



Western Health
and Social Care Trust

Annual Quality Report 2016/17



Medical Director's Message



This is the Western Trust's fifth annual quality report which contains a wide range of information about the quality indicators against which our services are measured. I am pleased 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 2016/17 against Ministerial targets.

Healthcare associated infections continue to be an area of particular focus. Due to the potential for a significant impact on the wellbeing of patients if a healthcare associated infection occurs, the Trust has a zero tolerance for preventable infection. The Trust has made outstanding progress with hospital acquired MRSA bacteraemia and steady progress with C Difficile in the hospital acquired setting.

Culture and environment in relation to promoting staff health and wellbeing is central to the Trust. During the year the Trust held its inaugural Leadership Conference, 'Leading and Delivering Together', which focussed on staff health, wellbeing and resilience.

Across the Trust, professionals are encouraged to take ownership and improve the services they provide. This continual quest for excellence in quality of care is central to our ethos. In 2016/17 we have focussed on sharing learning and best practice so that staff can learn from each other for the benefit of all.

I am pleased to note that a number of quality improvement projects have progressed this year in areas such as paediatrics, maternity and mental health. The projects demonstrate improved patient outcomes and experience. Work has also advanced as a result of patient/client feedback in areas including the Emergency Departments, Autism and Children & Adolescent Mental Health and Eye Care Services.

The Western Trust is committed to integrating care within the community and a number of initiatives continue to prevent hospital admission or support hospital discharge.

I am particularly pleased this year to congratulate members of Western Trust staff who achieved qualifications or regional and national recognition for excellence in care, the details of which are highlighted within the report.

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 fifth 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, clients, 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.

Current work streams include:-

- Experience of Patients/Carers using Unplanned/Unscheduled Care;
- Autism and Children and Adolescent Mental Health (CAMHS);
- Experience of patients discharge from hospital;
- Experience of those with a diagnosis of delirium specifically focusing on relatives experience;
- Eye Care Services.

Experience of Patients/Carers using Unplanned/Unscheduled Care

- A further review of the patient flow in the Emergency Department (ED), Altnagelvin, has led to the establishment of an ambulatory assessment area within the Clinical Decisions Unit. This will ensure that patients are being seen and treated in the right time at the right place and will contribute to a reduction of people waiting in ED to be seen. The seating capacity in the waiting area has since been extended with the refurbishment so that personal space for individuals can be maintained. There are further plans to develop an ambulatory care model in Altnagelvin and in the South West Acute Hospital (SWAH) in October 2017. This will allow for better patient flow.
- With the recent refurbishment carried out in ED there is a facility that patients can be taken to another area on request. A self- triage pilot was also tested and introduced. This assisted technology allows patients to enter their own personal data which minimises the risks of personal information being over heard.
- Other work undertaken forward in both EDs include:
 - Patients and relatives are now signposted to vending machines, coffee bar, and restaurant;
 - A review has been carried out in relation to out of hour's provision of hot food for patients attending EDs and awaiting admission to ward areas.

Autism and Children and Adolescent Mental Health (CAMHS)

- The Trust is engaging proactively with the Health & Social Care Board (HSCB) to improve the current CAMHS service provision. This is through increased resourcing and the development of an Integrated Care Pathway. When complete this will lead to a reduction in wait times for referrals both for diagnosis and intervention/support.
- Care pathways have been established between CAMHS and Autistic Spectrum Disorder (ASD) and a single point of referral for a range of children's services is being developed. It is anticipated that children who are known to different services will have their journey improved through these mechanisms.
- The Trust has identified that demand has exceeded capacity for the Children's ASD Service and has welcomed recent funding from the HSCB to enhance

staffing and skill mix to the existing staffing structure. A service improvement/redesign model is currently being taken forward.

- Following a pilot phase, story collection occurred between January and June 2016. Forty six children/young people/parents and carers shared their experience of CAMHS. Actions taken include:-
 - A joint monthly CAMHS/ASD interface meeting between lead clinicians is operational which provides an opportunity for case discussion and agreed arrangements for joint working where children are known to both services;
 - There has been a mapping of Children's Services undertaken which has informed the development of integrated care pathways including operational links between the Family Support Hubs and Community, Voluntary and Statutory organisations.

Experience of Patients' Discharge from Hospital

Key messages from patients included:-

- Some felt that the discharge process was rushed;
- Many of the stories indicate that overall experience in hospital was positive;
- Staff were approachable and involved them in decisions;
- Patients/relatives actively had to seek information from staff.

Relatives Experience Regarding Diagnosis of Delirium

Regionally 27 relatives shared their experience with 16 reporting a strongly positive or positive experience.

Eye Care Services

Preliminary findings regionally and locally were shared in the Trust at a workshop which was attended by service users and staff. Regionally 503 stories were collected by the end of March 2017, 98 of which related to the Trust. Findings regionally showed that 89% people rated their experience as positive/strongly positive.

The Workshop provided the opportunity for service users and staff to engage and make suggestions on how to improve services. Key themes discussed included:-

- Directions and signage;
- Car parking;
- Reception / check-in system;
- Information and facilities while waiting in the department;
- Accommodation / surroundings;
- Staff introductions, attitudes and communication;
- Issues for younger children and younger people attending;
- Waiting times and clinic appointments;
- Education on condition / emotional support.

A local trust action plan will be developed with timescales for implementation.

PERSONAL & PUBLIC INVOLVEMENT (PPI)

The Trust has increased the number of service users to its current PPI Forum. At this time the PPI Forum comprises of 50% representation from Service Users, Carers, Community & Voluntary Groups and 50% Trust Staff and has over 30 members. The group is chaired by a Non-Executive Director and co-chaired by a

service user. The Trust is currently co-designing its new PPI Strategy and Action Plan for 2017-2020 in partnership with the PPI Forum. The Plan and the Trust Annual PPI Report are accessible via the Trust website.

The Trust held its Annual PPI Engage Event on 10 March 2017. This year the event was held in Strabane and was praised by those service users, community and voluntary groups and staff in attendance. The event, which was funded by the Public Health Agency (PHA), provided another opportunity for the Trust to highlight PPI work, share learning and celebrate and showcase good practice. At the event service users/members of the public, community and voluntary representatives and Trust staff had the opportunity to speak informally to staff involved in the planning, development and delivery of Health and Social Care Services in the Trust. Attendees also learned about current and further opportunities for involvement.

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

PPI Monitoring by the PHA / Verification Visit

As with previous years an annual PPI self-assessment monitoring return was completed and submitted to the PHA. The PHA will visit the Western Trust on 27 June 2017 to undertake a follow-up verification visit. A final report and recommendations from the visit will be shared with the Trust to take forward the recommendations.

Uptake of Equality & Involvement Engage and Involve training

During 2016/17 there has been a marked increase in uptake with the above training. Staff are encouraged and reminded to undertake this eLearning programme.

Pre-Consultation Event 20 January 2017

The Trust Equality and Involvement Team held a local pre-consultation event in Derry/Londonderry to assist with the development of new plans for 2017 – 2022 to help meet Equality and Disability duties. The aim of the event was to allow discussions on priorities and ensure more meaningful plans which are co-designed and co-produced with the people in our area, including service users, patients, carers, staff and community and voluntary representatives.

The above was in addition to a regional event held in Belfast on 19 January 2017. We are aware that it is not always possible for our staff, service users and local community and voluntary representatives to attend events held in Belfast and wanted to ensure that people within the Western Trust area had the opportunity to influence and design these health and social care plans.

Making Communication Accessible for All – A Guide for Health & Social Care (HSC) Staff

Equality and Involvement staff, their colleagues and representatives from disability organisations were involved in the production of this regional guidance. The guide has been produced for staff so that they can communicate more effectively with people who may have a disability or a communication support need.



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.

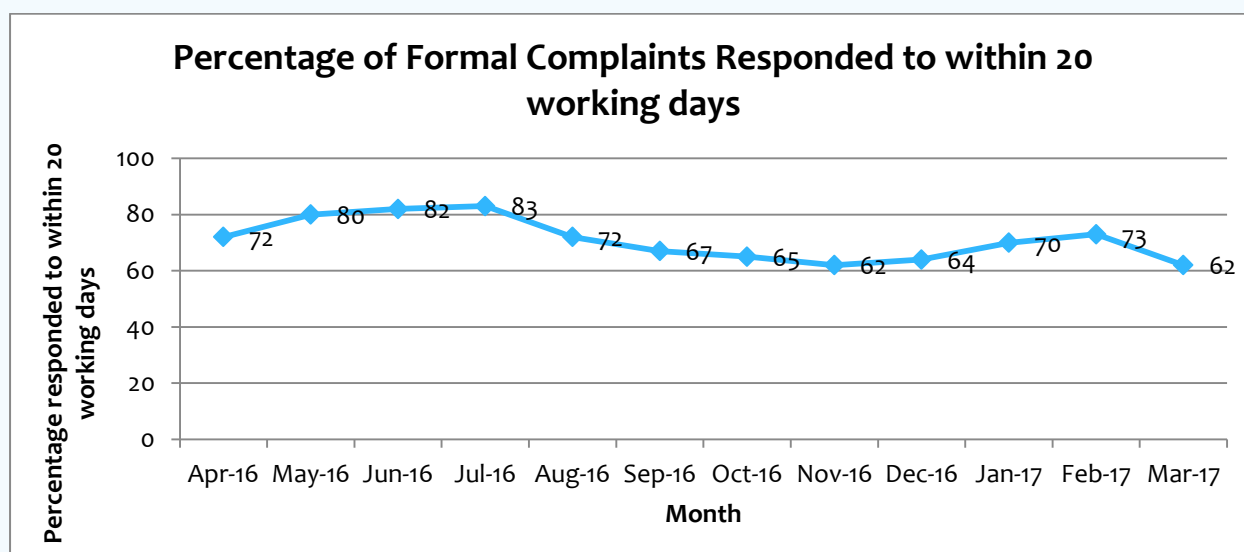
Facts & Figures – 2016/17

509 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

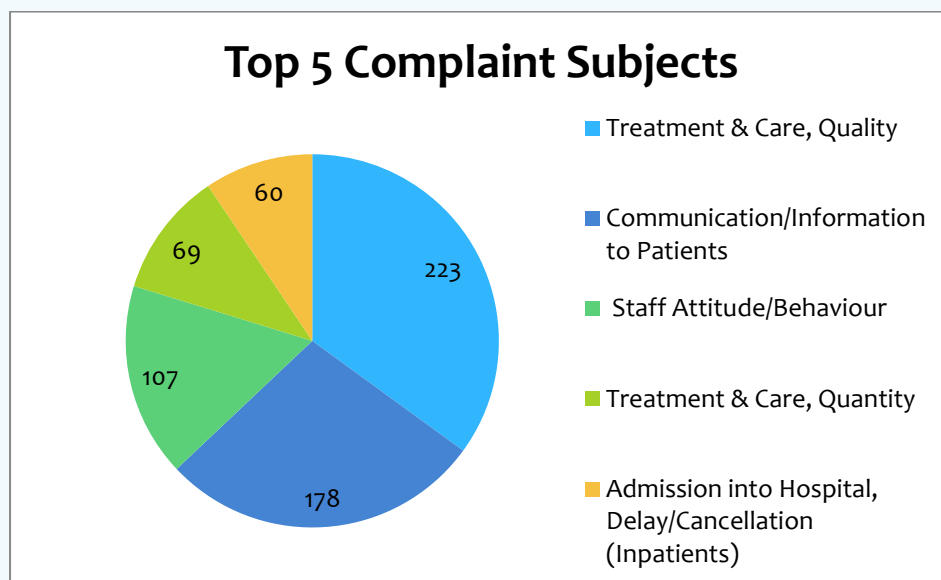
3843 recorded compliments were received during 2016/17 compared to 3379 for the previous year - an increase of 13.7%



Complaints by Subject – Top 5

The top 5 categories of complaints received during 2016/17 are set out below:

1. Treatment & Care (Quality)
2. Communication & Information to Patients
3. Staff Attitude / Behaviour
4. Treatment & Care (Quantity)
5. Admission into Hospital, Delay/Cancellation



Service Improvements/Learning

In 2016/17, as a result of complaints received and investigated, a number of service improvements/learning has been implemented across the Trust such as:

Broken Communication

The HSCB hosted its third annual Learning from Complaints Event on 13 June 2016.

The Nursing Services Manager, Trauma & Orthopaedics, highlighted a complaint received in the Trust from a family regarding the medical and nursing care provided to their late father. The family raised a number of concerns to include diuretic management, poor nutrition and lack of communication.

The following key learning was shared:

- Recognition of the importance of having honest and frank discussions with patients and family members, particularly before admission to surgery in relation to risk and outcomes;
- The need for effective, continuous communication by the Physician with family members regarding the patient's care plan;
- The importance of the specialist nurses communicating with the family about the medical care to be provided;
- The importance of patients and their families being aware of "who's who" within the ward. In this regard, signs and cards are now displayed throughout the hospital along with relevant telephone numbers;
- Within the Acute Fracture Ward, repeat audits have been implemented regarding nutrition standards. Educational sessions have also been

developed especially for new staff. The ward has ensured that meal requests have been integrated with the electronic meal system. Mealtimes are protected and are re-enforced with family involvement;

- Regular meetings now take place with patients and their families from Critical Care;
- Education on Dementia Standards has been provided to include implementation of Dementia Champions;
- Information leaflets focusing on delirium have been distributed throughout the Trust;
- The complaint also highlighted a need to re-enforce and maintain changes especially with staff turnover.

Laboratory Specimens

A complaint was received which raised concerns regarding the fact a sputum sample, which the patient had left in the Treatment room of the Health Centre for analysis, did not arrive at the Laboratory at South West Acute Hospital. Following the investigation of this complaint, it was agreed that an alternative measure will be put in place to monitor the activity of samples that are transported to the Laboratory by carrying out a quarterly audit of what goes into the collection box. A follow up will also be completed with the Laboratory to ensure these samples have been received.

Learning from a Northern Ireland Ombudsman Case

If a complainant is not happy with the Trust's final response to their complaint they can request a further review by the Ombudsman. A complaint investigated during the year was in relation to failure to provide an antibiotic following a Cystoscopy procedure, inadequate discharge advice and poor communication. The following learning was taken forward as a result of the Ombudsman's recommendations:

- An Urology Antibiotic Prophylaxis Guideline is now in place;
- Cystoscopy patient information leaflets have been developed;
- The importance of considering a patient's role as carer was considered by Lead Nurses and inclusion of a prompt in the Nursing Documentation Booklet for Day Cases is being taken forward.

LEARNING FROM INCIDENTS

Facts & Figures

In the year 2016/17, 10,980 incidents were reported. Of these, 8,871 were Patient/Client related incidents. This was an increase of 5% compared to 8,405 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".

