

Annual Quality Report 2014/15

# Contents

Chief Executive's Message 4

Theme 1  
Effective Health and Social Care 5

Theme 2  
Delivering Best Practice in Safe Health and Social Care Settings 15

Theme 3  
Protecting People From Avoidable Harm  
(Putting Learning Into Practice) 24

Theme 4  
Ensuring People Have Positive Experiences of Services 32

Theme 5  
Supporting Staff  
(Strengthening the Workforce) 48

Theme 6  
Quality and Safety Awards 58

216,365

Outpatient attendances,  
**74,606** of these were new  
Outpatient attendances

50,821

Inpatients

31,713

Day Cases

20,382

Regular Day Attenders

100,733

Emergency Department  
Attenders

297

Children on the  
Child Protection Register

520

Looked After Children  
by the Trust

383,606

Allied Health  
Professional Contacts

198,235

District Nursing  
Contacts

4,182

Domiciliary Care Packages  
for Older People in the  
Community

## Chief Executive's Message



This is the Western Trust's third annual quality report which contains a wide range of information about the quality indicators against which our services are measured. I am delighted that our clinical staff continue to demonstrate our commitment to providing high quality safe services to our patients and clients.

The Western Trust is recognised as a high performing Trust within Health & Social Care, and has delivered a good performance in 2014/15 against Ministerial targets. When examining performance over time, it is also heartening to see steady improvement across all areas.

As you read the detail of this report I know you will find it reassuring to see that despite existing excellence, all of our teams continue to strive to make services even better, and that there is no complacency in this important arena.

An area of particular focus for me this year has been healthcare associated infections. When healthcare associated infections occur they may have a significant impact on the wellbeing of patients. The Trust has a zero tolerance for preventable infection. Hand hygiene audits are completed regularly in every area and have consistently shown 100% compliance during the last twelve months.

The 'Fall Safe' audit bundle was rolled out to all adult inpatient wards during 2014/15. Any patient can have a fall, but older people are more vulnerable than others. Falls in hospital are among the most frequently reported incidents. Causes can be complex and associated with issues such as medications and mobility. The Trust actively encourages the reporting of incidents and staff have embraced the learning culture by participating in incident reviews which focus on the lessons for improvement for the organization as a whole. The Trust shares learning through various sources and produces a staff newsletter called "Share to Learn" and a 'Lesson of the Week' sits on the Trust's intranet server. The Western trust is committed to taking forward the recommendations of the Sir Liam Donaldson review on Serious Adverse Incidents which was carried out this year.

A continual quest for excellence in quality is at the centre of everything we do in Western Trust, and is an ethos which permeates all staff groups and all levels of the organisation. I am particularly pleased this year to congratulate members of Western Trust staff who achieved national recognition for excellence in care from Social Work, Medicine, Nursing and Pharmacy, the details of which are contained in the following pages.

I commend this report to you.

# Effective Health and Social Care



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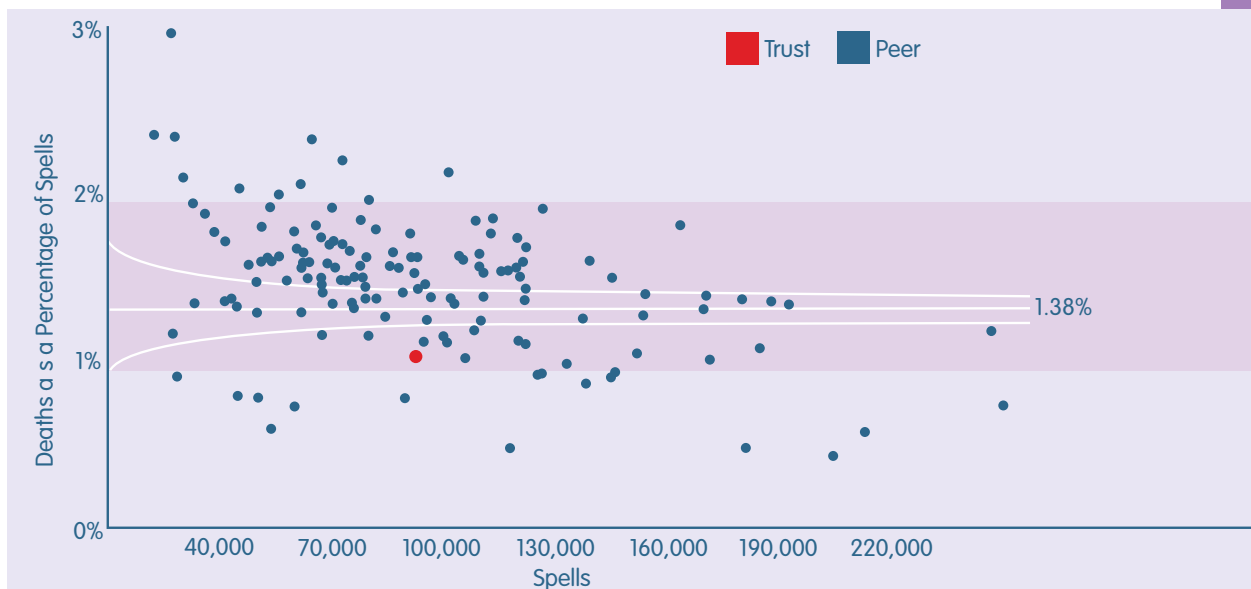
Annual  
Quality  
Report  
2014/15

# Mortality Ratio

As the Western Trust treats and cares for many ill patients, sadly it is inevitable that some will die while in hospital. The Mortality Rate is a useful quality of care indicator when benchmarked with other similar hospitals in the UK.

The funnel chart below illustrates the Western Trust’s Mortality Rate compared to acute hospitals in Trusts in England. Performance of the Western Trust has been highlighted in red. The position shown indicates that the Western Trust has a lower number of deaths, as a percentage of total patient spells, than normal.

## Mortality Funnel Plot



## Progress Made

While the majority of deaths that occur in hospital are inevitable because of the patient’s condition on admission, some deaths can be prevented by improving care and treatment or by avoiding harm. The Trust continues to support the morbidity and mortality review systems and is currently engaging regionally on the development of a standard morbidity and mortality monitoring system for Northern Ireland.

## National Hip Fracture Database

The Trust participates in the National Hip Fracture Database ([www.nhfd.co.uk](http://www.nhfd.co.uk)) which is a clinically led, web-based audit of hip fracture care and secondary prevention. The Trust overall rate of mortality for 2013/14 at 30 days in the case mix adjusted analysis was 4.0% in comparison to the national rate of 8.4%.

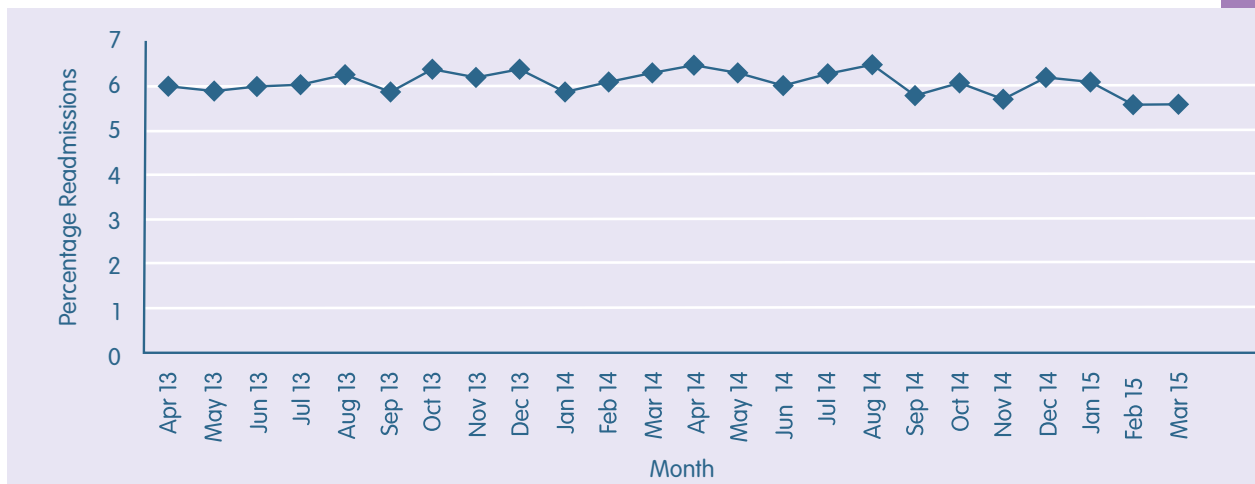
# Emergency Readmission Within 30 Days Of Discharge

Readmission rate is one of a number of indicators used as a measure of quality of care being compared with UK peers. For 2014/2015 the WHSCT average readmission rate was 6.0% and the UK peer average was 6.9%.

Readmissions are counted as those patients re-admitted as an emergency within 30 days of any previous admission to a hospital within the Trust.

It is important to note emergency readmissions are not part of the originally planned treatment and some may be potentially avoidable. Factors influencing readmission rates can include the quality of inpatient care, the transitions to community and primary care, the availability of community resources for follow-up care, the patient's characteristics and the home environment. Addressing readmissions requires complex, clinically focused, system-wide solutions based on communication and collaboration between commissioners, acute, primary care and community providers, and social services.

## Rate of Emergency Readmissions Within 30 Days. April 2013 - March 2015



## Research & Development (R&D)

The Clinical Translational Research & Innovation Centre (C-TRIC) is located on the Altnagelvin Hospital site and is a thriving hub for healthcare innovation providing incubation support, innovation services and networking opportunities for researchers, innovators and entrepreneurs who are developing novel product concepts addressing unmet clinical need. The building was extended in September 2014 to accommodate the newly established Northern Ireland Centre for Stratified Medicine which has commenced the delivery of the first undergraduate course in Stratified Medicine in the UK, with twenty new undergraduate students enrolled by the Ulster University.

The R&D team participated in the first "It's Ok to Ask about Clinical Research" Campaign which was launched on 20 May 2014 (International Clinical Trials Day), to raise awareness about clinical research in general and to encourage participants to become involved in research studies. Research is part of the core work of Health & Social Care, and aims to provide care on the best available evidence.

The 6th Translational Medicine Conference, organised by C-TRIC, was held on 25 and 26 September 2014 in the City Hotel. The key theme being "Personalised Health and Care" bringing together international delegates from academia, business and the clinical sector to explore opportunities and challenges on healthcare.





# Professional/Clinical Audit

Professional / clinical audit looks at current practice against evidence based standards, with the aim to continuously improve the delivery and outcomes of health and social care.

A total of 270 audits were completed within the Trust during 2014/15 by a wide range of medical, nursing, allied health professionals, day care and social services staff. In addition many departments including Laboratory, Pharmacy, Endoscopy Services and Renal Medicine also complete audits on a regular basis as part of their service accreditation.

Two very successful audit competitions were held, one in Altnagelvin Hospital and one in South West Acute Hospital, which attracted a high number of submissions from junior doctors who had undertaken audits during their time working in the Trust. Junior Doctors were commended for their ongoing commitment to improving patient care and providing learning opportunities to others.



Altnagelvin Audit Competition



South West Acute Hospital Audit Competition

## National Audits

During 2014/15 a number of national audits were published which Trust staff contributed to. From recommendations made, the Trust has identified learning and measures to improve services currently provided. Three such examples are detailed below:

### 5th National Audit Project (NAP5)

#### Accidental Awareness During General Anaesthesia (AAGA)

NAP5 is the largest study of reports of accidental awareness under general anaesthesia (AAGA) ever undertaken. Active early support may offer the best prospect of mitigating the impact of AAGA and a structured pathway to achieve this is proposed.

