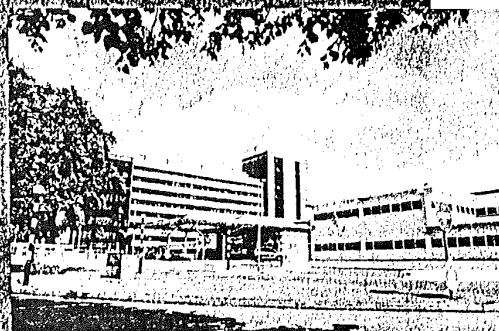
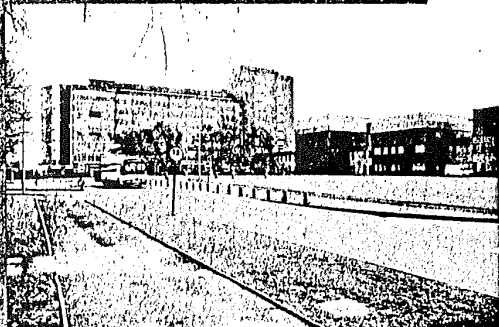
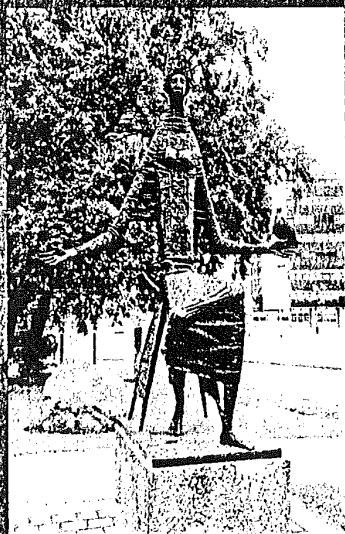




Altnagelvin Hospitals
Health and Social Services Trust



Annual Report
2003-04

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CHAIRMAN'S STATEMENT

Welcome to the 2003/2004 Annual Report of Altnagelvin Health and Social Services Trust. A review of last year's report may cause some puzzlement in that I had announced that last year's statement would be my final Chairman's Statement. However my tenure was extended, allowing me the privilege of continuing to be part of Altnagelvin's Trust Board for a further period. I can however say with certainty now, that with the appointment of Mr Gerard Guckian to the chair, this statement will indeed be my last as Chairman.

The past year continued to be extremely busy, with year-round pressures on beds and services. The outstanding teamwork, which I have come to see as synonymous with Altnagelvin staff, and the close co-operation of our key partners in the delivery of healthcare to patients in the north-west and beyond, ensured that we continued to meet patient demands and Government targets.



The opening of the replacement building for Spruce House on the Altnagelvin site this last year is a legacy of my tenure of which I am particularly proud. The replacement of the outdated and unsuitable facilities at the former Spruce House was one of my earliest ambitions when I became Chairman of Altnagelvin Trust. It has taken a lot longer than I or anyone would have wanted but at last Spruce House patients and their families have much deserved top-class facilities that match the excellent standards of care that have always been provided by Spruce House staff.

I would like to offer my best wishes to Mr Guckian as Altnagelvin's new Chairman. I have no doubt that with the support of his Trust Board, without which in the past, I would have found the discharge of the responsibilities of the chair much more difficult, he will work to enhance the strategic position of Altnagelvin and to ensure the best possible services for patients.

Finally, as this report goes to press, Altnagelvin's Chief Executive, Mrs Stella Burnside, has announced that she will be leaving to take up the position of Chief Executive of the HPSS Regulation and Improvement Authority. I would like to publicly add my congratulations to the many she has already received and will no doubt continue to receive.

I would also like to add my personal thanks to her for her support during my tenure as Chairman. I have learned much from her, not only about the health service and all



CHAIRMAN'S STATEMENT

its complexities, but also about the important mix of compassion and humanity with dedication and professionalism that typifies her leadership. These values and ideals along with her unique vision have ensured that the strategic position of Altnagelvin within both the north-west and the Northern Ireland HPSS as a whole, has been strengthened.

Denis Desmond
Chairman

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke.

INTRODUCTION



CHIEF EXECUTIVE'S STATEMENT

This past year continued to be one of progress for Altnagelvin and acute hospital services in the north-west. Preparatory work for our huge multi-million pound redevelopment project got underway and the scale of the project was added to by the announcement that Altnagelvin is to have a Renal Dialysis Unit by the end of next year. The opening of the replacement building for Spruce House in March 2003 saw the achievement of a long-awaited and important milestone for patients requiring long-term treatment and care.

Minister of Health, Social Services and Public Safety, Angela Smith, MP paid her first visit to us in September 2003 to open our Transitional Care Unit for children who need intensive nursing and technological support, and she returned again in January 2004 to meet other staff and patients.



The trends in illnesses and the volatility of the demand for hospital care continued to be a constant challenge with significant pressure on beds, not only during the traditional busy winter period but also throughout the year. As always, Altnagelvin staff rose to the challenge to minimise the impact of emergency demand on planned operations. This is a continuing battle that requires the support of the WHSSB and the DHSSPS if it is to be won.

Altnagelvin's place as a major teaching hospital with an important research capacity was enhanced by the appointment of a Director of Research and Education – one of only 3 such posts in Northern Ireland. It will be further enhanced in the coming year with the joint appointment between the Trust and the University of Ulster of a Professor in Nursing Research. This partnership between clinical care and academic research has benefits for the whole patient population, not only in Northern Ireland but wherever clinicians are striving to provide high standards of care.

Altnagelvin has achieved a significant amount in recent years, particularly in modernising practice and increasing our research and education capacity. We have progressed in the development of multidisciplinary working in cancer care and other care teams. This underlines our commitment to keep abreast of the latest



developments in health, science, and technology so that we provide the best possible service to our patient population.

By the time of our next Annual Report in 2005, I will have taken up the post of Chief Executive of the new HPSS Regulation and Improvement Authority. It is with a mixture of sadness and pride therefore that, in this my last Chief Executive's Statement for Altnagelvin Trust, I reflect not only on our achievements of last year but also on how Altnagelvin has developed in the previous 10 years.

None of this could have been achieved, nor will further progress be possible, without the continuing support of Altnagelvin's committed and compassionate staff whose professionalism and dedication were often the single-most important factors in securing the success of many initiatives. They have worked as a team within the hospital, with our Commissioners and with Trust colleagues in the Western Health and Social Services Board Area and throughout Northern Ireland. I have loved and will miss being a part of that team.

A handwritten signature in black ink, appearing to read "Stella Burnside", followed by a horizontal line and a small flourish.

Stella Burnside

Chief Executive

The Trust's facilities comprise:

- | | |
|--|--|
| <ul style="list-style-type: none"> Altnagelvin Area Hospital | <p>Acute Hospital Services</p> <p>465 Inpatient Beds</p> <p>54 Day Case Beds</p> <p>17 Young Chronic Sick Beds</p> |
| (Spruce House) | |
| <ul style="list-style-type: none"> Ward 5, Waterside Hospital | <p>Slow Stream Rehabilitation</p> <p>18 Inpatient Beds</p> |

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 as detailed in the table overleaf:

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	•			•		
Neurology	•					
CLINICAL GOVERNANCE						

Western Health Board locations
The Trust is governed by a Board of Executive and Executive Directors who
are based on the following locations



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 2003/04 the Trust Board members were:

Non-Executive Directors:	Executive Directors:
Mr Denis Desmond, Chairman	Mrs Stella Burnside, Chief Executive
Mrs Joan Casey	Miss Irene Duddy, Director of Nursing
Mr Gerard Guckian	Dr Geoff Nesbitt, Medical Director
Mr Columb Henry	Mr Raymond McCartney, Dir of Business Services
Mrs Marlene Jefferson	Mr Niall Smyth, Director of Finance
Mr Neville Orr	

The Trust Board held twelve meetings in 2003/04. 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	Remuneration and Terms of Service Committee
Mr N Orr, Non-Executive Director (Chair)	Mr D Desmond, (Chairman)
Mrs J Casey, Non-Executive Director	Mrs M Jefferson, Non-Executive Director
Mr C Henry, Non-Executive Director	Mrs J Casey, Non-Exec. Director
Number of Meetings held – four.	Number of Meetings held – one.
Clinical and Social Care Governance Committee	
Mr D Desmond, Chairman (Chair)	Dr G Nesbitt, Medical Director
Mr G Guckian, Non-Executive Director	Miss I Duddy, Director of Nursing
Mr N Orr, Non-Executive Director	
Mrs J Casey, Non-Executive Director	
Number of Meetings held – four.	