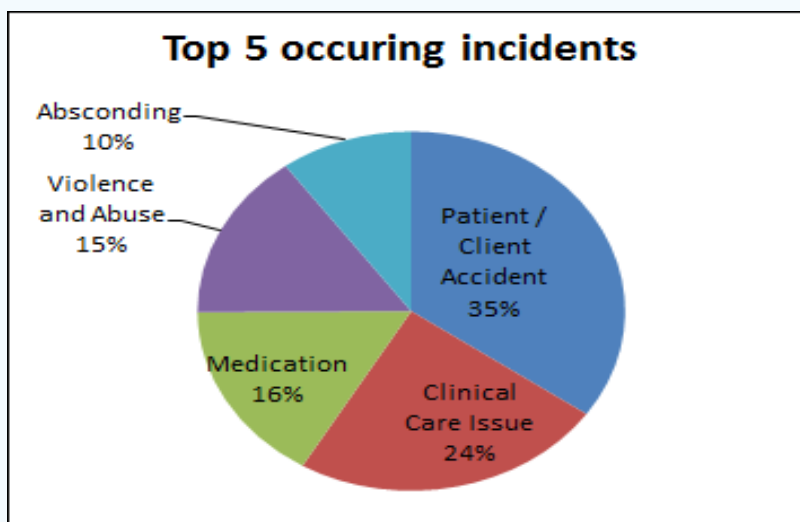
The Trust actively encourages the reporting of incidents and the open review of incidents by the staff involved. Staff have embraced the learning culture by increasing the reporting of incidents and participating in completing incident reviews to identify lessons for improvement in their own areas and the organization as a whole. This is evidenced in the fact that whilst reporting of incidents increased by 5%

on the previous year, the number of incidents reviewed and closed within the same period increased by over 7%.

The Trust shares learning through various sources and produces a staff newsletter called “Share to Learn” and a weekly safety message to staff, ‘Lesson of the Week’, is prominent on the Trust’s intranet site.

Top 5 Reported Categories

The top five categories of incidents affecting patients and service users are set out in the graph below:



Patient/Client accidents

Patient falls (within Patient /Client accident category) remains the most frequently occurring category of incident however significant work was undertaken in year to manage and reduce the risk to patients.

The Trust, working in partnership with the other Trusts and the HSCB and PHA, has implemented a regional post falls review evaluation process. To help staff complete this and share the learning more efficiently, the Trust has incorporated the post falls review on to the incident reporting system (Datix), the first Trust to do so in Northern Ireland.

Clinical Care incidents

The Risk Management Department initiated a project in conjunction with Doctors to increase the incident reporting rates for Medical Staff. Through the use of a Quality Improvement initiative a specific incident form for medical staff in a pilot area has been developed which facilitates Doctors being involved in reporting and review of incidents.

Significant progress was made during the year to review and develop the DATIX Incident Reporting and Management module to ensure it is more user-friendly for staff. This is aimed at encouraging incident reporting and review and enhancing the ability to share learning and provide staff feed-back. To ensure that the Datix system can achieve its full potential work was completed to upgrade to the latest version. This includes many enhanced features (such as automatic feedback on learning).

Medications

A breakdown of Medication incidents relating to patients in 2016/17 is as follows:

Type	Number
Medication error during the prescription process	503
Administration or supply of a medicine from a clinical area	288
Other medication error	193
Monitoring or follow up of medicine use	100
Advice	50
Preparation of medicines / dispensing in pharmacy	48
Patient's reaction to medication	14
Supply or use of Over The Counter medicines	11
Totals:	1207

The Trust Medicines Governance Group continued to oversee the review and closure of medication incidents as appropriate throughout the year and to identify trends. A quality improvement project to improve safety around the prescribing and administration of anticoagulants is being taken forward. Learning has been identified and shared through a number of communication tools including face to face sessions with Junior Doctors. Articles have appeared in the 'Weekly Safety Lesson' and the learning newsletter 'Share to Learn' on learning relating for example to Phenytoin alert, Documenting Allergy, Oxygen Safety and Insulin Safety related to safety alerts.

Violence and Abuse

A quality improvement initiative has begun in Mental Health services to work towards reducing the number of Violence and Abuse incidents. This involves regular multi-disciplinary review of incidents to ensure learning is identified and shared.

Collaboration between Mental Health managers and General Medicine staff to develop a strategy for dealing with aggressive behaviour in acute medical settings has resulted from incidents being raised in 2016/17.

The Trust Security & Zero Tolerance Working group has renewed its membership and plan to carry out focused work in relation to incidents within the Mental Health Admission wards and Emergency Departments. A sub group has been established to oversee this review.

Absconding

Incidents relating to absconding continue to be reviewed on an individual basis and for trend monitoring with care planning and safety planning updated as appropriate. There have been examples of joint working with the Police Service for Northern Ireland (PSNI) throughout the year to manage such incidents and help prevent their occurrence.

Serious Adverse Incidents (SAIs)

Facts & Figures

There were 58 SAIs reported in the year 2016/17. This is a reduction of 29% on the previous year which is partly due to the requirement to report all Child Deaths as SAIs being transferred to a new process from February 2016.

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.

Learning from Serious Adverse Incidents (SAIs)

Action plans are developed to take forward learning from SAIs. Examples of action taken are provided below:

Improving the diagnosis and management of patients with Sepsis in Emergency Departments

- Revised training/communication and guidelines for staff;
- Direct patient pathway introduced;
- Service improvement project to improve patient flow.

Hazards with using compressed oxygen cylinders in the community

- Raised awareness of specific dangers and how to minimise the risk;
- Training for staff, patients, clients and their carers.

Safe management of patients prescribed with anticoagulants

- A pharmacist has provided training for medical and nursing staff on a group of new anticoagulant medications;
- Improved prompts in regional medication and associated documentation;
- Review of how anticoagulants & antiplatelets are prescribed;
- Information on the risks associated with anticoagulants is now included in the induction training for medical, nursing and pharmacy staff;
- Shared learning of the risks with all staff through Trust based and regional newsletters.

Postnatal care and sepsis

- Regional Steering Group currently reviewing care pathway for the postnatal mother;
- PHA issued a learning letter highlighting importance of Group A Streptococcus for pregnant / recently pregnant women;
- Potential for the Northern Ireland Ambulance Service (NIAS) to administer Intravenous (IV) antibiotics in pre-hospital field being considered.

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. A total of 210 Leadership Walkrounds have been carried out since they were introduced in April 2008. There were 17 leadership walkrounds held during 2016/17 in facilities such as hospital wards, day centres, mental health services and various community based teams.

Directorate Reports

During 2016/17 the Quality and Safety Team continued to provide 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. This allows discussion and associated learning by the groups.

QUALITY IMPROVEMENT (QI)

The QI Steering Group meets bi-monthly and promotes and enables a culture within the Trust which reflects the desire and need to continuously improve the quality of services. The group monitored the implementation of an action plan during the year to build knowledge and capability in relation to QI methodologies and promote improvements in quality and safety taken forward by staff.

In line with the above a QI Sharepoint site was developed to provide staff with information and tools to build knowledge and capability.

Events

A number of events have been held within the Trust during the year to celebrate and share work taken forward such as:

- Two Junior Doctor QI and Audit events (Altnagelvin & SWAH);
- STEP Programme Celebration event;
- Two QI Dragon's Den competitions (Altnagelvin & SWAH);
- Annual QI Showcase event.

Training

Recent internal and external training opportunities for staff include:

- In June 2016 the Northern Ireland Safety Forum facilitated a workshop on how using QI methodology can provide assurance to Trust Board that services are safe and effective;



- Two Consultant staff completed the Scottish Patient Safety & Quality Improvement Fellowship;
- Four teams were involved in Project ECHO with presentations provided at a regional final sharing day in April 2017;
- A STEP programme was provided for trainee doctors resulting in the completion of 8 quality improvement projects;
- Microsystem QI coaches were trained and worked with 9 teams during the year;
- The Trust exceeded the 10% target of staff training in level one of the Quality 2020 Attributes Framework.

For the second year running the Trust won the Northern Ireland Safety Forum Award. This year the winners were two of our Pharmacy staff for their project 'Adopting a multi-disciplinary approach to improve medicines accuracy in a general surgical ward'.

TRUST CULTURE GROUP

The Trust's Corporate Management Team believes in the importance of developing organisational culture to improve staff morale, performance and efficiencies. A Trust Culture Group, chaired by the Human Resources Director, has been established to develop and drive a programme of work aimed at achieving a "great place to work" and a culture of care within the Trust. Key workstreams have been identified and initial work is underway in the following areas:

- Psychology and the workforce;
- Communication between staff;
- Staff Health and Wellbeing;
- Leadership and Succession Planning.

The "Culture of Care Barometer" has been used to make an assessment of the culture of care in the Trust. The results of this assessment will play a key part in the work of the Culture Group in 2017/18.

First Annual Leadership Conference

December 2016 saw the inaugural Trust Leadership Conference – "Leading and Delivering Together" - for senior clinicians and managers. The conference highlighted the importance of leadership within the Trust with a focus on health, wellbeing and resilience. 160 Trust leaders heard from inspirational speakers, who reminded them that quality improvement and staff engagement = results, that great leaders focus on being not on doing, of the tools and techniques available to promote resilience and mindfulness, and Elaine Way, Chief Executive, delivered the Opening Address by reflecting on how individual resilience leads to resilient leadership.



Health & Social Care (HSC) Staff Survey

Since receiving the HSC Staff Survey report in the summer of 2016 each Directorate has received a bespoke report of the survey findings based on responses provided by their staff. Action plans have been developed to address the areas of

improvement highlighted by those responses. A Corporate Action Plan builds on the Directorate plans. Actions taken to date include:

- introduction of a Staff Ideas Scheme;
- roll-out of a resilience toolkit for staff;
- increased training on Appraisal and Development Review ;
- review of Corporate Walkrounds to increase visibility of senior managers and engagement with staff;
- review of Flexible Working arrangements;
- “Inspire” leadership development programme piloted;
- Culture Group established;
- introduction of a range of initiatives to further promote the health and wellbeing of staff e.g. healthy eating programme, physical activity programme, travel plans to promote walking and cycling;
- engagement with staff in the development of a new Corporate Plan;
- Leadership Conference.

Action plans are monitored at six-monthly intervals to review progress and communicate same to Trust staff.

Theme 2: Strengthening the Workforce



INDUCTION

681 new staff have attended the Trust Induction programme during 2016/2017. This programme consists of a ½-day face-to-face session which comprises a welcome from a member of the Corporate Management Team and initial mandatory training in Infection Control, Information Governance, Risk Management, Fire Safety and Smoking Cessation. Participants receive a booklet containing additional information about the Trust as their new employer. New staff also receive localised departmental induction.

MANDATORY TRAINING

Development of our staff remains an essential ingredient in meeting our aim of providing *“high quality, people-centred services through highly valued and engaged staff”*. An example of the outcome of the Trust’s investment in mandatory training is that there was a 36% increase in recorded mandatory training activity in the year to March 2017 compared to 2016. Work continues on promoting the importance of Mandatory Training with enhanced accessibility to digital learning and e-learning now accounts for almost 30% of all recorded mandatory training activity.

LEADERSHIP PROGRAMMES

“Inspire” Middle Manager’s Programme



The INSPIRE programme is designed to support the Trust’s succession planning process and to equip Middle Managers to deal successfully and confidently with the range of challenges in their role. 50 middle managers across all 9 Directorates have taken part to date. The evaluations received both from the Corporate Management

Team, who commissioned the programme, and all participants involved are overwhelmingly positive. Some of the comments captured from participants across 3 cohorts include:

- *“Inspirational”*
- *“Challenging with fun!”*
- *“Great opportunity to network”*
- *“I learned so much from the total experience”*
- *“Really pushed me to think more strategically”*
- *“Before INSPIRE, I only considered my world”*
- *“I realise I can make a difference”.*

The INSPIRE programme has become part of the core business of the Management & Organisation Development team, running two programmes per year.

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 HSC support function. It educates & develops leaders and managers to plan, implement & sustain change in transformation of services. Successful participants can progress to a Masters level at Ulster University in year 3. In 2016/17 a cohort of 10 Trust managers commenced the programme.

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.

There are currently 13 trained coaches within the Trust. Managers can select a coach from the “Connect Coaching and Mentoring” website, part of the award winning Collaboration and Working Together (CAWT) Coaching and Mentoring programme with those HSC and Health Service Executive (HSE) organisations in the areas adjacent to the Northern Ireland/Republic of Ireland border. The website enables managers to choose a suitable coach and/or mentor from the personal profiles of the coaches and mentors registered on the site. To date 35 staff are recorded as having received 138 hours of coaching through the “Connect” website.

In addition, all staff who participated in Trust leadership development programmes, organised by the Management and Organisation Development Team in 2016/17, were allocated a coach.

Each newly appointed Consultant/Specialty Doctor receives a letter from the Medical Director advising them of the Trust’s Medical Mentor service and encouraging them to participate. In 2016/17 40 new members of medical staff were made aware of the service.

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.

We had 91% who had one session and 66% who had 2 sessions clinical supervision. 1,934 nursing staff in the Western Health and Social Care Trust had 2 clinical supervision sessions in 2016-2017.

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. Throughout the year staff were provided with opportunities for training in supervision, coaching and mentoring, commensurate with their role in the organisation.

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.

APPRAISAL AND DEVELOPMENT REVIEW (ADR)

Supporting a 5% increase uptake of ADR within the Trust across all Directorates remained a priority during 2016/17. We continue to work toward achieving the target of annual appraisal of 95% of medical staff and 80% of other staff having an annual appraisal.

In 2016/17 the Trust exceeded the target by demonstrating a 6% improvement on the 2015/16 figures for appraisal and development review of non-medical staff. The target for medical staff appraisal was also achieved with 81% of medical staff completing appraisal in 2016/17.

STAFF ACHIEVEMENTS

During 2016 a total of 105 learners have been supported by the Vocational Training Assessment Centre team to complete an accredited qualification or unit/s from a qualification, ranging from level 2 to level 5. Completing these qualifications has enabled 11 learners to be successful in progressing to further education in nursing. Since September 2016 a further 77 candidates have been registered for Qualifications & Credit Framework (QCF) qualifications. This year 1 learner received the City & Guilds' Medal of Excellence which recognises the achievements of learners, lecturers and trainers who have achieved great results by producing exceptional work.



Marian Mercer, Assessor, Amanda Kelly, Medal of Excellence winner and Ann Mc Connell, Director of HR

In supporting the on-going Modernisation of Domiciliary Care Services 21 candidates were registered to undertake the QCF Level 3 Diploma in Health & Social Care (Adults). 18 staff from Reablement successfully completed their qualification during the year. The photograph below shows some of the learners receiving their certificates together with their Assessor Marian Mercer (on the left) and Miriam Mc Fadden, Vocational Training Manager (on the right).



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



Florence Nightingale Foundation

Professor Vivien Coates has been appointed by the Florence Nightingale Foundation as Chair of Clinical Nursing Practice Research at the Ulster University.

Professor Coates' appointment is the seventh such position in the UK and the first ever in Northern Ireland. It is part of a pioneering partnership between Ulster University, the Western Trust and the Florence Nightingale Foundation.

Health Services Journal (HSJ) Value in Healthcare Awards

Pharmacy and Respiratory Team won the Pharmacy and Medicines Optimisation category at the HSJ Awards held in Manchester.



Royal College of Nursing (RCN) Northern Ireland Nurse of the Year 2016

Pauline Casey, Lead Nurse and Head of Service for Older Peoples Mental Health received the top honour in the hotly contested Nurse of the Year Award category at the 20th annual RCN Nurse of the Year Awards ceremony, held at Hillsborough Castle during May.

Western Trust Staff Recognition Awards 2016

The eighth annual Staff Recognition Awards were hosted by the Acting Chairman of the Western Trust, Niall Birthistle and Chief Executive, Elaine Way. Special guest at the ceremony, Health Minister Michelle O'Neill, presented the awards and paid tribute to the vital role played by health and social care staff in the west.