A NAP5 support pack has been designed, which provides guidance to Anaesthetic staff, on the management of patients for the very rare occasion this could occur.

### Annual Sentinel Stroke National Audit Programme (SSNAP)

The Trust has contributed to the SSNAP since January 2014. There are quarterly SSNAP Multi-Disciplinary Team meetings held after each round of reporting, to outline actions for improvements. Patient version copy of reports are available on both Stroke Units in Altnagelvin and South West Acute Hospital.

### National Cardiac Arrest Audit (NCAA): 1st April 2013 – 31st March 2014

Both the South West Acute Hospital and Altnagelvin Hospital have comparable survival rates from cardiac arrest when benchmarked against other hospitals in the UK. Work will continue Trust wide to:

- Accurately record arrest details to NCAA;
- Review all arrest calls so that any variances or antecedents to arrest are identified, reported as an incident and referred for further investigation and implementation of learning as required;
- Ensure attendance of staff at appropriate resuscitation training so that patient safety is maintained.

# Children's Social Care Indicators

## Children & Young People Potentially at Risk

- It is essential that children and young people identified as potentially at risk are seen by a social worker and receive a timely response for assessment. Regional child protection procedures require that children identified as being at risk are seen within 24 hours.

### Facts & Figures

100% of children or young people were seen within 24 hours of a Child Protection referral being made.

89% of looked after children were reviewed within regionally agreed timescales.

100% of all looked after children in care for more than 3 months have a Permanency Panel Recommendation.

## Looked After Children

- Children who become looked after by Health and Social Care Trust's must have their living arrangements and care plan reviewed within agreed timescales in order to ensure that the care they are receiving is safe, effective and tailored to meet their individual needs and requirements. This must also preserve and maintain their rights under the United Nations Convention on the Rights of the Child and Article 8 of the European Convention on Human Rights (ECHR), enshrined by the Human Rights Act 1998.
- Every looked after child needs certainty about their future living arrangements and through Permanency Planning the Trust aims to provide every looked after child with a safe, stable environment in which to grow up. A sense of urgency should exist for every child who is not in a permanent home.

Permanency planning starts at first admission to care and continues throughout the lifetime of the child or young person's case until permanency is achieved.

# Adult Social Care Indicators

## Facts & Figures

96% of adults referred for investigation and identified as at risk during the year, had an adult protection plan with 47% remaining in place at 31st March 2015.

1765 adult carers were offered individual care assessments.

- There are many vulnerable people in the community and those who are most at risk should have in place adult protection plans following investigation.
- There are a significant population of carers within the region. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities.



'Without the input of carers in supporting their loved ones, the health service would be unable to meet the ever increasing demands for services. It is essential therefore that we ensure Carers are supported to continue the very valuable work that they do. It is particularly important that we support them also in taking care of themselves.'

Mr Alan Corry Finn,  
Director of Primary Care and Older Peoples Services

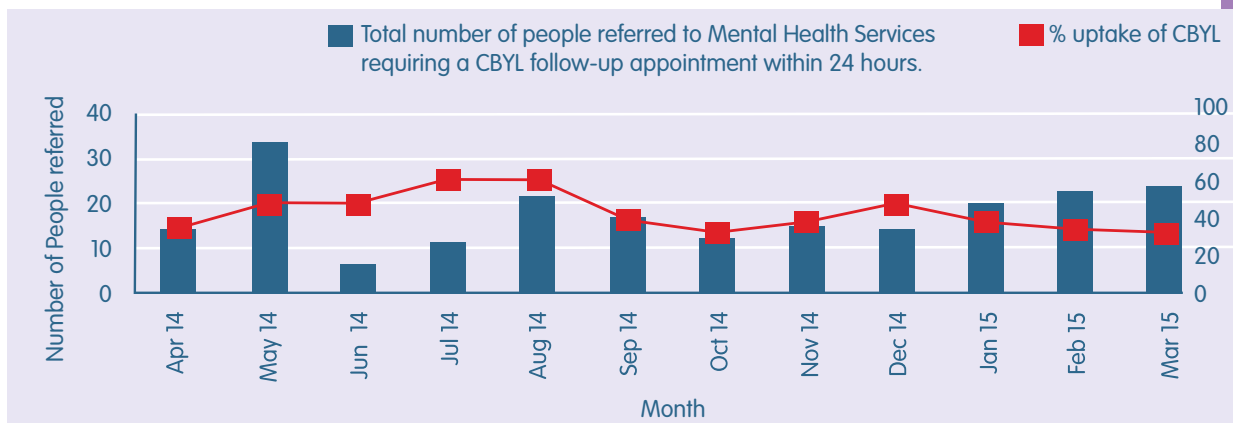
# Mental Health & Learning Disability Indicators

The ultimate goal of this Trust is to improve the quality of life for those with mental health and learning disabilities. This is done by providing a range of services that will support personal choice; moving away from a service-led to needs-led approach and challenging and changing mind-sets that may affect the individual’s potential to become an integral and valued member of their community.

Sustainable integration into the community of individuals with mental health and learning disabilities, who no longer require assessment and treatment in a hospital setting, is a priority for all Health and Social Care Trusts. During the year there were no people with a learning disability, who were resettled in community placements, who had to be readmitted to hospital as a result of an irretrievable breakdown of the placement.

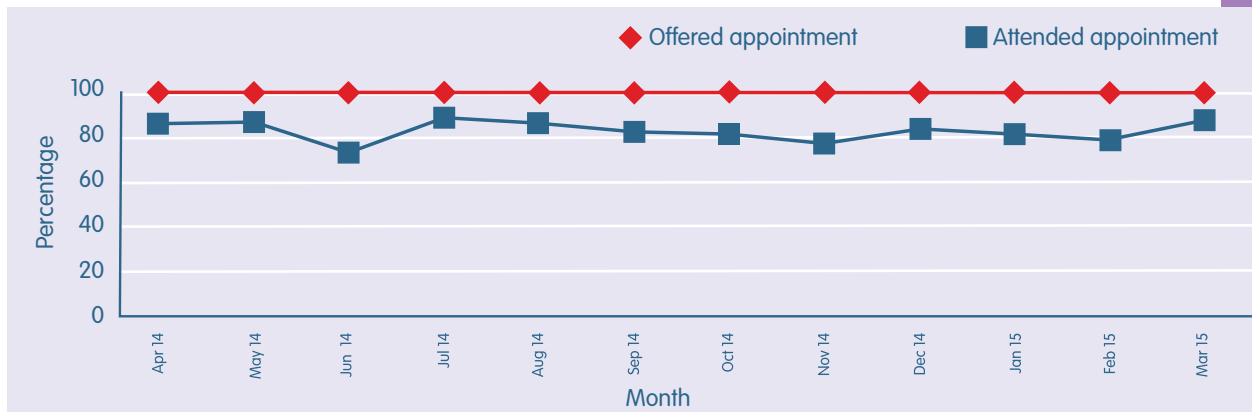
## Card Before You Leave (CBYL)

The CBYL is for those patients who present at the Emergency Department following an act of self-harm. It is used if, after triage and assessment, the patient is considered to be at lower risk and is not willing or unable to remain in the department for further assessment. Patients are given a card with appointment details for the following day at their local Mental Health Primary Care Liaison Team. The teams maintain daily CBYL appointment slots for this group of patients.



## 7 Day Follow-up

All Mental Health Patients discharged from hospital, who are to receive a continuing care plan in the community, should receive a follow-up visit within 7 days of discharge. The Trust continues to work to improve the attendance rates for these appointments.





Delivering  
Best  
Practice  
in  
Safe  
Health  
and  
Social  
Care  
Settings

2

Annual  
Quality  
Report  
2014/15

# Reducing Healthcare Associated Infections

When healthcare associated infections occur they may have a significant impact on the wellbeing of patients. The Trust has a zero tolerance for preventable infection.

## Facts & Figures

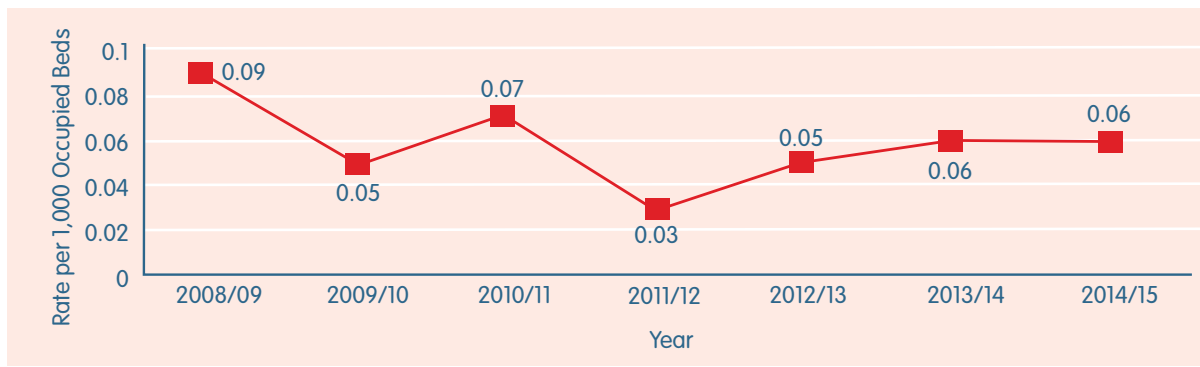
During 2014/15 the Western Trust identified 12 MRSA cases, 3 more than the target set of 9 cases. More than half of the patients came to hospital with MRSA already in their bloodstream.

The infection rate was 0.06 infections per 1000 occupied bed days which was below the target set of 0.75 infections.

## Meticillin Resistant Staphylococcus Aureus (MRSA):

MRSA is an antibiotic resistant organism which can be carried on the skin and not cause illness. When a person becomes ill for other reasons they become more vulnerable to infections caused by MRSA. The organism can cause serious illness, particularly for frail or immune-compromised patients in hospital who have a wound, or require a central line or urinary catheter. MRSA bacteraemia risk factors are related to the ongoing level of colonisation and line care.

## MRSA Infection Rates



## Facts & Figures

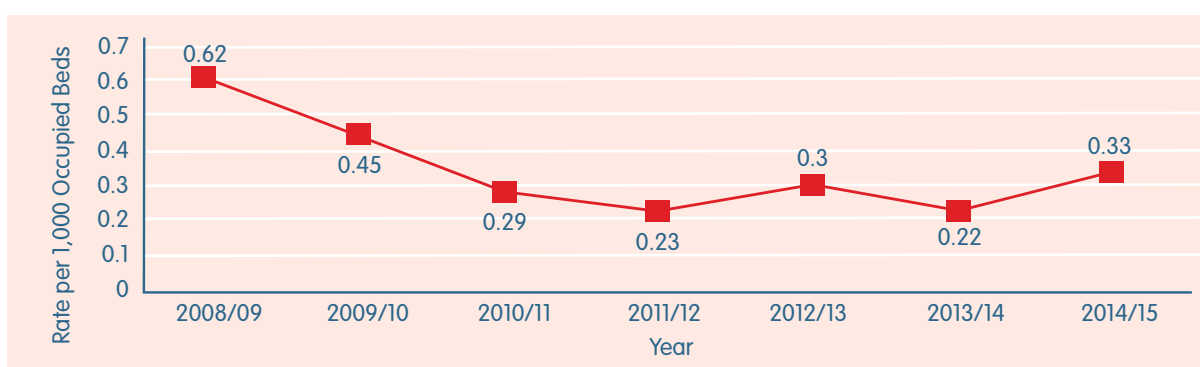
During 2014/15 the Western Trust identified 71 C.difficile cases, 26 more than the target set of 45 cases. Root cause analysis performed on these cases demonstrated that 31 of the 71 cases were community associated.

