



2015/16 annual **QUALITY** report



Chief Executive's Message



This is the Western Trust's fourth annual quality report which contains a wide range of 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 2015/16 against Ministerial targets. When examining performance over time, it is also heartening to see steady improvement across a wide range of clinical areas. These outcomes are benchmarked against

national and international best practice.

Healthcare associated infections continue to be an area of particular focus. When healthcare associated infections occur they may have a significant impact on the wellbeing of patients. For this reason the Trust has a zero tolerance for preventable infection. This policy is driven by hand hygiene audits, care bundle audits, root cause analysis and targeted supportive education to selective areas.

The Trust continues to monitor the 'Fall Safe' evidence bundle which has been rolled out to all adult inpatient wards. Any patient can have a fall, but older people are more vulnerable than others. Falls in hospital are among the most frequently reported incidents. This year non-slip footwear has been purchased for patients who have no slippers or inappropriate footwear while in hospital.

Most importantly the Western Trust is committed to creating a culture and environment in which promotion of health and wellbeing of staff working within the Trust is central. This year a Health and Social Care (HSC) Northern Ireland wide staff survey took place. The results of this will be used to build on actions and outcomes that are important for staff.

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. I am particularly pleased this year to congratulate members of Western Trust staff who achieved regional and national recognition for excellence in care from Social Work, Medicine, Nursing and Allied Health Professionals. They are an example and an inspiration to us all, the details of which are contained in the following pages.

I commend this report to you.

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WHAT IS THE ANNUAL QUALITY REPORT?

In 2011, the Department of Health and Social Services and Public Safety (DHSSPS) launched the Quality 2020: A 10 Year Strategy to 'Protect and Improve Quality in Health and Social Care in Northern Ireland'. One of the priority work streams within this strategy was to agree a standard set of indicators for Health and Social Care Trusts across the region on safety, quality and experience and detail compliance in an Annual Quality Report. In addition to regionally agreed indicators, each Trust is invited to include a compliance summary against their local priorities for safety, quality and experience, ensuring they reflect staff wellbeing. This is the Trusts fourth quality report.

The Quality Report aims to increase public accountability and drive quality improvement within Health and Social Care (HSC) organisations. It reviews the past annual performance against quality priorities and the goals that were set, identifies areas for further improvement, and includes the commitment to the local community about what activities and ambitions will be undertaken and monitored over the coming year. This report includes feedback from those who use our service and is shared with the local HSC organisations and the public. For the purpose of this report the Western Health & Social Care Trust will be referred to as the Trust.

This year the report is divided into the following sections in line with the Quality 2020 strategy:

- **Transforming the Culture;**
- **Strengthening the Workforce;**
- **Measuring the Improvement;**
- **Raising the Standards;**
- **Integrating Care.**



The Trust's Mission Statement is as follows:

'We aim to provide high quality patient and client focused health and social care services through well trained staff with high morale'

The culture of the organisation is paramount to achieving this aim. Work taken forward this year, described in this report, will demonstrate how the Trust strives to meet and continuously build on our mission statement.

Theme 1: Transforming the Culture





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. It is about listening to patients/clients and in turn helping to influence commissioning.

The Trust is committed to learning and improving services from the patients, client's families and carers who use the wide range of services available in the Trust and have worked on both regional and local initiatives this year.

Regionally agreed work involved:

1. 231 stories gathered through active engagement with patients attending the Emergency Departments;
2. Surveys have been completed with patients and family members who have been receiving services from Autism and Child and Adolescent Mental Health (CAMHS) teams. Follow up work has been agreed with a workshop arranged for September 2016 with an aim to improve users' experience of CAMHS and/or Autism services;
3. Work with patients and families, who have been involved with Adult Safeguarding Services, to test a proposed survey design has been completed with evaluation of the work planned to take place over the summer 2016;
4. A Stakeholder workshop held on 13th June in the Trust as part of the 10,000 Voices Eye Care Partnership to improve the commissioning and provision of Eye Care services was very well attended and a pilot phase will commence in July/August 2016.

Local initiatives undertaken:

1. Significant work has been taken forward to ensure engagement with minority and ethnic groups to hear their views and experiences of services;
2. An engagement session held in March 2016 with Emergency Department staff and the British Deaf Association for service users to share their experiences of unscheduled care was very well attended and productive;
3. Champions for patients with a Learning Disability coming into acute hospital care have been identified with a training programme provided. This training programme is built around a DVD made by the Trust with parents and carers of people with a learning disability highlighting their needs while in acute hospital care. Work relating to the introduction of a learning disability passport is ongoing;
4. It is estimated that 25% of patients in acute hospitals in the Western Trust area are occupied by persons with a dementia diagnosis. Work with patients with dementia to improve their care and treatment is currently ongoing with the implementation of the Nurse of the Year award winning 'purple folder tool kit'. Dementia Champions have been trained using the Stirling University training package. Volunteer staff have been involved in the introduction of 'rummage' boxes which is proving very popular and highly beneficial for patients. A number of wards have developed their 'day areas' into reminiscing rooms to support the care of this group of patients;

5. The Trust recognises and greatly values the importance of the work of local voluntary agencies. A DVD has been produced in partnership with the voluntary cancer agencies and organisations who offer a wide range of services for patients at any stage of the cancer journey, which compliments the clinical work of the staff in the Trust. This DVD has had the support and input of all the voluntary groups within the Western Trust geography and has been made available through a wide range of media options for patients, families and carers.

PERSONAL & PUBLIC INVOLVEMENT (PPI)

The Trust has a PPI Forum which has representatives from Service Users, Carers, Community & Voluntary Groups as well as Trust staff. The group is chaired by a Non-Executive Director. The Trust Annual PPI Report, PPI Strategy and Action Plan for 2015-2017 are accessible via the Trust website and intranet.

The Trust PPI Consultation Scheme sets out our commitment 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 Trust 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

COMPLAINTS AND COMPLIMENTS

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.

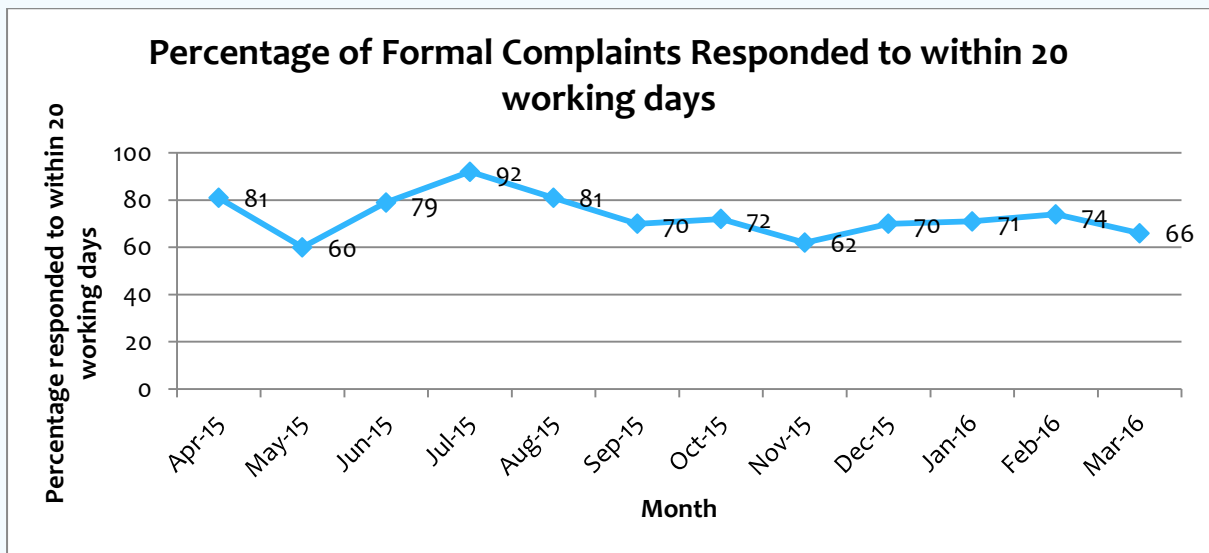
Facts & Figures – 2015/16

449 formal complaints were received by the Trust

99% of the formal complaints received were acknowledged within 2 working days

73% of the formal complaints received were responded to within 20 working days

3379 recorded compliments were received during 2015/16 compared to 2243 for the previous year - an increase of 50.6%



Complaints by Subject – Top 5

The top 5 categories of complaints received during 2015/16 are set out below:

1. Treatment Care (Quality)
2. Staff Attitude & Behaviour
3. Communication & Information to Patients
4. Clinical Diagnosis
5. Treatment Care (Quantity)

Service Improvements/Learning

In 2015/16, as a result of complaints received and investigated, a number of service improvements/learning has been implemented across the Trust such as:

Communication is an Opportunity for Misunderstanding

The Health and Social Care Board hosted its second annual Learning from Complaints Event on 1 June 2015. The day was dedicated to addressing the issues of 'communication'. A Ward Sister from the Intensive Care Unit, Altnagelvin Hospital, presented on learning from a complaint received by the Trust. She reminded staff of the need to ensure regular communication with family members to help alleviate any concerns they may have regarding treatment and care provided.

Support for Patients with Dementia

A complaint was received in relation the lack of assistance provided to a patient with Dementia when requiring to use the bathroom while in hospital. This had an impact on the patient's mobility and resulted in a number of falls. The Ward Manager accepted that his should not have occurred and reassured the family that they are involved in regional work in relation to the management of patients with Dementia in an acute setting. The Ward is also involved in a PACE project, which looks at how a patient's journey is recorded, the communication with families and the need to involve a patient's family throughout the journey of care. The learning from this complaint and the above projects have helped to identify areas that need improvement.

Training – Junior Doctors

As a result of a complaint in which concerns were raised regarding the misdiagnosis of a child's injury when attending the Emergency Department, induction training for Junior Medical staff has been amended to cover this type of injury.

Patient Transfer between Wards

Following an investigation by the Northern Ireland Ombudsman in relation to a complaint whereby a patient sustained a fall on the ward, the following recommendation was made and implemented:

It was identified that staff failed to review and complete a new risk assessment when the patient was moved from one ward to another. As a result of this, a checklist was devised at ward level so that staff can review this and update within 24 hours of any transfer. The patient's designated nurse is responsible for completing this and signing it off.

LEARNING FROM INCIDENTS

Facts & Figures

In the year 2015/16, 10,608 incidents were reported. Of these, 8,405 were Patient/Client related incidents. This was an increase of 5% compared to 7,984 Patient/Client related incidents for the previous financial year.

Incident Reporting

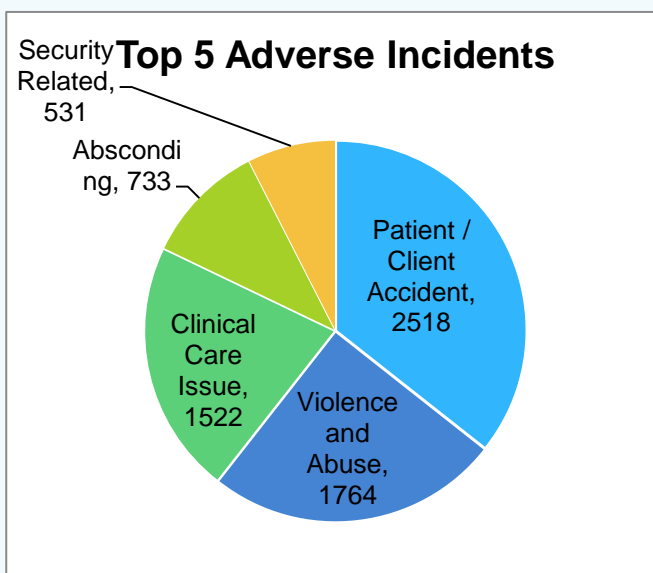
An adverse incident is defined as "Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation".

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 are set out in the graph below:

Patient falls remains the most frequently occurring category of incident but significant progress was made in year to manage and reduce the risk to patients. The Western Trust working in partnership with the other Trusts and the Health & Social Care Board/Public Health Agency carried out a detailed evaluation of serious falls incidents and from this have developed a consistent regional post falls review evaluation process. This will enable each Trust to do a timely debrief of the incident to ensure local application of learning and report into the Regional Falls



Group where trends and themes will be identified to ensure regional learning.

The Risk Management Department have revised and enhanced both incident training and the information made available to help manage incidents. As well as positively contributing to improved incident management generally this has also benefited the work of specific groups which analyse, review and manage the highest occurring incidents in year e.g. Medicines Governance Group.

Serious Adverse Incidents

Facts & Figures

During 2015/16, 82 incidents were reported as SAIs, of these 2 were de-escalated.

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 “any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation”. 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.

HOW THE ORGANISATION LEARNS

To highlight some of the learning identified following investigations the Trust held an SAI Learning Event on 9th September 2015. Guest speakers included the Senior Inspector Air Accident Investigation, the Deputy Medical Director from the Northern Ireland Ambulance Service and a relative who described her experience in being involved in an investigation of a serious medication incident from a family perspective. It also provided the opportunity for the family member to meet with the staff and see at first hand the changes that had been made following the incident. The learning identified by the investigating team was developed by the HSCB and PHA into a Regional learning letter on the Management of Patients who are on combined anticoagulant and/or antiplatelet therapy, pre and post a procedure/surgery. The event was attended by clinical and professional staff from across the Trust and was warmly received.