There were seven award categories in total, including a best support worker award, an award for the best team, an improving patient and client services award and the coveted overall Chairman's award. Individuals and teams were nominated by their colleagues. They were recognised for being innovative and for their exceptional contribution to improving services across health and social care services.

Assistant Director of Nursing, Anne Witherow picks up the Leadership Award and Chairman's Award at this year's Staff Recognition Awards.



Trust's Second Annual Nursing & Midwifery Awards

The awards were made up of eight categories recognising many disciplines. These included individual community based healthcare support workers, best hospital team, the nurse leading in improving patient and client experiences and the individual who has dedicated many years to the Trust's nursing or midwifery service. The variety in award categories were designed to ensure nurses, midwives and health visitors across the Trust could be nominated by their colleagues, doctors and other members of staff, with some input from patients and service users.



Winner of the prestigious Lifetime Achievement Award, Mr Paul Carroll, Team Manager, Adult Psychological Services



Highly Commended Charge Sister Nurse Award (Community Based), Isobel McDowell Acting Assistant Team Manager, Older People's Mental Health Team, Oak Villa Tyrone and Fermanagh Hospital



Winner of the Team Award (Hospital Based) Midwifery Led Unit, Altnagelvin Hospital Western Trust Social Work Awards



Winner of the Executive Director of Nursing Award: Ursula McCollum, Lead Resuscitation Officer.

Trauma and Orthopaedic Staff Receive Recognition for Dementia Work

Staff Nurse, Deirdre Harkin within Trauma and Orthopaedics, facilitated a total of five programmes from 2013, resulting in 40 staff being able to avail in dementia training. Also included in the picture is Seamus McConnellogue, who undertook several fund raising events, not least climbing Kilimanjaro. Some of the money which Seamus raised has been used to fund the course. Professor Vivien Coates presented the certificates.



LOOKING AFTER YOUR 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 2016/17 Occupational Health attended to 1184 pre-employment health assessments, 604 health surveillances, 2637 referrals made by managers and 120 self-referrals by staff members themselves in relation to health concerns which are related to or have an impact on their work. They also provide advice on sickness absence, workplace assessments and immunisations.

Staff Counselling Services

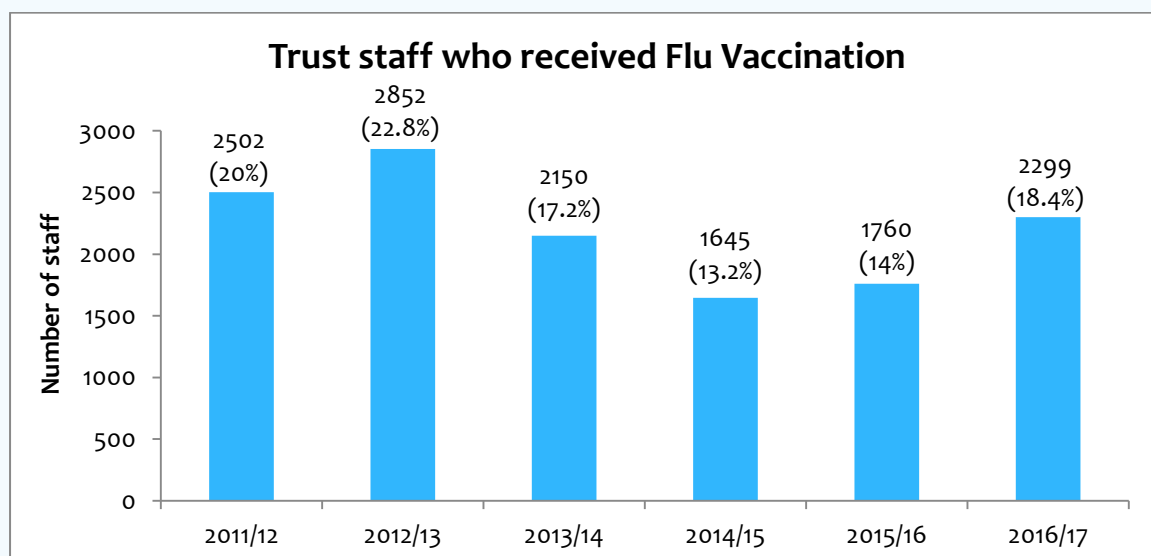
The Trust has in place an independent, confidential staff counselling service which is provided by Inspire. Inspire is an external organisation that provides confidential advice and support to staff for a number of reasons including work/career, emotional/personal, family issues, personal trauma, health related and financial matters. During 2016/17, Inspire has provided 896 counselling sessions to staff through both face to face and structured telephone counselling. Also during this period 191 staff made their first contact to use Inspire services.

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 risk of catching flu because staff that have been vaccinated are much less likely to be carrying the flu virus. During 2016/17 the Occupational Health team was charged with delivering the annual Flu Vaccination campaign and a total of 2299 Trust health and social care workers received their flu vaccine.

The graph 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

Since revalidation commenced in 2013 the Trust Responsible Officer role has submitted almost 400 recommendations and all recommendations have been upheld by the General Medical Council (GMC). 30 of these recommendations were submitted for Trust doctors during 2016/17.

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%.

MAXIMISING ATTENDANCE

Supporting a reduction in the Trust's absence levels across all Directorates remained a priority during 2016/17 with particular emphasis on achieving the target set by the Department of Health of reducing absence due to sickness by 5%. A detailed project plan for 2017/18 has been developed to support achievement of the target. The Trust continues to apply a case management approach to absence management, with managers supported by Occupational Health Department and HR Directorate Support Teams. In addition the Quality Improvement Cost Reduction Team (QICR) together with the HR Directorate Support Teams have focused on particular Wards and Departments where the overall absence level is highest. The aim is to identify causes and to support managers to develop action plans to address this.

The Trust's Absence Recording team has worked with managers during 2016/17 to ensure that all absence is now recorded electronically. The Absence Team has been producing accurate absence reports this year to Directors and Assistant Directors to assist their decision-making and management.

STAFF TRAINING

Reducing the Risk of Hyponatraemia

The Trust approved a Policy for the Administration of Fluids in February 2017. This provides clarity and a link for staff on their roles and responsibilities regarding training and competency assessment.

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

Induction and Mandatory Update Training

Infection Prevention & Control Nurses (IPCNs) contribute to the delivery of corporate induction training for all new staff. They also provide a rolling programme of directly led mandatory training sessions each year to enable the biennial update of all clinical staff. In addition, the Health & Social Care Clinical Education Centre organises combined mandatory training sessions twice a year, which include an Infection Prevention & Control segment delivered by the IPCNs. During 2016-17 a total of 107 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 2957 staff.

The Infection Prevention & Control Team is continuing to explore more flexible methods of training. This includes the development of an e-learning programme, which would complement face-to-face teaching. They are collaborating in exploratory work for the development of Virtual Reality Action Training in conjunction with the South West Regional College, which could transform Mandatory Training with huge educational, research and business potential.

Aseptic Non-Touch Technique (ANTT) Training

In 2016-17 the IPCNs provided a total of 12 training sessions on ANTT, which were attended by 93 staff. 26 Foundation Year (FY) 1 and FY 2 junior doctors also received one-to-one ANTT training.

Ward-Based Enhanced Support/ Improvement Work

Infection Prevention & Control enhanced support/ improvement work programmes were provided to 27 wards. Over the course of this work 44% of the nursing staff took part in Infection Prevention & Control education, with a particular focus on the management of Methicillin-Resistant *Staphylococcus aureus* (MRSA).

Right Patient Right Blood Training

The Trust promotes requirements of Better Blood Transfusion 3 (BBT3) – HSS (MD) 17/2011 and Blood Safety and Quality Regulations (BSQR, 2005). These standards require all staff involved in the blood transfusion process to have valid Haemovigilance training every 3 years (or 2 years if involved in blood collection) and valid competency assessment (due every 3 years).

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

Staff can update their knowledge in transfusion practice by e-learning or attendance at a face to face Haemovigilance training session (see flowchart). Assessments are then undertaken in the clinical areas by trained 'Assessors'.

Northern Ireland Haemovigilance Training & Assessment requirements for staff participating in the Blood Transfusion Process.

1. Haemovigilance Training (due every 3 years*) for staff involved in:-

- Obtaining a venous sample for pre-transfusion testing.
- Organising a request for a blood component for transfusion.
- Prescribing a blood component for transfusion.
- Collecting a blood component for transfusion (*training due every 2 years).
- Preparing and administering a transfusion of a blood component.

METHOD 1

METHOD 2

New Staff to the Trust.

E-learning (www.learnbloodtransfusion.org.uk)

Face to face training Delivered by a Haemovigilance Practitioner.

COURSE NAME	REQUIRED TO BE COMPLETED BY
Safe Transfusion Practice	<ul style="list-style-type: none"> • Medical, Nursing and Midwifery Staff Involved in pre-transfusion sampling, completion of details on the Blood Collection Form and administering blood components.
Safe Transfusion Practice for Paediatrics	<ul style="list-style-type: none"> • Medical, Nursing and Midwifery Staff working In Paediatrics and Involved in pre-transfusion sampling, completion of details on the Blood Collection Form and administering blood components.
Blood Components and Indications for Use	<ul style="list-style-type: none"> • Medical Staff and Non-Medical Prescribers Involved in prescribing blood components. • Nurses and Midwives working in Clinical Areas that regular transfuse blood components.
Phlebotomy pathway	<ul style="list-style-type: none"> • Phlebotomists. • Health Care Assistants Involved in pre-transfusion sampling.
Blood collection pathway	<ul style="list-style-type: none"> • Porters. • Any other staff Involved in Blood Collection.
Anti-D Clinical Module	<ul style="list-style-type: none"> • Medical and Midwifery Staff in Obstetrics & Gynaecology.

2. Competency Assessments (due every 3 years) for staff involved in:-

- Obtaining a venous sample for pre-transfusion testing.
- Organising a request for a blood component for transfusion.
- Collecting a blood component for transfusion.
- Preparing and administering a transfusion of a blood component.

Competency Assessments are undertaken by an 'Assessor' in the Clinical Area or by a Haemovigilance Practitioner.

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.

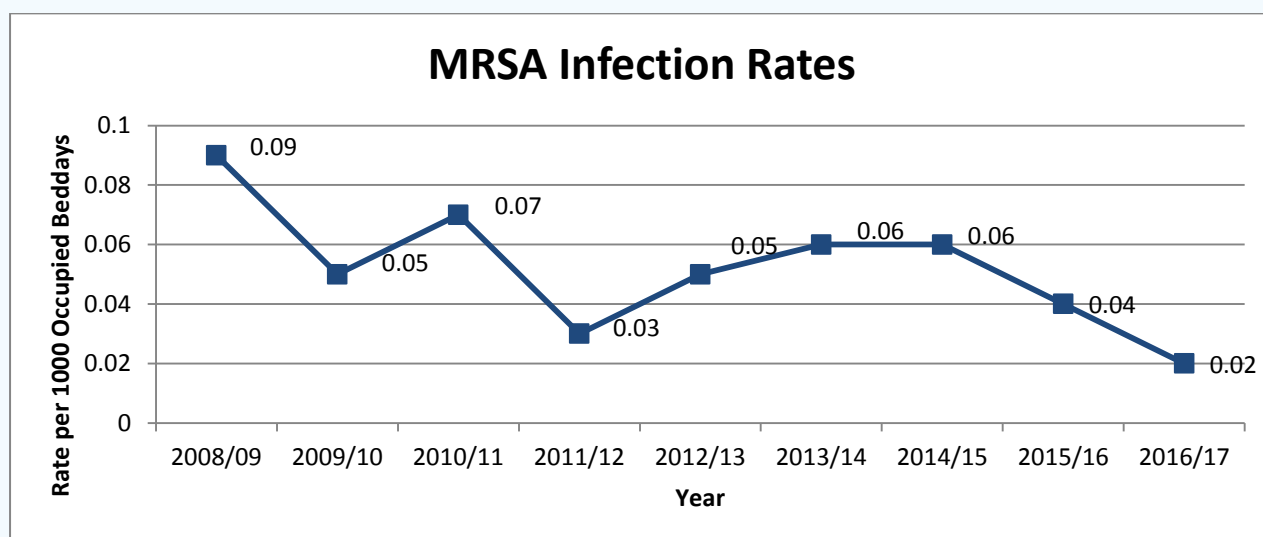
Methicillin Resistant Staphylococcus Aureus (MRSA):

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

The MRSA bacteraemia reduction target set for 2016-17 was 7. The Trust reported a total of 5 cases, meaning the target was achieved. This was a reduction of 44% compared to the previous year. All 5 patients came to hospital with MRSA already in their blood stream.

The infection rate was 0.02 infections per 1000 occupied bed days which was below the target set of 0.58 infections.



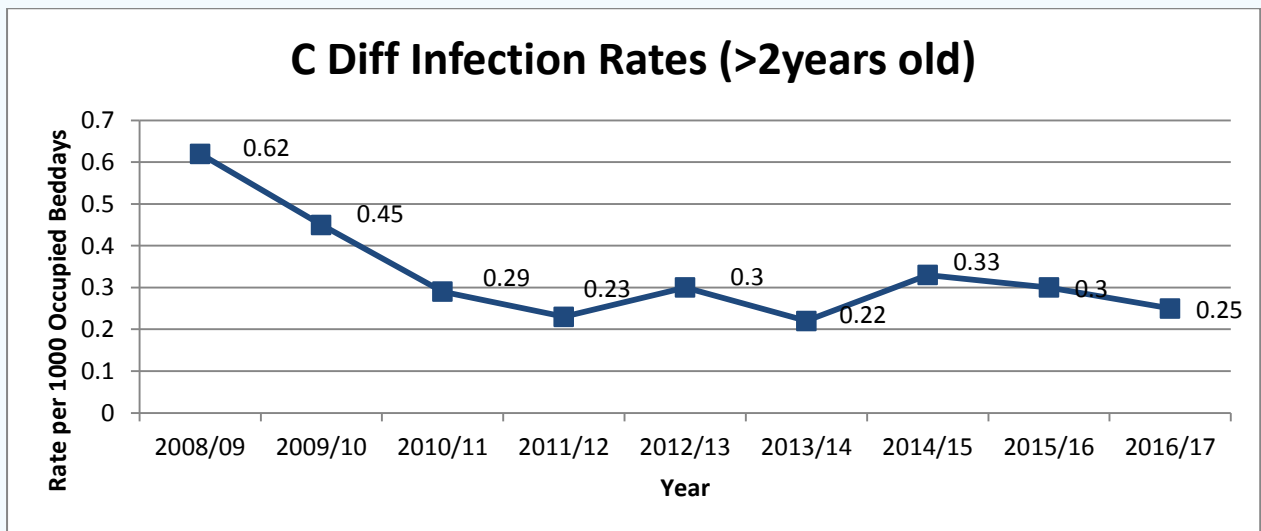
Clostridium Difficile Associated Disease (C.difficile):

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 bundle remains a challenge, in particular prudent antimicrobial prescribing and environmental decontamination.

Facts & Figures

During 2016-17 the Western Trust identified 56 cases of *C. difficile*, 8 more than the target of 48. Whilst the target was not achieved, this was a reduction of 13% compared to the previous year's performance (64 cases). Root cause analysis demonstrated that 24 of the 56 cases were community-associated.

The infection rate was 0.25 infections per 1000 occupied bed days which was below the target set of 4.00 infections.