The infection rate was 0.33 infections per occupied bed days which was below the target set of 3.75 infections.

## Clostridium Difficile Associated Disease (C.diff):

Predisposing factors for C. difficile continue to be antimicrobial prescribing in primary and secondary care and the use of proton pump inhibitors (PPIs). In addition, independent audit of compliance with the C. difficile care bundles remains a challenge, in particular hand hygiene, correct use of personal protective equipment and antimicrobial prescribing.

## C Diff Infection Rates (>2 years old)





# Falls

## Facts & Figures

In 2014/15, the Trust recorded 1,458 falls of adult patients in hospital

Of the falls recorded, 93 led to a more serious injury such as a fracture. These falls accounted for 6.4% of the total recorded.

The 'Fall Safe' audit bundle was rolled out to 100% of adult inpatient wards during 2014/15.

## Reducing the Number of Patient Falls

Any patient can have a fall, but older people are more vulnerable than others. Falls in hospital are among the most frequently reported incidents. Causes can be complex and associated with issues such as medications and mobility. Patients may be encouraged to move as part of their rehabilitation, to allow for the transition back to normal life, which can unfortunately carry a risk of falling. However some falls can cause injury and therefore the Trust is actively trying to reduce these as much as possible.

## Progress Made

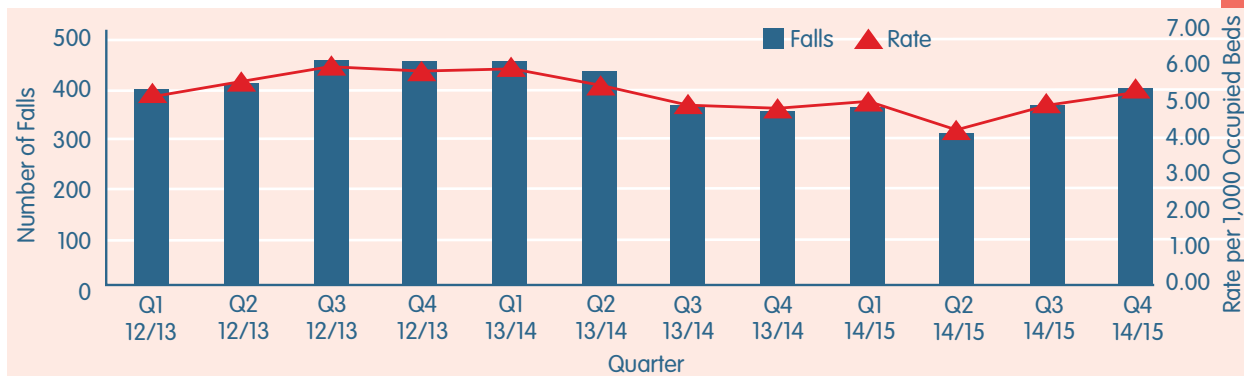
During 2014/15 the Trust has developed and implemented a root cause analysis tool for staff use when a patient falls and comes to harm. This has been piloted in a number of wards with the tool going live in February 2015.

A number of other measures have been introduced to support prevention of slips, trips and falls. These include the provision of nonslip footwear for patients who do not have suitable footwear while in hospital and the introduction of a risk screening tool to determine if a patient requires additional nursing support such as one to one care.

Work has been on-going in partnership with the Health Living Centres which have been running with Strength and Balance programmes.

An intensive service improvement programme falls prevention programme is currently being developed to support wards and departments with high volume falls to try and reduce the number of these further.

## Number and Rate of Falls



# Pressure Ulcers

## Reducing the Number of Pressure Ulcers

Pressure ulcers, also known as pressure sores or bedsores, occur as a direct result of unrelieved pressure and distortion to the body's tissues. Hospital patients are particularly prone to developing pressure sores, as being confined to a bed or chair for long periods will put pressure on certain areas of the body. Not all pressure ulcers are avoidable, but certain techniques can reduce the risk such as frequently changing the patient's position, providing special mattresses and chair cushions, and attention to fluid intake and good nutrition.

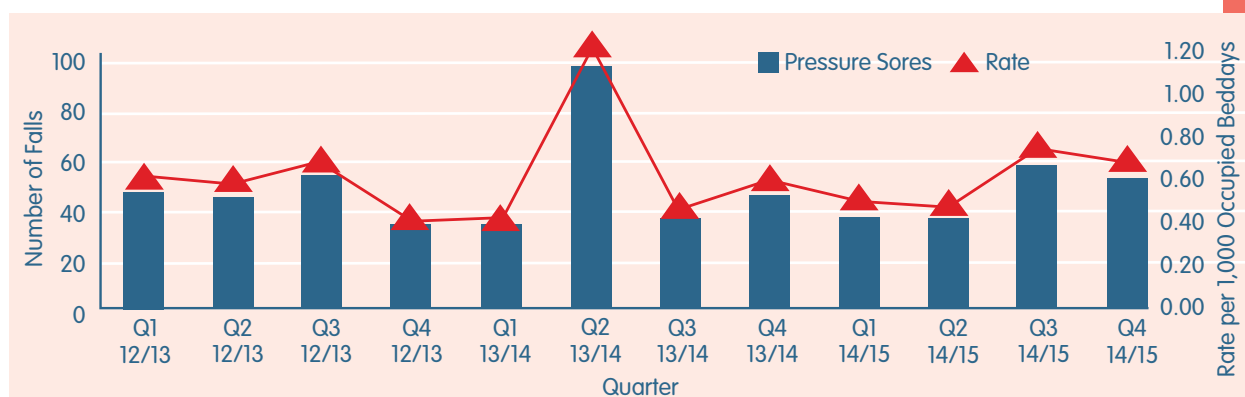
## Progress Made

Significant work has been ongoing during 2014/15 to raise awareness and improve staff knowledge of prevention and management of pressure ulcers.

Root cause analysis has been introduced for all patients who develop a grade 3 or 4 pressure ulcer and we are now in the process of determining the learning from this approach using it to direct improvements in patient care. Currently the Trust is piloting a regional tool which will help determine if the pressure damage developed post admission was avoidable or unavoidable.

- S** Support the surface
- K** Keep the patient moving
- I** Increased mobilize management (ensure skin is kept dry and well cared for)
- N** Nutrition (ensure patient is well fed and hydrated)

## Number and Rate of Pressure Sores

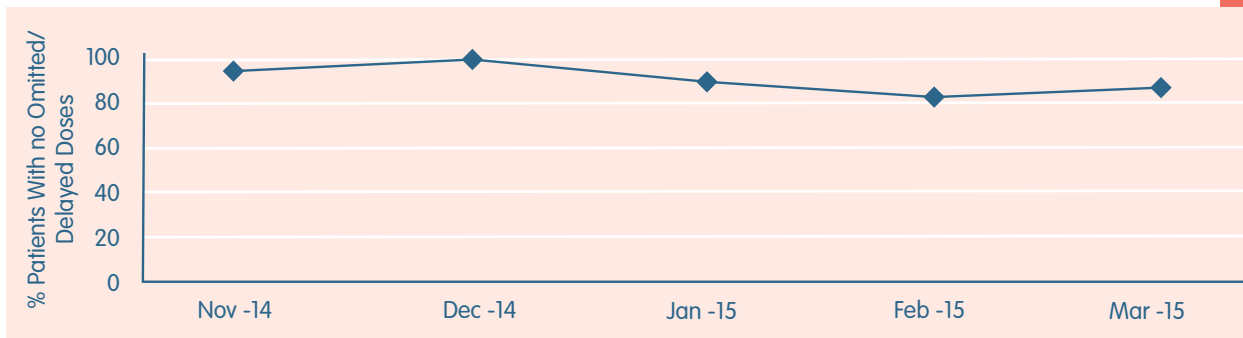


# Medicines Management

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. It is important that patients get the right medicine at the right time.

## Omitted and Delayed Doses

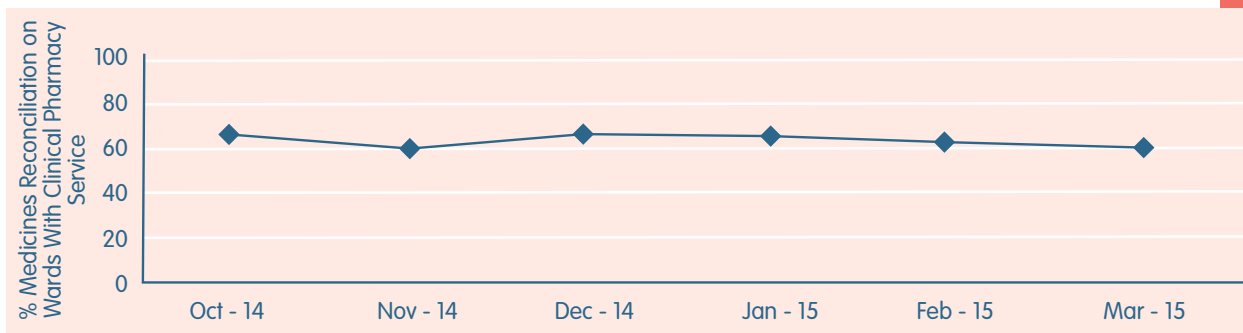
Work has commenced using a service improvement model to identify doses of medicines which were not administered to a patient without a reason. This is a pilot project with Professional Nursing and Pharmacy staff and includes nine wards from all specialties across the Trust. A spread plan has been developed to reduce these missed doses by 50% by 31 March 2016.



## Medicines Reconciliation

The aim of medicines reconciliation is to ensure that when a patient is admitted to hospital important medicines are not stopped and new medicines are prescribed in the knowledge of what a patient is currently taking. The National Patient Safety Agency (NPSA) recommends that a pharmacist is involved in this process.

Over the year, medicines were reconciled on admission by a pharmacist for 60-75% of patients admitted to an acute hospital bed which receives a ward pharmacy service. This figure increased to 95% from Monday to Friday. Plans are in place to further improve on this target by moving towards 7-day working and increasing the number of pharmacists working at ward level.



**Facts & Figures**

73 medication incidents involving Controlled Drugs

14 Medical Gases incidents

435 General medication incidents

47 medication incidents involving IV fluids

24 medication incidents originating from GP or Community Pharmacist/Dentist/Optometrlist

## Medication Error Reporting

The Trust continues to encourage staff to report medication errors to encourage learning. A new medication error reporting form (Pharmaform) was introduced during the year. This aims to promote the reporting of no harm / near miss incidents so that valuable lessons can be learned and systems, procedures and training reviewed to prevent similar events potentially leading to patient harm.



# Social Care Indicators

## Facts & Figures

There are 92 children receiving direct payments.

423 adults received direct payments during 2014/15.

5 carers received direct payments during 2014/15.

## Direct Payments

The provision of direct payments by a Health and Social Care Trust enables families to locally source the care they require, allowing the individual to choose how they are supported within their community.