Regional Event

A regional SAI event was held on 11 March 2016 to share learning across the province. The Trust presented on three SAIs to include associated learning across a range of services.

Safety Messages

The Trust continues to publish a quality and safety newsletter, 'Share to Learn', to highlight Trust wide learning. Recognising that there is a limit to the immediacy of written communication and to the volume of content, from August 2014 the Trust began to publish a 'Lesson of the week'. This sits on the Trust Intranet server and opens as a default on all desktop computers within the Trust.

Leadership Walkrounds

Making care safer for patients/clients is a top priority for the Trust and leadership walkrounds are held in facilities who have contact with patients, clients and service users. The Trust is committed to creating a culture of safety where all staff can talk freely about safety or quality concerns and also how we might solve them. Directors and Non-Executive Directors conduct leadership walkrounds for the purposes of making care safer and gathering information for learning on how we can improve. There were 27 leadership walkrounds held during 2015/16 in facilities such as hospital wards, day centres, social services teams, mental health services and various community based teams.

Directorate Reports

During 2015/16 the Quality and Safety Team developed a quarterly report for Directorate Governance Groups. This includes information on SAIs, incidents, complaints, litigation, health and safety, National Institute of Clinical Excellence (NICE) guidance, details on Regulation & Quality Improvement Agency (RQIA) reviews and other quality and safety indicators for discussion and associated learning by the groups.

QUALITY IMPROVEMENT

A workshop was held on 9 June 2015 inviting staff with an interest in quality improvement and team coaching to come together to contribute to the development of a Quality Improvement Plan for the Trust.

A Quality Improvement Steering Group has been established to promote and enable a culture within the Trust which reflects the desire and need to continuously improve the quality of services.

An action plan has been developed for 2016/17 to enable the Trust to continue to build knowledge and capability in relation to quality improvement methodologies and promote improvements in quality and safety taken forward by staff.

During the year Dr Stephanie Bolton, Consultant Nephrologist, won the Northern Ireland Safety Forum Award for her improvement project, Quality Improvement in Complex, Low Volume Contexts: Improving the Renal Transplant Pathway.



Theme 2: Strengthening the Workforce



INDUCTION

492 new staff attended the Trust Induction programme during 2015/16. This programme consists of a ½-day face-to-face session which comprises a welcome from the Chief Executive and inputs on mandatory training areas such as Infection Control, Information Governance, Risk Management and Fire Safety. Participants are provided with a booklet containing additional information about the Trust as their new employer. New staff will receive localised departmental induction in addition to the corporate induction workshop.

A new Trust e-Induction package, currently in development, will provide another medium for staff to access the information covered in the face-to-face session and included in the booklet. It will also provide links to digital learning content.

STAFF SURVEY

During 2015/16 a Health and Social Care (HSC) Northern Ireland wide Staff Survey was undertaken. Trust staff were invited to complete a questionnaire about what it is like to work in HSC in Northern Ireland and in the Western Trust in particular. 27% of Trust staff responded to the survey with sufficient representation from each Directorate and staff group to make the responses statistically meaningful. During 2016/17 the Trust's survey report will be used to identify Corporate and Directorate specific actions which will build on actions already put in place from previous survey outcomes.

MANDATORY TRAINING

The Trust is committed to ensuring staff have the training required to be safe and effective in their role. The Human Resources, Payroll, Travel & Subsistence System (HRPTS) has been deployed to all Directorates to improve our ability to record and monitor mandatory training activity. HRPTS has provided us with the tools to get a much clearer view of the breadth of learning and development activity. This year 37,508 hours of mandatory training were completed.

APPRAISAL AND DEVELOPMENT REVIEW

The Trust met its improvement target of 5% on the number of staff with appraisal and personal development plans in place from 1 April 2015 – 31 March 2016. During 2015/16 the Management Development team delivered 23 Appraisal and Development Review (ADR) training sessions, trained 276 appraisers/reviewers and provided 16 targeted training sessions in Directorates. It has also provided administrative support for Medical Appraisal resulting in a total of 178 Consultant Appraisers trained.

LEADERSHIP

Senior Leadership Forum

This Forum was established to improve communication, support effective working relationships between organisational leaders and develop the (leadership) culture of the Trust. During 2015/16 two successful events were held focusing on organisational structures, succession planning and also resilience and working together.

Level 5 Diploma in Leadership for Health & Social Care Services

The Trust offers 6 types of Level 5 Diplomas across Adult, Children and Young People's Services Management and Advanced Practice.

During 2015/16 a total of 18 staff successfully completed their Level 5 qualification. These staff included managers of Residential Care Facilities, Domiciliary Care Supervisors, Respite Co-ordinator, Senior Day Care Workers, Senior Support Workers and Senior Care Assistants. Also during this period 10 staff registered to undertake the Level 5 Diploma.

"Inspire" Middle Manager Programme

The "Inspire" programme is designed to give participants exposure to key organisational and leadership challenges and uses case studies provided by Directors as the learning vehicle. 17 participants from across Directorates have participated in the pilot programme and the evaluations are extremely positive. As a result 2 further programmes are planned for 2016/17.

Post-Graduate Diploma in Health and Social Care Management

This 2-year diploma is delivered in-house and accredited by the University of Ulster. It is open to clinicians or professionals with management responsibility, social work managers or managers from any health and social care support function. It educates and develops leaders and managers to plan, implement and sustain change in transformation of services. Successful participants can progress to a Masters level in year 3. In 2015/16, 10 Trust managers graduated from the programme, 4 of them with distinctions.

COACHING AND MENTORING

Coaching is available to Trust staff in a management, clinical, service leadership, project lead or specialist practitioner role and who are:

- taking forward service improvements or development initiatives;
- developing new working practices/roles, and responsibilities as a result of organisational change;
- newly appointed to their role;
- seeking to develop their skills as part of personal/professional development;
- being developed for future career progression;
- facing a work-based challenge.

All staff who participated in Trust leadership development programmes in 2015/16 were allocated a coach and/or could select a coach themselves from the specially designed Connect Coaching and Mentoring website.

During 2015/16 17 senior Medical Consultants were trained in mentoring skills to provide support to colleagues appointed to their first Consultant post. This is in keeping with the General Medical Council's guidance document for doctors, Good Medical Practice, April 2013 which recommends mentoring as a key support to be offered to Consultants particularly on joining an organisation and when their role changes throughout their career.

SUPERVISION

Medical Supervision

Named Clinical Supervisor

For every placement, a doctor in training must have a named clinical supervisor. A named clinical supervisor is a trainer who is responsible for overseeing a specified trainee's clinical work throughout their placement in a clinical environment and who is appropriately trained to do so. Their role is to lead on providing day-to-day supervision of trainees, reviewing a trainee's progress and providing constructive feedback.

Named Educational Supervisor

All trainees must have a named educational supervisor. This is a trainer who is selected and appropriately skilled to be responsible for the overall supervision and management of a trainee's trajectory of learning and educational progress during a placement or series of placements. The educational supervisor is the key person in bringing together all the relevant evidence for a placement which enables a decision to be made as to whether it is safe for patients that a trainee should progress to the next stage of their training.

Nursing Supervision

The Trust's Nursing Clinical Supervision Policy requires registrants to have two formal clinical supervision sessions annually, which is in line with the Regional Clinical Supervision Policy. This can be provided on a one to one basis or in group format with training available for staff to become clinical supervisors.

Significant work goes on throughout the year by wards and teams to try to ensure all staff have two sessions with a number of wards and teams achieving 100% compliance.

Social Work Supervision

Individual Personal Development Plans, Monthly Supervision and Annual Staff Appraisal are key elements of an integrated process that is designed to help the development of our social work and social care staff, enabling them to perform to their fullest potential as professional workers. For Managers there is a focus on developing the skills of Coaching and Mentoring to enable them to facilitate staff on this journey.

While operational difficulties and sickness made it difficult to achieve 100% compliance with supervision standards over the past year, the culture of the Trust demands continuous improvement and development of staff. This is reflected in the training opportunities provided for staff in Supervision and Coaching during 2015/16. Last year 30 staff received introductory training on supervision. Mandatory supervision training was provided for 10 newly appointed managers. Practice Teaching Support Groups were attended by 37 staff while 3 staff commenced the postgraduate Practice Teaching Award Programme at University of Ulster. A total of 20 line managers attended the "Leader as Coach" Programme. Finally, one of our Assistant Directors enrolled on the Part 2 Diploma in Coaching Development, reflecting the Trust's strategic approach to strengthening the social work/social care workforce.

Allied Health Professionals (AHP) Supervision

Supervision is well embedded in AHP services with all staff receiving a minimum of 4 sessions per year, in line with the Regional AHP Supervision Policy. This has been audited in 2013 and 2015 across 500 staff and actions put in place to ensure these standards are continuously met.

STAFF ACHIEVEMENTS

Vocational Training

During 2015/16 110 staff were accessed and completed a range of qualifications at different levels, relevant to their jobs through the Vocational Training Team. The team has provided training and assessment to National Standards for staff who have been appointed into Band 3 Healthcare Assistant posts within Acute Services, where new skill sets are required. Training has included working towards competence-based units in taking blood, physiological measurements and electrocardiograms (ECGs). The Team has also facilitated a role development programme for 14 staff from Learning Disability.



Business Services Transformation Programme (BSTP)

– Human Resources, Payroll, Travel and Subsistence (HRPTS) System

In 2015/16, HRPTS was deployed to a further 3516 staff (including bank staff), taking the total number of staff who now have access to the system to over 10,000. The Organisation Management Team is working with managers to confirm management structures on the system to ensure that all workflows are correct and approval levels reflect the Directorate structure.

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

Northern Ireland Health Care Awards

The Community Respiratory Team, including a Consultant Physician, won the Clinical Leadership Team Award at the 2016 Northern Ireland Healthcare Awards held on 25 February 2016 for the work they have carried out since the launch of the team in June 2015.

In line with the Transforming Your Care (TYC) programme, the Community Respiratory Team aims to create a seamless service to manage patients with chronic respiratory diseases, such as chronic obstructive pulmonary disease (COPD), more effectively in the primary care and community settings. The highly experienced multidisciplinary teams, based at Altnagelvin Hospital, Tyrone County Hospital and South West Acute Hospital, have developed a range of diverse services to improve patient care, including patient clinical support and disease education,

promotion of patient self-management plans and increase in referrals to smoking cessation service and pulmonary rehabilitation programmes.



Investing in Volunteer Award

Volunteer Now has awarded a renewal of the 'Investing in Volunteers' (IiV) Quality Standard Award to the Trust's Volunteering Service. The Western Trust was assessed against a range of best practice standards and proved to excel in all aspects of working with its volunteers.



2016 Advancing Healthcare Awards NI

A Principal Paediatric Occupational Therapist was awarded the first Leckey Award for Allied Health Professionals in Children's Services held in January 2016 for her pioneering work in the Neonatal Intensive Care Unit at Altnagelvin Hospital to embed a role for occupational therapy, with a follow-on therapy service in the community.



University of Stirling International Dementia Award

The Trust's Memory Service won the Innovation Team Award at the University of Stirling's International Dementia Awards held in Birmingham which recognizes a team who has demonstrated exceptionally high quality of care to dementia patients and their families. The award sponsors Target Healthcare REIT also presented the Western Trust's Memory Service Team with a prize to the value of £5,000 for Dementia Training.

Western Trust Nursing and Midwifery Staff Inaugural Awards

The high calibre of nursing and midwifery staff employed by the Trust was celebrated at the first annual Nursing and Midwifery Awards, held in January 2016. The event honoured the 5,000 hospital and community based nurses, midwives and health visitors and recognised their contribution to local health and social care.

Western Trust Social Work Awards

The Western Trust Social Work Awards were held during 2015 to acknowledge the outstanding contribution and dedication shown by the social care workforce employed within the Western Trust. The awards recognise individual social care workers within the five categories of Children's Services, Residential Services, Mental Health Services, Physical/Learning Disability Services and Primary Care & Older People's Services.



2015 Open + Direct Insurance Best Kept Health and Social Care Awards

- Glenside Adult Training Centre, Strabane was named Best Kept Daycare facility in the Western Trust region.
- Rowan Villa, Tyrone & Fermanagh Hospital, Omagh was named runner up in the Daycare category.
- The Renal Unit in Altnagelvin Hospital, Londonderry were runners up for the Best Kept Healthcare Award.
- The South West Acute Hospital, Enniskillen was 'Highly Commended' Best Kept Healthcare facility in recognition of notable contribution to the enhancement of their environments.

Queens University Belfast (QUB) Mentor of the Year Award 2015

A Western Trust Nurse based in Lakeview Hospital was awarded the 2015 Mentor of the Year Award in the field of Learning Disability Nursing by Queens University Belfast.

Head of Pharmacy Recognised With National Award

The Trust's Head of Pharmacy and Medicines Management received a special recognition award at the highly esteemed annual Guild of Healthcare Pharmacists conference, held in Leeds in May 2015. She collected the Silver Medal award accolade for 'Outstanding Contribution to Pharmacy'.

LOOKING AFTER YOUR STAFF



A Health and Wellbeing Workplace Action Plan has been developed by the Trust's Investing in Your Health Management Group. It aims to develop and support a culture that promotes and protects the physical and emotional health and wellbeing of trust staff.