Hand Hygiene

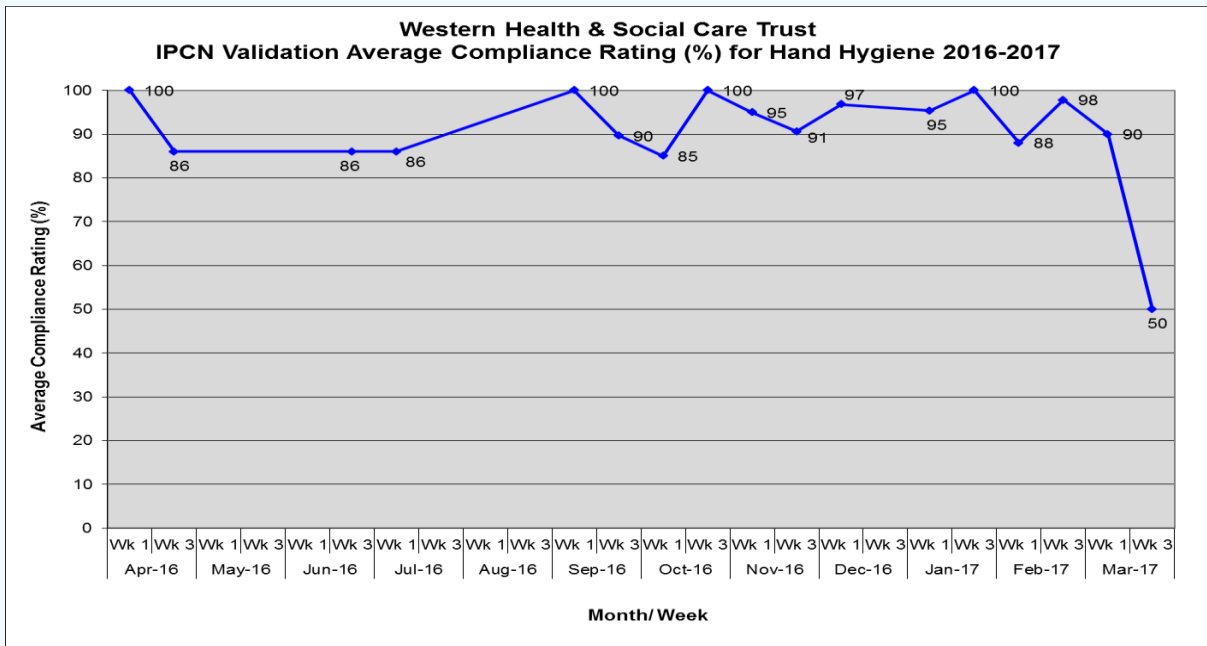


Hand hygiene is one of the easiest and most effective ways of reducing the spread of HCAs. While many factors can influence the risk of acquiring an infection within the healthcare setting, hands are considered a key route by which pathogens are transmitted between patients, and inadequate hand decontamination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

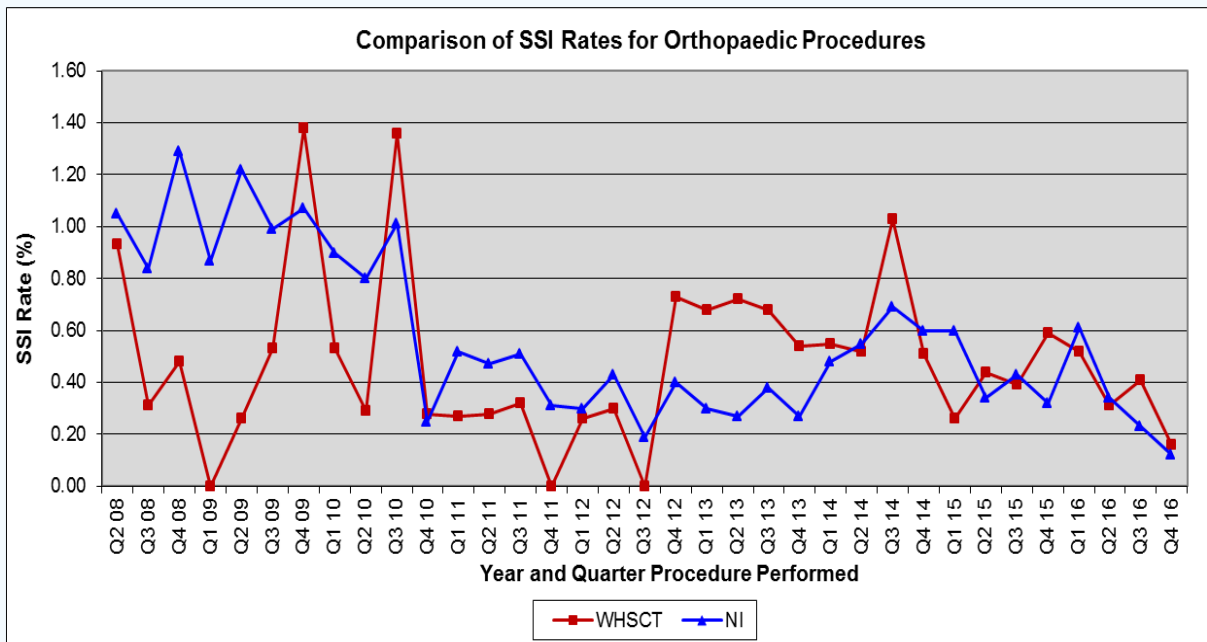
Self-reported hand hygiene audits are carried out by core ward/ department staff on a regular basis and this is validated by peer/ professional lead independent audits. The IPCNs also carry out ad hoc validation audits with the aim to achieve at least 95% compliance and, if necessary, to educate and improve staff practice, with the ward/ department leading on improvement strategies. An important feature of both peer/ professional lead validation audit figures is that they are normally lower than the self-reported figures.

During 2016-17 hand hygiene opportunities were observed a total of 30,285 times. Average self-reported compliance was 100% and average IPCN validation compliance was 90%. The graph below outlines the IPCN validation average compliance rating for hand hygiene and does not include peer/ professional lead independent audit figures.



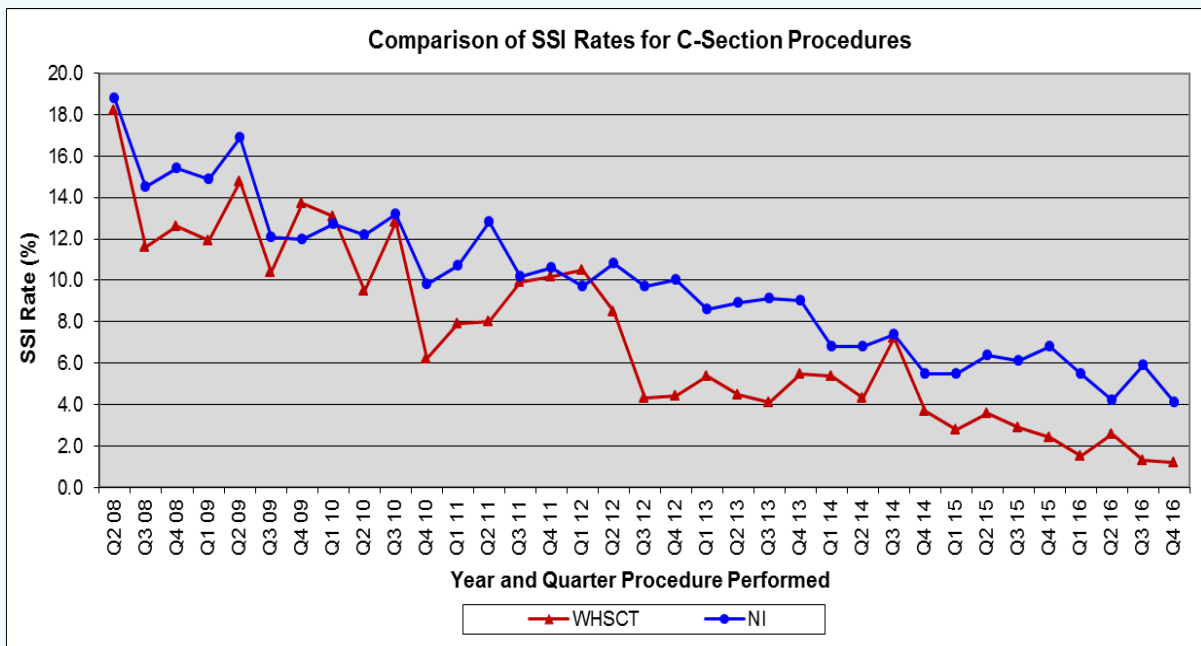
Orthopaedic Post-Operative Surgical Site Infection (SSI) Surveillance

Regional surveillance of orthopaedic post-operative infection has been continuous since July 2002. The Western Trust’s SSI rate in orthopaedic surgery has routinely been below 1% since surveillance commenced.



Caesarean Section Post-Operative SSI Surveillance

The Western Trust began contributing to the regional post-operative Caesarean section SSI surveillance programme in February 2008. The Trust performs well compared with the Northern Ireland average and has seen a significant reduction in the SSI rate from 18% to less than 2%.



Critical Care Device-Associated Infection Surveillance

Critical care device-associated infection surveillance commenced in June 2011. The surveillance looks at ventilator-associated pneumonia (VAP), catheter-associated urinary tract infection (CAUTI) and central line-associated blood stream infection (CLABSI). The last recorded case of each occurred as follows:

- VAP – September 2016
- CAUTI – July 2011
- CLABSI – March 2012

Breast SSI Surveillance

A new surveillance programme regarding breast SSI commenced in July 2016. Only the first quarter’s results are available so far. For July-September 2016 the Western Trust rate was 7%, equating to 8 SSIs out of 112 procedures. As the Western Trust is the only one undertaking this surveillance at present, there is no comparator data for the rest of Northern Ireland. However, the evidence base suggests that an SSI rate of between 3% and 15% is standard.

Personal and Public Involvement (PPI)

The Infection Prevention Society (IPS) organised a hand hygiene campaign to ‘spread the message, not the bugs’ in the form of a torch tour around the United Kingdom and Ireland. The tour began on 5th May 2016 and events took place in each of the five countries (Scotland, England, Ireland, Northern Ireland and Wales) to coincide with the World Health Organisation’s ‘Clean Your Hands – Call to Action.’

The aims of the Hand Hygiene Torch Tour were to:

- Raise awareness of the importance of hand hygiene among the general public;
- Promote the IPS nationally and internationally;
- Partner with other healthcare infection and patient organisations to highlight the annual World Health Organisation ‘Clean Your Hands - Call to Action’ for healthcare workers.

The Trust participated in the above campaign from the 6th to 14th June 2016. During that time the Infection Prevention & Control (IP&C) Team participated in getting the public, patients, visitors and staff involved across our community and hospital settings. The main highlights of the campaign to raise awareness of the importance of hand hygiene were hand-over of the torch on the Peace Bridge and local radio stations supporting the campaign with interviews with the IP&C Team.

International Infection Prevention Week 2016 (IIPW)

IIPW 2016 took place from 16th to 22nd October. The IP&C Team co-ordinated a number of activities during this week aimed at highlighting important infection prevention information for patients, the general public and staff on how to “Break the Chain of Infection“ These included:

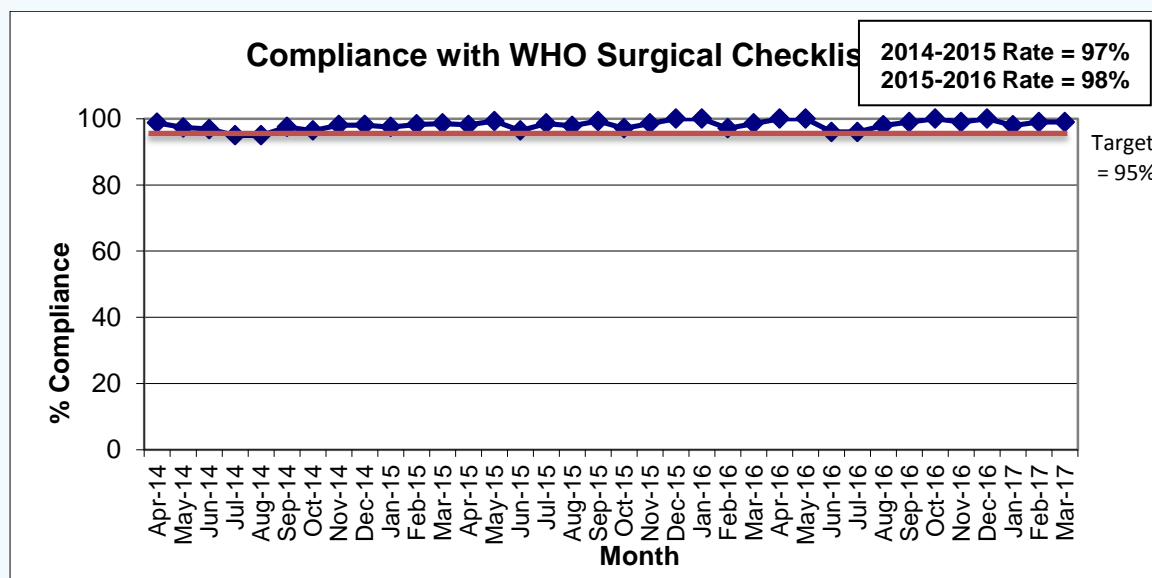
- Use of various media platforms to share information;
- IP&C stand;
- IP&C word search staff competition;
- Children’s colouring competition;
- Visits to wards and departments;
- Visit to residential home;
- Promotion of Flu vaccination.

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 2016/17 was 99% 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 Trust has been part of 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 Standardised Clinical Outcome Review (SCOR), which is a software tool for comprehensive review of perinatal deaths, will be used to review all cases of stillbirth for 2017. 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.

Saving Babies Lives

A risk assessment for Foetal Growth Restriction was adopted by the Trust in January 2017. Work is ongoing to establish a midwife sonography clinic to scan the less complicated women (e.g. where only risk factor is smoking).

Pregnancy Loss

A Specialist Midwife for Childbirth and Loss has been appointed. Work has almost completed on a bereavement suite in Altnagelvin Hospital which will be known as the 'Lavender Room'. A Pregnancy Loss Patient Information Leaflet has also been developed.

PAEDIATRIC QUALITY IMPROVEMENT

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

Lumbar Puncture

This is a procedure that is carried out intermittently to detect serious illness such as meningitis, as well as measuring intracranial pressure. It was recognised that a consistent approach pre procedure would promote quality and safety. A baseline assessment was carried out that demonstrated inconsistencies in practise. This resulted in a checklist being devised on core quality indicators that must be checked which was shared with staff through safety briefings and team meetings. A series of audits continues to measure the improvement and after 5 months the staff are now achieving over 90% compliance with this care bundle.

Additional Safety Briefing

Within the last year, a multidisciplinary approach has been adopted in Altnagelvin paediatrics following staff handovers, which addresses a number of aspects that will inevitably impact on care. These include reviewing the number of medical and nursing staff available, reviewing the treatment plan for the sickest children on the ward and the number of children on intravenous (IV) Fluids and antibiotics. This allows escalation of concerns as appropriate and has provided meaningful communication and promoted multi-disciplinary team working. These communications occur at the end of every handover (4 times a day with both nursing and medical are present).

IV Antibiotics in the Community

The Community Children's Nursing Teams across the Trust are now successfully administering IV antibiotics to children at home. This service was developed in order to facilitate early discharge and reduce the need for hospital attendance. It also helps to safeguard the child from Healthcare Acquired Infections (HCAI) and minimise possible trauma and distress to the child and family.