SUB COMMITTEES OF THE TRUST BOARD:

Ethics Committee



CORPORATE GOVERNANCE

Mr G Guckian, Non-Executive Director (Chair)
 Mrs M Jefferson, Non-Executive Director
 Mr R Rogan, Western Health & Social Services Council
 Dr M Parker, Clinical Audit Co-Ordinator
 Mr T Melaugh, Director of Clinical Support Services

Dr G Nesbitt, Medical Director
 Miss I Duddy, Director of Nursing
 Mr R Wray, Chairman of Medical Staff
 Dr M O'Kane, Clinical Director (co-opted)
 Dr A Garvey, Consultant (co-opted)

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
 Mrs S Allen-Hamilton, Clinical Services Manager
 Mr A McGrath, Clinical Services Manager (Acting)
 Ms MA Walsh, Team Co-ordinator Occ Health
 Ms B Harkin, Risk Management Project Sister
 Mrs N McKenny, Infection Control Nurse
 Staff Side Representative
 Number of Meetings held – five.

Mrs T Brown, Risk Manager (Vice Chair)
 Mrs U Quinn, Health and Safety Officer
 Ms M Caldwell, Asst Dir of Personnel
 Mrs F Hughes, Senior Nurse Infection Control
 Mr Ken Garrett, Clinical Services Manager
 Mrs N Sweeney, Site Management
 Mrs M Lafferty, Sister
 Mrs A Boylan, Ergonomics Assessor



MANAGEMENT STRUCTURE

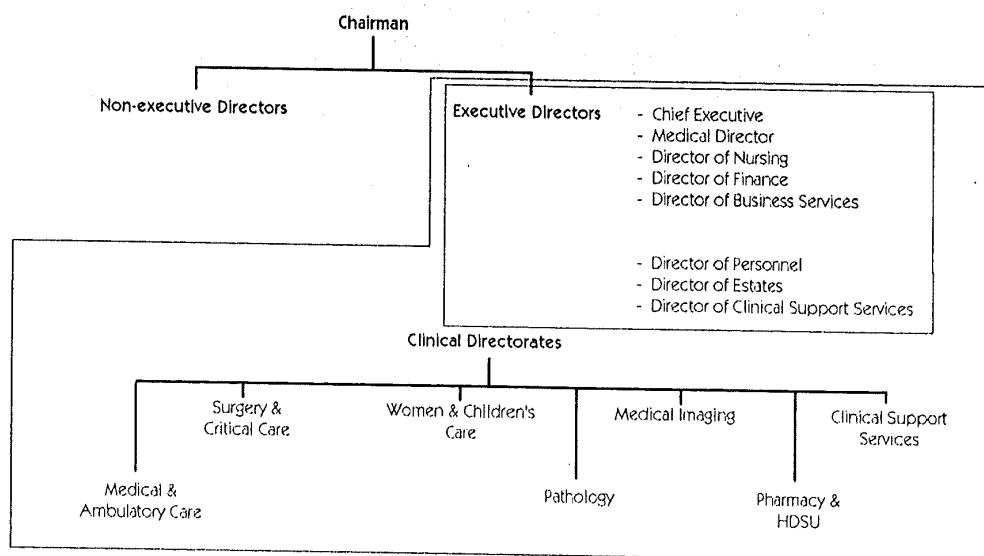
Trust Board

A senior management team (Hospital Executive) is responsible for ensuring the implementation of the policies and strategies set by the Trust Board. At this level, the Gerard Guckian, Dr Geoff Nesbitt, Mr Manus Doherty, Mr Tom Melaugh and Mr Alan Moore.



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

Trust Board
☐ Hospital Executive
☐ Hospital Management Team

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PERFORMANCE REVIEW

The Trust's activity and performance continues to be guided by regionally set planning targets, principally "Priorities for Action". Each year this document lists a number of targets across the HPSS which are required to be met within stated timescales. A monitoring process three times during the year is designed to assess progress in achievement of the targets relevant to each HPSS body.

Recurring themes in successive Priorities for Action have been reduction in hospital waiting lists and promotion of changes in the way we deliver our services which will directly benefit the patient experience. During the past year the Trust has been active in both these areas, again set against a background of rising demand for elective services and more emergency admissions.

PATIENT THROUGHPUT

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

	2001/02	2002/03	2003/04
Inpatients	25,604	25,958	26,239
Day Cases	13,860	14,663	15,862
Outpatients	153,759	154,287	156,438

TABLE 1: ALTNAGELVIN HOSPITALS H&SS TRUST: ACTIVITY 2001/02 – 2003/04
(INCLUDING WAITING LIST INITIATIVES. OUTPATIENTS TOTAL INCLUDES PATIENTS SEEN AT OUTREACH SITES.)

COMPARED TO 2002/03

- emergency patient episodes rose by 3% to 17,697
- elective patient episodes (inpatients and day cases) rose by 4% to 24,404.

PATIENT ACCESS TO SERVICES

The Trust was successful during the year in reducing the length of time patients had to wait for their surgery; at the end of March 2003 only 27 patients (1% of the total) were waiting more than 15 months, and 96% of patients were treated within a year.



Despite continuing increases in elective cases the overall number of patients waiting at the end of March 2003 rose by 400 to 4,537 compared to a year earlier. This was largely the result of the Trust seeing more than 1,000 new referrals over and above normal numbers in ophthalmology and ENT, which resulted in a proportion of these patients being placed on inpatient or day case waiting lists. Much work remains to be done to reduce still further both the overall numbers waiting and the length of time patients have to wait for their surgery.

SERVICE IMPROVEMENTS

The Trust had three service improvement projects formally accepted by DHSSPS as part of their service improvement programme for 2003/04.

A number of other projects which are also being pursued aim to look at the way healthcare is delivered, pinpoint areas of improvement and then change the service for the benefit of patients, either in terms of quicker access to the service, fewer visits to the hospital or faster diagnosis. These pilot projects will continue into 2004/05 together with new ideas for continued service improvement.

SERVICE IMPROVEMENTS DURING THE YEAR INCLUDED:

- Establishment of "one-stop" vascular assessment service
- Extension to pre-operative assessment of patients requiring surgery
- Re-design of appointment system in dietetics and physiotherapy
- Introduction of partial booking in the outpatients department
- Rapid access clinic for patients with frank haematuria
- Four projects put forward by the Trust under the New Opportunities Fund scheme were also successful. This guarantees project funding for three years. The projects were in the areas of:
 - Lymphoedema – provision of support, advice and education on available treatment to patients, carers and health professionals;
 - Palliative care training for nurses;
 - Creation of information and counselling centre regarding prostatic cancer;
 - Establishment of nurse-led clinic for heart failure patients - to provide continuity in the care and support of this patient group. The nurse sees all referred patients and offers home visits within one week of



PERFORMANCE REVIEW

discharge.