- A range of programmes and services are available to improve the health and wellbeing of staff. Key areas taken forward during 2015/16 include the continuation of the Cycle to Work Scheme (100 applications received), swim scheme (260 applications) and the availability of corporate rates at council and privately owned health facilities (650 registered in total for these). 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 continues to be implemented throughout the Trust to protect and improve the health and wellbeing of all staff, visitors, contractors and patients. Smoking Cessation Clinics are available to assist staff in stopping smoking.
- A range of training is also available to support the health and wellbeing needs of staff including the Resilience in the Workplace Programme, 4 Take Five seminars were delivered and well received throughout the Trust.



The Trust is committed to improving the health and wellbeing of staff and the new Action Plan will be rolled out over the next financial year 2016-2017 focusing on the emotional health and wellbeing, physical activity and communicating the message to staff.

Occupational Health

The Trust's Occupational Health Department continues to support staff through providing services which protect employees from the possible adverse effects of work related activity. During 2015/16 Occupational Health completed 733 pre-employment health assessments, 68 health surveillances, 1543 referrals made by managers and 71 self-referrals by staff members themselves in relation to health concerns which are related to or had an impact on their work. They also provide advice on sickness absence, workplace assessments and immunisations.

Staff Counselling Services

The Trust has available an independent, confidential staff counselling service which is provided by Carecall. Carecall is an external organisation that provides confidential advice and support to staff for a number of reasons including work/career, emotional/personal, family issues, personal trauma, health related and financial matters. During 2015/16, Carecall provided 845 counselling sessions to

staff through both face to face and structured telephone counselling. Also during this period 182 staff made their first contact to use Carecall services.

Medical Workforce Recruitment and Reform Project

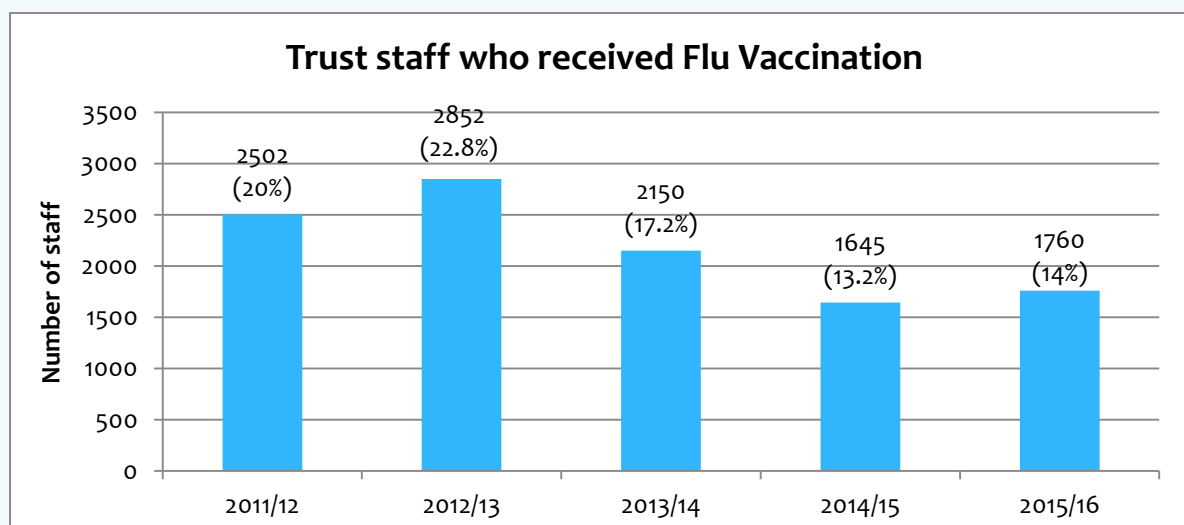
A Medical Workforce Recruitment and Reform Project has resulted in 18 doctors being employed. This is an international recruitment project and to help those doctors to settle into a new work environment, culture and area, a workplace “Buddy” programme has been introduced. The Trust has also held one “Welcome to UK Practice” workshop for international doctors during 2015/16. This was facilitated by the General Medical Council (GMC) in the South West Acute Hospital.

Flu Vaccination



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 and percentage of staff who have received the flu vaccination. This does not include staff who have received the vaccine through their own GP.



REVALIDATION

Medical Staff

The General Medical Council (GMC) regulations require that doctors provide evidence of ongoing fitness to practice on a 5 yearly cycle. During 2015/2016 the Trust Responsible Officer made 117 recommendations to the GMC and all recommendations were approved

Nursing Staff

From April 2016 Revalidation became a mandatory requirement of the Nursing and Midwifery (NMC), requiring registrants to complete a revalidation portfolio every three years to maintain their registration. Revalidation is a demonstration of a registrants continued ability to practice safely and effectively. It is a process that registrants will engage with throughout their career.

Revalidation is not a confirmation of Fitness to Practice nor is it an assessment of the quality of their work. It is confirmation that a nurse or midwife has complied with the requirements of the revalidation process.

The Trust has over 3,000 registrants with the annual percentage of staff due to revalidate being: 2016 - 32%; 2017 - 28% and in 2018 - 34%. Approximately 2,200 of these staff have attended revalidation awareness sessions during September 2015 to March 2016.

MAXIMISING ATTENDANCE

Maximising attendance at work remains a key focus for the Trust. The Human Resources (HR) Directorate Teams provide focussed support on attendance management to managers through a case management approach.

In July 2015 a team with responsibility for absence recording was established. The Absence Team has successfully addressed gaps in absence information records, late notification of absence by managers and has standardised absence timesheets. It has also proved to be very effective in stabilising and preventing variances in absence information. Directors and Assistant Directors now receive comprehensive monthly absence reports to facilitate more effective absence management.

STAFF TRAINING

Reducing the Risk of Hyponatraemia Training

Trust staff assisted in the development of the competency assessment framework which was finalised in September 2015. This is available on the Public Health Authority (PHA) website and has been shared with all medical and nursing staff. Prescribers of fluids to children are required to undertake the assessment every 3 years. For medical staff this will be recorded as part of their appraisal if they are prescribing fluids. In addition there is ongoing classroom based training provided on fluid management in children.

Infection Prevention and 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 (CEC) tutors deliver combined mandatory training sessions twice a year, which includes Infection Control. During 2015-16 a total of 111 sessions took place within primary and secondary care settings across the Trust; an average of 2 two-hour sessions per week. The sessions were attended by a total of 2508 staff (this figure does not include staff who have attended the CEC combined mandatory training sessions). The Infection Prevention Control Nurses also provided a total of 16 sessions on Aseptic Non Touch Technique (ANTT) which were attended by 124 staff. Infection Prevention & Control Enhanced educational support programmes were provided to 11 wards.

Right Patient Right Blood Training

The Trust promotes the requirements of Better Blood Transfusion 3 (BBT3, 2011) and Blood Safety and Quality Regulations (BSQR, 2005) which require all staff involved in the blood transfusion process to have valid training (every 3 years or 2 years if involved in blood collection) and a valid assessment (every 3 years).

Six monthly audits are undertaken by the Haemovigilance Practitioners as per the recommendations in the 'Review of Blood Safety: the Regulation and Quality Improvement Authority (RQIA)'. This is 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 then undertaken in the clinical areas by trained assessors.

Theme 3: Measuring the Improvement



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.

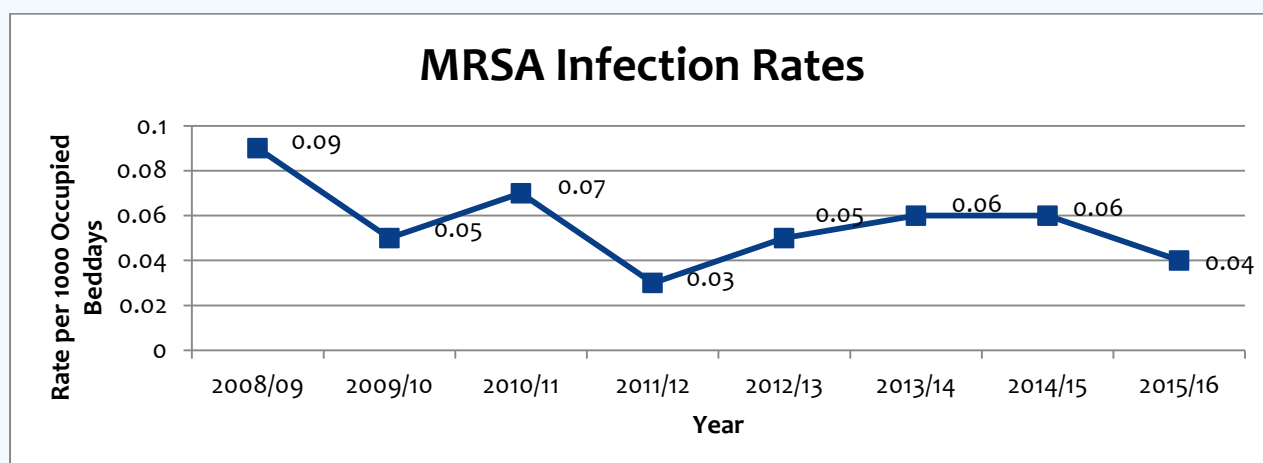
Methicillin Resistant Staphylococcus Aureus (MRSA):

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.

Facts & Figures

During 2015/16 the Western Trust identified 9 MRSA cases and therefore achieved the target set of 9 cases, a reduction of 25% on the previous year. More than two thirds of patients came to hospital with MRSA already in their bloodstream.

The infection rate was 0.04 infections per 1000 occupied bed days which was below the target set of 0.75 infections.



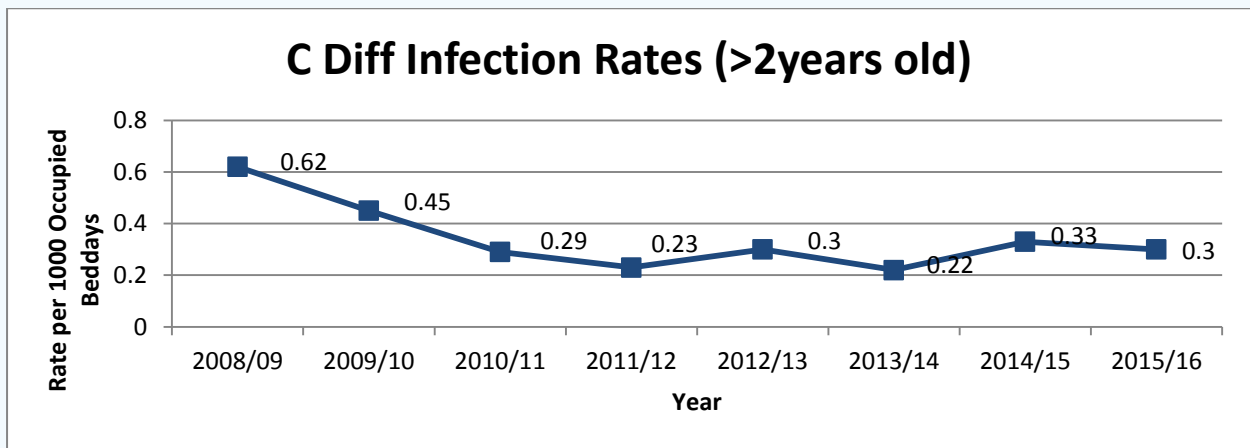
Clostridium Difficile Associated Disease (C.difficile):

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, appropriate isolation and antimicrobial prescribing.

Facts & Figures

During 2015/16 the Western Trust identified 64 C.difficile cases, 16 more than the target set of 48 cases. Root cause analysis performed on these cases demonstrated that 28 out of the 68 cases were community associated.

The infection rate was 0.30 infections per 1000 occupied bed days which was below the target set of 4.00 infections.

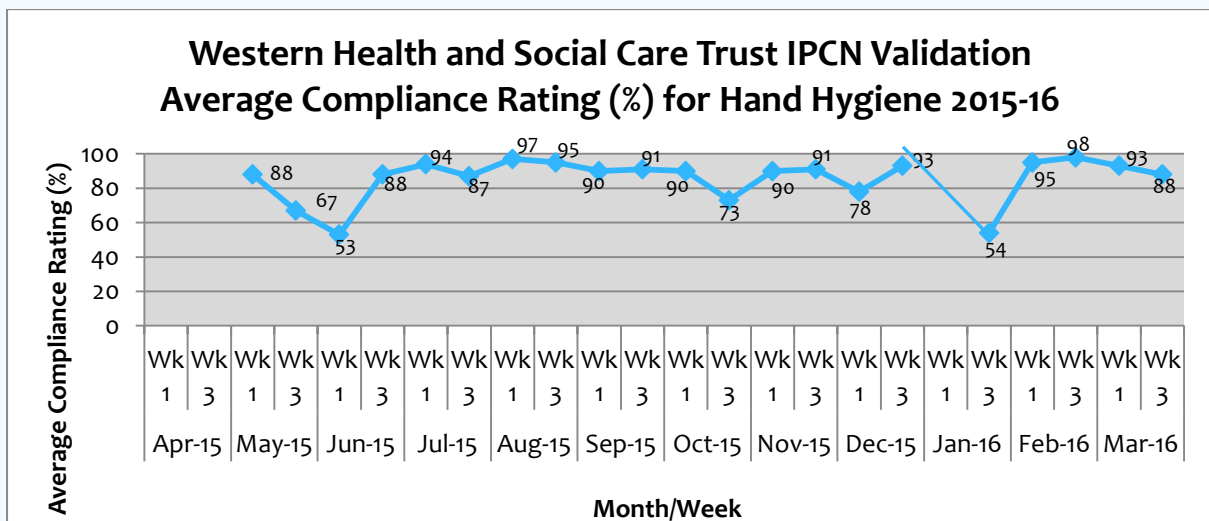


Hand Hygiene

Hand hygiene is one of the easiest and most effective ways of reducing the spread of healthcare associated infections (HCAs). While many factors can influence the risk of acquiring an infection within the healthcare setting, hands are considered a key route by which pathogens are transmitted between patients, and inadequate hand decontamination is recognised as a significant factor in transmitting HCAs.

