Western Health and Social Care Trust

Annual Quality Report 2017/18

Medical Director's Message

This is the Western Trust's sixth 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.

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. During 2017/18 we have continued to focus 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 projects to improve patient experience have progressed this year such as the opening of the Lavender Bereavement Suite within Altnagelvin Maternity Services, the introduction of a new Allergy Clinic and Patient Passports within Paediatric Services. Quality improvement work has also advanced as a result of patient/client feedback in areas including the Emergency Departments, Diagnosis of Delirium with a specific focus on relative's experience, Hospital Eye Care Services and Community Engagement.

Significant progress has been made this year in relation to standardising Morbidity and Mortality processes. We now have 29 teams who meet on a regular basis with a focus on learning. Chairs have protected time to lead the reviews and training has been provided.

Healthcare associated infections continue to be an area of particular focus. Due to the potential for a significant impact on the wellbeing being 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 a number of improvement measures have been implemented to reduce the increased burden of both hospital and community associated C.Difficile.

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 national recognition for excellence in care, the details of which are highlighted within the report.

I commend this report to you.

CONTENT

WHAT IS THE ANNUAL QUALITY REPORT? Page 5

THEME 1: TRANSFORMING THE CULTURE

- Patient and Client Experience Page 7
- Personal and Public Involvement (PPI) Page 10
- Complaints and Compliments Page 11
- Learning From Incidents Page 13
- Quality Improvement Page 18
- Trust Culture Group Page 19
- Annual Leadership Conference Page 19
- HSC Staff Survey Page 20

THEME 2: STRENGTHENING THE WORKFORCE

- Induction Page 22
- Mandatory Training Page 22
- Leadership Programmes Page 22
- Coaching and Mentoring Page 23
- Supervision Page 23
- Appraisal and Development Review Page 24
- Staff Achievements Page 25
- Looking After Your Staff Page 30
- Revalidation Page 31
- Maximising Attendance Page 31
- Staff Training Page 32

THEME 3: MEASURING THE IMPROVEMENT

- Reducing Healthcare Associated Infections:
  - Methicillin Resistant Staphylococcus Aureus (MRSA) Page 35
  - Clostridium Difficile Associated Disease Page 35
  - Hand Hygiene Page 36
  - Orthopaedic Post-Operative Surgical Site Infection (SSI) Surveillance Page 37
  - Caesarean Section Post-Operative SSI Surveillance Page 37
  - Critical Care Device-Associated Infection Surveillance Page 38
  - Breast SSI Surveillance Page 38
  - Personal and Public Involvement (PPI) Page 38
- Safer Surgery – WHO Surgical Safety Checklist Page 39
- Maternity Quality Improvement Page 40
- Paediatric Quality Improvement Page 40
- Falls Page 41
- Pressure Ulcers Page 43
- Preventing Venous Thromboembolism (VTE) Page 45
- Medicines Management:
  - Medicines Optimisation Page 45
  - Medicines Reconciliation Page 46

- Insulin Page 47
- Omitted and Delayed Doses Page 47
- Reducing Cardiac Arrest Rates in Hospital Page 48

THEME 4: RAISING THE STANDARDS

- Mortality Ratio Page 51
- Emergency re-admission within 30 days of discharge Page 52
- Emergency Department:
  - 4 Hour & 12 Hour Standards Page 53
  - Unplanned Re-attendance Page 54
  - People who leave without being seen Page 54
  - Actions taken to improve the provision of emergency care Page 54
- Sepsis Page 55
- NICE Guidelines Page 56
- National and GAIN Funded Audits Page 56
- Access Targets Page 57

THEME 5: INTEGRATING THE CARE

- Community Care – Supporting People in the Community:
  - Acute Care at Home Page 60
  - Reablement Page 60
  - Community Equipment Service & Home Delivery of Continence Products Page 60
  - District Nursing Page 60
  - Discharge from Acute Hospital Page 60
  - Residential Support Beds Page 60
  - Rapid Response Nursing Service Page 61
- Mental Health: Page 61
- Social Care Indicators:
  - Children & Young People Potentially at Risk Page 62
  - Looked After Children Page 62
  - Young People Leaving Care Page 62
  - Direct Payments Page 63
  - Mental Health & Learning Disability Indicators Page 63