MEDICAL AND AMBULATORY CARE DIRECTORATE

SERVICES INCLUDE:

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- | | |
|--|---|
| <ul style="list-style-type: none"> • General Medicine including: - Cardiology; Elderly; - Rheumatology and Rehabilitation; - Gastroenterology; Measurement; - Respiratory Medicine; - Diabetology; - Clinical Haematology; Procedure Unit; • Oncology; Disabled. | <ul style="list-style-type: none"> • Dermatology; • Care of the Mr Alan McKinney (from 01.04.03) • Genital Urinary Medicine • Physiological Miss Diane Brennan • Outpatients; • Accident and Emergency; • Day Case • Physically |
|--|---|

Clinical Director

Dr Ken Moles

Associate Clinical Director

Mr Alan McKinney (from 01.04.03)

• **Genital Urinary Medicine**• **Physiological**

Miss Diane Brennan

• **Outpatients;**• **Accident and Emergency;**• **Day Case**• **Physically**

DIRECTORATE ACTIVITY

Inpatients	7,719	Day Cases	6,255
Outpatients	48,104	A&E Attendances	48,470

KEY ACHIEVEMENTS

Cardiology

- The heart failure service has been established with the appointment of a Heart Failure Nurse Specialist in February 2004 under New Opportunities Funding (NOF).
- Staffing levels have been increased in the ECG Department which will result in service improvement.

Accident & Emergency

- To cover additional workload in Accident & Emergency middle grade medical staffing has been improved. Two Emergency Nurse Practitioners have been appointed and clerical support has been strengthened.
- Teaching programme for medical staff has been restructured and further extended.
- In conjunction with the Nurse Consultant there is ongoing training of staff in the area of minor injuries.
- Nurse referral to the x-ray department now takes place.

Diabetic Services

- There is an ongoing GP/Practice Nurses' mentorship programme with the aim of fostering an improved integrated care service.
- Clerical support for the Nurse Specialist is in place and it is hoped that additional nursing support will be provided.

Oncology/Haematology

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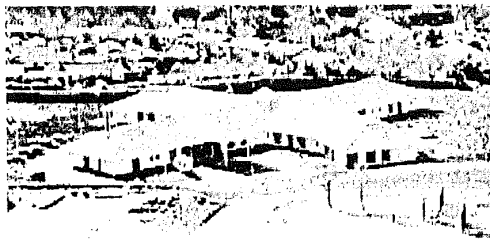
SERVICE REVIEW - MEDICAL AND AMBULATORY CARE

- In November 2003 16 beds, plus 4 source and protection isolation rooms, were opened. This ward accepts direct haematology admissions.

Neurology

- Altnagelvin's first Consultant Neurologist was appointed in August 2003.
- A Multiple Sclerosis Nurse Specialist was appointed in August 2003 – this is jointly funded project with MS Society.
- An EEG service will be established in the near future.

Spruce House



- Spruce House, which treats Young Chronic Sick patients, moved from the Gransha site to a new state of the art building at Altnagelvin in March 2004.

Roe Valley Outpatients Department

- Plans are at an advanced stage to refurbish the outpatient facilities at Roe Valley Hospital. Current accommodation in this listed building will be upgraded and clinics will be temporarily relocated for a 3-4 month period from June/July 2004.

Psychology

- The service now has a full time Principal Clinical Psychologist with secretarial support.
- A clinical assistant and a trainee psychologist have joined the department.

Dermatology

- A weekly nurse led eczema clinic has been established.
- Visits to local childcare facilities to provide information sessions to staff on the importance of sun protection in young children have been organised.

Endoscopy

- The Endoscopy Unit is now recognised as a Regional Training Centre for Colonoscopy.

Day Case Unit

- The endoscopy unit is in the process of being recognised as a Regional Training

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Centre for Colonscopy.

- New service providing Paediatric MRI scanning - children come to DCU, have MRI in the Medical Imaging Department and recover in DCU.
- Orthopaedic day case surgery now takes place on a Tuesday afternoon, hopefully this will also start to take place on a Friday afternoon.
- Orthopaedic pre-operative assessment to maximise utilisation of theatre lists.
- Increased sessions in Ophthalmology Day Case Theatre.
- Hysteroscopic Sterilisation for gynaecology patients. This is more patient friendly. Patients do not require general anaesthetic, therefore a shorter stay in the Day Case Unit and more efficient throughput of patients.
- Trans-vaginal Tape procedures which were previously carried out in Main Theatre now take place in the Day Case Unit.



SURGERY AND CRITICAL CARE DIRECTORATE

SERVICES INCLUDE:

• **Surgery & Urology:**

• **Specialist Surgery:**

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SERVICE REVIEW - SURGERY AND CRITICAL CARE

Clinical Director: Mr Paul Bateson

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

Surgery;

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

Clinical Director: Mr Jim Cullen Clinical Director

- **Orthopaedics & Physiotherapy;**

- **Ophthalmology;**

- **Ear, Nose & Throat (ENT);** Manager
Mrs Sylvia Allen-Hamilton

- **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	9,485	Day Cases	8,793
Outpatients	81,881	Theatre Procedures	19,910

KEY ACHIEVEMENTS

General Surgery

- The Endo-vascular Repair Service begins in June 2004. This service allows patients who have health problems, which would make open surgery impossible, to benefit from a key-hole technique to replace their diseased blood vessel.
- Vascular Assessment Service – we now have a dedicated one-stop Vascular Assessment Service which is nurse led and provides full assessment of patients with peripheral artery disease or varicose veins.
- Venous Assessment Service – patients with varicose veins are clinically assessed to determine the nature and extent of their varicose vein disease. The Venogram Waiting List has been addressed and access to venous assessment without the need for an invasive test has been improved.

Urology

- The Prostate Cancer Support Group was launched in 2003 and is jointly facilitated by the Uro-Oncology Nurse Specialist and the Ulster Cancer Foundation Nurse Counsellor.
- The Uro-Oncology Nurse Specialist conducts a Prostate Cancer Review Clinic which frees up Consultant Urologist time for new and urgent referrals. A nurse led Stone Review Clinic was established in September 2003. Patients who require admission to hospital due to ureteric colic are reviewed a few weeks after discharge, again freeing up Consultant time.
- A one-stop Haematuria Clinic for assessment of visible haematuria was launched

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as a pilot project in January 2004. The Uro-Oncology Nurse Specialist co-ordinates appointments for patients who are seen within 2-3 weeks of GP referral. A diagnosis and management plan is relayed to the patient on the same day.

- In March 2004 a Prostate Cancer Information and Counselling Nurse Specialist was appointed with a remit for GP education on PSA testing in primary care and for the establishment of a Prostate Cancer Information Centre.

Ophthalmology

- OCT (Optical Coherence Tomography) equipment has enabled an innovative approach to patients with glaucoma disease and may prove invaluable in diagnosing this disease at the earliest stage.
- The appointment of two new Consultants in Ophthalmology with sub-speciality expertise in paediatric ophthalmology and orbital/ocuplasties provides a more comprehensive service to our patients in WHSSB and part of NHSSB.
- Fluorescein angiography, essential and complementary to medical retinal disease, is now well established with the Medical Photography Service providing one session per week.



Orthoptics

- Recommendations contained in the WHSSB Allied Health Professionals, Regional Workforce Planning Review are being addressed.
- Clinical procedures throughout the Board are being standardised to ensure equity of service.