The Trust has improved and sustained correct hand hygiene practice since the introduction of regular and monitored hand hygiene audits in 2008. The overarching purpose of the audit is to provide performance information, to highlight good practice and to indicate precisely where improvements are required. Direct observation using a recognised hand hygiene audit tool is an effective way of assessing adherence to the evidence base.

Self-reported hand hygiene audits are carried out by core ward/department staff on a regular basis and this is validated by peer/professional lead independent audits. The Infection Control Nurses carry out ad hoc validation audits with the aim to achieve at least 95% compliance and if necessary to educate and improve staff practice as part of the process with the ward/department leading the improvement strategies. An important feature of both peer/professional led validation audit figures is that they are normally much lower than the self-reported figures. The figures detailed are Infection Control Nurse validation average compliance rating for hand hygiene and **do not** include peer/professional lead independent audit figures.



Critical Care Device-Associated Infection Surveillance

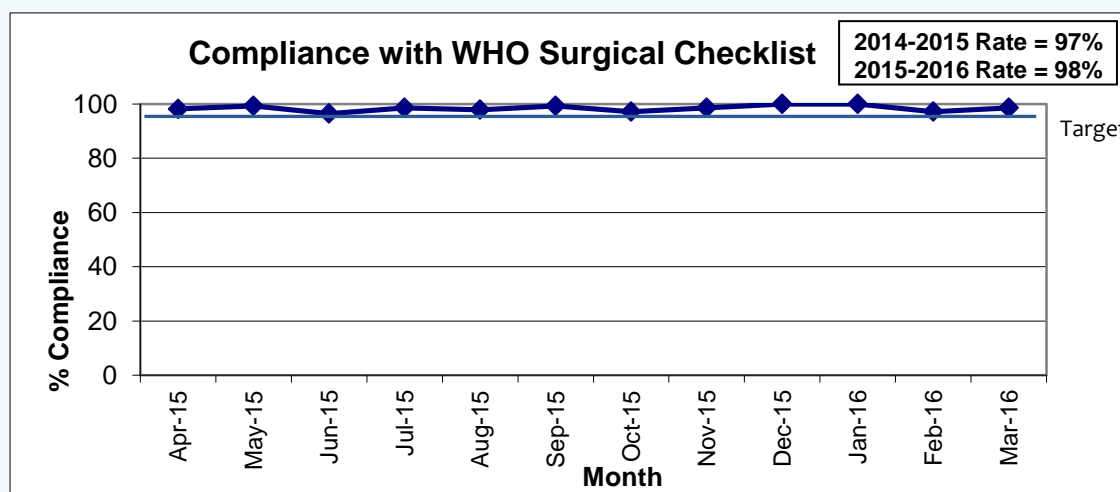
Critical care device-associated infection surveillance commenced in June 2011. There have been no device related infections since April 2014. The critical care staff are to be commended for their exemplary performance across all the parameters of this surveillance programme.

SAFER SURGERY

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. 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. The compliance rate for 2015/16 was 98% and monthly compliance is displayed in the graph below.



MATERNITY QUALITY IMPROVEMENT

The Trust is committed to the Maternity Collaborative Northern Ireland and has embraced work through this group to improve the care given to mothers and babies. The overall aim of the Collaborative is to provide high quality, safe maternity care and ensure the best outcomes for women and babies in Northern Ireland. The Collaborative has recently developed and reviewed safety tools for use throughout the Maternity Unit and are constantly reviewing and developing Regional Policies and Protocols to ensure that all practices are similar throughout the region.

The Trust has been committed to the Perinatal Institute's project since 2006 and is now fully involved in the Growth Assessment Programme (GAP). This has included introducing protocols and pathways to assist clinicians in risk assessment and surveillance of infant growth and wellbeing in pregnancy to reduce stillbirth rates. It involves a



standardised management of care for all women to help in reducing the national Stillbirth rate.

The Collaborative is actively seeking funding to install the Standardised Clinical Outcome Review (SCOR) which is a software tool for comprehensive review of perinatal deaths. The application facilitates systematic examination of each case, produces a taxonomy of substandard care factors and prompts an action plan to facilitate implementation of learning points.

Sepsis Awareness

The Trust has a formal protocol for early identification and immediate management of women with sepsis. The protocol is easily available to all clinical staff who receive regular training in its use. Sepsis boxes, posters and flow charts are all visible throughout the unit.

Birth Choices

A Birth Choices Midwife is in post who offers women with a previous caesarean section counselling regarding her birth choice and Vaginal Birth after Caesarean.

PAEDIATRIC QUALITY IMPROVEMENT

A Regional Paediatric Quality Improvement Collaborative has now been established for the last 2-3 years. Work progressed by the Trust as part of this collaborative includes:

Paediatric Early Warning Scores (PEWS)

It was recognised that there was not a consistent approach/tool for recognising a deteriorating child while in hospital. Following several pilots, age specific PEWS charts were agreed and all Trusts are now using the same documentation. As there are significant variances in the vital signs of babies and children, there are 4 different records available - 0-1 year, 1-5 years, 6-12 years and over 12 years old. It is planned that the PEWS will be implemented in the Emergency Departments.

Medication Safety

There has been a focussed effort in addressing prescription and administration errors within Paediatric settings using a quality improvement approach. Following several cycles of improvements and audits, there was a reduction of 50% in medication errors following the first 6 months and plans are in place to continue with the project and sustain improvement.

Effective Communication-Handovers

This year a number of improvements have been made in relation to handover between staff. There has been a change to the format of medical handovers with the most ill patients being reported on first. The location for handovers is now adjacent to the ward with less opportunity for interruptions. Communication tools are used and a focus on the time taken for efficient handover. Live documentation is prepared for both Medical and Nursing staff so that they have the vital information to hand.

Engagement

Although there has always been a focus on close engagement with children and their families whilst they are in receipt of healthcare, staff within paediatrics are now facilitating open sessions with service users. This will allow them to give us feedback on how they viewed their experience so that we can continue to improve our services.

Productive Ward

The Productive Ward initiative focuses on improving ward processes and environments to help nurses spend more time on patient care thereby improving safety and efficiency. As part of this work the team developed the sunny bear mascot.



ORAL HEALTH QUALITY IMPROVEMENT

Oral Health Early Intervention programmes

The Community Dental Team works throughout the Trust to improve the oral health of the population. In particular resources are focused on preventing dental decay especially in young children. The teams work with Health Visitors, Nursery Schools, Sure start groups and the Family Nurse Partnership to ensure that parents are supported to make healthy choices for their children.

Evidence based programmes are implemented across the Trust. These aim to improve oral health in 3 ways:

- 1) Encourage twice daily brushing with a fluoride toothpaste
- 2) Promote healthy eating, reducing the frequency of sugary foods and drinks
- 3) Encourage regular attendance at the dentist

Over 5000 preschool children were targeted in the Western Trust in 2015/16. This was supplemented by preventive projects in the Community with one project in the Triax area celebrating 10 years of being involved in early intervention preventive programmes.

The Health & Social Care Board have recognised that these community projects have led to dramatic improvements in child oral health figures with a recent survey showing the proportion of 5 year old children affected by dental decay has dropped from 61% in 2003 to 40% in 2013.



Decay levels remain higher in areas of deprivation and the dental teams will continue to look at innovative ways to support families in these areas for the benefit of their children.

FALLS

Facts & Figures

In 2015/16, the Trust recorded 1,428 falls of adult patients in hospital.

Of the falls recorded, 48 led to a more serious injury such as a fracture. These falls accounted for 3.4% of the total recorded.

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.

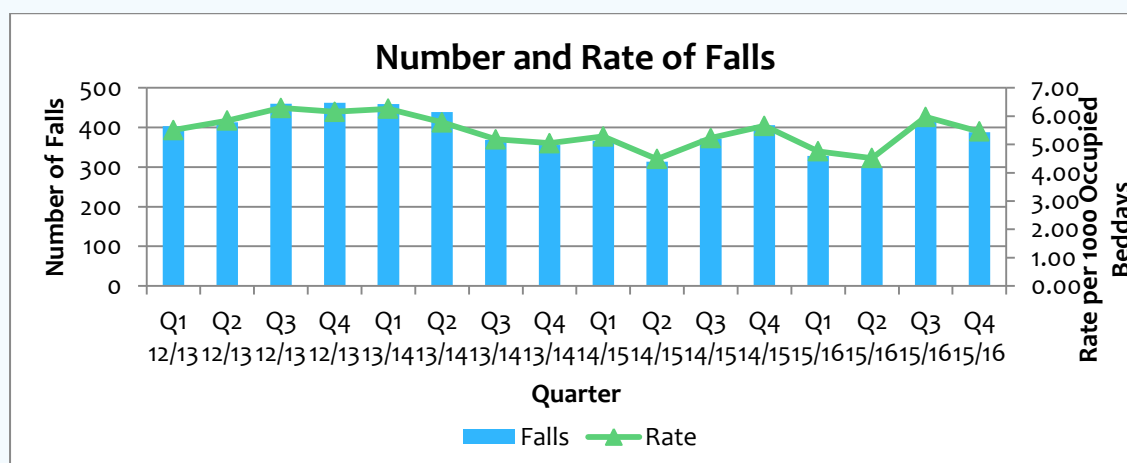
Progress Made

Falls continue to be the highest reported incident within the Trust. Work has been ongoing to identify the patient at most risk of falling using the Royal College of Physicians Fall Safe Bundle.

Measures to reduce falls over the last year include the procurement of non-slip slippers for patients who have no slippers or who have inappropriate footwear when in hospital. Recurring funding has been secured with the Commissioner to develop an integrated falls pathway with work due to commence on this in October 2016.

The Trust continues to monitor compliance to the fall safe evidence bundle with all wards in Altnagelvin and South West Acute Hospitals.

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.



Regional Pressure Ulcer Work

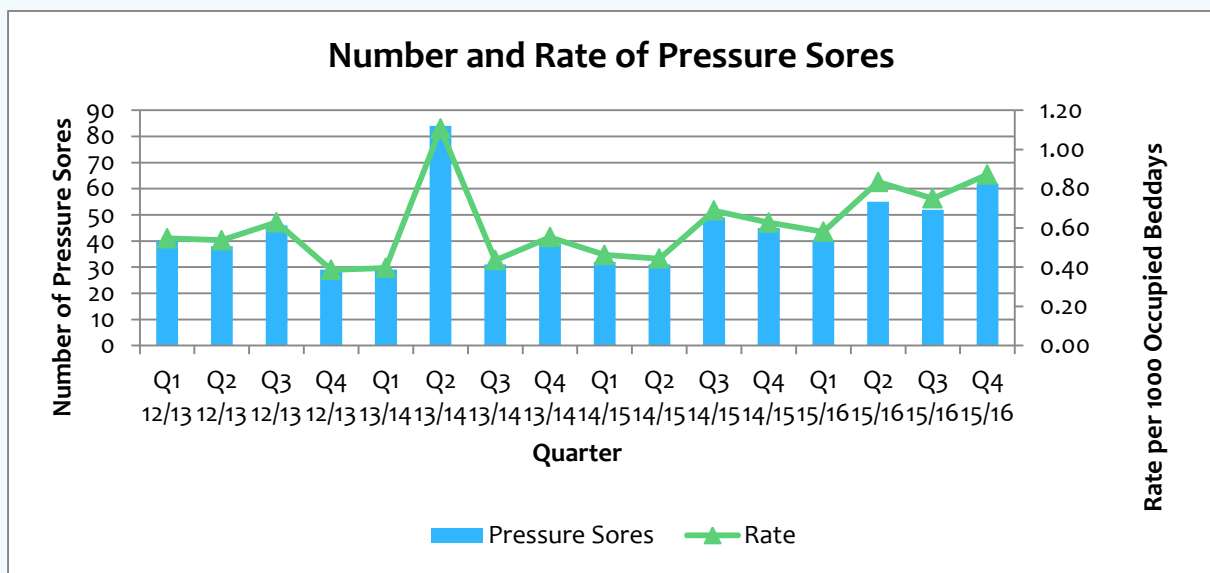
Work is ongoing in the Trust to reduce the number of patients who develop pressure damage post admission to hospital or community services.

The SKIN bundle has been fully implemented across all acute wards and compliance is measured quarterly. A plan is in place to spread the bundle in community services during 2016/17.

The PHA has set a target of a 10% reduction of Grade 3 and 4 pressure ulcers.