Community Nursing records

The Community Children's Nursing Team (Trustwide) has now successfully transferred children's case notes to the new PARIS information system. From a patient care point of view information is accessible by multi-disciplinary staff immediately. Information such as Risk Assessments and reports can be accessed between named professionals working with the children allowing a more effective means of communication. It has also helped to improve data protection in relation to the filing and storage of patients' notes.

Patient information leaflets

Due to inconsistency in written information provided to parents, to support recommendations at discharge on how to continue care for their child, a group of staff reviewed available leaflets. They looked at the top 5 NHS providers who produce parent leaflets and determined which sites were reviewed regularly and had evidence based advice. This exercise was supported by engaging with parents and seeking their feedback on which leaflets they believed were easily understood.

The poster below is an example of a quality improvement project undertaken by staff during the year which won an award at the 'Delivering Safer Care Together 2017' conference held on 3rd March 2017:

Neonatal Blood Culture sampling: Reducing Sample Errors and improving Communication in NICU

Nuala Colton, Neonatal Nurse Manager & Angela Hughes ANNP, Altnagelvin Hospital

BACKGROUND

A RQIA visit in July 2013, highlighted a high blood culture contamination rate in NICU and an ineffective surveillance and recording system. This constituted a patient safety risk in relation to a potential delay in discontinuing treatment; repeated sampling and prolonged ototoxic and nephrotoxic antibiotic exposure. This in turn causes parental stress; has financial implications for the organisation in terms of unnecessary use of resources; and possibly increased length of stay.

OBJECTIVES

The aim of this project was to review clinical practice in relation to how blood culture samples were taken; results recorded; and how this information was disseminated to others. The hypothesis was that by improving blood culture sampling technique; documentation and communication within the NICU, there would be benefits to patient safety in terms of reduced sampling error and need for further samples; reduced length of antibiotic treatment and potentially reduced length of stay.

A Multidisciplinary Team (MDT) was set up to review our practice in order to determine areas for improvement. This MDT consisted of medical and nursing staff, with input from the Infection Prevention and Control Team.



Clinical Practice

A review of the literature was undertaken and a blood culture guideline was developed. Medical staff were trained and assessments undertaken at induction or if further required.

Auditing Practice

Subsequently a pictorial audit proforma was developed which nurses received training on. Failed audits were highlighted with the clinician responsible at the time, and an action plan undertaken.

Communication

Microbiology were consulted and a monthly report of all samples was shared with NICU. These were analysed and contamination rates were disseminated to staff via SharePoint, along with any other updated information.

Documentation

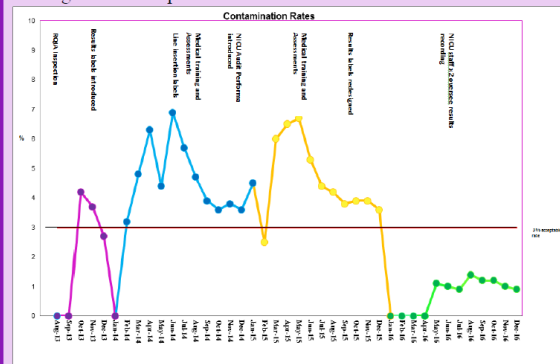
Labels were developed and a microbiology results book was introduced in order to capture all the relevant information with the MDT

Utilising the PDSA cycle, each change introduced was reviewed and modifications made in liaison with the MDT



Results

Results were plotted on a run chart with the main influencing interventions labelled. The results were measured against the DH accepted 3% contamination rate. The main influencing factors were staff training and assessments; and the development of a specialised audit tool. These changes showed that for the last year there was a sustained reduction in contamination rates and a positive correlation between auditing and sterile specimens.



Run chart demonstrating changes introduced and improvements made

Key Learning points

This project is ongoing and has identified the need for regular review of documentation and reinforcement of good clinical practice within the MDT.

- All staff disciplines require ANTT training and regular updating.
- Availability of information and sharing this with the MDT
- Contemporaneous feedback to clinicians ensures that good practice is adhered to
- Selection of NICU champions within the nursing team has maintained momentum for the project.
- This project demonstrates multifactorial benefits to improvements in patient safety: reduced sampling; reduced length of antibiotic treatment; reduced parental stress; and improved MDT communication.

References

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 RQIA Infection Prevention/Hygiene Augmented Care Unannounced Inspection Altnagelvin Hospital Neonatal Unit 4 July and 16 July 2013

Acknowledgements

We would like to thank all NICU staff for their continued commitment to Patient Safety and improving care for newborn babies. With particular thanks to:

- Dr Mary Ledwidge
- Sister Ciara Doherty
- Nyree Mc Kenny (IPCN)
- Mary Mc Kenna, Assistant Director, Women and Children
- Microbiology Dept for providing monthly reports (with special thanks to Una Porter)

FALLS

Facts & Figures

In 2016/17, the Trust recorded 1,526 falls of adult patients in hospital.

Of the falls recorded, 22 led to a more serious injury such as a fracture. These falls accounted for 1.4% of the total recorded.

Reducing the Number of Patient Falls

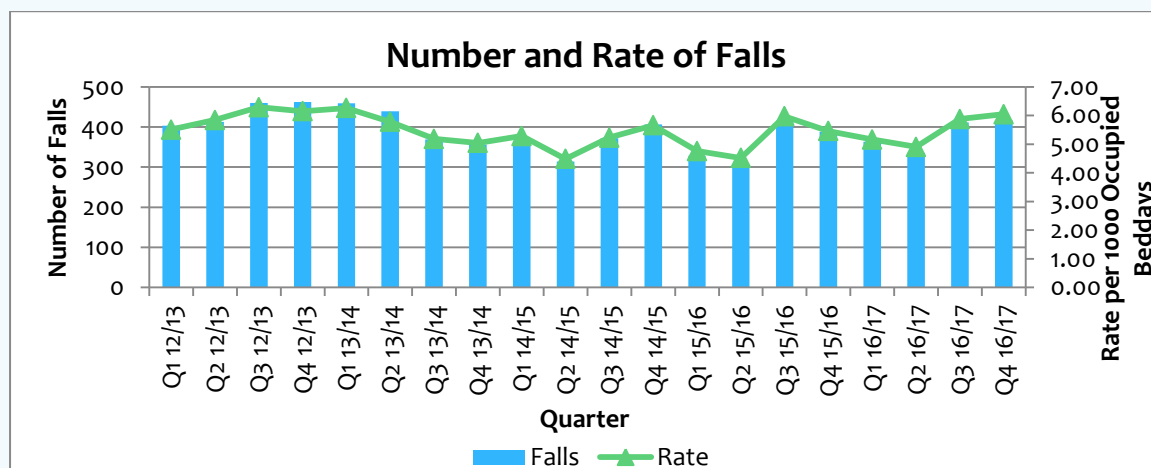
Any patient can have a fall, but older people are more vulnerable than others. Falls in hospital are among the most frequently reported incidents. Causes can be complex and associated with issues such as medications and mobility. Patients may be encouraged to move as part of their rehabilitation, to 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

- While falls continue to be the top incident reported, significant work is on-going to raise awareness of falls prevention across all care settings of the Trust. This includes participation in the National Falls Prevention Day with targeted engagement with the public and partnership working with the voluntary agencies.
- The September 2016 edition of Share to Learn magazine concentrated on Falls Prevention with contributions from the multi-disciplinary team.
- Recurring funding for the post of a Falls Co-ordinator has been secured and will be advertised in June 2017.
- Falls prevention work with the Public Health Agency (PHA) is on-going with two wards piloting a revised incident reporting and learning template during January and February 2017.
- A falls improvement plan has been developed with a spread and implementation plan in place. This improvement programme commenced in January 2017 in Ward 40, Altnagelvin and is targeting the wards with the highest falls in the first instance.

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

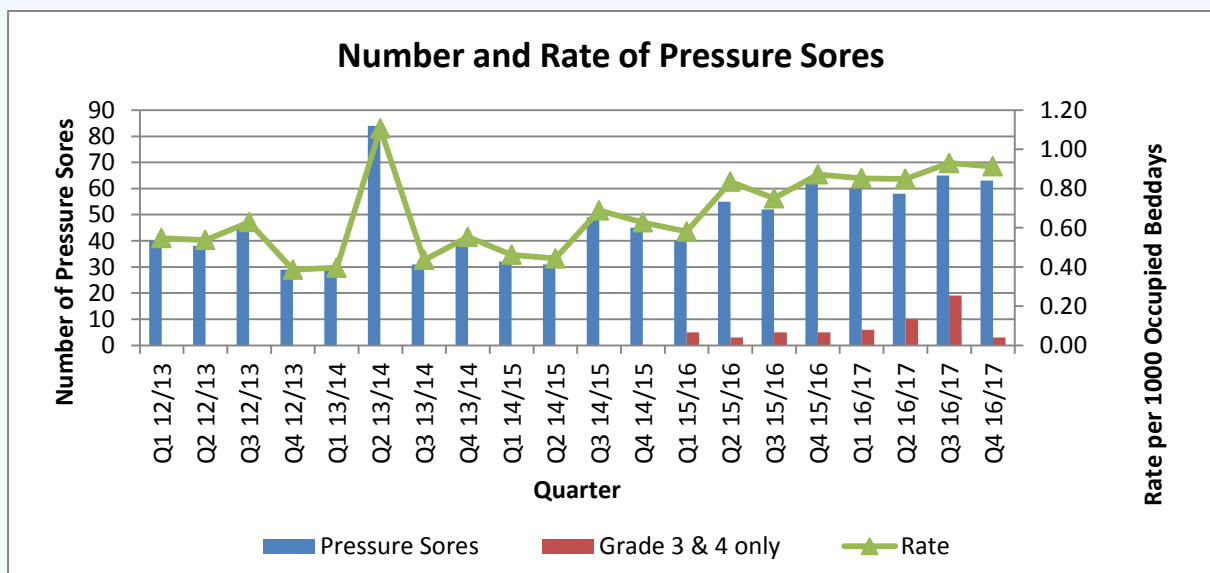
Work is ongoing in the Trust to reduce the number of patients who develop pressure damage post admission to hospital or community services.

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

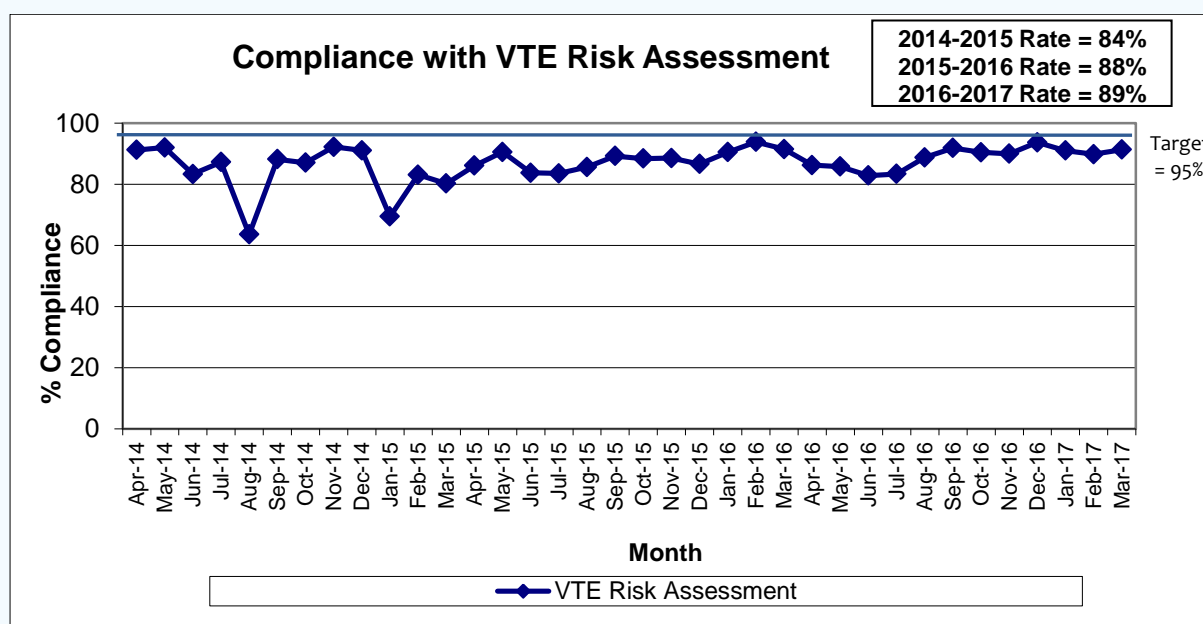
In 2016/17, the Trust recorded 246 pressure ulcers compared to 209 for the previous year. This was an increase of 17.7%.



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 2017. 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 2016/17 was 89%. Monthly compliance is displayed in the graph below:



MEDICINES MANAGEMENT

Medicines are the most frequently used intervention in healthcare. Their use has increased due to advances in medical technology and an aging population. It is important that their use is safe and evidence-based as well as ensuring patients get the right medicine at the right time.

Medicines Optimisation

Medicines Optimisation is defined by the National Institute for Health and Clinical Excellence (NICE) as the safe and effective use of medicines to enable best possible outcomes for people (March 2015). It encourages medicines reconciliation, medication review and the use of patient decision aids. In March 2016, the Northern Ireland Medicines Optimisation Framework was published.

The Trust set up a Medicines Optimisation Team during the year and work is underway to:

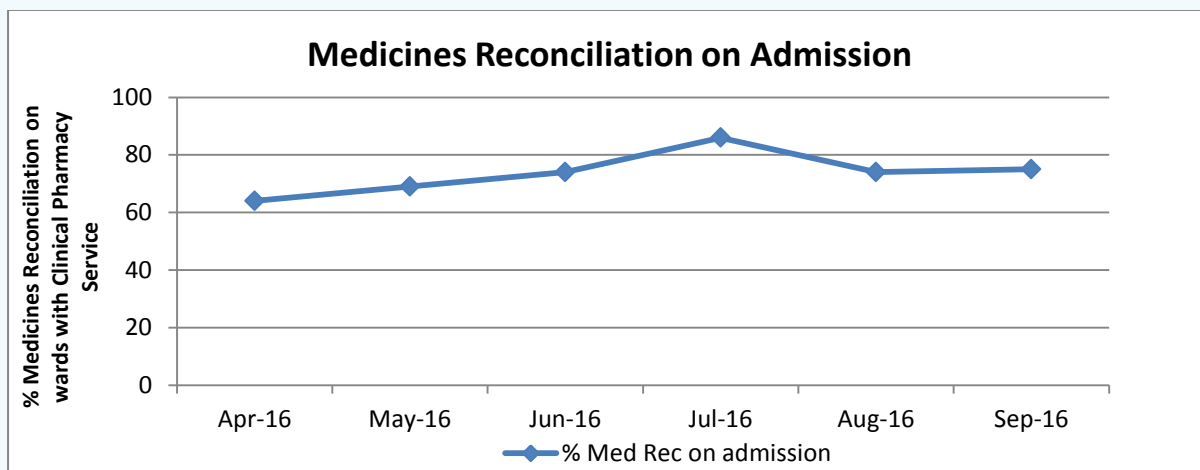
- Measure patients' experience of medicines use during their hospital stay;

- Highlight patients who are taking high risk medicines and target them for a clinical pharmacy service;
- Implement the Medicines Choice software package to provide patient information leaflets to patients;
- Help patients to be more involved in their medicines use.