Orthopaedics & Trauma

- The number of Orthopaedic Consultants has increased to 7.
- Sub-specialist clinics for Paediatric, Foot, Upper Limb and Acute Knee conditions have been introduced.
- As part of the additional service provision for Northern Health and Social Services Board Trauma patients, fracture clinics will be introduced at Causeway Hospital in the near future.
- Ankle replacement surgery has been introduced.
- Joint arthroplasty techniques for younger patients have been introduced.
- Following an audit, actions are being taken to reduce the number of outpatients

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who do not attend for appointment.

- Training is planned for a further member of nursing staff for the Nurse Led DDH Clinic and another for Ponsetti's technique in treating baby feet.
- The 7-day Physiotherapy Service ran as a pilot scheme last year and will continue when staffing has been resolved.

Ear Nose and Throat

- It is planned to appoint a Staff Grade in the near future which will result in increased outpatient activity. Additional dedicated elective activity is also planned.
- Waiting list initiatives and waiting list validation have been ongoing, centred on Outpatient lists.
- Paediatric only lists have been established with dedicated anaesthetic and recovery support.

Audiology

- Digital Hearing Aids on the NHS were introduced in November 2003, with all first time users receiving them. It is planned to change existing analogue users to the new digital technology hearing aids.

Orthodontics

- The Orthodontic and Oral & Maxillo-facial Departments continue to develop a dental imaging and record system. This will include all clinical notes, radiographs and photographs which will reduce the need for retrieval of large numbers of case notes and xray folders.
- New orthodontic appliances and techniques have been introduced over the last 12 months making orthodontic treatment more efficient and less uncomfortable for patients.
- A new training pathway has been developed for General Dental Practitioners



Oral and Maxillo-facial Surgery

- The department continues to provide routine Oral and Maxillo-facial Surgery Services. The Unit is an integral part of the specialist registrar training and surgical dentistry and the Senior House Officers have been very successful in membership examinations recently.
- The number of major cases, especially orthognathic cases, continues to increase.



- We aim to build on the increase of major cases by extending services into the North-Western Health Board Area.

Theatres

- A Paediatric Policy has been developed and implemented. This policy has been designed to provide an ideal perioperative experience for children. The introduction of paediatric lists, a parent's waiting area and paediatric recovery has greatly improved experience for children and their parents.
- The Theatre Information System project is ongoing and has recently joined with similar projects in two Belfast Trusts to ensure that the best possible solution is identified.
- In conjunction with the Medical Imaging Department and the Day Case Unit, a Paediatric MRI service under general anaesthetic has recently been established and is working very well.

Intensive Care Unit/High Dependency Unit

- The number of patients treated with mechanical ventilation and the number of ventilated bed days continues to increase.
- The number of patients being treated with renal replacement therapy continues to rise.
- A Critical Care Forum (ICU/HDU) was implemented in February 2004 where staff deliver clinical lectures, participate in journal clubs and attend staff meetings.

WOMEN AND CHILDREN'S CARE DIRECTORATE

SERVICES INCLUDE:

- **Maternal care including midwifery and obstetrics;**

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SERVICE REVIEW - WOMEN AND CHILDREN'S CARE

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

Clinical Director
Dr Michael Parker

Clinical Services Manager
Mrs Margaret Doherty

Mrs Kate McDaid (from 01.06.03)

DIRECTORATE ACTIVITY

Inpatients	7,123	Outpatients	24,701
Deliveries	2,565	Daycases	807

KEY ACHIEVEMENTS

Obstetrics

- Altnagelvin has been re-accredited as a UNICEF Baby Friendly Hospital.
- HIV screening for all antenatal patients commenced in April 2003 with a success rate of 99.9%.
- Routine Anti-D Prophylaxis will be given to all non-sensitised pregnant women who are Rh negative at 28 and 34 weeks of pregnancy.
- The Admission/Fetal Assessment Unit in the Antenatal Ward is being developed.
- There has been an extension to the multi-disciplinary team to extend the Cleft-lip and Palate Liaison Service.
- Antenatal visits are being reviewed in accordance with NICE Guidelines.
- GP practices now have midwifery reviews and bookings in all localities.
- Five midwives have been trained in smoking cessation for all localities.
- The caesarean section rate is well below the Northern Ireland average and there are measures in place to monitor and maintain this rate.
- The Maternity Choices Leaflet has been revised.
- Funding has been secured from the Martha McMenamin Fund to complete a Maternity Care Development Project "Targeting the Needs of Pregnant Teenagers".
- Two midwives are involved in the Sure Start Projects.
- The Parent Education Programme is under review.

Gynaecology

- Nursing staff are being trained to develop the Hysteroscopy Service.
- New computerised consent forms for use at all Gynaecology Clinics are being introduced.
- Gynaecology Cancer Guidelines have been implemented and audited.

Neo Natal Intensive Care

- A Neo Natal Manager has been appointed to the Neo Natal Intensive Care Unit.
- A second Advanced Neo Natal Nurse Practitioner has been appointed.
- Three Midwives have completed Examination of the Newborn Course.



Paediatrics



- The Transitional Care Unit for children on long-term ventilation and with complex needs continues to be established.
- Nursery Nurses have been appointed to the ward.
- A Paediatric Gastroenterology Specialist Nurse has been appointed.
- A Paediatric Practice Development Group was established in September

2003.

- Primary School visits to the ward are facilitated by the Play Specialist.
- Paediatric Epilepsy Clinic commenced in December 2003.



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 726,233 tests and analyses were performed during the year. In all departments the number and complexity of analyses has increased.

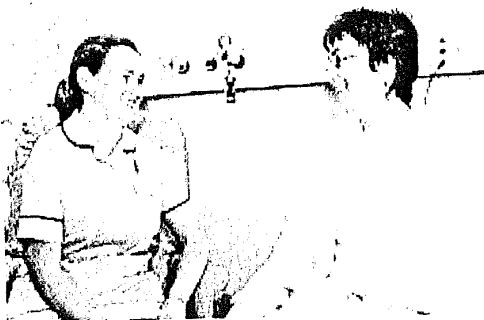
KEY ACHIEVEMENTS

Histopathology

- A biomedical scientific officer audit post has been developed to enhance audit activity.
- The role of the biomedical scientist has been expanded to include specimen dissection.
- Teleconferencing links have been established with the Cancer Centre for the management of patients with haematological and gynaecological malignancies.

Cytopathology

- A liquid-based technique in non-gynaecology cytology has been introduced.
- Videoconferencing to Tyrone County and Erne Hospitals for multi-disciplinary team meetings has been established.



Haematology and Blood Bank

- A Staff Grade post in Clinical Haematology has been appointed.
- Dedicated haematology beds in the dedicated Haematology/Oncology Unit have been opened.



Microbiology and Infection Control

- Automated TB testing has been implemented.
- On-site testing for diagnosis of norovirus infection has been developed.

Clinical Chemistry

- The department has actively participated in a range of Regional and National audits.
- Document control software has been installed to meet the needs of accreditation and clinical governance (Clinical Chemistry and Haematology).
- Request form scanning technology has been purchased (Clinical Chemistry and Haematology).



MEDICAL IMAGING DIRECTORATE

Clinical Director
Dr Michael Reilly

Clinical Services Manager
Mr Ivan Craig (to 01.04)
Mr Aidan McGrath (from 01.04)

SERVICES INCLUDE:

- **Plain Film 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 (MRI)**

DIRECTORATE ACTIVITY

109,022 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 2.2 to 4.0 last year (02/03). This is now 4.38, an increase of 9.5% on last year reflecting continued increasing case complexity.

