were:

	2002/03		2001/02	
	£000	% of Total Income	£000	% of Total Income
Management Costs	3,156	3.85%	3,035	4.14%

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2003

	2002/03 £000	2001/02 £000
Income from activities	74,129	66,346
Other operating income	7,358	7,177
Less operating expenses	(77,894)	(69,999)
Operating surplus	3,593	3,524
Profit/(Loss) on disposal of fixed assets	3	(8)
Surplus before interest	3,596	3,516
Interest receivable	203	226
Interest payable	(1,239)	(1,304)
Surplus on ordinary activities	2,560	2,438
Public dividends payable	(2,515)	(2,434)
OPERATIONAL SURPLUS/(DEFICIT) FOR THE YEAR	£45	£4
Provisions for Future Obligations	134	(74)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR (£70)	£179	
Exceptional Income	0	0
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR (£70)	£179	
OPERATIONAL SURPLUS/(DEFICIT) FOR THE YEAR BEFORE PROVISIONS & EXCEPTIONAL INCOME	£45	£4

BALANCE SHEET AS AT 31 MARCH 2003

2002/03

2001/02



£000	£000	£000	£000
FIXED ASSETS			
Tangible Assets	68,810		59,217
Current Assets			
Stock and work in progress	1,493		1,290
Debtors	4,922		4,631
Short-term Investments	10		163
Cash at bank and in hand	191		3
Creditors:	(10,457)		(8,374)
Amounts falling due within one year			
Net Current Assets/(Liabilities)	(3,841)	(3,841)	(2,287)
TOTAL ASSETS LESS CURRENT LIABILITIES		64,969	
56,930			
Creditors: Amounts falling due after more than one year	(13,687)		(14,469)
Provisions – Liabilities/Charges	(2,254)		(1,979)
TOTAL NET ASSETS EMPLOYED		£49,028	
£40,482			
FINANCED BY:			
CAPITAL AND RESERVES			
Public Dividend Capital	36,053		35,053
Revaluation Reserve	13,019		5,636
Donation Reserve	251		281
Income and Expenditure Reserve	(295)		(488)
TOTAL CAPITAL AND RESERVES		£49,028	
£40,482			

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2003

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FINANCIAL PERFORMANCE

2001/02	2002/03	
	£000	£000
Surplus for the year	2,560	2,438
Provisions for Future Obligations	134	(74)
Exceptional Income	0	0
		2,694
2,364		
Fixed Asset Impairment Losses	0	0
Non-donated fixed assets		
Indexation of fixed assets	7,397	776
Unrealised Surplus on revaluation of fixed assets	0	0
Donated Assets		
Additions to Donated Assets		138
Changes to Donation Reserve	(30)	(37)
(except transfers to Realised Donation Reserve)		
Prior Year Adjustment	0	0
TOTAL GAINS AND LOSSES RECOGNISED IN FINANCIAL YEAR	£10,061	£3,241

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2003

	2002/03		2001/02	
	£000	£000	£000	£000
Net Cash Inflow from Operating Activities		8,924		4,112
Exceptional Income		0		0
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE				
Interest received	329	104		
Interest paid	(1,242)	(1,307)		
Dividends paid	(2,434)	(1,625)		
Net Cash (Outflow) on Investments				
AND SERVICING OF FINANCE	(3,346)	(3,347)	(2,828)	(2,828)
CAPITAL EXPENDITURE				
Payments to acquire fixed assets		(5,763)		(3,614)
Receipts from sale of fixed assets		3		7
NET CASH (OUTFLOW)/INFLOW BEFORE FINANCING		(183)		(2,323)
FINANCING				
New Public Dividend Capital		1,000		
Repayment of amounts borrowed		(782)		(782)
(DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS		£35		



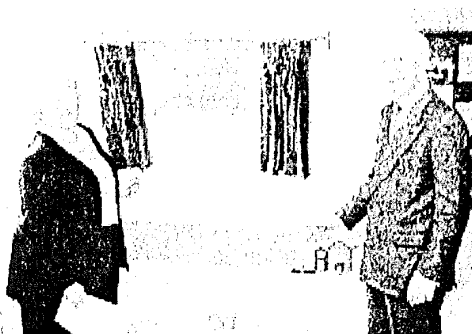
(£3,105)

PROMOTING HEALTH

Altnagelvin is a member of the European Network of Health Promoting Hospitals, which is governed by the World Health Organisation.