Medicines Reconciliation

It is important to make sure that the right medicines are prescribed for patients when they come into hospital and that the list of medicines that patients go home with reflects changes during their hospital stay. This is done through medicines reconciliation.

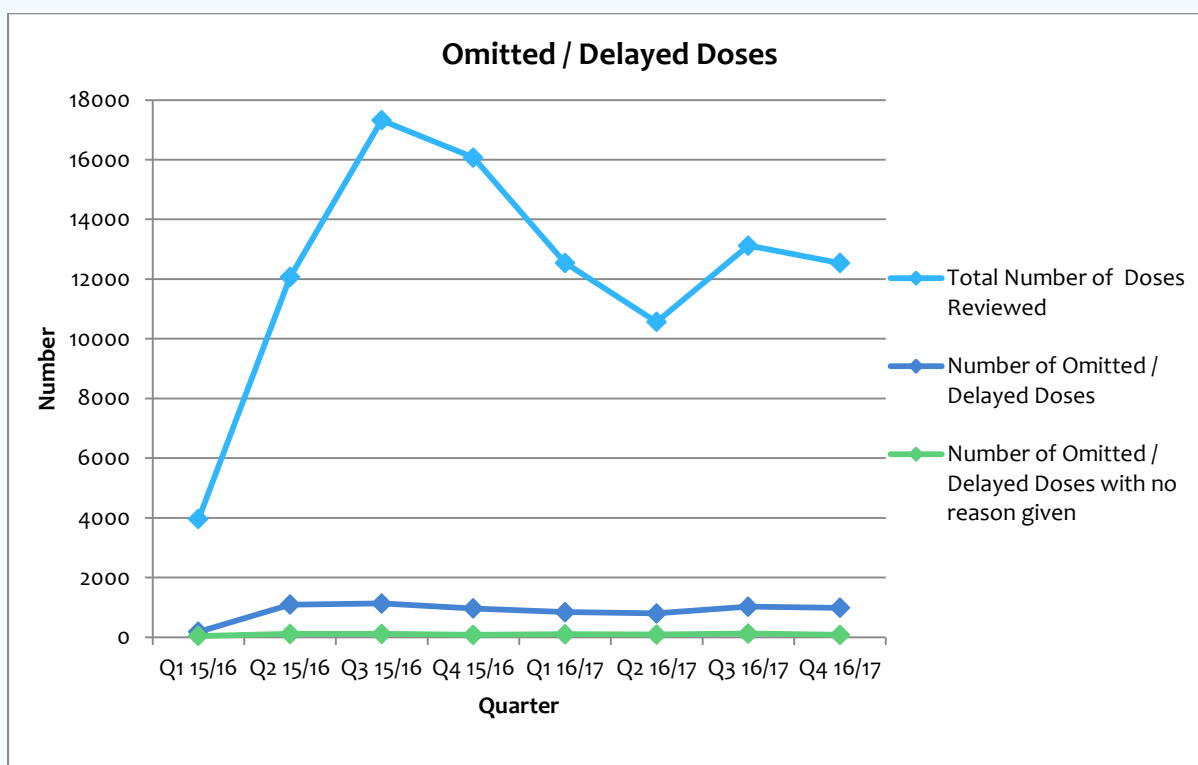
On average, 53% of patients admitted to all wards on three hospital sites (Tyrone County, South West Acute and Altnagelvin) had their medicines reconciled by a pharmacist on admission. For wards with a clinical pharmacist, this rose to an average of 74%, 73% of which were verified by a pharmacist within 24 hours of admission. This is an increase from 2015/16 and has been supported by the introduction of a 7 day pharmacy service to Altnagelvin Emergency Department from November 2016 and an increase in the number of clinical pharmacists.



Omitted & Delayed Doses

There has been a regional nursing focus on ensuring that patients in hospital get their medicines at the time that they have been prescribed. Omitted and delayed doses have been highlighted as a national concern by National Patient Safety Agency (NPSA; 2010) in their report on 'Reducing harm from omitted and delayed medicines in hospital.' This work, incorporated into an 'Omitted / Delayed Doses bundle' also ensured that the reasons for the omission or delay were recorded. This helps to whether any omission or delay caused actual harm to the patient.

The Omitted / Delayed Doses bundle has been fully implemented across all acute wards and compliance is measured quarterly. During 2016/17 data was collected quarterly on a range of wards from a random selection of 10 patient case notes. Trust compliance is displayed in the graph below:



Non- Medical Prescribing

A range of health care professionals can now prescribe medicines, including pharmacists, nurses, optometrists and physiotherapists. This allows patients easier access to medicines in a more timely way. During the year 10 nurses & 8 pharmacists were added to the Trust's Non-Medical Prescribers register.

Medicines Management Controls Assurance Standards

These standards measure whether the Trust has safe systems in place for using medicines. The Trust achieved a score of 81% compliance for 2016/17.

Pharmacy & Medicines Optimisation NHS Benchmarking

The Trust was involved in a national NHS benchmarking exercise to compare its practice in using medicines against other Trusts across the United Kingdom. Some of the findings included:

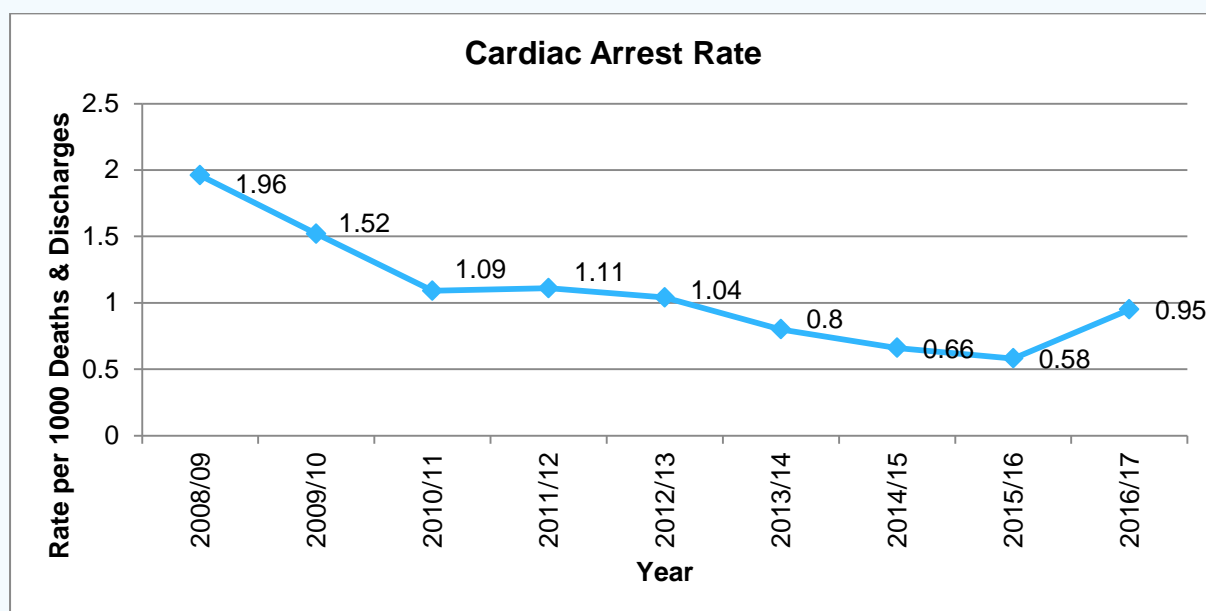
- A higher percentage of pharmacists who are prescribing (32%) when compared to the national average (19%);
- A higher number of hours spent by pharmacists on the ward per bed per week (1.2hours) compared to the national average (0.7hours);
- The Trust has an Anti-microbial Stewardship Team with appropriate members;
- The Trust could improve the numbers of pharmacy technical staff when compared to other Trusts.

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 2016/17 was 0.95.



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 2016/2017 the survival to discharge following hospital cardiac arrest is 20.3%.

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; if a hospital has a high SMR, it cannot be said for certain that this reflects failings in the care provided by the hospital. However, it can be a warning sign (smoke alarm) that things are going wrong and an indicator for further investigation.

The Risk Adjusted Mortality Index (RAMI) 2016 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. It is useful to compare the trust mortality rate against a selection of UK peer top hospitals and against other Northern Ireland Trusts.

Facts & Figures

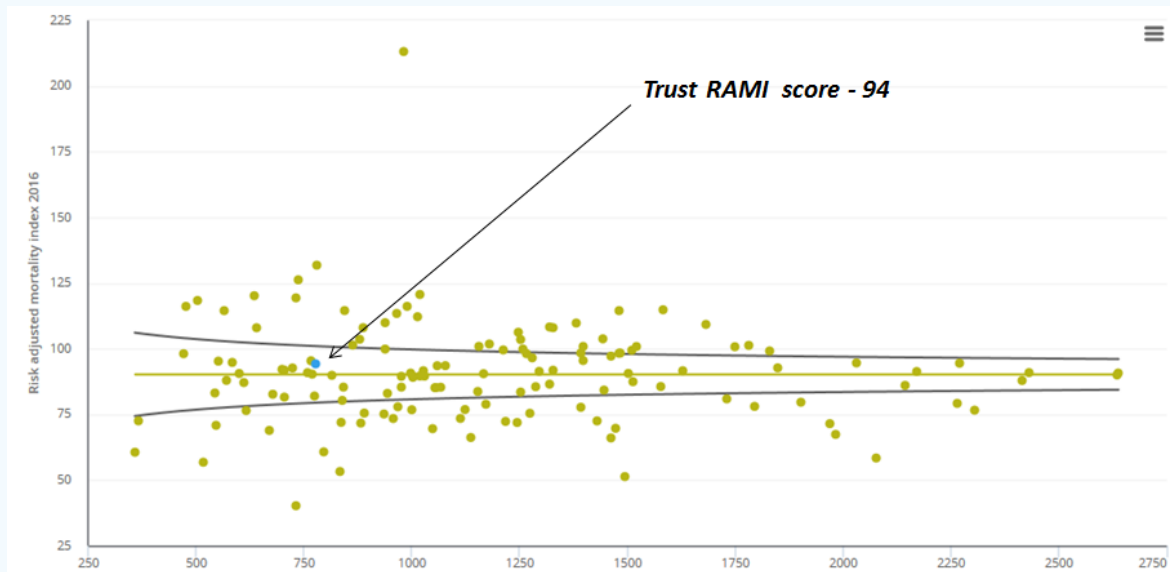
The table below provides details of the RAMI score for the Western Trust compared to the UK (HES Acute Peer) and the NI Peer for April 2016 to March 2017.

RAMI Score - 2016/2017

Month	Trust	NI Peer	UK Peer
Apr-16	78	95	95
May-16	95	96	94
Jun-16	97	92	85
Jul-16	90	88	87
Aug-16	84	92	87
Sep-16	96	90	84
Oct-16	84	94	91
Nov-16	97	95	88
Dec-16	84	122	94
Jan-17	105	117	100
Feb-17	115	111	90
Mar-17	107	114	84

The RAMI funnel plot, based on RAMI 2016, below shows that the Trust with an average of 94 was within the mid-range of peer population.

The UK (HES Acute Peer) average was 90 and the NI peer average was 101.

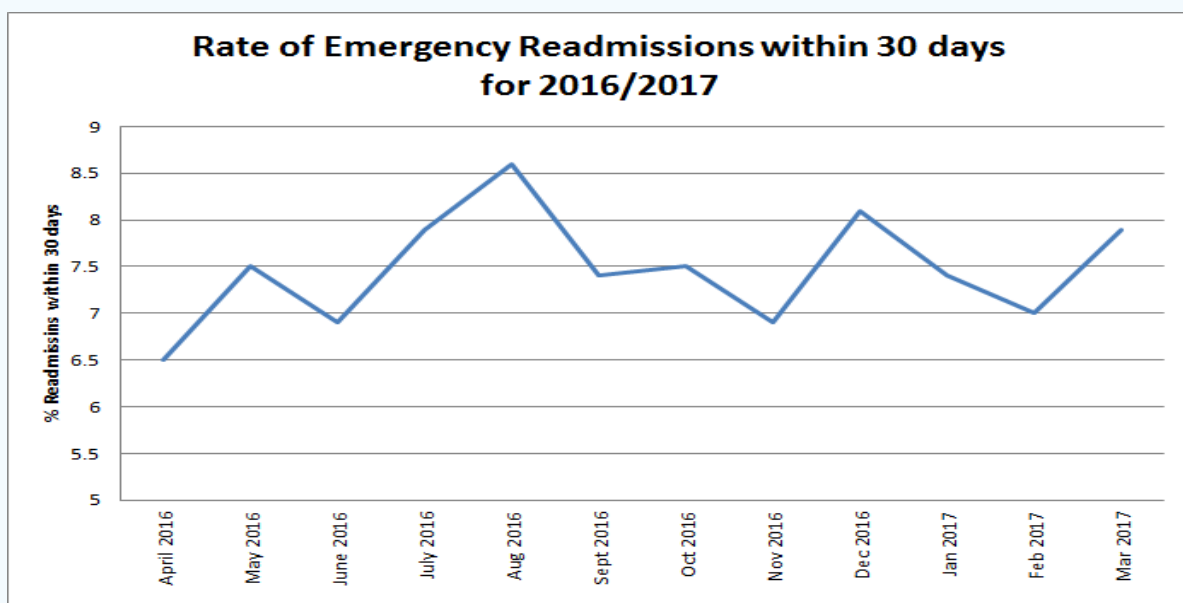


EMERGENCY READMISSION WITHIN 30 DAYS OF DISCHARGE

Readmission rate is one of a number of indicators used as a measure of quality of care. For the purposes of monitoring performance the Trust is compared with United Kingdom (UK) and Northern Ireland (NI) peer.

The Readmission rate (within 30 days) for the Trust during 2016/2017 was 7.5%, compared to 7.6% for the UK (HES Acute peer) and 8.5% for the NI peer.

The graph below illustrates the monthly readmission rate during 2016/2017 for the Trust.



EMERGENCY DEPARTMENT (ED)

4 Hour and 12 Hour Standards

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

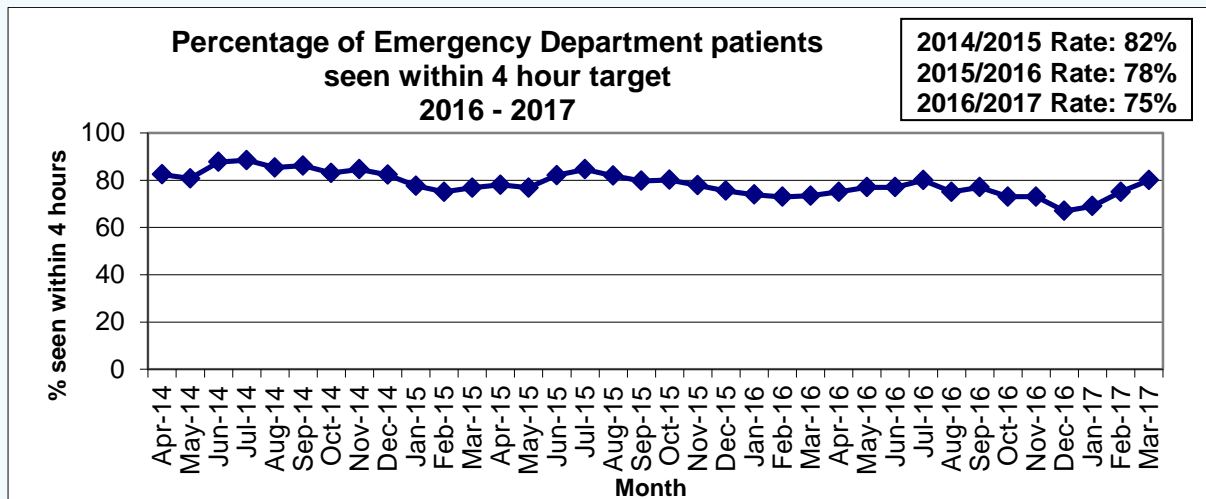
Facts & Figures

112,644 people attended ED during 2016/17. This was a 3.9% increase from the previous year.