Year	Total exams	Average Korner Measurement (indicating case complexity)
02/03	106,110	4
03/04	109,022 (+2.75%)	4.38 (+9.5%)

KEY ACHIEVEMENTS

Breast Screening Unit

- Slippage in the Breast Screening programme, due to an increase in demand and the temporary suspension of screening in Omagh, was reduced by concentrated efforts and the appointment of an additional radiographer.



- The demand on the symptomatic service continues to grow. Two additional weekly clinics have reduced the number of women awaiting non-urgent appointments.

CT Unit

- Radiographer training in IV contrast administration was significantly increased.
- Unsupervised sessions were introduced to improve efficiency.
- Patient information leaflets were revised and a new patient handbook introduced.

Nuclear Medicine

- It is hoped to improve throughput shortly by introducing multi-dose vial injections.

Fluoroscopy

- Approval has been given to commence Endovascular Aortic Repair. It is expected that we will do about 10 cases per year.
- Radiographers are training in Barium Enemas and Micturating Cystography. This will significantly reduce waiting lists.

Ultrasound

- A Clinical Specialist radiographer has been appointed in Ultrasound and is working with the Surgical department to set up a Vascular Assessment Service.

Clinical Governance

- We continue to build evidence of clinical governance activity using the CIRIS (Continuous Improvement in Radiological and Imaging Services) software tool. Comprehensive staff training records and an equipment database are being entered.





SERVICE REVIEW - PHARMACY AND HOSPITAL STERILE AND DISINFECTING UNIT

PHARMACY AND HOSPITAL STERILE AND DISINFECTING UNIT (HSDU) (from 1st November)

Director
Mrs Sally O'Kane
(to 31st October)
Acting Director:
Miss Angela Diamond

PHARMACY SERVICES INCLUDE:

- **Clinical Pharmacy & Medicines Information.**
- **Interface Pharmacist Specialist Medicines**
- **Medicines Governance Pharmacist**
- **Patient Services**
- **Specialist Services**
- **Quality Assurance**

HSDU SERVICES INCLUDE:

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

All departments participated in the Review of Pharmacy Service and in the development of the plans for the new Pharmacy.

CLINICAL PHARMACY & MEDICINES INFORMATION

ACTIVITY

- Number of clinical pharmacist interventions for 2003/2004 = 900
- 1,000 medicines information enquiries were received in 2003/2004.

KEY ACHIEVEMENTS

- Clinical Pharmacy Services are provided to the majority of wards in the hospital. This service is provided to ensure the safe, effective and economic use of medicines.
- Staffing levels were increased to include a full time pharmacist on Ward 3, a full time Macmillan Community Liaison Pharmacist, a 0.5 WTE for antibiotic prescribing (Antimicrobial Resistance Action Plan) and a 0.5 pharmacy ward technician on Ward 3.

Interface Pharmacist Specialist Medicines

The interface pharmacist specialist medicines for WHSSB based in Altnagelvin Area hospital took up post on 2nd June 2003.

The red amber list for specialist medicines is a categorisation system in Northern Ireland



which provides professional guidance on where prescribing responsibility should lie in respect of a small number of specialist medicines.

KEY ACHIEVEMENTS

- Phased return of patients on red list medicines from primary care. Significant progress has been made in transferring Cystic Fibrosis patients back to secondary care.
- Fertility medicines are now being supplied from Altnagelvin Pharmacy department.
- Rheumatology shared care guidelines have been issued involving close liaison with the Senior Prescribing Advisor, WHSSB.
- The red amber list of specialist medicines has been updated along with the documentation for proposing a medicine to the list.

Medicines Governance Pharmacist

The Medicines Governance project continues to maintain a focus on the preventable elements of medicines-related risks. The post at Altnagelvin is linked to Foyle and Sperrin Lakeland Trusts.

A risk management process for medicines and promoting good practice is being developed with several safety related policies written and implemented. Staff are alerted to specific medication safety issues. Training and audit is conducted.

PATIENT SERVICES

ACTIVITY

Full Pack Issues	566,990	
Broken Pack Issues	6,339	
Extemporaneous Preparations	1,248	
Home leavers	37,098	
	Controlled Drug Issues	9,605
Dressings Issues	294,602	
Medical & Surgical Sundries	453,608	
Radiopharmacy	2,621	
Total	1,372,306	

KEY ACHIEVEMENTS

- Further roll-out of the materials management system.
- Participation in the tendering process for the Northern Ireland Drugs contract and implementation of agreed contract.

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SERVICE REVIEW - PHARMACY AND HOSPITAL STERILE AND DISINFECTING UNIT

- Competency based training has continued in relation to the dispensing of Controlled Drugs.

SPECIALIST SERVICES

ACTIVITY	
Aseptic Services	
Cytotoxic Therapy	4,197
Intravenous Additives	11,822
Total Parenteral Nutrition	2,503
Supportive therapy associated with cytotoxics	3,273
Others	658
Non-Sterile Manufacture and Assembly Units Produced	27,831

KEY ACHIEVEMENTS

- Closed circuit television installed in Isolator Room.
- A cancer services pharmacist is present at two oncology clinics each week to increase the pharmaceutical care of oncology patients.
- One cancer services pharmacist is a member of the Haematology multidisciplinary team.
- National Guidance of Intrathecal Therapy has been implemented and training provided for all relevant staff.

QUALITY ASSURANCE

Quality Assurance Tests	14,912
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KEY ACHIEVEMENTS

- New laminar flow cabinet in clean room commissioned. This cabinet will provide back-up facilities for aseptic dispensing.
- Business case for quality assurance support for medical gas pipeline systems developed and submitted.



HSDU SERVICES (HOSPITAL STERILE AND DISINFECTING UNIT)

ACTIVITY

A total of 131,848 instrument sets and patient care items were processed through HSDU between April 2003 and March 2004

KEY ACHIEVEMENTS

- An extensive costing exercise was carried out in conjunction with the Finance department to improve reporting.
- Installation of independent validation to all Washer-Disinfectors in line with HTM 2030 guidance was achieved.



CLINICAL SUPPORT SERVICES DIRECTORATE

Director
Mr Thomas Melaugh

SERVICES INCLUDE:

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

KEY ACHIEVEMENTS

Information Technology (IT) Department

The IT Department have been involved in a Regional Server Consolidation Project which will consolidate all Unix/Oracle servers throughout the HPSS onto 4 central servers based in 2 HPSS data centres in Belfast. It will mean, when the project is complete, that 8 departmental systems will have migrated to this new configuration and over 1500 Users will have new accounts to access the new servers.

The IT Department also designed and developed the Trust's Intranet site. This has proved to be a very useful tool in making information more readily accessible for all staff.

The Trust's local computer network has had several upgrades throughout the year to allow the transfer of larger image files, such as digital photographs and x-rays, across the network.

Three new clinical systems have been procured i.e. a Dental system, a GUM system and a Rheumatology system. These will lead to the health care professionals being able to manage data about individuals and their care more efficiently and effectively.

Department of Nutrition and Dietetics

The Department of Nutrition and Dietetics is increasingly taking a health promotion approach alongside their normal service delivery. A number of initiatives have been undertaken such as:

- Development, in association with the Physiotherapy Department, of an information leaflet ('Beat the Brittle Battle') which provides information on the prevention of Osteoporosis.
- The Community Dietitian has provided



training to a number of Community Groups within the Foyle area to enable them to establish their own Weight Management groups.

- 'Eat 2 B Fit' was the title of a healthy eating campaign, coordinated by the Paediatric Dietitian, which aimed to encourage children and teenagers to choose a healthier diet and

so reduce levels of obesity. As well as displays and information leaflets there were fruit tasting sessions in the children's ward.