Facts & Figures

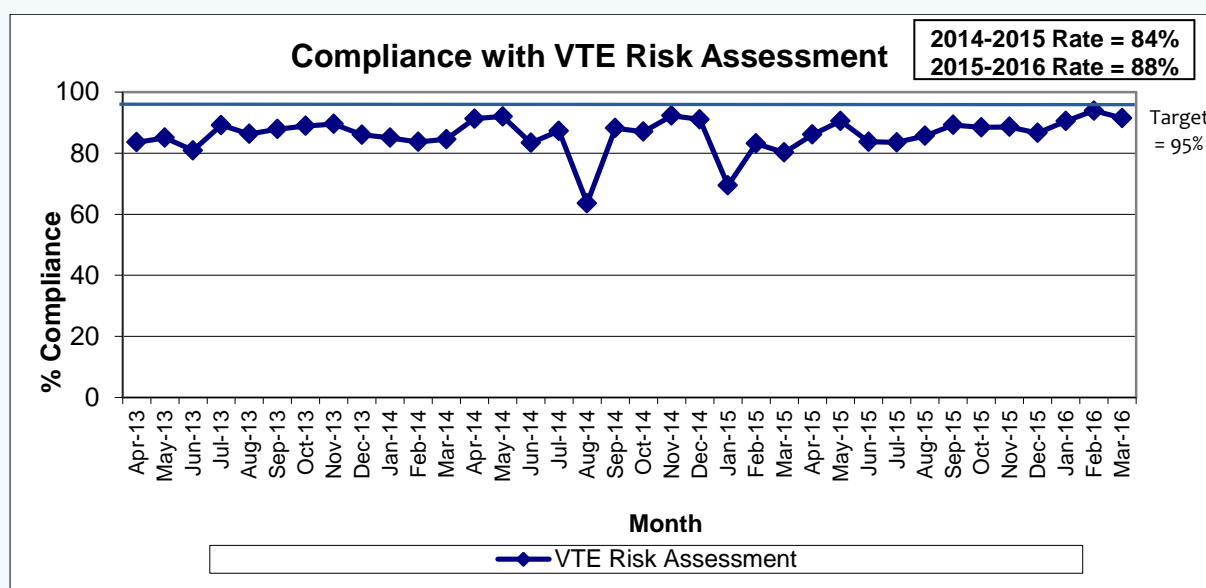
In 2015/16, the Trust recorded 209 pressure ulcers compared to 157 for the previous year. This was an increase of 33%.



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 2016. 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. The compliance rate for 2015/16 was 88%. Monthly compliance is displayed in the graph below:



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.

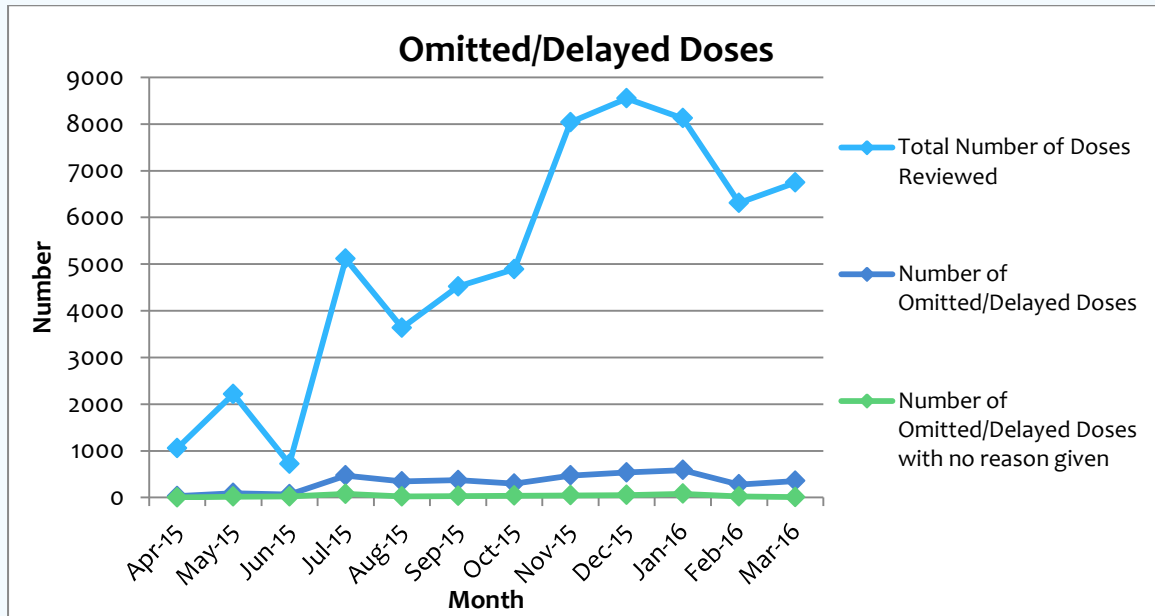
Omitted & Delayed Doses

A Rapid Response Report from the National Patient Safety Agency (NPSA; 2010) on 'Reducing harm from omitted and delayed medicines in hospital' highlighted that medicine doses are often omitted or delayed in hospital for a variety of reasons. Sometimes the reason for the omission or delay is not recorded and it is therefore difficult to assess the impact of this failure to record on the health and recovery of the patient or whether any omission or delay caused actual harm to the patient.

The Northern Ireland Medicines Governance Team Audit (2013) reported that the percentage of omitted and delayed doses across five HSC trusts in Northern Ireland was 12.7% (range 9.4 - 18.6%) while the percentage of omitted and delayed doses of critical medicines was 1.4% (range 1.0 – 2.0%).

Work has been commenced with a range of wards reviewing their compliance in recording the reason for missed dose medications. A spread plan will see all wards participating in this work by March 2017.

During 2015/16 data was collected monthly on a range of wards from a random selection of 10 patient case notes. Monthly compliance is displayed in the graph below:

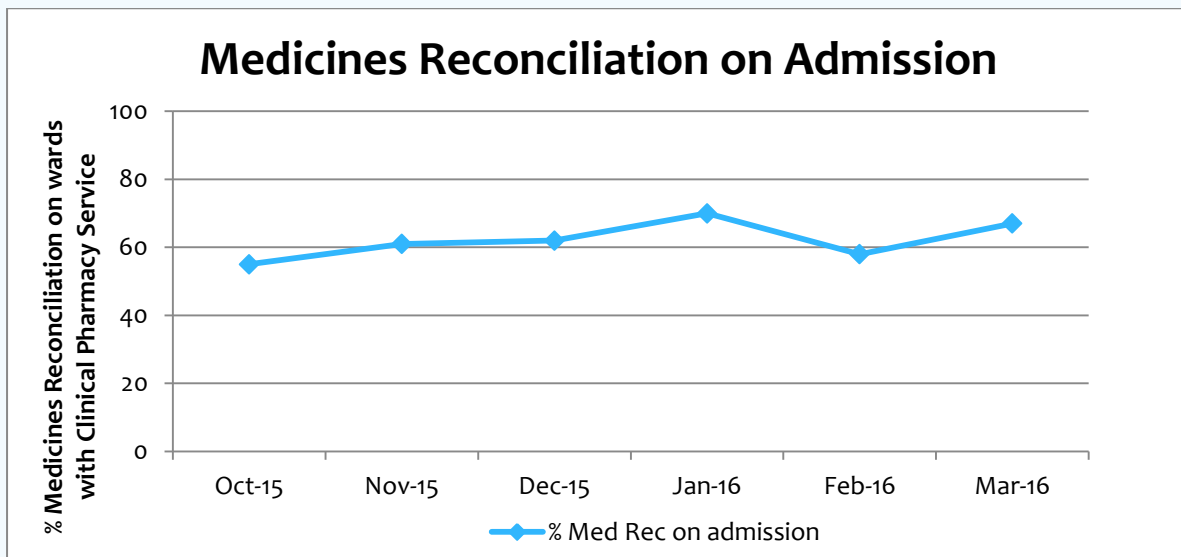


Medicines Reconciliation

The National Institute for Health and Clinical Excellence (NICE) guidance on medicines reconciliation aims to reduce medication errors which occur most commonly on transfer between care settings and on admission to hospital. Medicines reconciliation ensures that 'the medicines prescribed on admission correspond to those that the patient was taking before admission' (NICE 2007).

43% of patients admitted to all wards on three hospital sites (Tyrone County, South West Acute and Altnagelvin) had their medicines reconciled by a pharmacist on admission. For wards with a clinical pharmacist, this rose to an average of 62%, 66% of which was verified by a pharmacist within 24 hours of admission.

The introduction of a 7 day pharmacy service to Altnagelvin Emergency Department and extending the clinical pharmacy service to 7pm on the acute admission wards in Altnagelvin and South West Acute, Monday to Friday during 2016/17 will improve these figures. Pharmacists are specifically reconciling medicines of patients who are taking high risk medicines.



Insulin

Insulin is a high risk medicine used to treat diabetes. The Trust's multidisciplinary Insulin Safety Group meets regularly with its main focus being to ensure insulin is prescribed, dispensed and administered safely. The group reviews medication incidents related to insulin and decides what learning actions need to be shared with all staff, either through the inclusion of examples in staff training or reminders printed in the staff 'Lesson of the week' on the intranet.

The group also:

- developed and updated charts used to prescribe and document the administration of insulin;
- contributed to regional guidance on the 'supported administration of insulin';
- agreed local training programmes related to the safe use of insulin.

Quality Improvement Work - Medicines

The Trust carried out 14 quality improvement projects related to improving the safe use of medicines during the year. There was a focus on the prescribing of antibiotics and antifungal drugs as well as getting all the right medicines prescribed when a patient is admitted to hospital. Three of these projects have been shortlisted for a regional Reliable Care Quality Improvement award.

Facts & Figures – Medication Incidents reported during 2015/16

72 medication incidents involving Controlled Drugs

12 Medical Gases incidents

416 General medication incidents

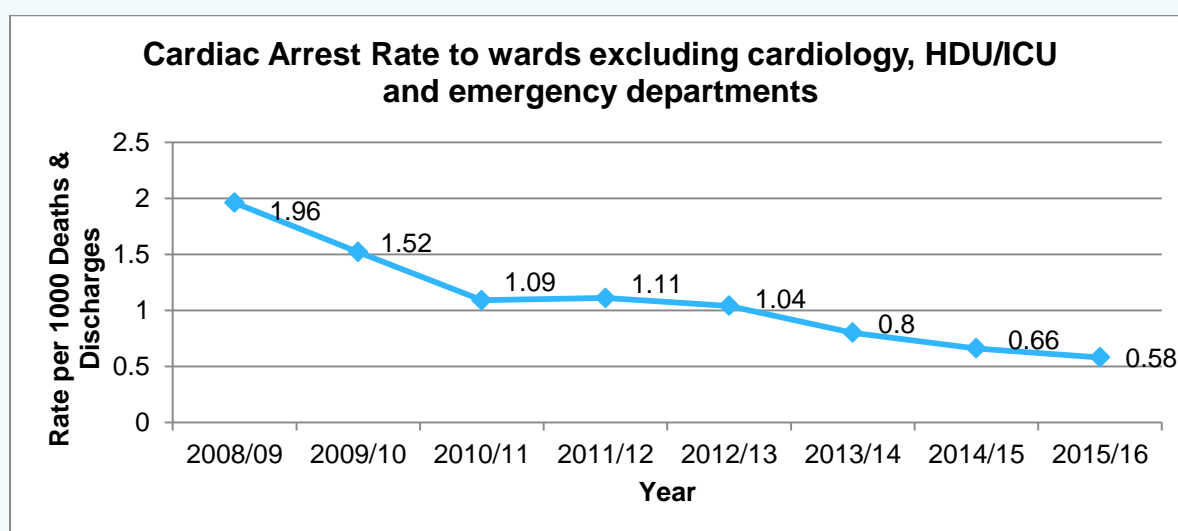
17 medication incidents involving IV fluids

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

REDUCING CARDIAC ARREST RATES IN HOSPITALS

Low rates of arrest calls to general wards is an indicator and reassurance to the Trust and the general public that staff can effectively identify a deteriorating patient, provide appropriate treatment and prevent them suffering a cardiac arrest. Emphasis on identification and treatment of the deteriorating patient throughout the Trust is provided by the Resuscitation Team in their resuscitation courses. The focus of all training on the deteriorating patient is to empower staff to effectively assess patients, call for appropriate help early and treat them using their knowledge and skills alongside national guidelines and Trust protocols and policies. Flow charts indicating what training staff must attend have been developed and adopted Trust wide to maintain staff knowledge and skills. To assist staff in assessment and management of the acutely ill patient and more intensive observation a Critical Care Outreach Team and Hospital at Night Team are in place.

The Trust crash call rate to general wards for 2015/16 was 0.58 which demonstrates a 12% reduction from the previous year.



Within the Trust we also audit all cardiac arrest calls to ensure compliance with national and local guidelines and provide data to the National Cardiac Arrest Audit which then allows us to benchmark against national data.

In 2015/16 the survival to discharge following a hospital cardiac arrest call across the Trust was 25% compared to a national figure of 18%.

NATIONAL EARLY WARNING SCORES (NEWS)

NEWS, a tool to assess the clinical status of patients and their vital signs, has been introduced across all adult acute care wards in Northern Ireland as an aid to detecting and managing patient deterioration. This includes each Trust's care escalation protocols for use when NEWS trigger scores are reached.