## Facts & Figures

93% of young people known to leaving and aftercare services are engaged in education, training and employment.

## Young People Leaving Care

Research tells us that young people who leave care do not always achieve the same levels in education, training, and employment as other young people in the community.

The transition from children to adult for those children and young people who have a disability is best assisted by a transition plan.

## Facts & Figures

89% of applications for assessment were made by Approved Social Workers.

## Mental Health

Sometimes it is necessary, for the protection of an individual, and to prevent harm to themselves or others, to detain people in hospital for assessment under the Mental Health Order.

Applications can be made by an Approved Social Worker or by the persons nearest relative. Good practice says that it is preferable that applications for assessment should not be a burden born by families, in order to preserve on-going relationships and not to threaten necessary support during and after detention in hospital. These actions are always considered alongside an individual's human rights, particularly Article 5 and Article 8 of the European Convention of Human Rights.

## Facts & Figures

61% of adults with a learning disability had an annual health check. Additional checks for those not on the register have been provided through the health promotion nurses.

## Learning Disability

The Learning Disability Service Framework Standard 20 outlines the importance of adults with a learning disability having an annual health check.

# Community - Supporting People in the Community

## Facts & Figures

Trust target for delivering Monitored Patient Days for 2014/15 was 86,004. The actual performance was 115,520 (34% in excess of the target).

## Telemonitoring Services

Telemonitoring involves remotely monitoring patients who have been diagnosed with conditions such as diabetes, heart failure, chronic obstructive pulmonary disease (COPD) and after stroke/transient ischemic attack (TIA). Equipment records information relevant to the patient's needs and the nature of their condition, including weight, blood pressure, pulse, blood glucose, temperature and oxygen levels in the body.

## Rapid Response Nursing Services

The Trust's community-based Rapid Response Nursing Services enabled 9,694 acute hospital bed days to be saved during 2014/15.

## Reablement

This intensive, short-term support service aims to enable service users to regain and retain their independence. The service is currently available in the northern sector of the Trust, with plans for Trust-wide roll out during 2015/16.

During 2014/15, the Reablement service discharged 553 service users following participation in the service:

- 23% did not require an on-going care package;
- 54% required on-going domiciliary care.

## Discharge from Acute Hospital

3,983 patients with complex on-going care needs were discharged from the Trust's acute hospitals into community-based services within 48 hours of being declared medically fit during 2014/15.

# Mental Health

## Physical Care of Patients on Antipsychotic Medication

It is well documented that patients who are prescribed antipsychotic medication have an increased incidence of physical health problems and are a group less likely to visit their doctor for monitoring of these conditions. As well as this the medications themselves used to treat their mental illness cause an increased incidence of metabolic syndrome which has a significant negative effect on their long term quality of life independent from their concurrent mental health difficulties.

The Department of Health, Social Services and Public Safety (DHSSPS) has published guidelines for the physical health monitoring in patients prescribed antipsychotic medication. As a result the mental health team has set up a service improvement model to support the introduction of the guidelines and has made significant progress in the hospital setting with plans to further spread this initiative in the community.

## Crisis Management

Many patients present to Mental Health Services in crisis, in which they experience suicidal thoughts and ideas which create a lack of personal safety. A key part of treatment at this time is establishing a sense of personal safety. All staff who work in the Crisis Service, both within the hospital and in the community, use a safety planning aide when working with this patient group. This allows staff to work collaboratively with patients and their families in developing personalized safety plans. The plans will include practical strategies that the patient can use to create personal safety. This intervention provides longer term benefit in improving both skills and resilience. There is ongoing evaluation into the effectiveness of this intervention.



Protecting  
People  
From  
Avoidable  
Harm

(Putting Learning  
Into Practice)

3

Annual  
Quality  
Report  
2014/15



# Learning From Adverse Incidents

## Facts & Figures

In the year 2014/15, 10,376 incidents were reported. This was an increase of 6% compared to the previous financial year which is in line with increased promotion and awareness training.

## Incident Reporting

An adverse incident is defined as “Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation”.

The Trust actively encourages the reporting of incidents and staff have embraced the learning culture by participating in incident reviews which focus on the lessons for improvement for the organization as a whole. The Trust shares learning through various sources and produces a staff newsletter called “Share to Learn” and a ‘Lesson of the Week’ sits on the Trust’s intranet server.

## Top 5 Reported Categories

The top five categories of incidents affecting patients and service users, and action taken by the Trust in relation to each category, are set out below:

- Slips, Trips, Falls and Collisions (action taken described in the Falls section of this report).
- Violence and Abuse

The Trust Security Group monitors all incidents of violence and verbal abuse at their quarterly meetings. The Lone Working Guidelines have recently been updated and a Staff Handbook for Zero Tolerance and Security has been developed.

As well as local security groups reviewing incidents and taking forward actions, work is ongoing relating to a benchmarking exercise with the Southern Trust, where statistics have been shared on physical and verbal abuse.

- Absconding Patients

The Trust has policies and procedures to deal with absconding patients and liaises with the family and PSNI where appropriate. Trends are reviewed and steps put in place to further reduce risks.

- Pressure Ulcers (action taken described in the Pressure Ulcer section of this report).

## Medication Incidents General

The Trust Medicines Governance Working Group meets monthly to discuss all reported medication incidents. The group consists of medical, nursing, pharmacy and risk management staff. The group aims to identify trends in incidents and look at how medication related risk can be minimised. In 2014/15:

- The learning from medication incidents has been shared in the Trust newsletter 'Share to Learn', the regional newsletter 'Medication Safety Today' and on the Trust intranet under 'Lesson of the Week'.
- A workshop was organised for junior doctors to discuss medication errors and how we can learn from them.
- The group discussed all regionally issued medication safety documents and agreed implementation in the Trust.

# Serious Adverse Incidents

## Facts & Figures

During 2014/15, 110 incidents were reported as SAIs.

## In a staff survey 81% of staff agreed that 'the Trust encourages them to report incidents'.

The Trust is required to report incidents that meet the criteria of a "serious adverse incident" (SAI) to the Health & Social Care Board (HSCB). An SAI is "an incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or to staff". They may also relate to risks to maintain business continuity or serious incidents of public interest or concern.

Each SAI is investigated and a report submitted to the HSCB and, where appropriate, the Regulation & Quality Improvement Authority (RQIA), for them to consider whether there are any issues that need to be addressed on a regional basis.

Patients / service users and / or their families are advised when an incident is to be reported as a SAI to ensure they are involved in or receive feedback following each investigation. The Trust also has systems in place to ensure that learning from SAIs is taken forward.

## Vaccinations

Following the incorrect dispensing and administration of a school vaccine the following recommendations were taken forward:

- A vaccine order form which specifies the generic and brand name of the product has been introduced;
- Coloured posters are now displayed in the Pharmacy showing the differences between vaccines and relevant age groups;
- Visual reference guides, that clearly identifies vaccine packaging, have been inserted into documentation that accompanies the school nursing team on each vaccination session;
- The importance of accurate supply and administration of vaccines has been re-emphasised with staff;
- Hand held reference checklists for each school health vaccine have been implemented across the school nursing team.

## Incorrect Weight

Following a medication error linked to the incorrect weight of a child being recorded the following action has been taken:

- All patients to have their weight compared against the centile chart after admission to hospital;
- Electronic prescribing to be introduced to the Paediatric Department;
- A prompt to check weight against the centile chart to be added to the nursing assessment record.

## Information & Records

Following a request to receive a copy of their records, a patient received a copy of their own hospital notes along with information belonging to another patient. In addition to the training provided to staff on their responsibilities under the Data Protection Act, the Trust has developed a new checklist to be completed before records are released.

## Sir Liam Donaldson Review on Serious Adverse Incidents

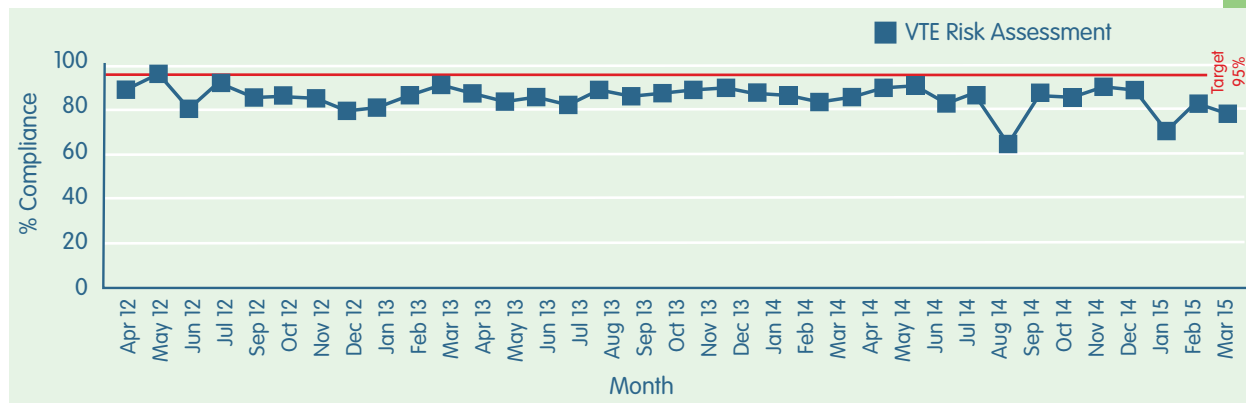
As part of the examination of governance arrangements for ensuring the quality of health and social care provision in Northern Ireland; Sir Liam Donaldson visited the Trust in August 2014 to review the arrangements in place for the management of SAIs and complaints and involvement of patients and families. Following the publication of Sir Liam's report 'The Right Time, The Right Place' the Trust surveyed all staff to seek views on the report to enable the Trust to contribute to developing a single response on behalf of all Trusts. The Trust was reassured that staff surveyed reported a high level of understanding and commitment to the process of reporting of adverse incidents.

# Preventing Venous Thromboembolism (VTE)

Patients may experience harm or may die as a consequence of venous thromboembolism - deep venous thrombosis and pulmonary embolism. These are recognised complications of medical care and treatment and are potentially preventable if patients are properly assessed and offered suitable preventative measures.

The Trust's aim was to achieve 95% compliance with VTE risk assessment across all adult inpatient hospital wards by March 2015. During 2014/15 the monitoring of VTE risk assessment was gradually spread to all adult inpatient wards and data was collected on a monthly basis from a random selection of patient notes. Monthly compliance is displayed in the graph below:

## Compliance With VTE Risk Assessment

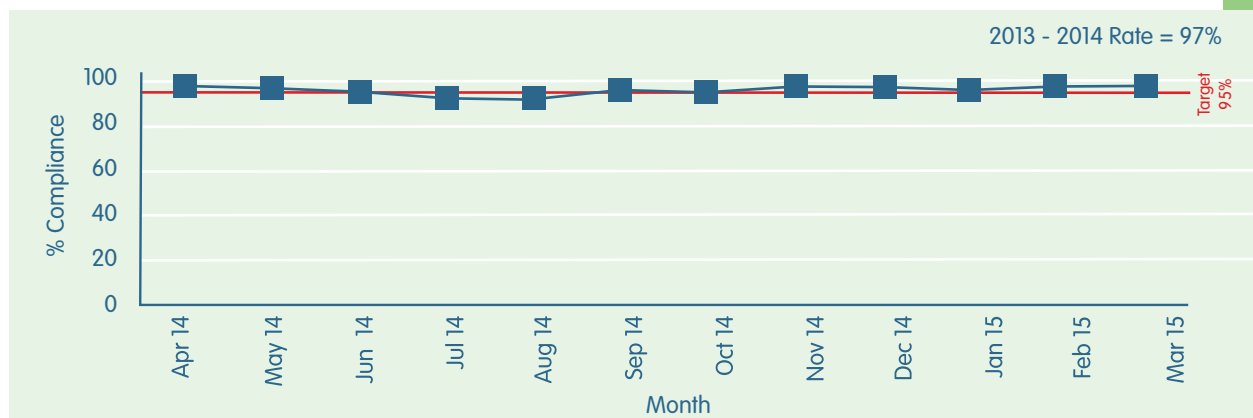


# World Health Organisation (WHO) Surgical Safety Checklist

Evidence from around the world shows that patient safety is improved during surgery if a checklist is used to ensure that the operating team adhere to key safety checks before anaesthesia is administered, before the operation begins and after the operation is complete. The World Health Organisation (WHO) surgical checklist has been adopted in all Trusts in Northern Ireland and is an important tool for improving quality and safety.