As part of the Trust's commitment to training the Department of Nutrition and Dietetics was approved for the provision of additional training placements for student dietitians following an inspection visit from the Health Professions Council.

A Service Improvement Project (also involving the Physiotherapy Department) is currently looking at ways of improving the outpatient service by enabling patients to choose the day and time of their appointment. It is hoped that this will reduce the number of patients that do not attend the clinics and enable a reduction in the waiting time for an appointment.

Physiotherapy

The physiotherapy service implemented a number of initiatives aimed at improving their services;

- A pilot service where patients being referred to orthopaedic consultants clinics with back related conditions are firstly reviewed by an Extended Scope Practitioner in physiotherapy. The background to this pilot is that a significant number of orthopaedic referrals do not lead to orthopaedic intervention and are referred on for physiotherapy instead. By taking this approach these patients can be redirected thereby reducing the overall waiting time for orthopaedic appointments.
- A seven day physiotherapy service for patients in the trauma and orthopaedic wards was introduced to improve the outcome for those patients who have their operation





SERVICE REVIEW - CLINICAL SUPPORT SERVICES

late in the week. This enables rehabilitation to be started/maintained over the weekend.

- A number of initiatives have developed the role of Physiotherapy Technical staff in areas such as exercise management as a means of making better use of the skills of the qualified professional staff.



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.

CHANGE IN ACCOUNTING POLICY

DHSSPS introduced a revised Capital Accounting Manual for 2003/2004, which reclassified some expenditure between revenue and capital. This change in accounting policy has necessitated some adjustments to prior year figures.

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

Stella Burnside
Chairman

2nd September 2004

A handwritten signature in dark ink, appearing to read "Gerard Guckian".

Gerard Guckian

Chief Executive

2nd September 2004



FINANCIAL PERFORMANCE

ALTNAGELVIN HOSPITALS HEALTH & SOCIAL SERVICES TRUST

STATEMENT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE HOUSE OF COMMONS AND
THE NORTHERN IRELAND ASSEMBLY

I have examined the summary financial statement of Altnagelvin Hospitals H&SS
Trust.

RESPECTIVE RESPONSIBILITIES OF THE CHIEF EXECUTIVE AND THE AUDITOR

The summary financial statement is the responsibility of the Chief Executive.

My responsibility is to report to you my opinion on the consistency of the summary
financial statement within the Annual Report with the full financial statements, and its
compliance with the relevant requirements of The Health and Personal Social Services
(Northern Ireland) Order 1972 and Department of Health, Social Services and Public
Safety directions made thereunder. I also read the other information contained in
the Annual Report, and consider the implications for my report if I become aware of
any apparent misstatements or material inconsistencies with the summary financial
statement.

BASIS OF OPINION

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on
the summary financial statement' issued by the Auditing Practices Board for use in the
United Kingdom.

OPINION

In my opinion the summary financial statement is consistent with the full financial
statements of Altnagelvin Hospitals H&SS Trust for the year ended 31 March 2004 and
complies with the applicable requirements of the Health and Personal Social Services
(Northern Ireland) Order 1972 and Department of Health, Social Services and Public
Safety directions made thereunder.

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

J M Dowdall CB
Ireland Audit Office Comptroller and
Auditor General

Northern

106 University Street



Date:

Belfast BT 7 1EU

FINANCIAL PERFORMANCE

This is the eighth annual financial report of the Altnagelvin Hospitals Health and Social Services Trust which covers the period from 1 April 2003 to 31 March 2004. 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 £9,000 for the year ended 31 March 2004 before inclusion of decrease in the provision for Future Obligations (£205,000).

TO STAY WITHIN AN AGREED EXTERNAL FINANCIAL LIMIT (EFL)

- A Positive External Financing Limit of £7,244,000 was set by the Department of Health and Social Services and Public Safety, for the financial year 2003/04. The Trust remained within this agreed limit.

TO STAY WITHIN AN AGREED CAPITAL RESOURCE LIMIT (CRL)

- A Capital Resource Limit of £9,581,000 was set by the Department of Health and Social Services and Public Safety for the financial year 2003/04. The Trust remained within this agreed limit, spending £9,572,000 on Capital Additions to Purchased Assets during the financial year.

TO ACHIEVE A CAPITAL COST ABSORPTION RATE OF 3.5%

The Department of Health, Social Services and Public Safety set a target rate of return on capital investment of 3.5% for 2003/04. The actual rate achieved for the financial year was 4.4%. 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 PERFORMANCE

FINANCIAL CONTROL

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

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

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

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 developed its approaches to risk management, which is 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 £81,253,000 (£73,049,000 in 2002/03). 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 in the following table.



SOURCE OF INCOME	2003/04		2002/03	
	£000	%	£000	%
Western Health and Social Services Board	78,666	87.2	70,837	86.9
Northern Health and Social Services Board	2,255	2.5	1,971	2.4
Southern Health and Social Services Board	275	0.3	186	0.2
Eastern Health and Social Services Board	57	0.1	55	0.1
Other Patient Income	1,401	1.6	1,304	1.6
Education and Training Income	3,753	4.2	3,516	4.3
Services to other Trusts	1,700	1.9	1,690	2.1
Other Income	1,984	2.2	1,929	2.4
TOTAL INCOME	90,091	100%	81,488	100%

EXPENDITURE

The Trust spent £87,240,000 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	2003/04		2002/03	
	£000	%	£000	%
Salaries and Wages	56,081	64.3	49,524	63.7
Drugs, Dressings and Medical Supplies	9,235	10.6	8,341	10.7
Laboratory Supplies	1,166	1.3	1,114	1.4
X Ray Supplies	565	0.7	496	0.6
Catering Service	1,579	1.8	1,452	1.9
Other Goods and Services	10,822	12.4	9,481	12.2
Services from other Trusts	3,854	4.4	3,858	5.0
Depreciation on Fixed Assets	3,938	4.5	3,492	4.5
TOTAL OPERATING EXPENDITURE	87,240	100%	77,758	100%



STATEMENT OF PUBLIC SECTOR PAYMENT POLICY

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

CATEGORY	2003/04		2002/03	
	NUMBER	VALUE £000	NUMBER	VALUE £000
Total bills paid	34,445	34,604	31,555	26,064
Total bills paid within 30 days	31,522	32,127	29,435	24,448
% sampled bills paid within 30 days	91.5	92.8	93.3	93.8

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 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 2003/04 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.



EXECUTIVE DIRECTORS AND SENIOR MANAGERS' REMUNERATION

The Senior Managers' remuneration (excluding employer's contribution to National Insurance) for the year were:

NAME	AGE	SALARY INCLUDING PERFORMANCE PAY IN PENSION AT 60	REAL INCREASE PENSION AT 60	TOTAL ACCRUED AT 31/03/04	BENEFITS IN KIND
		2004	2004	2004	2004
		£000	£000	£000	£000
Mrs S Burnside	*	80-85	*	*	0
Dr G Nesbitt	*	120-125	*	*	0
Mr N Smyth	*	55-60	*	*	0
Mr R McCartney	*	55-60	*	*	1
Miss I Duddy	*	50-55	*	*	0
Mr M Doherty	*	45-50	*	*	0
Mr A Moore	*	45-50	*	*	1
Mr T Melaugh	*	40-45	*	*	0

* Consent to disclosure withheld.

DIRECTORS' PAY AWARDS

All the above Senior Managers are ordinary members of N.I. H.P.S.S. Superannuation scheme, which is available to all Trust staff.

EXECUTIVE DIRECTORS AND SENIOR MANAGERS' PAY AWARDS

Directors' pay awards are made in accordance with Departmental guidance.