NEXT STEPS Page 65

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 More Voices' is an experience led project commissioned by the Public Health Agency (PHA), and Health and Social Care Board (HSCB). The Core principles of Experienced based design is a partnership approach between patients, staff and carers. Emphasis on experience rather than attitude or opinion, co-design of services involving patients, service users and stake holders and a systematic evaluation of improvement and benefits. The project gains feedback from patients, service *users,* carers and family 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 service users' voice is acknowledged as having a key role in tracking quality of care and shaping service improvement (The Kings Fund 2016: Draft Programme for Government framework 2016-21).

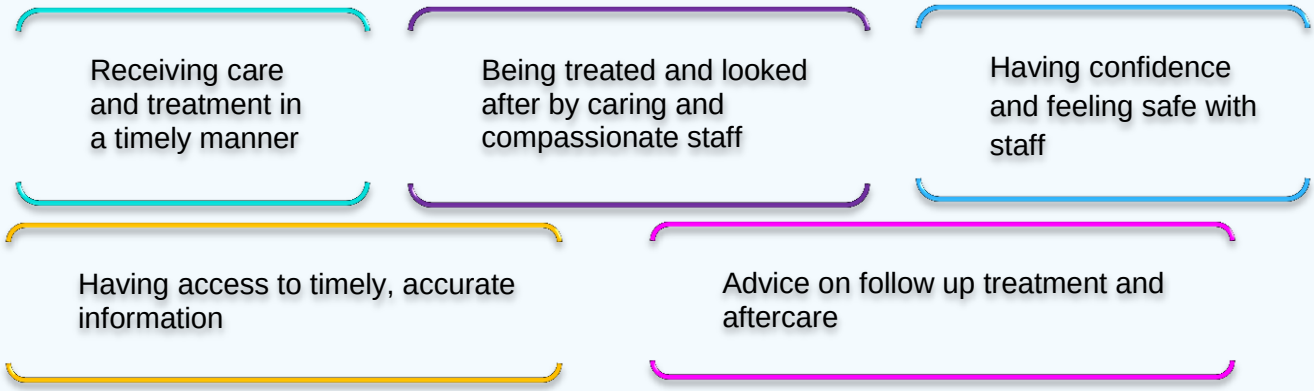
The Trust is committed to learning and improving services. Work streams undertaken during 2017-2018 include:-

- Experience of Patients/Carers using Unplanned/Unscheduled Care;
- Experience of patients Discharge from Hospital;
- Experience of those with a diagnosis of delirium specifically focusing on relatives experience;
- Eye Care Services;
- Generic survey experience relating to inpatient services in Hospital, Outpatients and Day procedure/ day surgery. Care/ treatment provided in own home; community setting (treatment room, day care centre). This provides qualitative and quantitative information around the Patient Client Experience 5 Standards, Respect, Attitude, Behaviour, Communication, Privacy and Dignity. It also highlights provision of meals and drinks, pain relief; noise at night and mixed gender accommodation.

Experience of Patients/Carers using Unplanned/Unscheduled Care

Key Messages from the 266 responses received:-
76% reported they were made to feel very welcome on arrival at the department
82% reported that staff overall were very respectful
63% reported they were fully involved and respected in their treatment and care
79% reported that the department was well managed
59% reported that staff introduced themselves

The key elements of treatment and care which contribute to a positive experience: Highlighting the areas what matters to patients and their families remain consistent with previous reporting and include the following which are reflected regionally:-



Update on actions Theme: Waiting times

- Hourly intentional Rounding within the ED department. (Altnagelvin)
- Band 3 HCA now work out of Procedures to expedite all necessary bloods and investigations.(Altnagelvin)
- All nursing and medical staff to keep patient informed of their progress. (Altnagelvin & South West Acute Hospital)
- There was a focused 3 days service improvement event held in May where 99.5% of patients who attended ED were seen and triaged within the 4 hour target. (Altnagelvin)
- 4 Band 2 staff to undertake level 3 Diploma in Clinical Skills, commencing Sept 2017. (Altnagelvin)
- There has been an undertaking that a second triage room will be available by the end of September to ensure that patients are seen in a timely manner.
- There is an acknowledgement that in particular ECG waiting times need improved. Trust had secured funding for 3 Chest pain nurses to commence in this financial year.(Altnagelvin)
- Pilot of self-service triage kiosks
- Pull up display banners located in both Altnagelvin and South West Acute Emergency Departments, highlighting action taken in response to feedback.