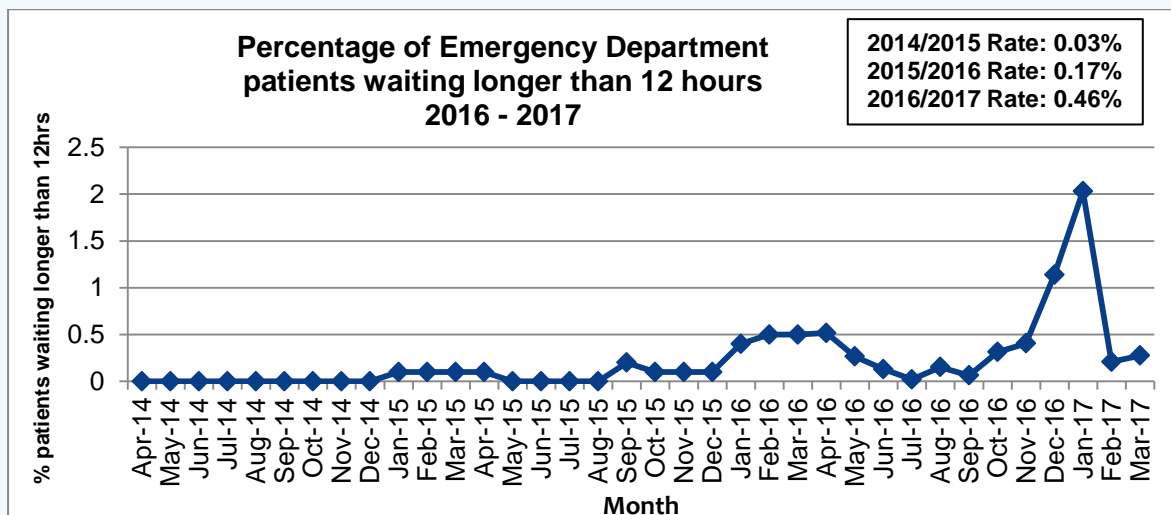
75% of these patients were seen within the 4hr target which is a 3% decrease from the previous year.

0.46% of these patients waited longer than 12hrs which is an increase of 0.29% from the previous year.

5.06% of these patients were unplanned re-attenders.

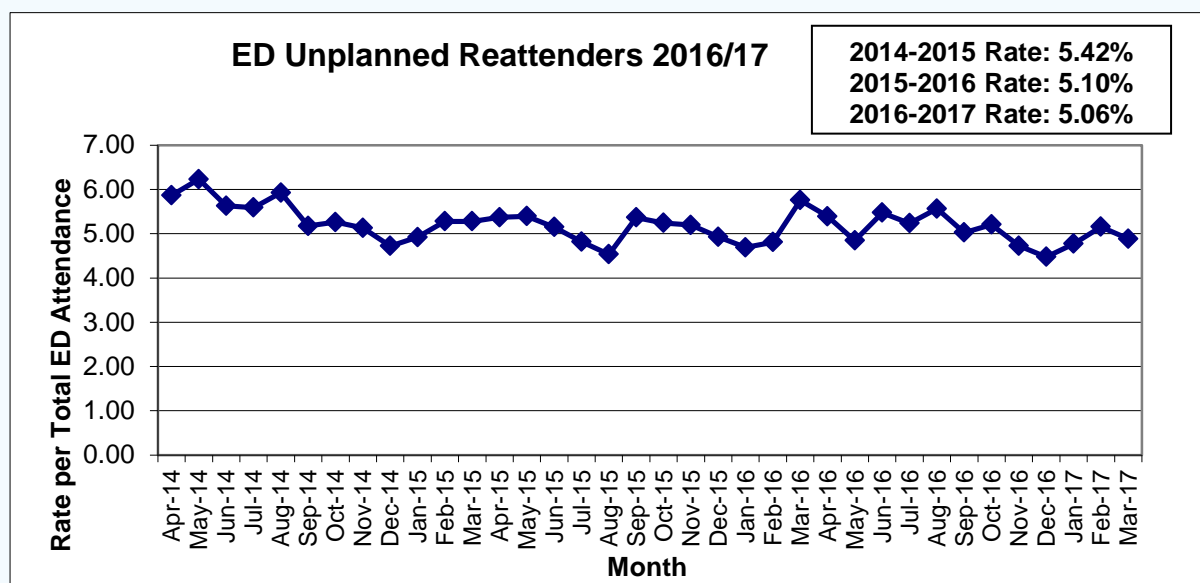


Performance against this target is only one measure and Emergency Departments have developed dashboards to monitor additional measures that reflect the quality of care provided to patients. Consistently achieving these targets requires sustained effort, focus, clinical engagement and an analytical approach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



Unplanned Re-attendance 2016/17

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 2016/17	Patients who did not wait to be seen
Western Trust	112644	3.8%

Actions Taken to Improve the Trust's Provision of ED

- Investment in new infrastructure within the ED to create a 4th resuscitation space, a second triage room, upgraded majors area facilities, a new relatives room, new consultant office space and unified storage capabilities.
- Redesign of ambulatory services within Emergency Care to improve GP access to hospital services.
- Redesign of working practices within the ED to enhance workings of the Minor Injury Stream.
- Investment in new pharmacy storage and dispensary services within the ED.

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.

Sepsis 6 Trigger Tool
Excludes children under 12, pregnant women & neutropenic patients
 Western Health and Social Care Trust
 think sepsis!

1. Are any of the following present

- Total NEWS score of 5 or more
- NEWS score of 3 in any one parameter
- Concerns about your patient

YES

2. Is there a known or suspected infection

NO → Continue as per NEWS chart escalation

YES

3. SEPSIS 6 Indicated within 1 hour. Use NEWS clinical response triggers to escalate to appropriate decision maker

GIVE	TAKE
1. Oxygen	1. Blood Cultures
2. IV fluids	2. Lactate
3. IV antibiotics	3. Urinary output

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

During 2016/17 the Trust has continued to raise awareness of sepsis among staff and contribute to ongoing Quality Improvement work. A Trust Sepsis multi-disciplinary group has now been established. A 'Sepsis Sticker' has been developed and accepted by the PHA Safety Forum as an aide memoire to be embedded within the regional National Early Warning Score (NEWS) observation chart. The sticker has been incorporated into the ED's identification and response to sepsis. Resuscitation training within the Trust now includes a specific component on Sepsis.

Monthly sepsis audits were completed between July 2016 and March 2017 within the Altnagelvin ED and results are shown in the table below. From April 2017, the Trust has participated in the College of Emergency Medicine Audit.

Sepsis Bundle Elements		Target	Trust Compliance
Evidence on Arrival	Observations Recorded	95%	99%
	Mental Status (AVPU or GCS)	95%	93%
	Capillary Blood Glucose	95%	41%
Evidence that EM/ICU help was summoned		95%	57%
Evidence that high flow oxygen initiated prior to leaving ED		95%	55%
Evidence that serum lactate measurement obtained prior to leaving ED		95%	83%
Evidence that blood cultures were obtained prior to leaving ED		95%	77%
Evidence that first intravenous crystalloid bolus given	Within 1 hour	75%	34%
	Within 2 hours	90%	61%
	Prior to leaving ED	100%	95%
Evidence that Antibiotics were administered	Within 1 hour	50%	37%
	Within 2 hours	90%	62%
	Prior to leaving ED	100%	99%
Evidence that urine output measurements were instituted prior to leaving		90%	45%

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) GUIDELINES

During 2016/17 the Trust received 117 different NICE Guidelines for implementation. These included clinical guidelines, technology appraisals, public health guidance and interventional procedures guidance.

The Trust continues to maintain systems and processes for managing implementation of NICE guidelines. A clinical or professional lead is nominated for each guideline and provides assurance that targeted dissemination has taken place and that an implementation plan is in place. Progress towards compliance is supported by the Standards Triage Group and monitored by a sub-committee who report quarterly to Trust Governance Committee.

The Trust provides assurance on a bi-monthly basis to HSCB on implementation of clinical guidelines and technology appraisals.

NATIONAL AND GAIN FUNDED AUDITS

Trust staff are encouraged and do participate in national and regional audits. These audits provide an opportunity to get an independent perspective on how our services are doing against similar services in other Trusts. They highlight where services are on the right track and offer indicators as to where improvement is needed.

Examples of national and GAIN Guidelines and Audit Implementation Network (GAIN) funded regional audits that the Trust participated in include:

(i) UK Parkinson's 2015 Audit

Participation in this audit helped the Trust to measure its services for people with Parkinson's against national guidelines. As this was the first time that the views of people with Parkinson's were also gathered as part of the audit process, valuable insights into their experiences as service users were also obtained.

The full UK-wide results were released in August 2016. An action plan was developed locally which included setting up a formal User Interface Forum involving patients and families/representatives and review and update of information provided to patients.

The Trust is planning to register to participate in the UK Parkinson's 2017 Audit.

(ii) GAIN Funded Regional Audit

The Trust participated in the GAIN funded re-audit of "Dying, Death and Bereavement: HSC Trusts' Progress to Meet Recommendations to Improve Policies, Procedures and Practices when Death Occurs.". The aims of the re-audit were to:

- measure progress made towards meeting the recommendations from the initial audit;

- assess the impact of work carried out to implement the Bereavement Standards and Strategy on staff practice throughout all HSC Trusts; and
- update the standards for bereavement care to benefit patients, relatives and health and social care staff in the future.

A number of recommendations were made and covered areas such as increasing staff awareness of the HSC Services Strategy for Bereavement Care; access to policies, procedures and guidance relevant to care of the dying, need for training on seeking consent for hospital post mortem examination; provision of support to staff caring for patients at end of life and for their bereaved relatives; provision of written information to relatives of the bereaved; and, need for regular audit of current practices.

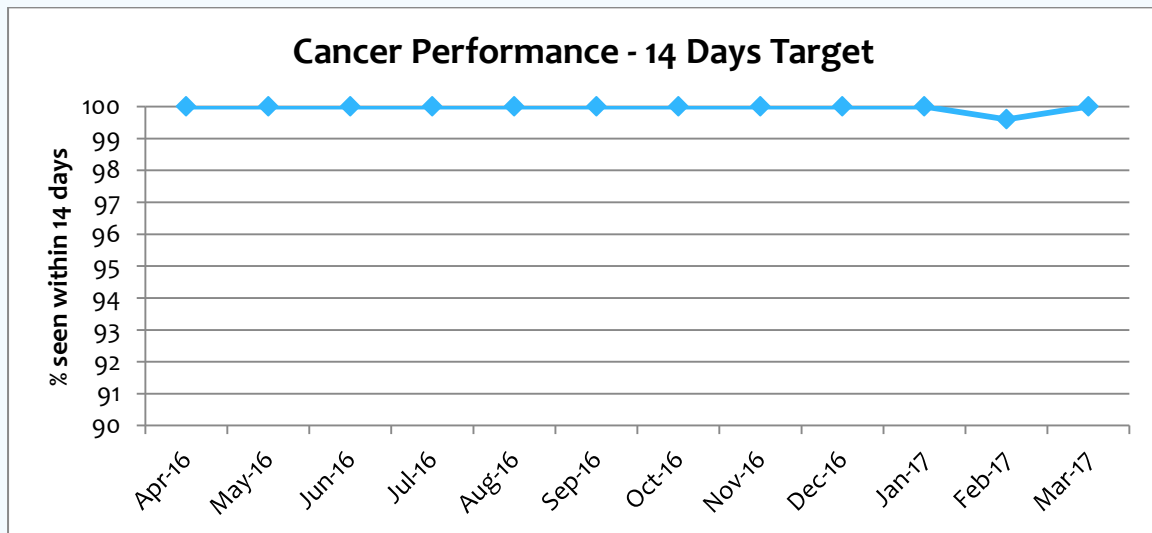
The Trust held a workshop in October 2016, where discussions focussed on the recommendations made by GAIN. A Trust specific implementation plan has been developed and work is on-going to implement improvements.

ACCESS TARGETS

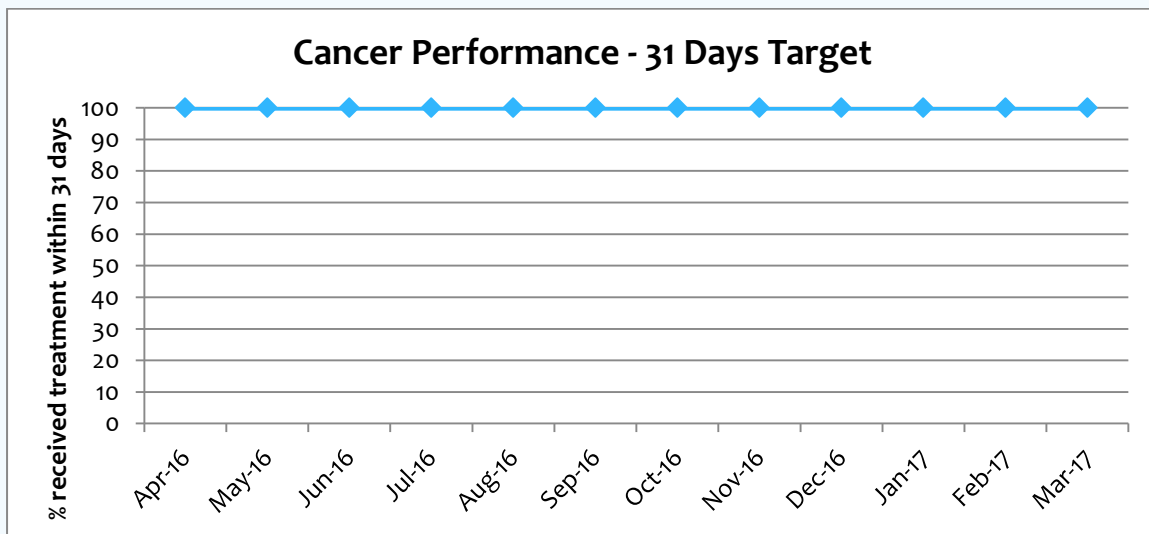
The Western Trust is recognised as a high performing Trust within Health & Social Care. Examples of performance in relation to Cancer Services are included below:

Cancer Services

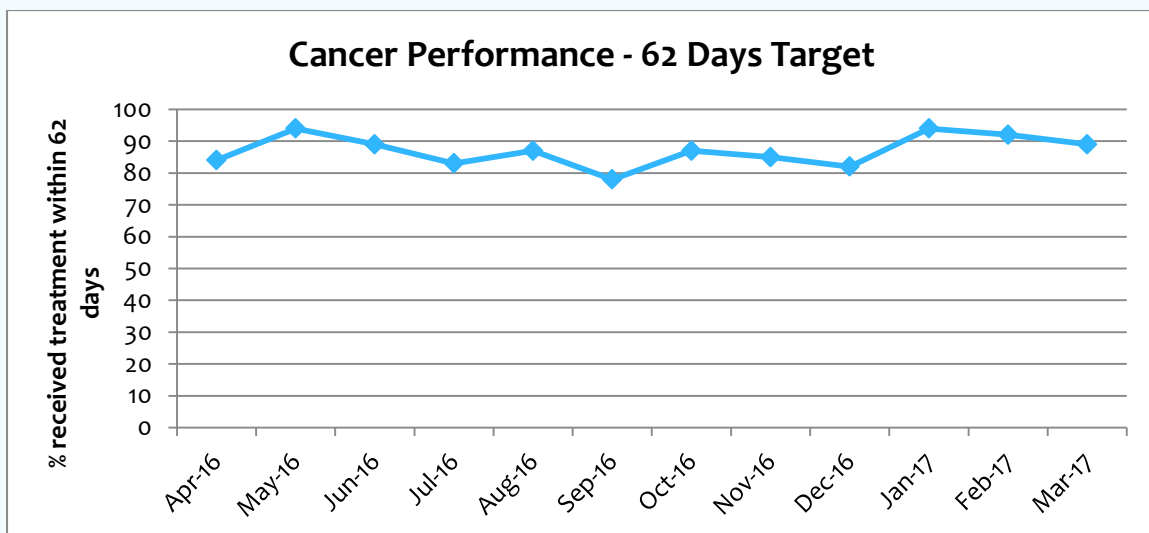
14 day Breast target 2016/17 - 99.97% urgent suspected breast cancer referrals seen within 14 days.