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 £154,884

MANAGEMENT COSTS

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FINANCIAL PERFORMANCE

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:

	2003/04		2002/03	
	£000	% of Total	£000	% of Total
Income				
Management Costs	3,442	3.8%	3,156	3.9%

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2004

	2003/04	2002/03
	£000	£000
Income from activities	82,654	74,353
Other operating income	7,437	7,135
Less operating expenses	(87,240)	(77,758)
Operating surplus	2,851	3,730
Profit/(Loss) on disposal of fixed assets	(36)	3
Surplus before interest	2,815	3,733
Interest receivable	121	203
Interest payable	(1,178)	(1,239)
Surplus on ordinary activities	1,758	2,697
Public dividends payable	(1,749)	(2,515)
OPERATIONAL SURPLUS/(DEFICIT) FOR THE YEAR	£9	£182
Provisions for Future Obligations	205	134
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	£214	£316
Exceptional Income	0	0
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	£214	£316
OPERATIONAL SURPLUS/(DEFICIT) FOR THE YEAR BEFORE PROVISIONS & EXCEPTIONAL INCOME	£9	£182

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BALANCE SHEET AS AT 31 MARCH 2004

	2003/04		2002/03	
	£000	£000	£000	£000
FIXED ASSETS				
Tangible Assets		79,743		69,392
CURRENT ASSETS				
Stock and work in progress	1,720		1,493	
Debtors	4,757		4,922	
Short-term Investments	199		10	
Cash at bank and in hand	76		191	
Creditors: Amounts falling due within one year	(9,152)		(10,457)	
Net Current Assets/(Liabilities)	(2,400)		(3,841)	(3,841)
TOTAL ASSETS LESS CURRENT LIABILITIES		77,343		65,551
Creditors: Amounts falling due after more than one year		(12,905)		(13,687)
Provisions – Liabilities/Charges		(1,783)		(2,254)
TOTAL NET ASSETS EMPLOYED		£62,655		£49,610
FINANCED BY:				
CAPITAL AND RESERVES				
Public Dividend Capital		44,153		36,053
Revaluation Reserve		17,767		13,025
Donation Reserve		229		254
Income and Expenditure Reserve		506		278
TOTAL CAPITAL AND RESERVES		£62,655		£49,610

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2004

2003/04

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FINANCIAL PERFORMANCE

2002/03

	£000	£000
Surplus for the year	1,758	2,560
Provisions for Future Obligations	205	134
Exceptional Income	0	0
	1,963	2,694
Fixed Asset Impairment Losses	(1,155)	0
Non-donated fixed assets		
Indexation of fixed assets	5,893	7,397
Unrealised Surplus on revaluation of fixed assets	5	0
Donated Assets		
Additions to Donated Assets		
Changes to Donation Reserve		
(except transfers to Realised Donation Reserve)	(26)	(30)
Prior Year Adjustment		146
TOTAL GAINS AND LOSSES RECOGNISED IN FINANCIAL YEAR	£6,680	£10,207
CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2004		
	2003/04	2002/03

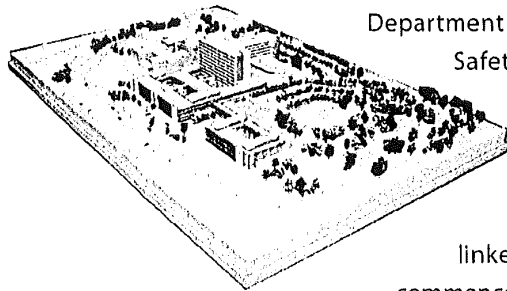
	£000	£000	£000	£000
Net Cash Inflow from Operating Activities	5,458		9,160	
Exceptional Income	0		0	
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE				
Interest received	121		329	
Interest paid	(1,181)		(1,242)	Dividends
paid	(2,515)		(2,434)	
Net Cash (Outflow) on Investments				
AND SERVICING OF FINANCE	(3,575)	(3,575)	(3,347)	(3,347)
CAPITAL EXPENDITURE				
Payments to acquire fixed assets		(9,128)		(5,999)
Receipts from sale of fixed assets				3
NET CASH (OUTFLOW)/INFLOW BEFORE FINANCING		(7,245)		(183)
FINANCING				
New Public Dividend Capital		8,100		1,000
Repayment of amounts borrowed		(782)		(782)
(DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS		£73		£35
ESTATES				
ALTNAGELVIN STRATEGIC DEVELOPMENT				

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During the year, planning for the Phase 2 development (Laboratories and Pharmacy) and the Phase 3 development (Tower Block Redevelopment) has intensified. The Trust's Project Planning Groups have progressed work on the Phase 2 Development through a Public Private Partnership/Public Finance Initiative (PPP/PFI) and the Phase 3 Tower Block Refurbishment through a publicly funded route.



With respect to the Laboratory and Pharmacy Development, Department of Health, Social Services and Public Safety (DHSSPS) has granted authority to appoint a preferred bidder and enter into substantive negotiations.

The first enabling works contract linked to the Tower Block Redevelopment commenced in late summer 2003 and is scheduled for completion in early 2005.

OTHER WORKS SCHEMES UNDERTAKEN OR COMMENCED DURING THE YEAR:

- Provision of enhanced Haematology facilities at Ward 10.
- Improvement to A&E accommodation.
- Enhancement to Physiotherapy department facilities.
- Improvements to Medical and Nursing staff residential accommodation, including enhancement to staff recreational facilities.
- Fire safety and site security improvements.
- Enabling and decant schemes in relation to the Altnagelvin Strategic Project, including new clinical administrative offices.
- Accessibility improvements throughout the site including additional car parking provision.
- Environmental and energy conservation schemes.
- Health Records accommodation improvements.
- Statutory Standards/Urgent Remedial Works Schemes to buildings throughout the site.
- Infrastructural mechanical and electrical plant replacement throughout the site.

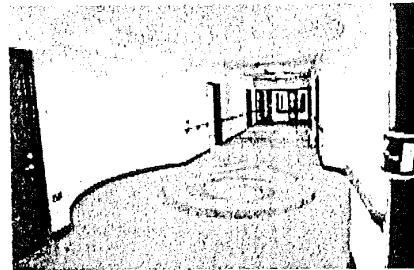
SPRUCE HOUSE REDEVELOPMENT

The Trust has taken possession of the new 26-bedded Spruce House development for young physically disabled patients located on the Altnagelvin site. This £2.5m facility was



ESTATES

completed within programme and budget and is now occupied.



HUMAN RESOURCES

OUR STAFF

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Currently the Trust employs approximately 2,460 people, which includes medical, nursing/midwifery, ancillary, maintenance, administration and clerical staffing groups. The total number employed equates to 2080 whole time equivalents.

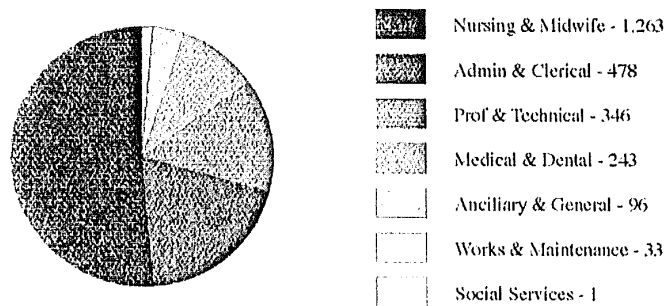


Figure 1. Staff Levels

In comparison to the same period in March 2003 staffing levels have increased by approximately 200 staff representing an increase of 185 whole time equivalents.