KEY ACHIEVEMENTS

- There are several cross border projects being developed which include an ALL Ireland HPH Website, All Ireland Database and an All Ireland HPH Conference.
- A Smoking Cessation Service for patients and staff was commenced in October 2002 and is being run until March 2004. The smoking cessation counsellor is on a part-time basis. The remit of this post includes smoking cessation support service, brief opportunistic training for staff and general health promotion for smokers. To date this service has been successful.
- The Trust launched a leaflet during Health and Safety week October 2002 entitled Managing Stress in the Workplace. This leaflet provides both an individual and organisational approach to dealing with stress.
- As a result of the previous pilot of a physiotherapist for staff, the Trust has employed a physiotherapist to provide a fast track system for staff members. Staff may attend the clinic following referral from A/E, Occupational Health or their G.P.
- The Trust opened a crèche for the children of staff in September 2002. This is a partnership between Foyle Daycare and Altnagelvin. In addition to information which is already disseminated to staff going on maternity leave, the Trust now provides a leaflet on the rights of mothers returning to work whilst still breast feeding. It provides information on rights, facilities and equipment available to staff.



A leaflet on the hospital crèche is also distributed in this pack.

- The lifestyle programme for staff was repeated again this year. Sessions in the programme include physical activity, healthy eating, stress management and relaxation techniques. Following evaluation of last years programme sessions on complementary therapies and back care were included. This will become an annual event for staff.
- The Staff Care Exchange was set up in April 2002. Qualified therapists within the Trust provide treatments for other staff. Reiki, Reflexology, Aromatherapy and Indian Head Massage are amongst the therapies available to staff. The project has been evaluated after nine months. The evidence from the survey indicates a very high level

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of appreciation and support for the Staff Care Exchange. The Trust will continue to support this project.

- The physiotherapy department undertook a screening project in local nursing/residential homes. A pilot study was undertaken which involved pre-emptive screening with regard to safety and suitability of mobility aids used by nursing and residential clients whose mobility depended on the use of a walking aid. The objective was to reduce the risk of injury, via an open access Physiotherapy Assistant led clinic. This programme has been rolled out to 19 Nursing/Residential homes in our locality
- The LARATOT project is an innovative midwife led project, which deals with the issue of teenage pregnancy and includes parenting and life skills. It is run over six weeks and is facilitated by a midwife, parent craft midwife, health visitor and a health promotion officer. Last year there was a pilot programme in one local girls secondary school. Additional funding has since been granted to roll this programme out to a total of six schools in the locality.
- The School Aged Mothers Project is a further interagency project for which Altnagelvin provides the parent craft component. This project supports young women who are pregnant or who have a child whilst of compulsory school age to continue their education in a supportive environment. The project is run in conjunction with the Western Education and Library Board, Foyle Trust and Barnardos. The programme runs throughout the academic year.

TARGETS

- The Trust is committed to promoting the emotional and mental well being of its staff. A mental health promotion group has been established. One of the main aims of the group will be to provide a collective voice for all disciplines of staff within the Trust in promoting their Mental Health and Emotional Well Being. The Trust is committed to supporting work undertaken by this group.
- The issue of Post Natal Depression was addressed for clients in a pilot project during the first six months of 2003. A specific session on postnatal depression was delivered at the antenatal classes held in Altnagelvin. The aim of these sessions was to raise awareness of PND to expectant mothers and their partners. This was a pilot project. The opportunity to develop this initiative further will be explored.
- The establishment of a fitness suite for staff is presently being negotiated.
- A HPH/Community Forum has been set up in August 2002. The purpose of this group was at the initial stage to primarily share resources and expertise between hospital and community. However it is hoped that this forum will take on a more strategic remit in the future. It is an opportunity for joint working on health promotion issues



- between the Trust and local communities.
- The smoking cessation service is part-time and has limited funding. The Trust will seek to secure this service on a more permanent basis.
 - Altnagelvin Trust is a member of the Western Board Investing For Health Partnership. The Trust is committed to contributing to the work of the IFH partnership and its strategy over the coming months and years..