Experience of Patients' Discharge from Hospital

There were 100 responses Key messages from patients included:-

- Some felt that the discharge process was rushed;
- Many of the stories received indicate that overall experience in hospital was rated as 82, strongly positive (41) and positive (41);
- Staff were approachable and involved them in decisions;
- Patients/relatives actively had to seek information from staff;
- In response to the question how would you rate your experience in relation to the planning and support for your discharge 32 rated as strongly positive, 47 as positive, 8 neutral, 4 negative, 5 strongly negative and 4 not sure.

Relatives Experience Regarding Diagnosis of Delirium

Regionally 27 relatives shared their experience with 16 reporting a strongly positive or positive experience. The engagement process to capture stories in relation to an episode of delirium has to date focused primarily on collecting stories from carers/relatives or someone acting on behalf of the patient. This has provided some challenges in the practical arrangements of identifying a suitable time for the Trust facilitators to meet with family members/carers. 13 stories have been received to date for the WHSCT.

Key message 1: Providing information and explanations
Key message 2: Importance of family presence
Key message 3: Appreciating the effects that an episode of delirium can have on patients/family members and carers

Whilst it is recognised that the number of stories to date is relatively low there is some evidence to suggest that the regional delirium improvement work is making improvements in delirium care and engagement for patients, family/carer and staff members.

Hospital Eye Care Service Experiences

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 Information and facilities while waiting in the department.

Generic Survey

January 2017 - June 2018 (to date) 185 responded to survey which measures the 5 Patient Client Experience standards of Respect / Attitude / Behaviour / Communication / Privacy and Dignity (www.nidirect.gov.uk/patientstandards).

- 95 reported their experience as being strongly positive
- 61 positive
- 14 Neutral
- 3 Negative
- 8 Strongly negative
- 4 reported as not sure

Community Engagement 2017-2018 included a range of groups including:-

- Focus groups held and facilitated by British and Irish Sign language interpretation for members of the British and Foyle Deaf association Derry/ Londonderry & Omagh
- Parkinson's Group Omagh
- Outer West Neighbourhood Partnership Office
- Me4 Mental support group
- RNIB
- LGBT/ CARA friend
- Bogside and Brandywell Health Forum
- Dementia NI group Enniskillen & Derry/ Londonderry
- Road shows attended in Derry/Londonderry & Enniskillen in partnership with NIAS
- Engage event Omagh

PERSONAL & PUBLIC INVOLVEMENT (PPI)

The Western Trust remains committed to Personal and Public Involvement (PPI). PPI is the active and effective involvement of service users, carers and the public in Health and Social Care (HSC) services. PPI operates on a number of levels within the Trust, ranging from one-to-one discussions about care and treatment with service users, carers and their advocates through to involvement in policy development, service design, redesign and elevation.

The Trust PPI Forum 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 2018-2021 in partnership with the PPI Forum. (The previous plan ran from 2015 – 2017). The Plan and the Trust Annual PPI Report are accessible via the Trust website and, for staff via the Trust intranet. During 2017 - 2018 a number of workshops were held for forum members.

The Trust continues to be represented by both service users and staff on the Regional PPI Forum, established by the Public Health Agency (PHA). The Western Trust remains committed to the implementation of the 5 PPI standards, which will help standardise practice and support the drive towards a truly person-centred system.

In line with its commitment to embedding PPI, the Trust will continue to provide opportunities to highlight Personal and Public Involvement (PPI) work, share learning and celebrate and showcase good practice in relation to PPI within the Trust. The Trust demonstrates good practice via our Annual PPI Report, Monitoring and Verification Visit from the PHA and Annual PPI Engage Event.