Monthly data is collected from a random selection of 20 patient case notes within each theatre speciality including day cases and procedural areas. Compliance measurement is based on the percentage of surgical safety checklists filed in patients notes and the percentage of surgical safety checklists signed at each stage of the process. Monthly compliance is displayed in the graph below.

## Compliance With WHO Surgical Checklist



# Hand Hygiene

Hand hygiene audits were completed every two weeks in all wards and departments until February 2015, when they reduced in frequency to bi-monthly. Ward and department self-reported scores have consistently been 100% during the last twelve months. The Infection Prevention & Control Nurses (IPCNs) conduct ad hoc hand hygiene audits as part of enhanced support programmes, in addition the Lead Nurse and Heads of Service monitor compliance by means of independent audits. The average score for these ranged from 89% - 98%.



Ensuring  
People  
Have  
Positive  
Experiences  
of  
Services



4



# Complaints & Compliments

## Facts & Figures

459 formal complaints were received by the Trust

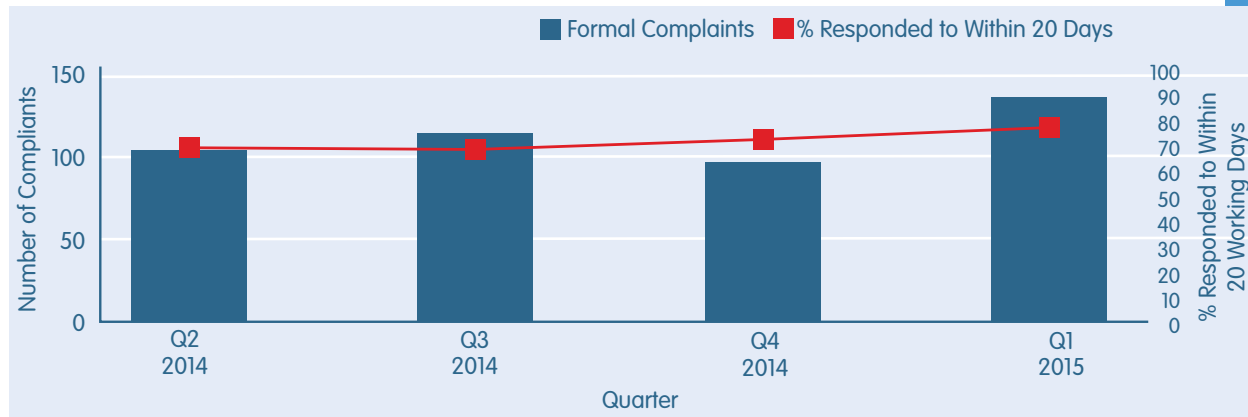
109 MLA / Third Party enquiries were recorded

75% of the formal complaints received were responded to within 20 working days

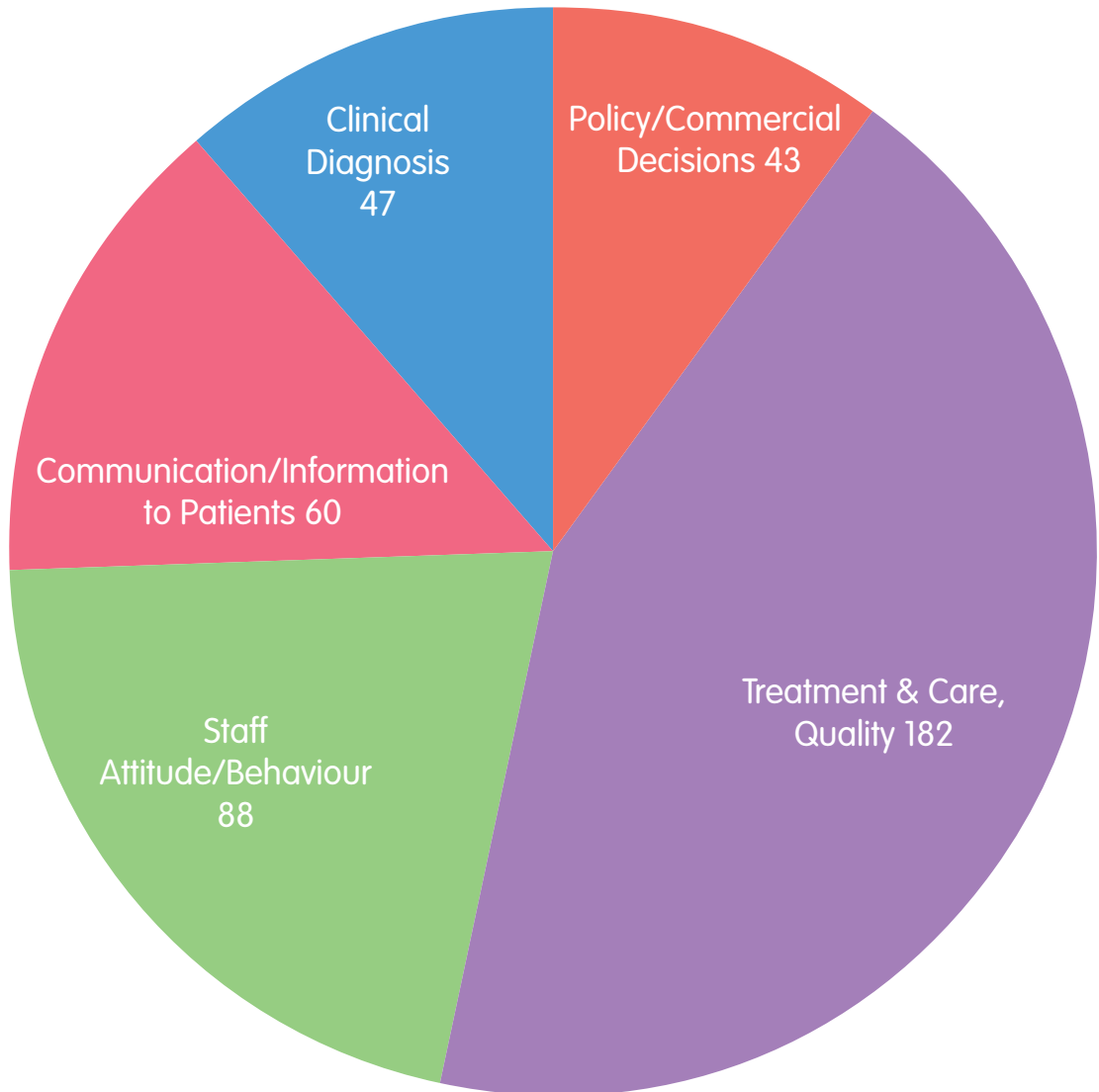
2243 recorded compliments were received.

The Western Trust welcomes and actively encourages complaints and compliments about our services. From time to time individuals or families may feel dissatisfied with some aspect of their dealings with the Trust and when this happens it is important that the issue is dealt with as quickly as possible. We recognise that everyone has a right to make a complaint and we can learn valuable lessons from them – a complaint may well improve things for others.

We also like to know when users have been impressed or pleased with our service. We can use these examples to share best practice amongst our staff. In addition, compliments can help boost morale.



## Complaints by Subject - Top 5



## Service Improvements

In 2014/15, as a result of complaints received and investigated, a number of service improvements / lessons have been implemented across the Trust such as:

### Communication

A number of complaints have concluded that communication with patients/clients and families could have been more effective. Awareness of regular communication has been reinforced with staff in relevant areas.

## Alert Cards

When patients present to the Emergency Department with an Alert Card it has been agreed that reception staff will advise the Triage Nurse immediately, who will then be able to make a determination regarding the patient's special circumstances and take appropriate action.

## Patients with HIV/Hepatitis B Attending Hospital for Treatment

There is a Category 3 warning hazard on the Theatre Management System which includes reference to Hepatitis, HIV etc. There has been raised awareness to ensure that this hazard is used so that the theatre and staff are prepared for the admission of any patient with these conditions.

## Administration of Medication

Following the investigation of a complaint in which concerns were raised in relation to the administration of a certain medication to a Renal patient, it has now been agreed that staff will ensure that all patients prescribed Prednisolone, who have a history of a transplant, will be administered a non-enteric coated preparation.

For more information on complaints and compliments received, the Complaints Annual Report is available on the Western Health & Social Care Trust's internet page.

# Patient and Client Experience



The 10,000 Voices, an experience led commissioning project in partnership with the Public Health Agency (PHA), commenced in October 2013. The project seeks to gain feedback from patients, carers and family members on their experiences of a range of services within Health and Social Care settings. More recently they have included some work around the experience of staff working in these areas. The 10,000 voices project is about listening to patients/ clients, learning from patients/ clients, improving the quality of services by involving patients/ clients and in turn help to influence commissioning.

A number of programmes have been implemented during the period 2014-2015 which include:

1. Care in your own home;
2. Nursing and Midwifery care.

## Key Findings Relating to Care in Your Own Home

A high proportion of stories indicated that people who received care in their own home were very satisfied. Many of the stories described the compassionate care, help and support given and people were grateful for the opportunity to remain at home maintaining their independence.

Other stories reflected the sense of loneliness and isolation experienced by those who relied on carers coming into their homes yet they were very appreciative of the services provided.

## Areas for Reflection, Learning and Development Identified:

**Communication.** Some stories indicated that it was often different carers coming in to people's homes. This resulted in mixed messages and people often having to repeat information, which in turn related to communication problems.

**Timing of calls.** Timings were inconsistent and were not always suitable to client's lifestyles for example many referred to having been returned to bed too early in the evening.

**Allocation of time.** Clients' stories referred to staff rushing to get everything done although it was acknowledged that the carers did the best they could, others however reported that their needs were not often met and they had to rely on family and friends.

**Respect, Privacy and Dignity.** Some of the clients responded that they were not sure what happened to their information but most felt that the carers would keep this private.

## Key Findings Relating to Nursing & Midwifery Care

90% of patients recorded that they had a strongly positive or a positive experience. It is evidenced that the quality of care, the safety of patients and the commitment of staff is of a very high standard. However improvements are still required and this is evidenced from the key themes identified such as:

- Long waiting times for pain control;
- Long waiting times for buzzers to be answered;
- Poor communication between staff and departments;
- Poor staff attitudes;
- Night time noise;
- Sense of isolation and loneliness in single rooms;
- Lack of staff (particularly at night time).