Work has been ongoing across the Altnagelvin and South West Acute hospitals to ensure the NEWS and corresponding escalation plan is implemented with compliance monitored on a quarterly basis. The Trust has participated in two regional NEWS audits.

REGIONAL NEWS AUDIT RESULTS 2016

(Headline NEWS Results)

Trust	% Compliance with NEWS Chart			% Observations recorded according to Trust policy			% Correct grade of doctor assessing patient (as defined by escalation)		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
A	72	82	81	35	45	81	35	52	88
B	74	79	71	40	81	63	50	75	44
C	47	87	64	27	88	15	58	88	46
D	90	86	97	95	94	98	95	71	85
E	No return	91	98	No return	90	100	No return	90	93
Overall %	71*	85	82	49*	80	71	60*	75	71

Based on 4 Trusts data – The Western Trust results are listed under Trust D in the table above

REGIONAL NEWS AUDIT RESULTS 2016

(NEWS Chart Quality Measures)

Trust	% Observations with 6 vital signs recorded			% NEWS being calculated at each observation time			% correct NEWS score calculations (based on checking last score calculated)			% frequency next set of observation being appropriate		
	2014	2015	2016	2014	2015	2016	2014	2015	2016	2014	2015	2016
A	91	95	91	89	94	87	92	92	95	88	89	96
B	90	95	93	92	91	93	94	95	89	84	88	80
C	65	99	83	62	94	84	83	96	89	73	96	75
D	96	97	100	98	99	100	97	93	98	96	96	98
E	No return	100	100	No return	95	98	No return	99	100	No return	96	100
Overall %	86*	97	93	85*	95	91	86*	95	94	85*	93	90

Based on 4 Trusts data – The Western Trust results are listed under Trust D in the table above

Theme 4: Raising the Standards



MORTALITY RATIO

The Trust provides care and treatment for many patients and sadly some of the very acutely ill die in hospital.

The Standardised Mortality Ratio (SMR) is an indicator of healthcare quality that measures whether the death rate is higher or lower than you would expect. Like all statistics, SMRs are not a perfect indicator of safety, however it can be a warning sign that things are going wrong and an indicator for further investigation.

The Risk Adjusted Mortality Index (RAMI) 2015 is an SMR which takes case complexity into account, by comparing the actual number of deaths, with the predicted number, based on outcomes with similar characteristics, i.e. age, sex, primary diagnosis, procedures performed, and comorbid conditions. A RAMI index value of 100 means that the number of patients who actually died in hospital matches the number predicted. A RAMI value lower than 100 means fewer people than expected died.

Facts & Figures

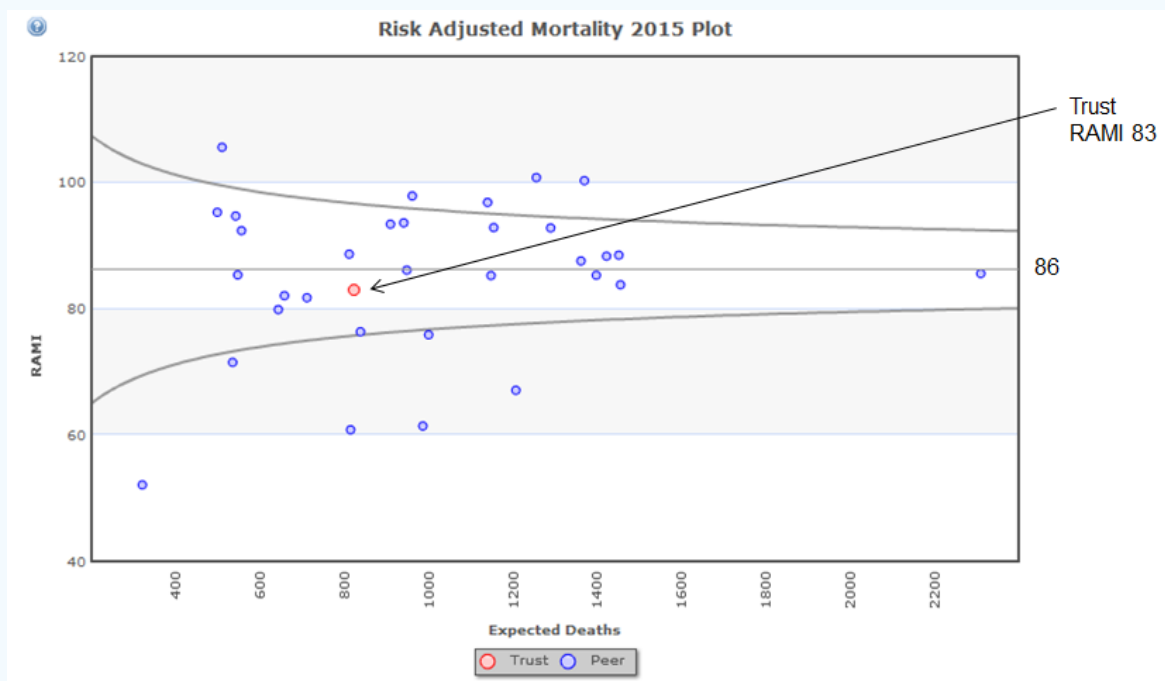
The table below provides details of the RAMI score for the Western Trust compared to the UK Top Hospitals Peer and the NI Peer for April 2015 to March 2016:

RAMI 2015 Score - 2015/2016

Date	Trust	UK Peer	NI Peer
Apr-15	81	91	86
May-15	73	89	87
Jun-15	68	86	82
Jul-15	60	82	80
Aug-15	99	84	84
Sep-15	94	81	89
Oct-15	84	84	87
Nov-15	80	86	89
Dec-15	93	83	100
Jan-16	74	90	100
Feb-16	89	88	102
Mar-16	100	91	126

- The monthly RAMI figures show that the Western Trust scores were lower than or equal to the UK Peer for seven of the twelve months, and lower than or equal to the NI Peer for ten of the twelve months.
- The lowest RAMI score for the Western Trust was July 2015 (60) and the highest RAMI score for the Western Trust was March 2016 (100).

The funnel plot (RAMI 2015) shows that the Trust with an average of 83 was within the mid-range of peer population. The UK Top Hospitals Peer average was 86.

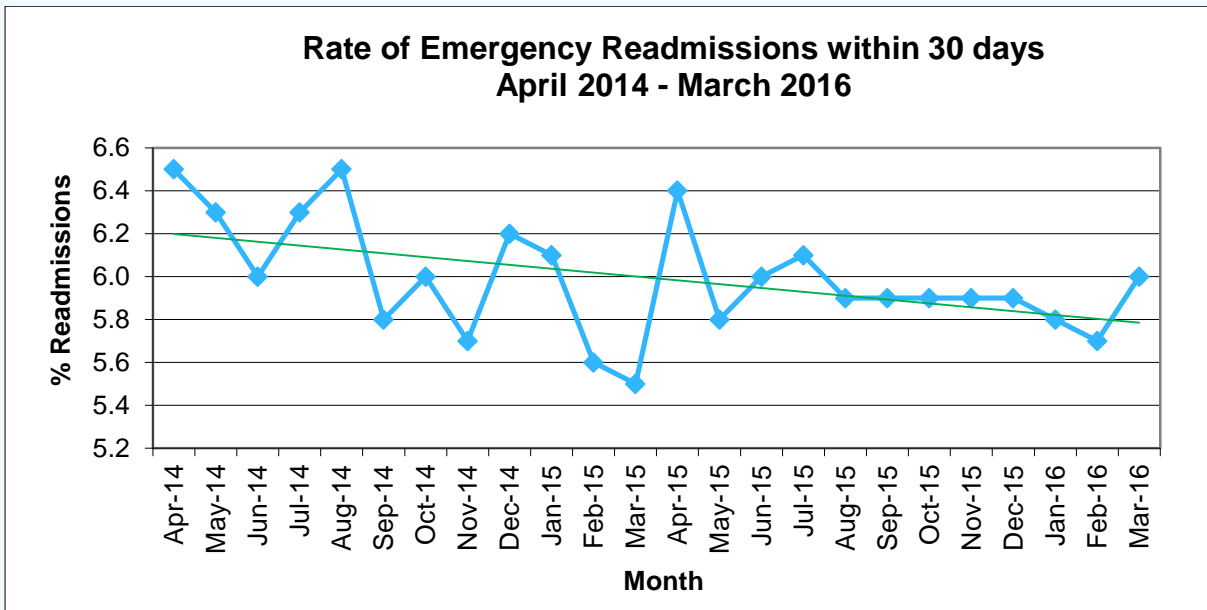


EMERGENCY READMISSION WITHIN 30 DAYS OF DISCHARGE

Readmission rate is one of a number of indicators used as a measure of quality of care being compared with United Kingdom (UK) peer. For the period April 2014 to March 2016 the Trust average readmission rate was 6.0% and the UK peer average was 7.4%. Although the Trust average for the period was 6.0% the graph trend line illustrates that the readmissions rate is actually falling.

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.



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.

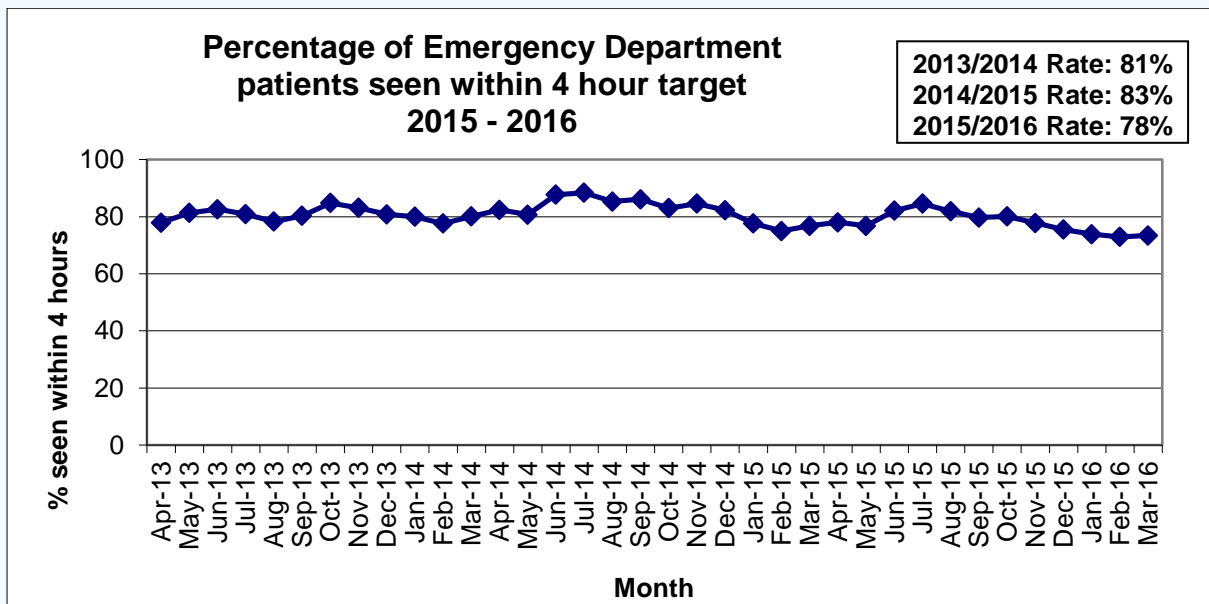
Facts & Figures

108,451 people attended ED during 2015/16. This was a 7.7% increase from the previous year.

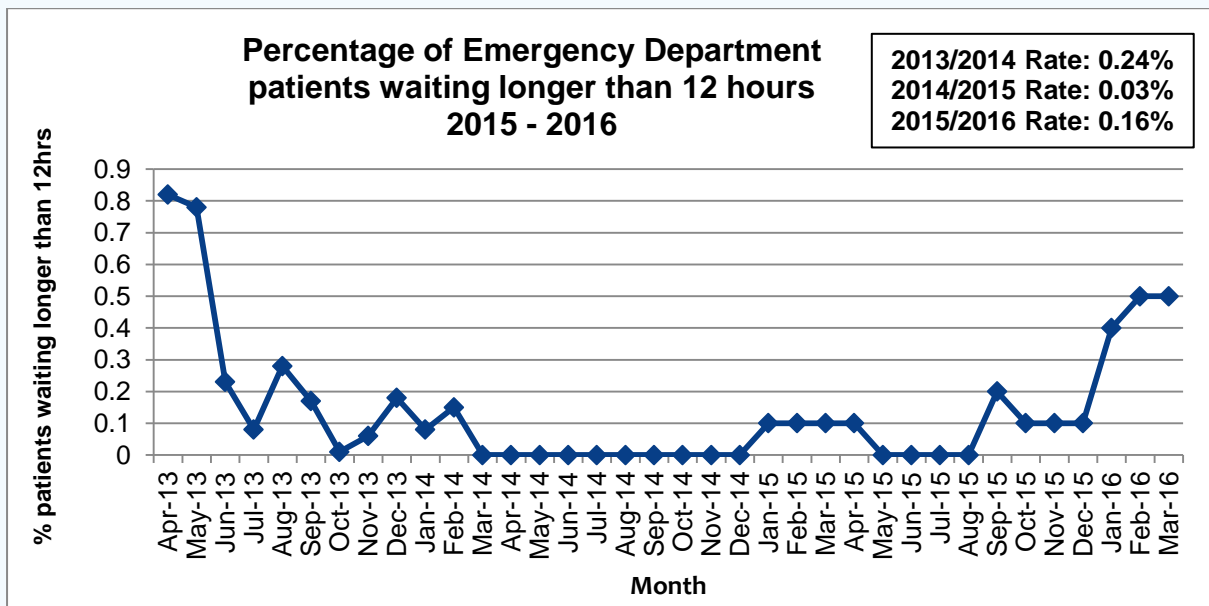
78% of these patients were seen within the 4hr target which is a 4.6% decrease from the previous year.