The Trust held its Annual PPI Engage Event on 23 March 2018, this year the event was held in Omagh. Service users, community and voluntary groups and staff in attendance complimented the event highly. At the Engage events Service users/members of the public, community and voluntary representatives and Trust staff have the opportunity to speak informally to service users/clients and staff involved in the planning, development and delivery of Health and Social Care Services in the Western Trust. Attendees also learn about current and further opportunities for involvement.

PPI Adult Learning Disability (ALD) - developing a model of engagement

The Trust, with support from the Public Health Authority, is co-producing with service users and carers of adults with a learning disability an effective working model of engagement to ensure the voices of service users and carers are heard and that they will influence the work of the Trust's Adult Learning Disability (ALD) Service. In 2017 – 2018, through the employment of a Consultant Facilitator, the ALD PPI Advisory Group has been convened. Through a series of workshops with carers and ALD service users, the Hub and Spoke Model of Consultation was developed as a model of good practice.

The Terms of Reference for the Local Groups and Steering Groups involved in implementation have been drafted with consultation with service users and carers of service users.

To ensure communication that actively involves as many carers and ALD service users as possible, a Communications Group was convened. This group produced a Communications Strategy and Action Plan to include the development of a database for service users and carers, branding for the new PPI model and a newsletter. A website is under development co-designed through the above workshops. The model will be finalised and in operation by September 2018.

PPI Resources

'Engage' an online central resource for Involvement in Health and Social Care - **http://engage.hscni.net** continues to be promoted throughout the Trust. The resource is available to staff, service users, carers etc.

Trust staff can also access information on PPI via the staff intranet. Support is also offered by the Equality and Involvement Team. Staff continue to be encouraged to complete the regional 'Engage and Involve' eLearning training. The PPI Forum monitors uptake of the training by WHSCT staff.

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.