## Areas for Reflection, Learning and Development Identified:

Wards have developed their own action plans from the feedback to help improve the entire patient experience. Examples of actions already undertaken include:

- Introduction of pain protocols;
- Training in relation to staff behaviour / attitudes;
- On-going work with dementia patients, including the purple folder, dementia friendly name badges and rummage boxes used by volunteers;
- Staff introductions – ‘Hello my name is.....’
- Consideration of twilight resource and review of staffing levels are on-going;
- Streamlining of evening admissions to help with noise reduction;
- Trust has secured a contract for dementia friendly name badges

## Action Taken Trust-wide as a Result of Previous Surveys of Emergency Departments

### **Communication**

- Use of name badges and introductions – ‘Hello my name is....’
- Patient information leaflet revised
- Patient experience group set up and representation on Patient Flow Reform Board.

## The Following are Examples of Improvements Made in the Emergency Department at Altnagelvin Hospital:

### Waiting Area

- Wi-Fi has been introduced.
- There has been major refurbishment of the waiting area in Altnagelvin and a minor's area is now complete.
- Additional seating is now available.
- Improved signage.
- Availability of vending machines.

### Pain Relief

- Increased awareness of the use of pain tool at triage.

### Street Pastor Volunteers

Street Pastor Volunteers provide a significant role for anyone attending the Emergency Department on Friday and Saturday nights. Their presence has made an impact reducing some of the stress and tension for those waiting and at the same time compliment the service offered by the staff.



# Personal and Public Involvement (PPI)

The Trust has a PPI Forum which has representatives from Service Users, Carers, Community & Voluntary Groups as well as Trust staff. An Annual PPI Report is accessible via the Trust intranet website.

The Trust PPI Consultation Scheme was revised March 2015, in line with new guidance issued from DHSSPSNI and the Equality Commission for NI during winter 2014. The main aim of the Consultation Scheme is to set out our commitments to undertaking appropriate, timely and inclusive consultation in accordance with our statutory PPI and Equality duties. The revised PPI Consultation Scheme should be read in conjunction with the Equality Scheme (2014-2017).

These documents are available on the Trust Website and Intranet  
**<http://www.westerntrust.hscni.net/about/Publications.htm>**

For further information on how to get involved with PPI please contact:

Equality & Involvement Team  
Western Health & Social Care Trust  
Tyrone & Fermanagh Hospital  
Omagh  
BT79 0NS

Telephone: 028 8283 5278

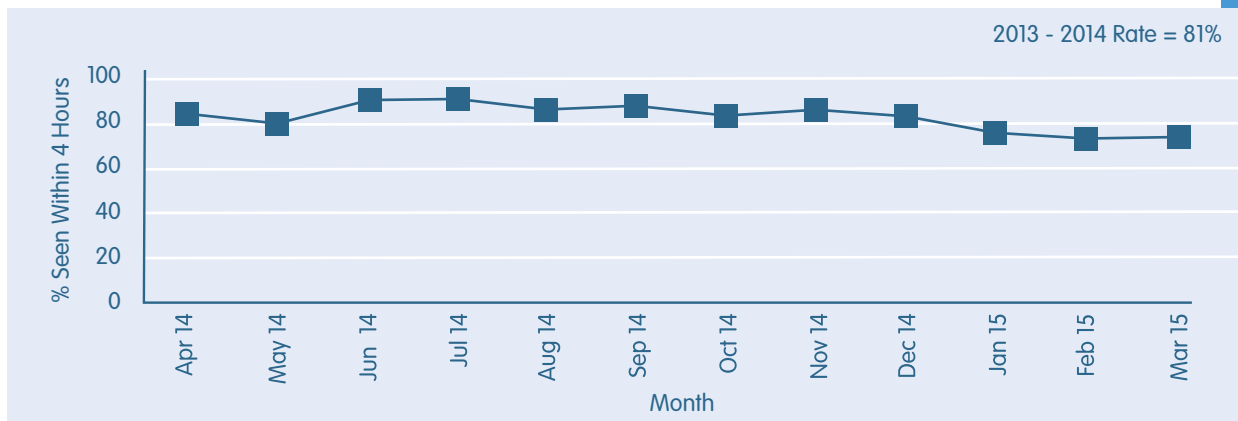


# Emergency Department

## 4 Hour and 12 Hour Standards

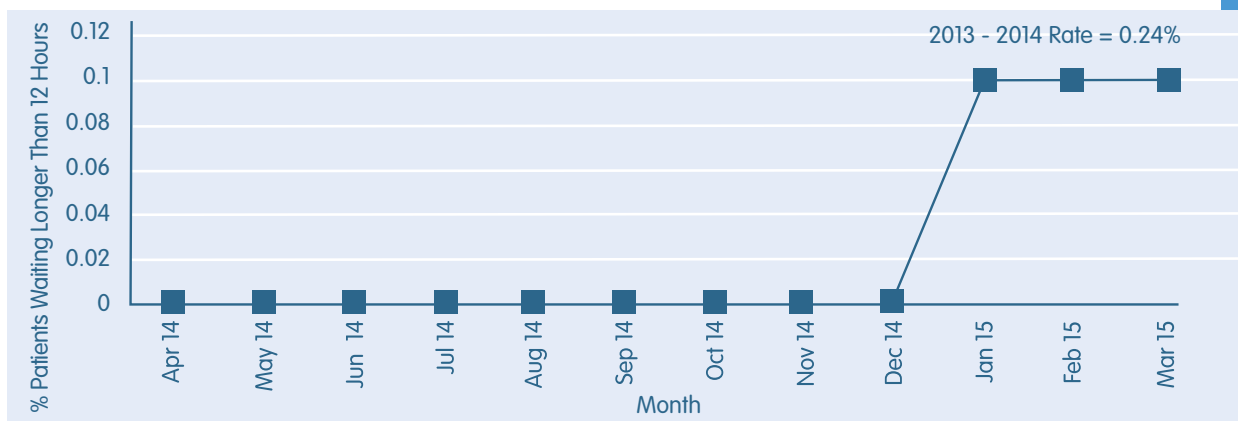
Demand for emergency care continues to grow and people should only attend an Emergency Department when they have a condition which requires immediate urgent care.

### Percentage of Emergency Department Patients Seen Within 4 Hour Target 2014-2015



Performance against this target is only one measure and Emergency Departments have developed dashboards to monitor additional measures that reflect the quality of care provided to patients. Consistently achieving these targets requires sustained effort, focus, clinical engagement and an analytical approach to what amounts to a series of practical issues centering on patient flow.

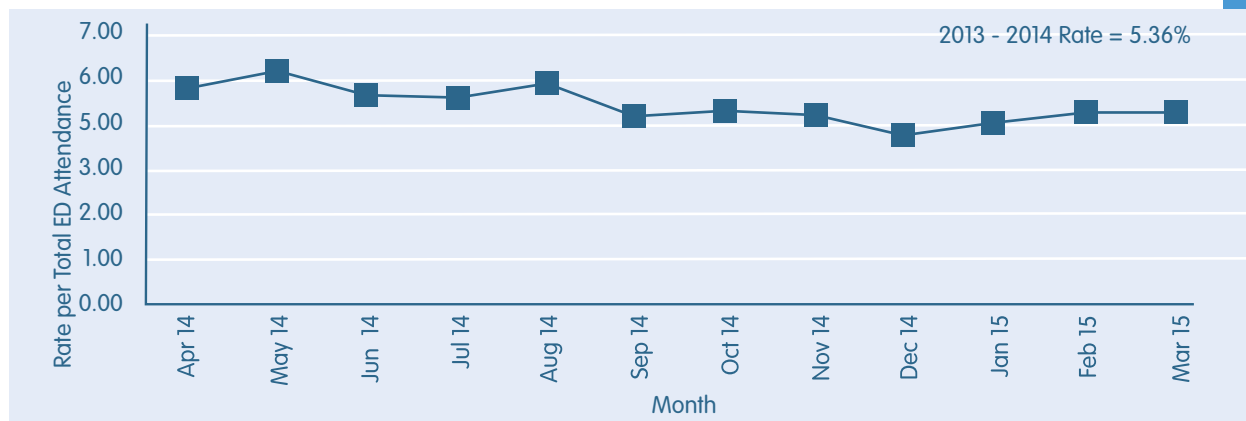
### Percentage of Emergency Department Patients Waiting Longer Than 12 Hours 2014-2015



# Unplanned Re-attendance

The Unplanned Re-attendance Rate indicator looks at unplanned follow-up attendances to the Emergency Department within 7 days of the patient's original attendance. The target for this is less than 5% and focuses on avoidable re-attendances and improving the care and communication delivered at the original visit.

## Unplanned Re-attendance 2014/15



	Total Attendances 2014/15	Patients who did not Wait to be Seen
Altnagelvin Hospital	54,828	5.78% (3,169)
South West Acute Hospital	29,811	2.37% (707)

## Actions Taken to Improve the Trust's Provision of Emergency Care

On the 12th September 2014, the Trust undertook its '100% Day Challenge' at Altnagelvin Area Hospital – an ambitious plan to ensure that every patient was able to complete their Emergency Department journey within four hours of arrival. In achieving 100%, the Trust was able to identify better ways of working which have helped the Emergency Department to better manage its service demand and cope with periods of increased pressure.

Across the Altnagelvin Hospital Site, the Trust have taken forward a large portfolio of service improvement actions which have individually and collectively helped to improve performance – the most visible of these actions was the creation of

our dedicated minor injuries stream which can cater for a large number of our presenting patients. The development of a minor injuries stream was part of our larger redesign of Altnagelvin's Emergency Department waiting room, to ensure that the space better supported the needs of both our staff and patients.

Across the South West Acute Hospital site, the Trust has worked with its acute and community based staff to facilitate improved patient discharge as a means to enhance the accessibility of inpatient beds for our Emergency Department patients who require admission.

Into 2015/16, the Trust intends to continue its platform of service improvement work across both of its acute hospital sites.