0.16% of these patients waited longer than 12hrs which is an increase of 0.14% from the previous year.

5.12% of these patients were unplanned re-attenders.

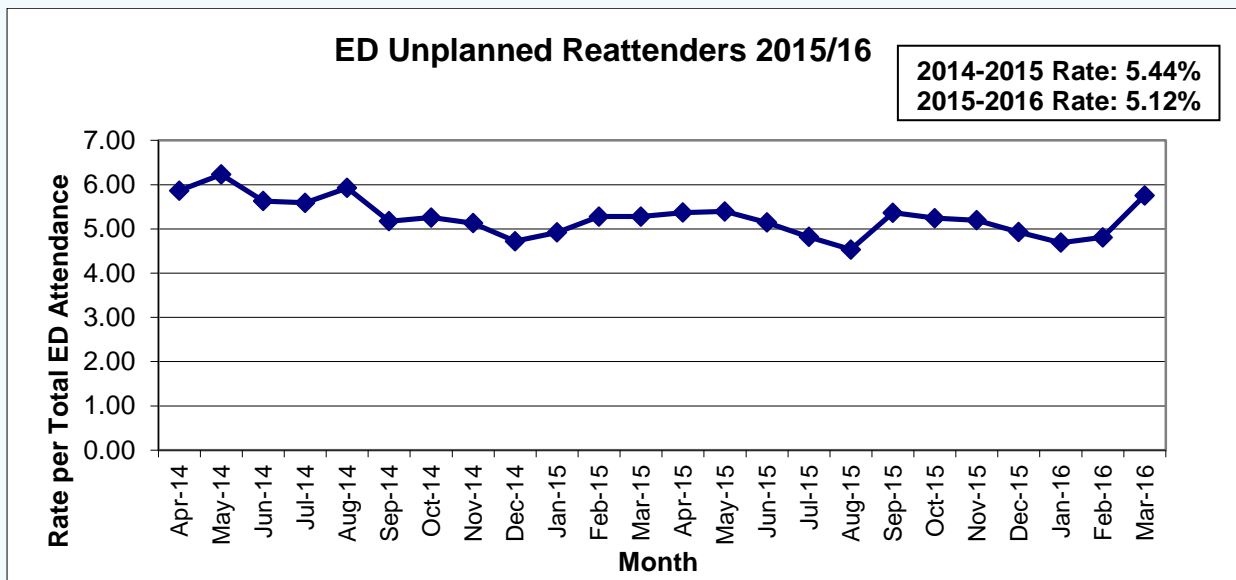


Performance against this target is only one measure and Emergency Departments have developed dashboards to monitor additional measures that reflect the quality of care provided to patients. Consistently achieving these targets requires sustained effort, focus, clinical engagement and an analytical approach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



Unplanned Re-attendance 2015/16

The Unplanned Re-attendance Rate indicator looks at unplanned follow-up attendances to the Emergency Department. 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.



People who leave without being seen

	Total Attendances 2015/16	Patients who did not wait to be seen
Altnagelvin Hospital	60,126	5.62% (3379)
South West Acute Hospital	31,553	3.10% (978)

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

- Investment to increase Consultant and Nursing Workforce in Altnagelvin Hospital and South West Acute Hospital
- Investment to enhance the minor injury stream
- Investment to provide seven day cover for professional staff such as Allied Health Professionals, Social Workers and Pharmacists
- Introduction of Saviance Self Service Check to minimise the length of time those attending ED wait to be Triage
- A 14 bedded Clinical Decision Unit is being created in Altnagelvin Hospital which will provide care for patients who have come into hospital via the Emergency Department and require a few hours of monitoring or treatment before a decision is taken on whether to admit them to a ward in the hospital or to discharge them home.



This could include patients who are recovering from an anaesthetic or have suffered concussion, an allergic reaction, mild chest pain or an overdose. It also includes patients who are awaiting additional test results or need extra observation before they can be discharged.

SEPSIS

Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs. Sepsis leads to shock, multiple organ failure and death especially if not recognized early and treated promptly.



1. High Flow Oxygen
2. IV fluid Bolus
3. Blood Cultures
4. IV Antibiotics
5. Lactate & Bloods
6. Monitor Urine output

During the year sepsis awareness materials and a Sepsis Screening Tool based on 'The Sepsis 6 Saves Lives' campaign were developed, which are now available to clinical staff. Sepsis reference manuals are available as a ward resource and awareness training is included within all relevant programmes. Community engagement has focused on Community Nursing Staff and Tissue Viability Link Nurses.

Next year a sepsis flow diagram will be incorporated into the NEWS charts. A Sepsis Group is also being established to ensure a quality improvement approach to the spread of this important patient safety work.

DELIRIUM

Delirium is caused by a disturbance of brain function. It is used to describe a state of sudden confusion and changes in behaviour and alertness. It is very common and frequently occurs in patients in hospital with other problems. It is most common in people over 65 and those with pre-existing memory problems such as dementia.

The Trust is participating in a pilot lead by the Northern Ireland Safety Forum to test a tool for managing delirium. Training has been provided to 79 staff in the Western Trust pilot areas and a poster and leaflet for patients, families, carers and staff has been developed. The Safety Forum is currently compiling feedback from work undertaken so far, with a view to amending the layout of the delirium tool to make it as user friendly as possible.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) GUIDELINES

During 2015/16 the Trust received 112 NICE Guidelines for implementation. These included clinical guidelines, technology appraisals, public health guidance and interventional procedures guidance. The Trust is required to provide assurance to

the Health & Social Care Board (HSCB) on implementation of all the above mentioned guidelines except interventional procedures.

A robust process has been established for managing all quality and safety related guidance received. A clinical or professional lead is nominated for each piece of NICE guidance and asked to ensure targeted dissemination takes place, a baseline assessment completed and that an implementation plan is in place. Where there are gaps or partial compliance, an action plan is developed and progressed with a view to full implementation within 12 months. A Standards Triage Group meets regularly to monitor this process and escalate any issues through the Trust governance structure.

Assurance reports are provided on a bi-monthly basis to HSCB and where the Trust is unable to fully implement clinical guidelines, for example, if additional resources are needed to provide a service, the HSCB is notified.

REGIONAL & NATIONAL AUDITS

Trust staff continue to participate in many national and regional audits. Some regional audits are funded by GAIN (Guidelines and Audit Implementation Network). Examples of National and GAIN funded audits that the Trust participated in during 2015/16 include:

National Complicated Acute Diverticulitis Audit

The aim of this audit is “to explore the impact of variability in management approaches on short term patient outcomes” and “to provide landmark data on the national incidence, management strategies, short term patient outcomes, stoma rates and role of surgical & radiological intervention”. Altnagelvin Hospital submitted data to this national audit which was open to all UK hospitals providing acute inpatient general surgery. The Trust is awaiting feedback on the analysis, comparative results and publication of the final report.

GAIN Funded Audit

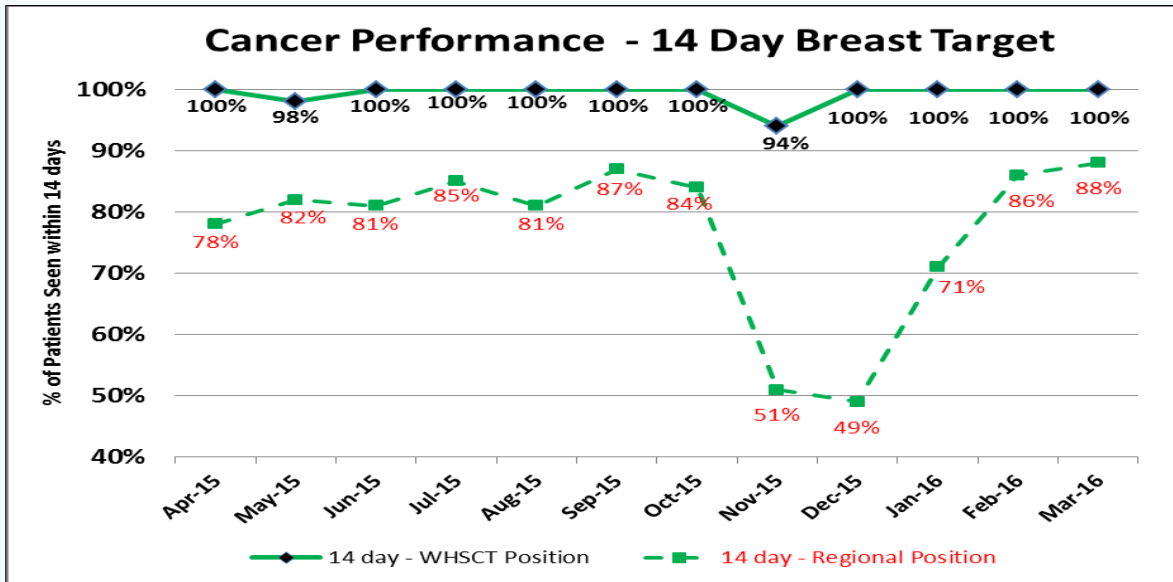
The need for a regional audit of “Assessments for Admission under the Mental Health (Northern Ireland) Order 1986” was identified following a serious adverse incident in another Trust. The main aim of this audit was to review routine practice, identify and examine any possible sources of delay in the process of assessment for compulsory admission under the Mental Health (Northern Ireland) Order 1986 to help inform how practice may be developed in the future. Recommendations from this audit included the further development of regional and Trust inter-agency interface groups, building on existing protocols and guidance, and developing and coordinating inter-agency training resources. The use of beds outside of the service user's Trust area was also highlighted as an area for consideration. The Trust has reviewed and updated its protocol on the use of beds outside the area and participates as required to enable the other recommendations to be taken forward on a regional basis.

ACCESS TARGETS

The Western Trust is recognised as a high performing Trust within Health & Social Care. Examples of performance are included below:

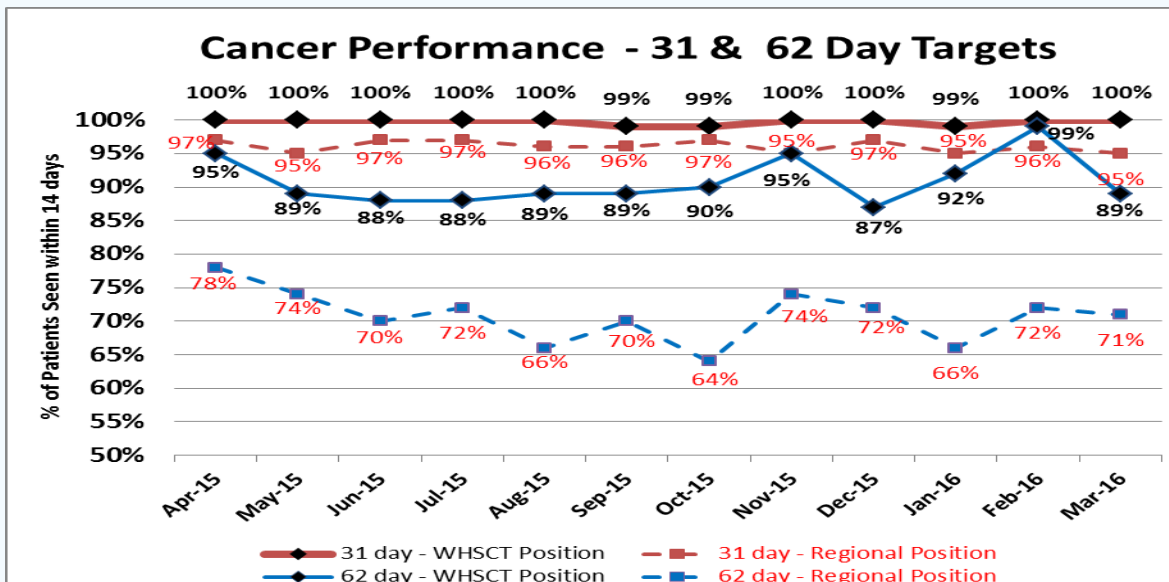
1. Cancer Services

14 day Breast target – 2015/16 WHSCT 99% Regional 76%



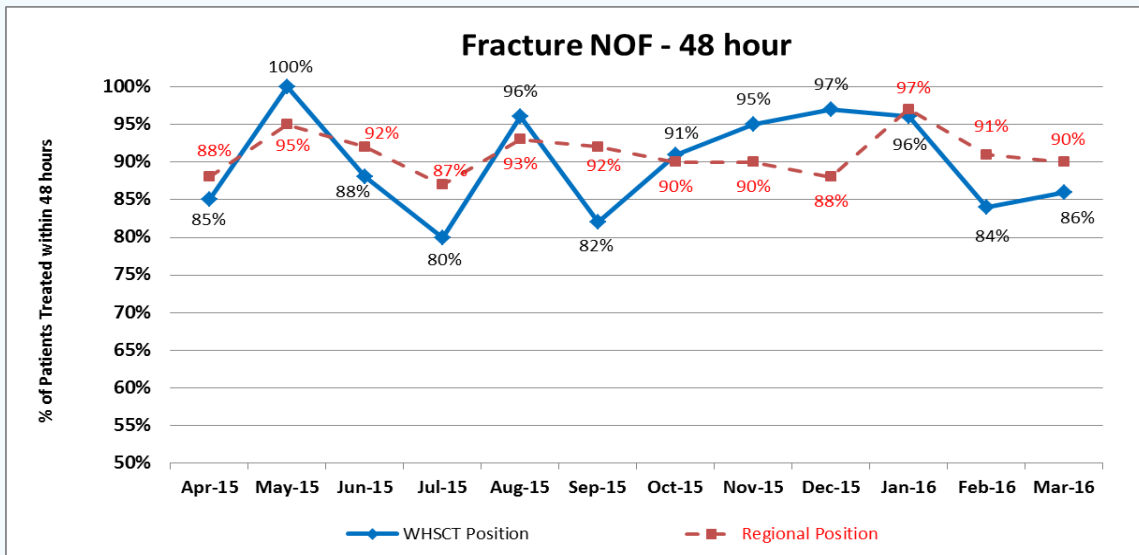
31 day target – 2015/16 WHSCT 99.8% Regional 96%

62 day target – 2015/16 WHSCT 91% Regional 71%



2. Fracture Services

Hip Fractures – Western Trust 89% - 3rd highest performing Trust, compared to highest performing 98% and regional performance 91%



NOF – Neck of Femur

All Fractures - The Trust is the best performing against this target.