ESTATES

ALTNAGELVIN STRATEGIC DEVELOPMENT

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ESTATES

During the year, planning for the Phase 2 development (Laboratories and Pharmacy) and the Phase 3 development (Tower Block Refurbishment) has intensified with the Trust's Project Planning Groups progressing work on the Phase 2 Development through a PPP/PFI Initiative and the Phase 3 Tower Block Refurbishment through a publicly funded route. DHSS&PS capital funding for the Phase 3 development was approved in late 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
- Car parking and site security improvements
- Provision of on site Nursery Facilities

- Improvements to Laboratory accommodation
- Infrastructure plant improvements.
- MRI infrastructure provision
- Enhanced child dental facilities
- Commencement on site of new facilities for Young Physically Disabled Patients within Altnagelvin Hospital site
- Initiation of enabling and decant schemes in relation to the Strategic Project



TARGETS

- Enhance Orthopaedic facilities at Ward 43
- Provision of enhanced Haematology facilities at Ward 10
- Improvement to A&E Accommodation
- Enhancement to Physiotherapy Department facilities
- Further improvement to Medical and Nursing Staff residential accommodation, including enhancement to staff recreational facilities
- Additional fire safety and site security improvements
- Further enabling and decant schemes in relation to the Altnagelvin Strategic Project including new Clinical Administrative Offices



- Accessibility improvements throughout site
- Environmental and energy conservation schemes
- Improvements to Outpatients Department, Roe Valley Hospital
- Completion of new facilities for Young Physically Disabled Patients.
- Medical Records Enhancements

HUMAN RESOURCES

OUR STAFF

Altnagelvin employs approximately 2200 professional, technical and support staff

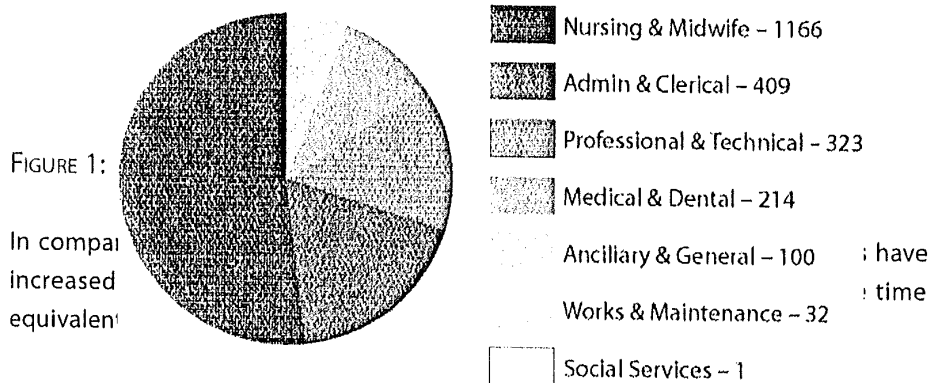
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HUMAN RESOURCES

including medical, nursing and midwifery, ancillary, maintenance and administrative and clerical. The total number of staff employed equates to 1895 whole time equivalents.



The continued dedication and commitment of all the staff working in Altnagelvin has allowed the hospital to continue to provide a high level of care to our patients.

RECRUITMENT AND RETENTION

Overseas recruitment campaigns were conducted during the year, resulting in the recruitment of 12 staff nurses from the Phillipines. This has helped alleviate some of the nurse recruitment difficulties the Trust continues to experience. All of our overseas recruits have settled well in their new environment.

An agreement was reached with staff side organisations on a scheme to provide employment security for temporary staff whereby long term temporary employees were allocated to permanent vacant posts across a range of disciplines.

STAFF WELLBEING





The Trust launched a number of initiatives during the year aimed at improving staff well being. Two of the most popular initiatives were the crèche, which operates in partnership with Foyle Day Care, and the range of complementary therapies now available to staff. Other important initiatives include the Lifestyle Programme and the Staff Physiotherapy Clinic.

LOCAL PARTNERSHIP FORUM

The joint negotiation and consultative forum comprising of representatives from both management and staff side was renamed the Partnership Forum to better reflect the Forum's work. The Forum continued to operate throughout the year although formal meetings have been held less frequently.

WORKFORCE PLANNING

The review of the nursing workforce referred to in last year's report has now been completed and has formed the basis for continuing discussion with the Western Health & Social Services Board.

A review of midwifery staff was undertaken during the year with the final report due to be issued in the near future.