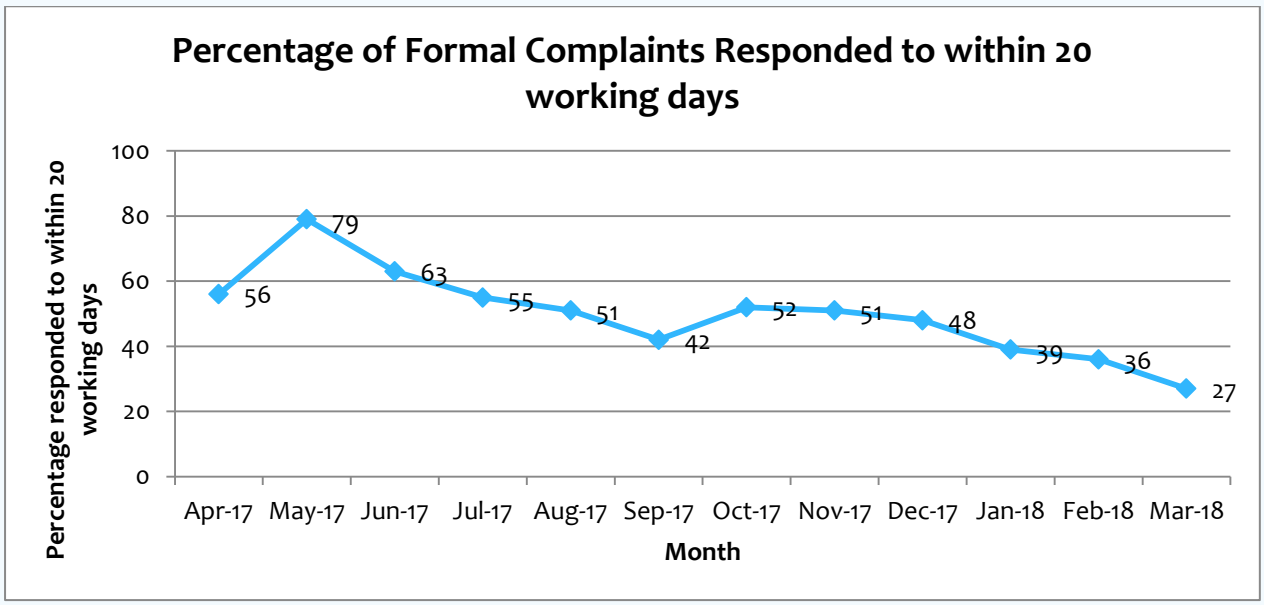
Facts & Figures – 2017/18

461 formal complaints were received by the Trust

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

52% of the formal complaints received were responded to within 20 working days

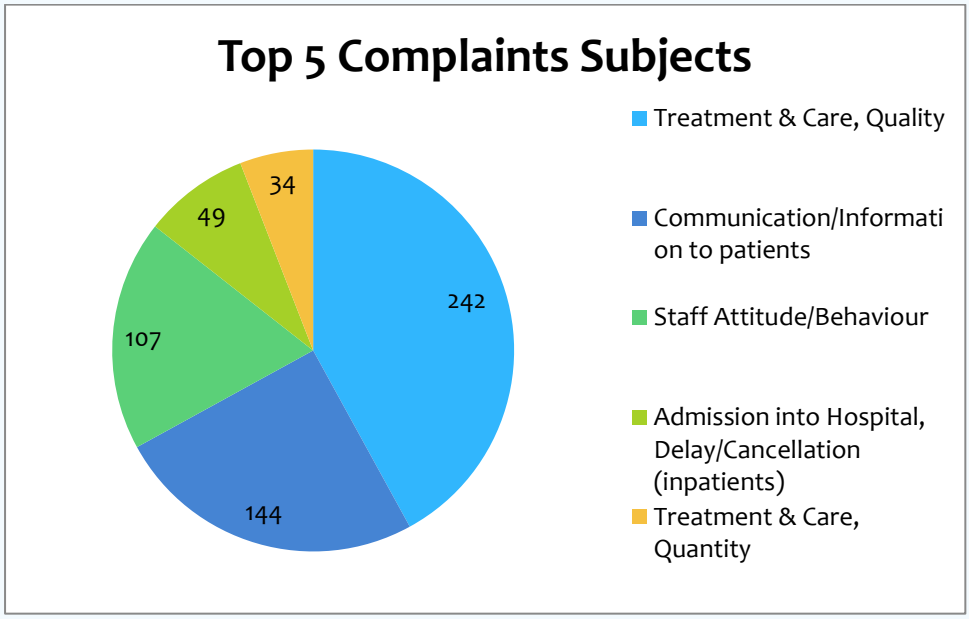
6287 recorded compliments were received during 2017/18 compared to 3843 for the previous year - an increase of 63.6%



Complaints by Subject – Top 5

The top 5 categories of complaints received during 2017/18 are set out below:

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



Service Improvements/Learning

In 2017/18, as a result of complaints received and investigated, a number of service improvements/learning has been implemented across the Trust such as:

Communication

Issues raised in relation to communication continue to be prevalent throughout a number of wards and departments and continues to be a trend in relation to the

number of complaints received. Following the investigation of a number of these complaints the following comments were captured as part of the learning:

- "staff will now ensure more detailed information is given to patients and families when waiting to be admitted and they will also be offered tea when waiting any length of time. Also raised awareness of the need to ensure staff are visible on the ward, particularly when the handover is taking place. There is a need to ensure better communication with patients and family members regarding their wait on the ward to be admitted";
- "challenging and difficult conversations between the service user and members of the staff could be improved upon in order to ensure a positive impact on the relationship for all parties";
- "Staff to take time to provide reassurance that patients are being listened to and staff need to ensure explanations are provided in full to the patients in order to help ease their anxieties and worries during the birthing process"

Waiting Times

As a result of the increase in the number of such complaints in relation to increased waiting times, the Orthopaedic Department staff developed a leaflet to be given to patients when added to the waiting list. In addition, information regarding current longest waits was made available on the Trust's website.

Infection Control

Following a complaint in which concerns were raised regarding the fact there was no soap in the dispensers or hand sanitising gel available whilst attending Emergency Department, the Support Services Manager reminded domestic staff of the importance of infection control and essential hygiene provisions. The Team also introduced routine observational checks of toilet sanitary requisites in between the two hourly cleaning cycles in peak service times to reduce the risk of the situation recurring.