7 days – All Fracture:

95% of patients, where clinically appropriate, wait no longer than 7 days for inpatient fracture treatment

99.9%

Achieved

3. Diagnostic Tests

During 2015/16 the Trust performed at 1.4% above the level commissioned by the Health & Social Care Board and delivered the best performance with the fewest breaches in the region.

Activity Type	Target for Year 2015/16	Core Activity 2015/16
Imaging <i>includes MRI, CT, Non Obstetric Ultrasound and Plain Film Xrays</i>	243,963	247,372

4. Community Indicators

Target / Indicator / Standard	Position as at March 2016
Telehealth - Telemonitoring Telecare	94% 147%

Patient Client Experience <ul style="list-style-type: none"> - % Patients waiting over 13 weeks for any wheelchair - % Patients who have lifts and ceiling hoists installed 16 weeks of OT assessment 	89% 26%
Direct Payments (Target 398) Increase by 5% direct payments across all POC's	476 Western Trust over performing by 2%

Theme 5: Integrating the Care



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). The service is also used to remote monitor the Blood Pressure of some renal patients in addition to remote monitoring the weight of expectant mothers who have a BMI of 40+ partaking in the regional 'Maternity Obesity Project'.

Telemonitoring 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.

The Trust achieved a total of 80,798 Monitored Patient Days (MPDs) in 2015/16.

Telecare Services

Telecare services are designed to enable people to live independently at home and include the provision of equipment such as personal alarms and environmental sensors. The purpose is to support the service user for whom risks to their personal and environmental safety have been identified.

The Trust was set the target of delivering 250,296 Telecare Monitored Patient Days in 2015/16 through the Telemonitoring Northern Ireland Contract. Actual Trust performance was 348,706, approximately 39% above target.

Regionally the overall target was 867,584 – approximately 1.1million Monitored Patient Days.

Rapid Response Nursing Service

The Trust's Rapid Response Nursing Service has developed the concept of a Clinical Intervention Centre (CIC) to provide blood transfusions and administration of intravenous (IV) fluids to service users (mostly with palliative care needs) in a community setting that would otherwise require them to be admitted to hospital. The service operates 7 days per week from 8.00am to 12 midnight.

Clinical Intervention Centres in Omagh and in Derry/Londonderry have been operating for some time and the Trust will have another CIC operational in Enniskillen by 31 March 2017.

The Rapid Response Nursing Service recorded approximately 66,000 interventions with service users during 2015/16.

Support for Nursing Homes

Trust staff held a series of meetings with staff from a nursing home in Derry/Londonderry following concerns regarding the increased number of admissions from the private nursing home to the Trust's dementia assessment ward at Waterside Hospital.

Areas for action were identified and undertaken with Trust staff support, including root cause analysis of each admission, learning agreed and a dementia design audit of the facility. A report was provided to the home's management team, with commitment given to complete areas of improvement identified.

The Trust also provided signposting to regional dementia training for staff and bespoke training was offered to all staff in the home on the behavioural staging model of dementia. Training was facilitated by the Consultant Lead Clinical Psychologist for older people, and 51 of the 54 staff attended the training. The evaluation of the training was very encouraging with all of the staff stating that the workshops improved their understanding and helped them to develop work-related skills, which they were keen to implement in their role.

Acute Care at Home

The Trust will be introducing an 'Acute Care at Home' service in July 2016 in line with a commissioner-driven regional model. 'Acute care at home' has been defined as "a service that provides active treatment by health care professionals in the person's own home for a condition that would otherwise require acute hospital in-patient care".

The Acute Care at Home Team will offer, for urgent conditions, a comprehensive, safe and efficient service to the population. The team will provide a home-based service under the care of a named Consultant Physician in Geriatric Medicine and highly skilled clinical nurse assessors working in partnership with General Practitioners (GPs) and supported by Allied Health Professions (AHPs) and social care.

There will be a phased implementation of the team, initially concentrating on the over 75 population in the Derry/Londonderry, Limavady and Strabane areas, which will be reviewed and monitored by the Health and Social Care Board (HSCB) and the Trust.

The team's role will be to clinically assess predominately older people, but will also include adults with acute exacerbation of chronic conditions referred from a home setting. This includes care homes, home residences, intermediate care and sheltered accommodation.

Reablement

Reablement is an intensive, short-term support service which aims to enable service users to regain and retain their independence. The service is now available Trust-wide.

During 2015/16, the Reablement service discharged 741 service users following participation in the service, with 33% of participants discharged with no on-going care package.

District Nursing

As part of the Transforming Your Care agenda, the Trust is currently reforming its community nursing services and moving towards a 24/7 community nursing service.

The Service recorded approximately 196,000 contacts with service users during 2015/16.

Discharge from Acute Hospital

3,577 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 2015/16.

Rapid Access Clinic

A Rapid Access Clinic (RAC) has been established that enables GPs to refer service users aged 75+ years directly to specialist teams in Altnagelvin Hospital and South West Acute Hospital, for full Comprehensive Geriatric Assessment to reduce the need for admission to acute hospital.

MENTAL HEALTH

Physical Health

The Tyrone and Fermanagh Hospital developed an Early Warning Score (EWS) monitoring tool, specifically adapting it for a mental health setting. This tool helps identify the acutely physically ill and deteriorating patient and ensures that they are identified early and referred to acute medical services appropriately. It is now incorporated into the routine care of all inpatients in both the Tyrone and Fermanagh and Grangewood hospitals ensuring safer care for patients.

Work continues in establishing routine physical health monitoring for patients with longer term mental health problems. This is driven by the recognition of increased mortality and morbidity in this group. All patients looked after by the Crisis Service in the northern sector of the Trust and the inpatient unit in the southern sector are provided with monitoring in adherence with NICE guidelines. A business plan was submitted to the Department of Health in the autumn as part of a regional drive to develop a similar service within the community.

Crisis Management

The Crisis Service in the northern sector of the Trust continues to develop safer services for acutely ill patients both in the inpatient unit and the community with the use of Dialectic Behaviour Therapy based approaches to risk assessment and safety planning. This helps patients develop skills and strategies to manage suicidal thoughts and create personal safety. This work has contributed to the decreased use of inpatient beds and ensures that an inpatient bed is available locally when required. This is important in reducing suicide rates as patients are particularly vulnerable when treated out of their own area. This approach is being spread through specific training events for staff throughout the service.

Therapeutic Planning

A recent regional initiative exploring safety in inpatient units highlighted the need for creation of therapeutic environments within wards. The Crisis Service in the northern sector of the Trust, through the Clinical Microsystem model of Quality Improvement, has developed a programme which aims to deliver Individual Therapeutic Plans for all patients within the inpatient unit. The plans combine ward based activities and interventions with the Acute Day Care programme and are tailored to meet the needs of the individual patient. A launch is planned for the autumn.

The Crisis Service team in the northern sector was runner up in the HSC Safety Forum Award 2015 and in the final shortlist for the HSC Regional Excellence and Quality Award 2015.

Primary Care Talking Therapies and Well Being Hub

The Trust Adult Mental Health Primary Care Talking Therapies and Well Being Hub began in December 2015 and are based on the vision of the Bamford review and Transforming Your Care (TYC). It advises that a person should be treated in the

least intensive, least restrictive environment and by the Right Person, at the Right Time and in the Right Place. The Hub accepts referrals from GPs for those individuals presenting with mild to moderate (tier 1-2) common mental health disorders under the guidance of NICE.

The Hub offers telephone assessments to promote a fuller understanding of the individual's needs, history and previous treatments as well as influencing factors and risks. Working in collaboration with the patient the best approach to treatment and management within a very diverse range of services available is agreed. These services based in the community and voluntary sector offer generic counselling, listening ear, Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT), psychology, stress management, drop in centres, social prescribing, community engagement and many more.

The smooth running and success of the Hub depends on excellent communication between all partners and a respect and understanding by all regarding the capacity and limitations. The Hub continues to work closely with GPs and the community and voluntary services and has had excellent feedback. Up to July 2016 the Hub has received approximately 1,000 referrals and the majority of these have been assessed and onward referrals made to appropriate services. Our aim would be to continue to develop further relationships with new services and help identify and fill gaps as issues are recognised.

ImROC Recovery College

Establishing a Recovery College in the Trust was one of the key challenges identified by the ImROC programme (Implementing Recovery through Organisational Change,) which was introduced in Northern Ireland in 2013. The Trust's first pilot Recovery College was launched in Omagh in June 2014 and since then the Trust has established Recovery Colleges in Strabane, Londonderry, Limavady and Enniskillen.

The Recovery Colleges aim to offer individuals educational course and workshops specifically designed to promote self-management, wellbeing and recovery. All courses have been co-produced and co-delivered by people who are experts in their own lived experience of mental illness together with professionals who work within mental health services.

Courses offered around crisis planning include:

- WRAP (Wellness Recovery Action Plan)
- Managing Setbacks
- Understanding Self-harm

Courses/workshops aimed at improving physical health include:

- Men's Health & Wellbeing
- Introduction to Health & Wellbeing
- Women's Health & Wellness – steps to becoming a Happier Healthier You

SOCIAL CARE

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.

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.

Facts & Figures

Of the 290 children or young people found to be at risk, 100% were seen within 24 hours of a Child Protection referral being made.

Of the 555 looked after children who had their living arrangements reviewed, 84% were reviewed within regionally agreed timescales.

100% of all looked after children in care for more than 3 months have a Permanency Panel Recommendation. (94 of the 555 looked after children did not require one as they were in care for less than 3 months).

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

72% of young people known to leaving and aftercare services are engaged in education, training and employment (69% of 18 year olds; 81% of 19 year olds and 66% of 20 year olds).

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.

Facts & Figures

434 out of the 816 adults referred for investigation and identified as at risk during the year had an adult protection plan.

1765 adult carers were offered individual care assessments.

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

There are 105 children receiving direct payments which represent 22%.

371 adults received direct payments during 2015/16.

3 carers received direct payments during 2015/16.

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.

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

229 (94%) applications for assessment were made by Approved Social Workers.

Learning Disability

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

Facts & Figures

1180 (82%) adults with a learning disability had an annual health check.

NEXT STEPS

Improvement work we intend to take forward during 2016/17 includes:

Patient and Client Experience - The DVD produced in partnership with the voluntary cancer agencies and organisations who offer a wide range of services for patients at any stage of the cancer journey, will be launched in September 2016.

Sepsis - A sepsis flow diagram will be incorporated into the NEWS charts and a Sepsis Group established to ensure a quality improvement approach to the spread of this important patient safety work.

Quality Improvement - An action plan has been developed to enable the Trust to continue to build knowledge and capability in relation to quality improvement methodologies and promote improvements in quality and safety taken forward by staff.

Staff survey – The Trust’s survey report will be used to identify Corporate and Directorate specific actions which will build on actions already put in place from previous survey outcomes.

Morbidity & Mortality Review - A new regional system will be introduced in the Trust to provide a consistent, open examination of adverse events, complications and errors which contributed to illness or death of a patient. This will be used to share learning and improve the quality of care.

“Inspire” Middle Manager Programme – As a result of the positive evaluations from the year programme two further programmes are planned for next year.

Pressure Ulcers - A plan is in place to spread the SKIN bundle in community services.

Medicines - The introduction of a 7 day pharmacy service to Altnagelvin Emergency Department and extending the clinical pharmacy service to 7pm on the acute admission wards in Altnagelvin and South West Acute, Monday to Friday.

Emergency Department - A 14 bedded Clinical Decision Unit will open in Altnagelvin Hospital which will provide care for patients who have come into hospital via the Emergency Department and require a few hours of monitoring or treatment before a decision is taken on whether to admit them to a ward in the hospital or to discharge them home.