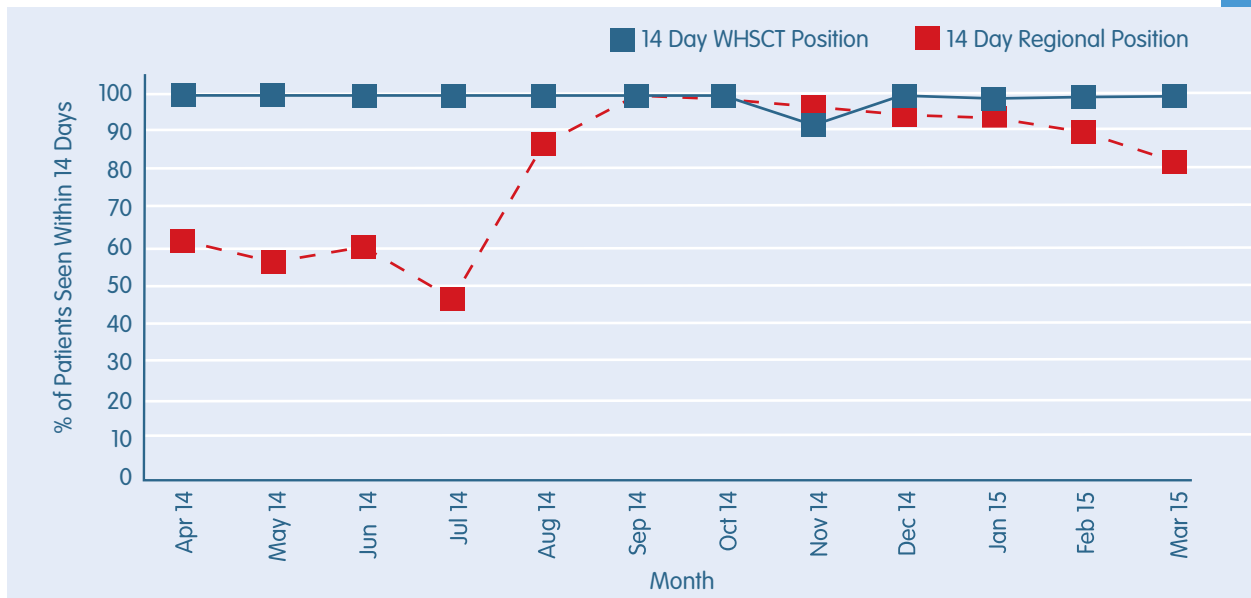


# Access Targets

The Western Trust is recognised as a high performing Trust within Health & Social Care, and has delivered the highest performance of all Trusts during 2014/15 across a number of Ministerial targets. Examples of performance are included below:

## 1. Cancer Services

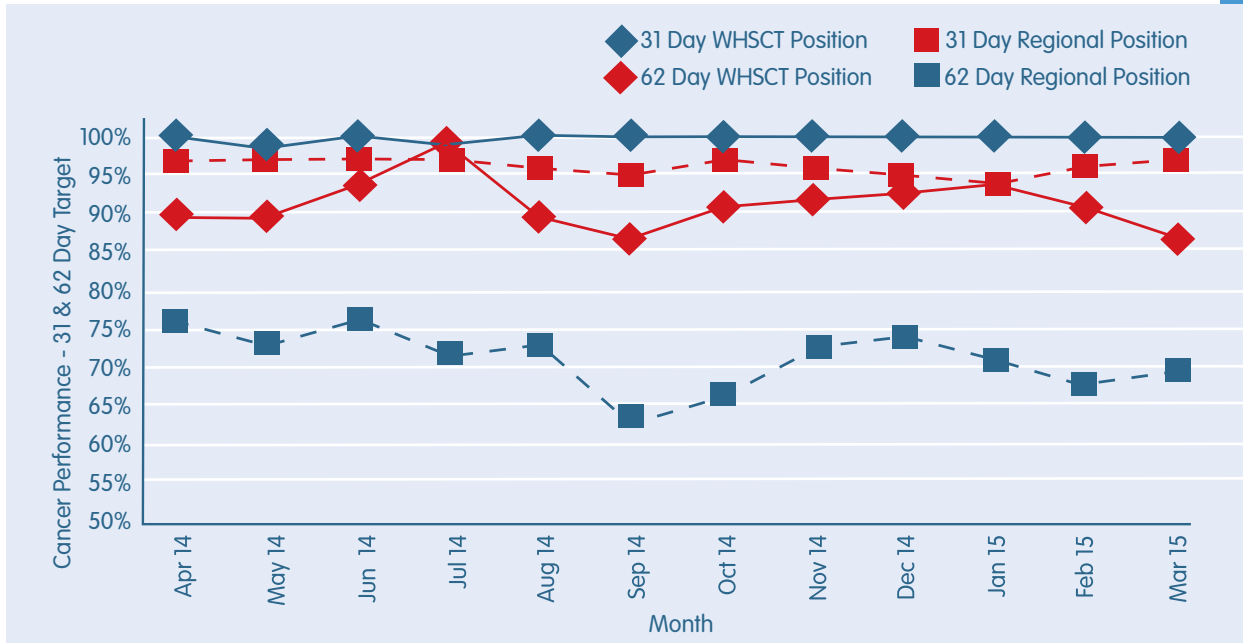
### 14 day Breast Target – Best Performing Trust (Ave 99%)



31 day target – best performing Trust (100%)

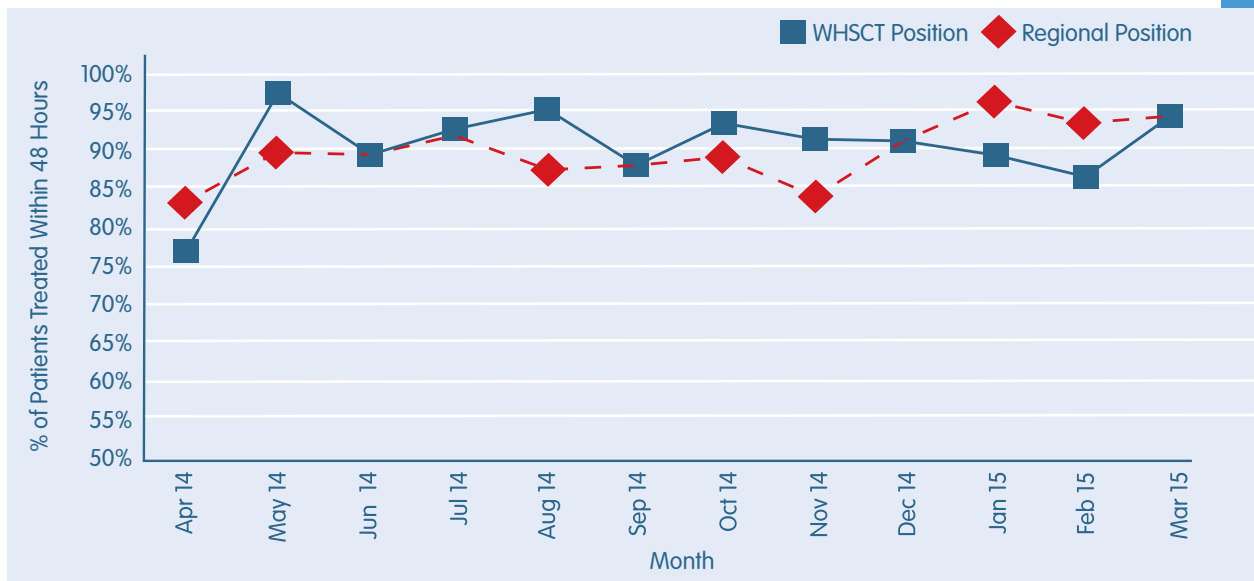
62 day target – best performing Trust (Ave 92%)

## Cancer Performance - 31 and 62 Days



## 2. Fracture Services

Hip Fractures - 3rd Highest Performing Trust (Ave 89%), Compared to Highest Performing (Ave 92%)



**All Fractures** - The Trust is the best performing against this target, with the lowest number of 7 day breaches in comparison to the rest of the region.

**7 days – All Fractures:** 95% of patients, where clinically appropriate, wait no longer than 7 days for inpatient fracture treatment

99.6% Achieved

### 3. Diagnostic Tests

The Trust is currently performing at 4.9% above the level commissioned by the Health & Social Care Board is the highest performing Trust regionally.

Activity Type	Target for Year 2014/15	Core Activity YTD
<b>Imaging</b> includes MRI, CT, Non Obstetric Ultrasound and Plain Film Xrays	<b>228,500</b>	<b>239,606</b>

#### Facts & Figures

216,365 people had an Outpatient appointment during 2014/15, 74,606 of these were new attendances

54% of the people who had an Outpatient appointment were seen and treated within the standard timescales set of 9 weeks

102,916 people had Inpatient or Day Case treatment during 2014/15

55% of the people who had Inpatient or Day Case treatment were seen and treated within the standard timescales set of 13 weeks

### 4. Community Indicators

Target / Indicator / Standard	Position as at March 2015
Telehealth - Telemonitoring Telecare	135% 177%
Patient Client Experience % Patients waiting over 13 weeks for any wheelchair % Patients who have lifts and ceiling hoists installed 16 weeks of OT assessment	92% 100%
Direct Payments (Target 398) Increase by 5% direct payments across all POC's	417 WH&SCT over performing by 11%

Supporting  
Staff  
(Strengthening  
The  
Workforce)



5



# Supporting the Workforce

The Trust aims to create a culture and environment in which the promotion of health and wellbeing is central. It strives to implement policies and practices which are designed to promote the physical, mental and emotional wellbeing of staff and provide a work environment that is supportive.

## Maximising Attendance

The management of attendance remains a key focus and a Maximising Attendance workstream has been established. This work has included a review of the how staff access our Occupational Health Service including a plan to improve rates of non-attendance and shorten waiting times.

### Facts & Figures

70% of staff agreed that training, learning or development they had undertaken in the last 12 months had helped them to do their job better.

2/3 staff said that the Trust has a clear set of values that they understand and that they share the organisation's values.

3/4 staff said that the Trust acts fairly with regard to equal opportunity.

92% of staff agree that their role makes a difference to patients/service users.

9 out of 10 staff said that they have access to Occupational Health Services in the Trust.

## Health & Social Care Staff Survey 2012 Update on Trust Progress

Support to do a Good Job:

- **Continue to monitor appraisal and development review (ADR) implementation & target those areas with low numbers**
- **Ensure that staff have a realistic Personal Development Plan (PDP) and are facilitated to attend training identified during Appraisal and Development Review (ADR). This will contribute to staff being recognised and feeling valued for the work that they do**

The Management and Organisation Development Team has delivered 21 sessions of ADR training since 1st April 2014. During the same period there have also been 4 Medical Appraisal training courses.

The number of reviewers/appraisers trained since April 2014 is 277 with a total number of 1057 reviewers/appraisers trained to date across the Trust. The Trust continues to work towards the 100% appraisal target set by the DHSSPS. During 2015/16 those areas with reported lower levels of staff appraisal will be targeted for training and monitoring.

## Achieving Balance Between Work and Home Life

- **Raise awareness of flexible working arrangements and continue to help staff achieve balance between work and home life**

The Human Resources Department has continued to monitor the uptake of flexible working arrangements and provides advice and guidance to managers and staff on the application of all aspects of the policy. In 2014/15 28 staff availed of Employment Breaks, ranging in duration from 3 months to 5 year periods.

On an annual basis the Trust raises awareness of the arrangements for Unpaid Leave. This is sometimes referred to as summer leave as the majority of staff will take this leave during July and August. During 2014/2015 350 staff availed of unpaid leave.

## Training and Development:

- **Continue to promote, monitor and evaluate the full range of education, training & development available including compliance with mandatory training requirements**

The Trust has increased the availability of e-learning options for staff particularly in the area of mandatory training and most recently in relation to Corporate Induction and Recruitment and Selection training.

Mandatory training matrices have been developed for all staff groups and these are published on the Trust Intranet as an easy-reference on-line dynamic guide. The guide provides a complete list of mandatory training for staff together with contact information to make booking easier. Where appropriate a direct link to relevant e-learning content is also provided.

## Staff Induction

449 new staff attended the Trust Induction programme. This programme consists of 1 x ½-day face-to-face session which comprises a welcome from the Chief Executive and sessions on the mandatory training areas such as Infection Control, Information Governance, Risk Management and Fire Safety.

Staff are given a booklet with additional information about the Trust as their new employer. It is also expected that new staff will receive localised departmental induction.

## Reducing the Risk of Hyponatraemia Training

Regional hyponatraemia tools and resources are available for staff. A competency tool is also being developed to support competence and prescribing of fluids. A number of staff have attended training in 'Fluid Management in Children' and 'Fluid Prescription and Balance Chart for Children'.