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 mishandling of a Red Flag Referral (indicates that the referral is for a patient suspected of having cancer). The following learning was taken forward as a result of the Ombudsman's recommendations:

- Patient Access staff and Medical Secretaries reminded of the process to ensure that referrals received outside of the CCG (Clinical Commissioning Groups) system are acknowledged;
- Communication with the Health & Social Care Board and GPs providing GP referral guidance;
- Audit of number of referrals which continue to be sent by fax and/or post rather than sent electronically via the CCG system. Fax machines have now been removed from Partial Booking offices.

LEARNING FROM INCIDENTS

Facts & Figures

In the year 2017/18, 10,845 incidents were reported. Of these, 9,077 were Patient/Client related incidents. This was an increase of 2% compared to 8,871 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”.

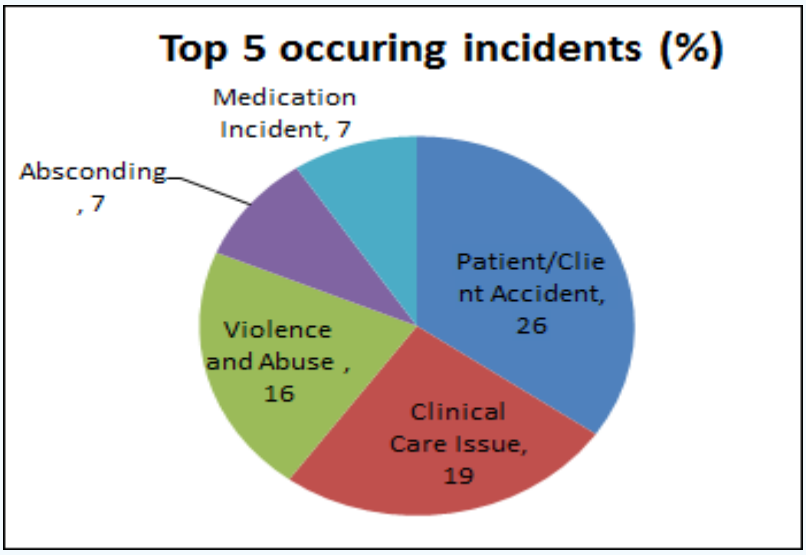
The Trust actively encourages the reporting of incidents and the open review of incidents by the staff involved. Examples of where incidents are reviewed and learning shared include: - weekly sisters ward meetings; Directorate Governance meetings; Ward Managers Governance meetings, Monthly Theatre meetings; GAIN audit days; Monthly Endoscopy Users Group.

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.

An enhancement was made to the Datix incident reporting system from October 2017 where feedback on the actions taken and lessons learned is automatically sent to the reporter of the incident when the review has been completed. This both helps to encourage incident reporting and share learning from the subsequent incident review.

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 Western Trust working in partnership with the other Trusts and the Health & Social Care Board/Public Health Agency (PHA) has in 2017/18 year submitted learning from 29 post falls reviews highlighting learning associated with the following themes:- Risk Assessment, Proximity to nursing station, Good practice re Catheter removal, Communication with patient/family, family involvement, orientation to new environments, specific needs of patients with dementia, use of aids, medication, footwear, varying expectations of patient groups e.g. surgery patients. A Falls Co-

ordinator has been appointed in year and is working with the Falls Learning Group to help ensure the learning from such incidents is identified and shared appropriately to help prevent recurrence.

Clinical Care incidents

Risk Management 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 medics in a pilot area has been developed which facilitates Doctors being involved in reporting and review of incidents. This was introduced in August 2017 and over the following 6 months the number of incidents reported by medics within the pilot areas had doubled. It is planned to roll the form out to other areas in 2018.

Induction training for junior doctors was revised to include e-learning/videos on Governance issues including one specifically on incident reporting.

A feedback mechanism has been added to the Incident reporting form where reporters of incidents receive feedback on the lessons learned and action taken following closure of the incident review. Learning from Clinical Care incidents are routinely discussed at various staff meetings including Ward meetings, Safety briefs, Safe & Effective care meetings. Training began in 2017/18 of Chairs of Mortality & Morbidity reviews on accessing and reporting incidents relevant to their specialties for consideration within the review meetings.