31 day target 2016/17 - 100% of patients diagnosed with cancer who received their first definitive treatment within 31 days of a decision to treat.



62 day target 2016/17 - 87% of patients urgently referred with a suspected cancer who began their first definitive treatment within 62 days.



Theme 5: Integrating the Care



COMMUNITY CARE – SUPPORTING PEOPLE IN THE COMMUNITY

Rapid Response Nursing Service

The Trust has Clinical Intervention Centres operating in Londonderry, Omagh and Fermanagh that provide blood transfusions and administration of IV fluids to service users (mostly with palliative care needs). A lack of this type of service would otherwise require people to be admitted to hospital. The service operates 7 days per week from 8.00 am to 12 midnight.

Acute Care at Home

The Trust introduced its Acute Care at Home Service on 22 August 2016 in line with a commissioner-driven regional model to the over-75 population in the Londonderry, Limavady and Strabane areas.

‘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 provides, for urgent conditions, a comprehensive, safe and efficient service to the population. The team delivers 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 GPs and supported by Allied Health Professions (AHPs) and social care.

The team’s role is to clinically assess predominantly older people, but also covers 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 available Trust-wide.

During 2016-17, the reablement service discharged just over 900 service users following participation in the service, with 34% of participants discharged with no on-going care package.

Community Equipment Service and Home Delivery of Continence Products

The Trust introduced a new community equipment and home delivery of continence products on 22 August 2016.

The central store is located in Londonderry and all equipment is delivered to and collected from people’s homes by dedicated vehicles. All recycled equipment will be decontaminated using a purpose built decontamination unit to further reduce the risk of the spread of infection. Two sub-stores, in Omagh and Enniskillen, stock frequently ordered pieces of equipment and can be accessed by relevant professional staff as necessary.

In addition, continence products are now delivered directly to the service user’s home. This new service enables service users to phone a dedicated telephone number when they require additional products.

District Nursing

The Trust is currently reforming its community nursing services and moving towards a 24/7 provision.

The Trust's District Nursing Service recorded approximately 196,000 contacts with service users during 2016/17.

Discharge from Acute Hospital

The Trust has experienced an increasing and sustained demand for hospital and community services during 2016/17. Just under 3,000 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 2016/17.

Residential Support Beds

The Trust is utilising 6 beds in one of its statutory residential homes to support acute hospital flows.

These 6 beds are for medically fit older people, aged 65+ years, awaiting specific equipment, care packages or a suitable residential placement, for an envisaged maximum stay of 2 weeks.

Rapid Access Clinic

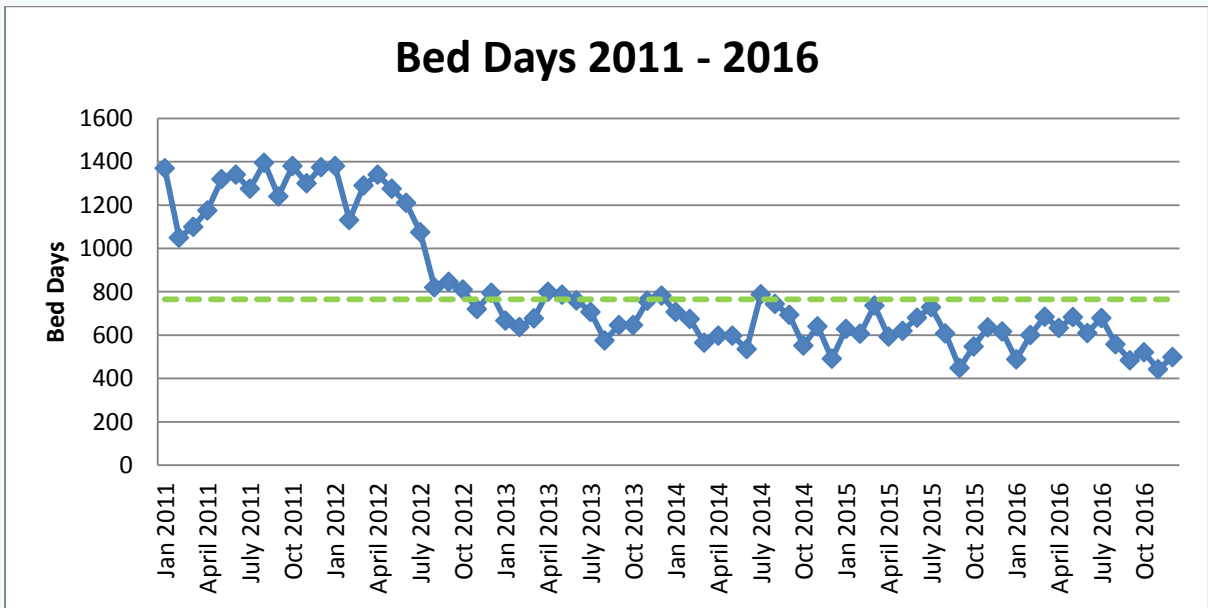
The Directorate has introduced a Rapid Access Clinic (RAC) that enables GPs to refer service users aged 75+ years directly to specialist teams in Altnagelvin Hospital and South West Acute Hospital, for full Comprehensive Geriatric Assessment to reduce the need for admission to acute hospital.

MENTAL HEALTH

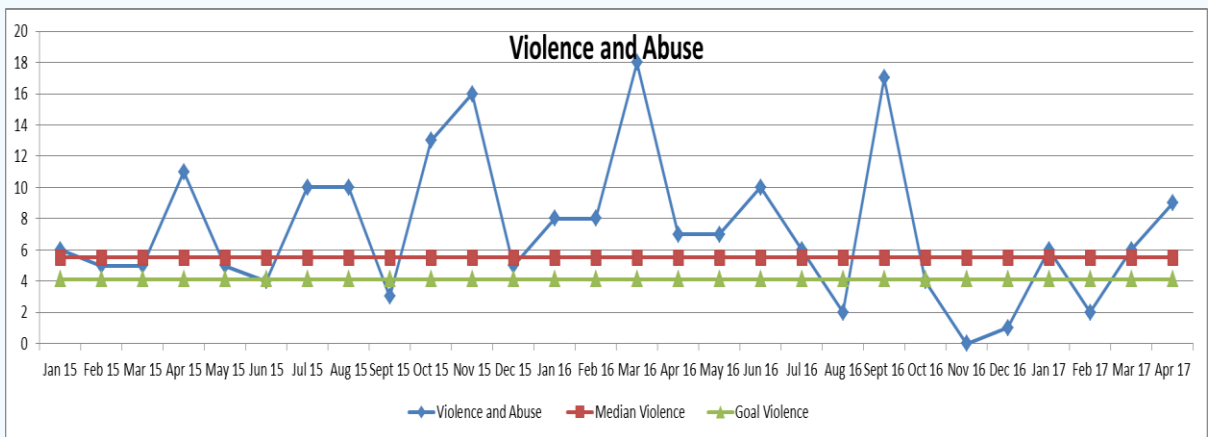
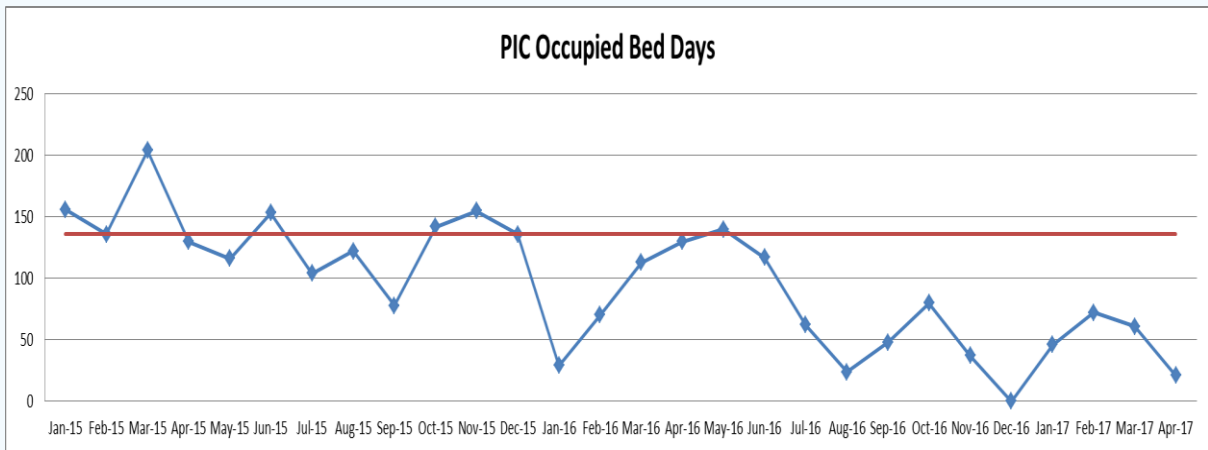
Quality improvement work continues to be at the forefront of Mental Health services.

The Clinical Microsystem model, which promotes weekly improvement work at the frontline, is now established in both Northern Sector and Southern Sector Crisis Teams.

The Northern Sector Crisis team is based in Grangewood hospital. In 2016/2017 the team focused on creating Individual Therapeutic Plans for patients in the Inpatient Unit. Through this work an educational video was developed which is an information resource for patients and their families. Further projects include improvement in the monitoring of physical health in patients with severe and enduring mental illness, improvement in communication pathways at transition from hospital care to community care, introduction of safety briefs and the introduction of reflective practice sessions monthly for the multidisciplinary team. The culture of continuous improvement within the team has ensured that a high level of care is provided to patients experiencing an acute mental health crisis. A healthy flow of patients through the ward has been created which has decreased bed occupancy and ensures bed availability in the locality for acutely ill patients.



The Southern Sector Crisis team is based in Elm and Lime wards, Omagh. In 2016/2017 a multidisciplinary Clinical Microsystem team was established. Improvement work focused on decreasing violent incidents on the wards. This is aligned with national projects which are challenging the belief that violence is inevitable in acute psychiatric admission units. Elm and Lime wards have demonstrated a decrease in violent incidents. There has been a very significant decrease in use of the Psychiatric Intensive Care unit and occupied bed days in the unit have been halved. This indicates lower levels of restriction are being applied to patients which greatly enhances patient experience of care.



Suicide Think Tank

The Adult Mental Health (AMH) Suicide Think Tank has established a task and finish group to develop a Suicide Awareness E-Learning package. The package will form the foundation of the proposed training structure on suicide awareness and intervention training within AMH. It aims to improve participant's awareness of the misconceptions regarding suicide and the events and problems that can lead to an increase in vulnerability to suicide.

Participants will be guided through a series of media clips and scenarios that will improve their understanding and confidence in recognising potential suicidality and how to get help. They will also be given advice on self-care and positive mental health. The package also includes input from a suicide survivor who describes her journey through suicidality to recovery.

Quality Improvement Project for the Physical Health Monitoring of Patients in Grangewood Hospital Prescribed Antipsychotic Medication.

The aim of this project, specifically, is to ensure that 100% of patients admitted into the crisis service in Grangewood hospital, who are prescribed antipsychotic medication, will have up to date physical health measurements documented to monitor for metabolic side effects in keeping with NICE guidance CG 178.

Areas tested and implemented, with progress regularly measured, include staff training and awareness sessions, changes to the Integrated Care Pathway (the patient's admission and assessment documentation) as well as factors such as the ordering of and provision of referrals and assessments in specialist services e.g. Endocrine and Cardiology Specialities.

This work has been presented at both a regional and an international level over the last year.

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

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

97% of looked after children had their living arrangements and care plan reviewed within regionally agreed timescales.

87% of all looked after children in care for more than 3 months have a Permanency Panel Recommendation (this was not required for the remaining 13% who have been in care for less than 9 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 who have a disability is best assisted by a transition plan.

Facts & Figures

81% of young people known to leaving and aftercare services are engaged in education, training and employment.

100% of disabled children have a transition plan in place when they leave school.

Adult Social Care Indicators

There are many vulnerable people in the community and those who are most at risk of abuse, neglect or exploitation should have adult protection plans in place following investigation.

There is 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

100% of adults referred for investigation and identified as at risk of abuse, neglect or exploitation during the year had an adult protection plan.

1807 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

Families of 214 children received direct payments during 2016/17 which represents 30%.

500 adults received direct payments during 2016/17.

3 carers received direct payments during 2016/17.

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.

Facts & Figures

One out of the 2 people with a learning disability, who were resettled in community placements, had to be readmitted to hospital.

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

95% of 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

60% of adults with a learning disability had an annual health check.

NEXT STEPS

Improvement work we intend to take forward during 2017/18 includes:

Patient and Client Experience - There are further plans to develop an ambulatory care model in Altnagelvin and in SWAH in October 2017 which will allow for better patient flow.

Mental Health - The AMH Suicide Think Tank has established a task and finish group to develop a Suicide Awareness E-Learning package which will be launched in autumn 2017.

Quality Improvement (QI) - The focus for the QI Steering Group for 2017/18 is to continue to develop the knowledge and capacity of staff and to promote a QI culture within the Trust. A Workforce Development paper has been developed which includes an action plan for the next 3 years.

Microsystem QI Coaching – A second cohort of coaches will be trained in the Trust and work with teams on diagnosing and taking forward areas for improvement.

Culture- The results of the “Culture of Care Barometer” will play a key part in the work of the Culture Group in 2017/18.

Serious Adverse Incidents (SAIs) – Learning from SAIs will be shared at a regional SAI Learning event on 23 May 2017.

Patient / Client Experience – Action plans will be developed and implemented to take forward improvements identified as part of 10,000 voices.

Equality – A 14 week public consultation will take place on Equality and Disability Plans.

Managing Absenteeism – An action plan will be implemented in relation to maximising staff attendance at work.

Pressure Ulcers – A plan is in place to spread the SKIN bundle in community services during 2016/17.