## Infection Prevention & Control Training

Infection Prevention & Control Nurses provide a rolling programme of directly led mandatory training sessions each year to enable the bi-annual update

of all clinical staff. They also contribute to the delivery of corporate induction training for new staff. In addition, the Health & Social Care Clinical Education Centre tutors deliver combined mandatory training sessions twice a year, which include Infection Control. During 2014-15 a total of 129 sessions took place within primary and secondary care settings across the Trust; an average of 2.5 two-hour sessions per week. The sessions were attended by a total of 2995 staff.

## Right Patient Right Blood Training

The Trust promotes requirements of Better Blood Transfusion 3 (BBT3) – HSS (MD) 17/2011 and Blood Safety and Quality Regulations (BSQR,2005) – that all staff involved in the blood transfusion process must have valid training (every 18 months or 12 months if involved in blood collection) and a valid assessment (every 3 years).

Six monthly audits are undertaken by the Haemovigilance Practitioners as per 'Review of Blood Safety: the Regulation and Quality Improvement Authority (RQIA)' to ascertain compliance with staff involved in the blood transfusion process having valid training and assessment. The audit reports are circulated to relevant Medical and Nursing Managers.

Staff can update their knowledge in transfusion practice by e-learning or attendance at a face to face training session. Assessments are undertaken in the clinical areas by trained assessors.



## Update on Implementation of Human Resources, Payroll, Travel and Subsistence (HRPTS) System

In 2014/2015, The Trust deployed the new HRPTS System to a further 5,977 staff. Not only was the Trust the first to go live with HRPTS, it was also the first Trust to deploy functionality to managers and staff outside core Finance and Human Resource functions.

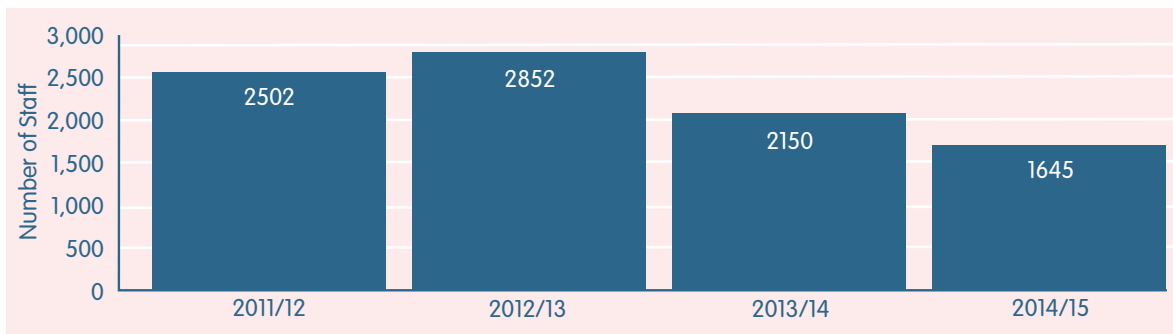
The HRPTS system is also being used to build a single central corporate training record for all staff. A phased deployment approach has been adopted and the vast majority of Trust training teams are now using this system to schedule their courses on the "Learning Portal" and manage their participants.



## Flu Vaccine

Health professionals and other staff who have direct contact with patients in their jobs are encouraged to get vaccinated against flu each winter. It helps to protect vulnerable patients from the risk of catching flu because staff who have been vaccinated are much less likely to be carrying the flu virus.

The table below shows the number of staff who have received the flu vaccination. This does not include staff who have received the vaccine through their own GP.



## Staff Support & Development

Staff are supported to develop personally and professionally to enable them to fully realise their potential. The Trust has a Learning, Education and Development Strategy which aims to ensure staff are developed, supported and facilitated to contribute to the reform and modernisation of services and to the delivery of the organisational priorities.

A Health and Wellbeing Workplace Strategy and Action Plan has been developed by the Trusts Investing in Your Health Management Group. It aims to achieve and maintain a workforce which is healthy in relation to its physical, mental, emotional, and social wellbeing and to provide a workplace which is safe, supportive and health promoting.

- A range of programmes and services are available to improve the health and wellbeing of staff. Key areas taken forward during 2014/15 include the continuation of the cycle to work scheme, swim scheme and the availability of corporate rates at council and privately owned health facilities. A Campaign Calendar was rolled out with key health related topics covered monthly and disseminated through Trust communications and NOW magazine. A virtual Bike User Group (BUG) has been established to support cyclists and help promote cycling.
- A comprehensive range of policies are available that focus on health promotion, protection and prevention. The Smoke Free policy was implemented throughout the Trust to protect and improve the health and wellbeing of all staff, visitors, contractors and patients. Smoking Cessation Clinics have been made available to support staff in stopping smoking.
- A range of training is available to support the health and wellbeing needs of staff including the Resilience in the Workplace programme.

The Trust is committed to improving the health and wellbeing of staff and a new action plan will be rolled out over the next two years 2015-2017.



## Staff Counselling Services

The Trust has in place an independent confidential staff counselling service which is provided by Carecall. Carecall provided 639 counselling sessions to staff during the year, through both face to face and structured telephone counselling. Confidential advice and support is provided to staff for a number of reasons including work/career, emotional/personal, family issues, personal trauma, health related and financial matters.

## Quality Improvement

In 2014/15 seven members of staff completed the Co-operation & Working Together (CAWT) cross border Patient Safety Programme. Core elements include patient centred care, value added care, human factors in the management of error, improvement science, measurement, service redesign and innovation. The programme is delivered over a seven month period with participants expected to plan and run an improvement project.



Pictured at launch of the third cross border Patient Safety Programme: Western Trust  
 Back row (left to right): Louise Potts, Project Manager, CAWT; Brendan Moore, Lead Pharmacist, Western Trust; Dr Iris Menninger, Obs & Gynae, Western Trust; Alan Corry Finn, Director of Nursing, Western Trust; Dr Diana Cody, Psychiatry, Western Trust.  
 Front row (left to right): Deirdre Gill, Clinical Risk Midwife, Western Trust; Dr Andrew Hamilton, Cardiology, Western Trust; Janet Haines-Wood, Safety Forum RPSA PHA



During the year three staff attended the Sheffield Coaching Academy and have now graduated as Microsystem Coaches. This involves supporting teams to lead and manage their quality and safety improvement work.

## Social Work Education and Training

The numbers of social workers engaged in post qualifying study remains in a healthy position. We have a range of staff undertaking a variety of courses in both Queen's University Belfast and Ulster University. Courses that continue to prove popular are the Initial Professional Development Award for newly qualified social workers, the Child Care Award, the Practice Teaching Award, the Approved Social Worker course, the Family Therapy course and the Strategic and Leadership Award.

## Supervision

The provision of supervision is one of the key components of a learning and developing organisation and is based on the principles of facilitation and reflection within a supportive environment.

Within nursing services the Trust standard is to provide two formal clinical supervision opportunities per year to all registrants. Overall Trust Performance with the standard is currently approximately 73%.

In response to Regulation & Quality Improvement Authority (RQIA) recommendations about the need for training in supervision for staff in some of the learning disability facilities, the Learning and Development Team has developed and delivered a programme of training for staff. In relation to social work and social care staff, 3 levels of training on supervision are now provided in-house.

## Revalidation

112 Trust doctors were due revalidation of their registration during 2014/15, and all recommendations made to the General Medical Council (GMC) have been upheld.



# Health & Safety

The Trust has an active Health & Safety Committee, which is made up of Trust staff and Trade Union representatives. Each year they undertake a programme of visits to facilities to ensure the health and safety of staff, patients, clients and visitors.

Training in relation to risk assessment has been developed and provided to staff during 2014/15. A monitoring system has been set up to ensure legal requirements in relation to assessing and managing potential health and safety hazards is carried out in all relevant facilities.

## Staff Recognition Awards

The sterling work and commitment of Trust staff was celebrated at the Trust's annual awards ceremony on 26 November 2014. There were seven award categories:

- Leadership Award
- Support Worker Award
- Improving Patient Service or Client Service Award
- Quality & Safety Award
- Patient / Public Involvement Award
- Team Award
- Behind the Scenes Award



# Quality and Safety Awards



6

Annual  
Quality  
Report  
2014/15

# Quality & Safety Awards

Trust staff were successful in obtaining a number of awards over the year such as:

## Regional Social Work Awards

The Social Services Learning and Development Team achieved the Learning and Development Team Award at the Regional Social Work Awards ceremony held in March 2015. This event, led by the Health and Social Care Board recognises the efforts of social workers and the positive impact of the profession on individuals, families and communities in Northern Ireland.



## Social Work Awards

In June 2014 the Trust Social Work Awards were held as a celebration of the work undertaken by social workers in making a difference through improving the services and client care. Award categories included the Children Services Team Award, Newly Qualified Social Worker Award, Adult Services Individual and Team Awards, Partnership Team Award and Outstanding Contribution to Social Work Award.



## Royal College of Nursing (RCN) Nurse of the Year Awards

The RCN Nurse of the Year Awards were held in Belfast in May 2014. The awards recognise an individual's commitment to improving standards of care and to learning and leadership and acknowledge nurses, midwives, nursing assistants from across Northern Ireland who make an exceptional contribution to their profession.

The Head of Intermediate Care & Lead Nurse for Community Adult Nursing received the Nurse of the Year award. She was recognised for her instrumental involvement in developing the Acute Clinical Intervention Centre located at the Tyrone County Hospital.

A Staff Nurse based in the Intensive Care Unit and High Dependency Unit at Altnagelvin Hospital received the Patient's Choice Award.

The Team Leader of the Recovery Team based in Omagh received the Mental Health Innovation Award for his work in developing a mental health smart phone app, 'my mind'.



## Advancing Health (AHP) Awards

The award for Outstanding Achievement by a Support Worker was won by Orthoptic Assistants.

A Speech & Language Therapist was presented with a Rising Star Award.

## Northern Ireland Amenity Council (NIAC) Best Kept Awards

- Best Kept Residential Facility – Runner-up was Greenfield, Strabane
- Best Kept Daycare – Winner was Rowan Villa, Omagh
- Best Kept Daycare – Runner-up was Sow & Grow, Gransha Park
- Best Kept Healthcare – Winner was South West Acute Hospital
- Best Kept Healthcare – Runner-up was Renal Unit, Altnagelvin Hospital

## Inaugural Cross Border All-Island Nursing Award

It was announced at the All-Ireland Chief Nursing Officers' Conference in Dublin on 1 December 2014 that a Ward Manager based in the South West Acute Hospital was the winner of the Inaugural Chief Nursing Officers' Award for Excellence in Cross Border Nursing. The award is sponsored by Co-operation and Working Together (CAWT), the cross border health service partnership, and recognises innovation and excellence in patient care, either within the border region or on an all-Island basis.



## Philip Goodeve-Docker Memorial Award

A Community Staff Nurse was awarded the Philip Goodeve-Docker Memorial Award by the Queen's Nursing Institute. This is an educational award for the most outstanding student within the Specialist Practice District Nursing Programme.



## Dementia Achievement Awards Ceremony

A Service Improvement Lead for Older Peoples Mental Health was presented with a special Dementia Award at the Dementia Achievements Awards Ceremony. She was 'runner up' in the Dementia Education Initiative Category.



## Gold Accessibility Award

The Trust's Foyle Disability Resource Centre has been honoured for providing accessible arts events space dedicated to health related performances.

Performances are offered at the centre free of charge to service users and their carers through the 'Arts for Health Partnership'. This initiative also gives local performers and production teams an opportunity to demonstrate their talents to the wider public.