RECRUITMENT AND RETENTION

In February 2004 Altnagelvin's first ever Nurse Recruitment Open Day was held which resulted in over 140 candidates being interviewed to fill current vacancies and a waiting list for future vacancies was created.

Altnagelvin recruited an additional 6 staff nurses as part of the Overseas Recruitment Campaign bringing the total complement to 30.

PARTNERSHIP WORKING

The local joint partnership forum meets regularly to consider a wide range of issues. Staff groups are widely represented and further meetings are planned for the coming year.

STAFF WELL-BEING



HUMAN RESOURCES

The on site Health Club was opened in October 2003, providing a fully equipped gym and aerobic and exercise facilities.

The popularity of the on-site Crèche (in partnership with Foyle Day Care) continues as the number of users increases. Other facilities available to staff include the Lifestyle Programme, Physiotherapy Clinic and Staff Care Exchange which is complementary therapy sessions provided by staff for staff.



A summer scheme for children is to be piloted in 2004.

WORKFORCE PLANNING

Funding has been secured from the Western Health & Social Services Board to implement the recommendations of the nursing workforce planning review. This work is guided by a workforce planning project board chaired by the Director of Nursing and continues to make progress.

The report on the review of midwifery staff was issued and an implementation plan agreed and is being implemented.

Inputs into Regional workforce planning initiatives continue, as does feedback to the Department of Health, Social Services and Public Safety.

TRAINING AND DEVELOPMENT

The introduction of the 'Return to Learn' programme was launched in October 2003. Currently 7 members of staff have signed up to the programme and are working their way through the nine-month programme.

Progression through NVQ Level II/III in Care, Level III in Diagnostic and Therapeutics Support and Level II in Operating Department Support continue throughout the year.

There is currently a number of staff working towards A1 assessor and V1 verifier awards.



Following a recent external assessment the Trust successfully achieved an 'A' award for NVQ practice.

Training courses organised by the Management Development Unit, Westcare and the North and West In-Service Education Consortium continue.

JUNIOR DOCTORS

Progress continued towards compliance with the New Deal for junior doctors, with close liaison with the DHSSPS on related matters.

EQUALITY ISSUES

Representatives from the Trust continued to play an active role in the Western Equality and Human Rights Forum. Staff are actively encouraged to update their knowledge via an interactive Internet site developed by the Forum.

RESEARCH & DEVELOPMENT



RESEARCH AND DEVELOPMENT

Research is the search for new knowledge using scientific methodologies and approaches. Development is the evaluation of new methods and techniques and their experimental introduction into service using scientific methodologies and approaches.

In order to provide a focus on research and development at Altnagelvin, and in support of the introduction of the new arrangements for Research Governance, the Trust appointed a Director of Research and Development (R&D) in October 2003. The Director's role is to provide leadership and support to all staff with a keen interest in research and development, and to manage and expand the R&D portfolio at Altnagelvin.

Within Northern Ireland a Working Group was established to make proposals to the DHSSPS on what arrangements for research should apply in Northern Ireland.

At present there are some uncertainties about the final UK legislation that are causing delays to finalising work on the Research Governance Framework for Northern Ireland. The standards in this framework apply to ALL research undertaken in the HPSS, and particularly to clinical trials. In the absence of any other guidance the Trust is working to the Standards laid down in the draft Framework.

Arrangements for Ethics Committees in Northern Ireland have been changed to take account of new regulations. The DHSSPS has established and appointed 3 HPSS



Research Ethics Committees (RECs) in Northern Ireland, and this will be kept under review. An Office for Research Ethics Committees in Northern Ireland has also been established to support these 3 RECs and further details can be obtained at their web-site www.orecni.org.uk. All 3 RECs are generalist and each will meet monthly, which will allow reviewing of research proposals on most weeks of the year.

The Working Group also initiated a project to test out the new arrangements that would be required in Trusts to meet the needs of the Research Governance Agenda. Guided by the work of this project Altnagelvin Trust devised a Research Management System for all staff to adhere to in relation to conducting research at Altnagelvin.

This is an evolving and challenging time for all those involved in research at Altnagelvin

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Hospital. It is hoped that with the support and advice of the newly appointed Director of Research & Development, supported by the Medical Education Services Manager, their office will provide a useful resource to anyone interested in, or willing to become involved in, conducting research within the Trust.

KEY ACHIEVEMENTS

- A research management system for the Trust was implemented.
- Robust systems and procedures were put in place to ensure that research governance standards were met throughout the Trust.
- Advice on research and development, including advice on research ethics committee applications was provided.

MEDICAL EDUCATION

The increasing development of medical education at Altnagelvin is a major strategic goal for this hospital. It is important that the Trust provides a high standard of medical education, both at undergraduate and postgraduate levels and through continued



MEDICAL EDUCATION

professional development of medical staff to ensure that the quality of care provided to patients is of the highest possible standards. In recent years, there has been a substantial growth in medical education activity at Altnagelvin, and the Trust is now recognised as a major teaching centre for delivering high standards of undergraduate and postgraduate medical education. This increased role and recognition as a major teaching hospital is important both for our future development and ability to attract good quality medical staff at all levels.

To ensure that all aspects of medical education continue to be developed appropriately and to provide the necessary leadership and support to all those with traditional educational roles, the Trust appointed a Director of Medical Education in May 2003. A Medical Education Services Manager was appointed to support leads in medical education.

UNDERGRADUATE MEDICAL EDUCATION

Altnagelvin has established a good reputation for the teaching of medical students, mainly delivered by consultant staff. The majority of our medical students are from Queen's University, Belfast (QUB), with the numbers having steadily increased over the last few years. It is anticipated that the number of medical student places in Northern Ireland will be increased in the year 2005, with a likely impact in 2007/08 at Altnagelvin. Altnagelvin would hope to secure a significant proportion of these additional students. The Trust is also exploring with QUB opportunities of widening the medical curriculum available and teaching some special study modules at Altnagelvin.



In addition to QUB medical students, the Trust also teaches medical students from other Universities, such as UCI Galway and Dublin, Trinity College Dublin, Keigzi International Medical School and many other overseas medical schools.

POSTGRADUATE MEDICAL EDUCATION

The Postgraduate Clinical Tutor is responsible for delivering the requirements of the postgraduate medical & dental education contract, in partnership with the College Tutors, Educational Supervisors and other medical staff. There is a very active postgraduate teaching programme in all disciplines in Altnagelvin offering a comprehensive programme to all SHOs and SPRs. The Trust has a Pre-Registration House Officer (PRHO) Co-ordinator who supports the



Postgraduate Clinical Tutor in looking after the welfare and training of doctors in the PRHO year.

FOR THE YEAR 2003/04 ALTNAGELVIN EMPLOYED 14 PRHOs, 67 SHO's AND 30 SPRs.

The Trust also supports the General Practice Vocational Training Scheme which is provided by two local GPs and supported by contributions from Trust medical staff.

KEY ACHIEVEMENTS

- Established the Medical & Dental Education & Training Committee and revised the terms of reference with membership drawn from those with lead roles in medical & dental education at Altnagelvin. This committee now provides the focus on medical educational activities within the Trust.
- Produced first Annual Report on Medical Education and Training.
- Students placed from the Kigezi International School of Medicine, whose mission is to promote healthcare worldwide by training primary care physicians from all nations so that they may contribute to international healthcare and provide medical services for those who need it the most – the poor and underserved of all cultures in every country. To fulfil this mission, students receive their training at Kabale Hospital, Uganda and at hospitals in the USA and UK, including Altnagelvin.
- Induction for new medical staff intake, now occurs twice per year in February and August.
- Establishing and maintaining a formal appraisal system for SHO's.



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