Both reports will assist the Trust in planning its workforce needs for nursing and midwifery for the incoming year.

The Trust's workforce planning section provided input into a number of regional workforce planning reviews conducted during the year by the Department of Health, Social Services and Public Safety.

TRAINING & DEVELOPMENT

A significant number of employees were successful in achieving National Vocational Qualifications in Care, Administration and Diagnostic and Therapeutics. Two nursing auxiliaries were seconded by the Trust to undertake professional nurse training at the University of Ulster, while a number have progressed to NVQ level 3.

JUNIOR DOCTORS



HUMAN RESOURCES

The Trust's Local Implementation Group continued to oversee efforts to achieve compliance with the New Deal for junior doctors. Significant progress towards compliance was achieved during the year with full compliance achieved for PRHO's. The Trust worked closely with the Department of Health in identifying methods to further our achievements and was successful in securing funding to appoint night nurse practitioners.

EQUALITY OF OPPORTUNITY

The Trust's Equality Now Steering Group worked on an action plan developed as the result of a survey on Equality of Opportunity carried out among Trust staff by Opportunity Now (N.I). A pilot on term time working was introduced and a leaflet entitled 'ALTFLEX' which described the range of flexible working opportunities was developed for distribution throughout the Trust.

EQUALITY AND HUMAN RIGHTS

Membership

Membership of the Equality and Human Rights Group was expanded to include representation from across all directorates as part of the effort to mainstream equality and human rights issues.

Raising Awareness

The group has continued to work on raising awareness of the requirements of the legislation. A follow-up article to one in December 2001 that provided background information was published in the September 2002 edition of the staff magazine and an information leaflet, funded by the Western Area Forum, was distributed to all staff. The Group has taken the opportunity through various other Trust communication channels, to publish staff training dates and actively encourage attendance.

Western Equality and Human Rights Forum

Altnagelvin continued to play a full part in the Western Equality and Human Rights Forum (WEHRF). A number of important initiatives were conducted through the Forum over the past year including a good practice review on user involvement.

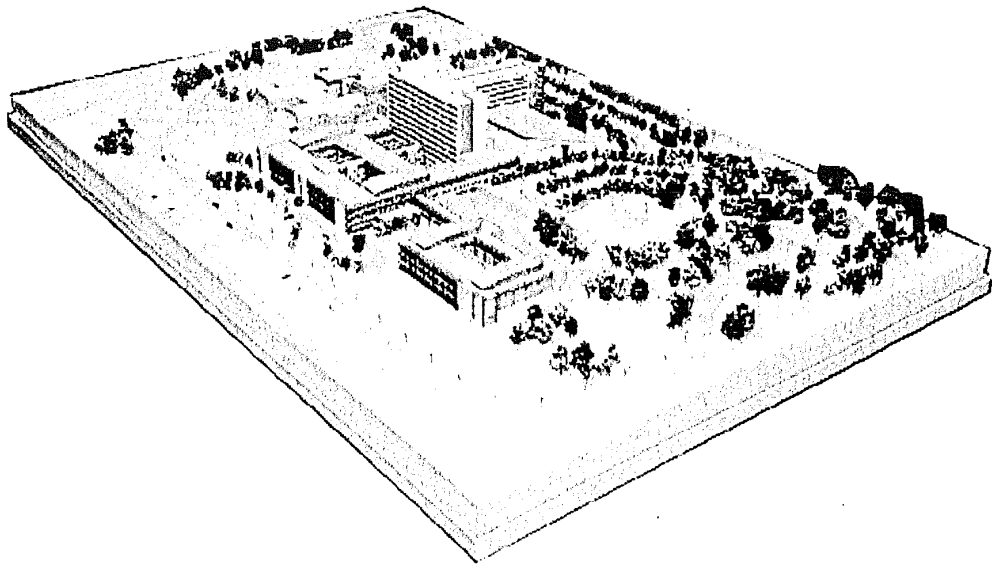
Regional Work

Local Trust nominations were forwarded through the Group to the DHSSPS for various projects required under Equality Impact Assessment.



Mainstreaming

A Trust policy document with associated guidance for staff was developed. This document is designed to bring a consistency and rigour to the development of policies within the Trust and to ensure that equality and human rights impacts are considered with every policy that is developed throughout the hospital.



A model of the Strategic Development Project

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