Learning and positive actions resulting from the review of clinical incidents in 2017-18 include:-

- Guidance has been devised for doctors to assist in the allocation of patients to the appropriate clinics.
- Revised protocol on Non-Invasive ventilation with improved clarity regarding appropriate escalation which has been communicated to both nursing & medical staff.

Medications

A breakdown of the top five types of Medication incident relating to patients in 2017/18 is as follows:

Administration or supply of a medicine from a clinical area	355
Medication error during the prescription process	185
Preparation of medicines / dispensing in pharmacy	94
Monitoring or follow up of medicine use	71
Other medication error	18

The Trust reported approximately 50% fewer Medication incidents than the previous year. This is because in October 2016 Trust pharmacists embarked on an intensive reporting programme which highlighted target areas for quality improvement focus going forward.

The Trust Medicines Governance Group continued to oversee the review and closure of Medication incidents as appropriate throughout the year and to identify trends in incident type. 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 Insulin safety; Omitted doses; safe use of injectable Phenytoin; Drug Interactions; Documenting Allergies; and importance of listening to patients who raise a concern about a medicine or dose being administered. MHRA Drug Safety Alerts have been reviewed by the group, uploaded to medicines SharePoint and shared with relevant staff groups.

Violence and Abuse

The Trust has witnessed a 17% reduction in Violence and Abuse incidents within the Adult Mental Health & Learning Disability Directorate from the previous year. The year saw completion of a quality improvement initiative in Mental Health to work to reduce the number of Violence and Abuse incidents. This involves regular multi-disciplinary review of incidents to ensure learning is identified and shared, Guidelines for Patients and Staff; Environmental Changes, New Staff Rota and Allocation, MDT Morning Handover, Weekly MDT meetings timetabled, documentation 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 PSNI throughout the year to manage such incidents and help prevent their occurrence. An SAI related to absconding in 2017/18 considered an external review into incidences of this nature, which has resulted in the service developing a clear therapeutic service model for this client group to help prevent such incidents in the future.

Serious Adverse Incidents (SAIs)

Facts & Figures

There were 74 SAIs reported in the year 2017/18. This is an increase of 27% on the previous year. This can be partially explained by the setting up of a Query SAI process which strengthened the existing requirements for decision making regarding SAI criteria being met and responsibility for same.

The Trust is required to report incidents that meet the criteria of a "serious adverse incident" (SAI) to the Health & Social Care Board (HSCB). An SAI is an incident which meets one or more of a list of specific criteria e.g. unexpected/ unexplained death or serious injury or an unexpected serious risk. 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 relevant to them is to be reported as a SAI to ensure they are involved in the review as appropriate. The Trust also has systems in place to ensure that learning from SAIs is taken forward.

Learning from Serious Adverse Incidents (SAIs)

Regional Event

To highlight key local and regional learning identified following investigations the Trust presented two SAIs at the Regional SAI learning event on 7th June 2018. These related to the following areas of care:-

- People receiving Mental Health care between hospital and community and recommendations relating to family engagement and staff guidance to support consistency of care and treatment in the event of unplanned absence.

Actions taken forward include:-

  - Review of the process of safety planning for those patients attending in crisis with a view to increasing the level of family/carer involvement in the process.
  - A carer's information leaflet to be available on all acute in-patient wards.
  - An audit completed of the in-patient notes relating to recorded corroborative history. Following this further recommendation will be developed to address any deficits.
  - Guidance completed for team managers regarding the management of caseloads in the event of unplanned absence.

- Size Mismatch in a Hip Replacement Component

Learning was highlighted which focused on:-

  - Use of a robust checking mechanism
  - trained and competent staff
  - Simplify the variety of components
  - Improve component storage / organisation
  - Communication and awareness

Further examples of Learning and remedial actions from SAIs reported in 2017/18 include:-

- In relation to an SAI which involved the diagnosis of aortic dissection, regional learning was identified and shared as follows:-
  - A local protocol was established and highlighted regionally which outlines actions required when an aortic dissection is identified. This prompted a regional alert highlighting a poster from Royal College of Emergency Medicine re missed aortic dissections.
  - An SAI related to review of CT scans led to regional learning being shared regarding best practice when reviewing scans including areas which may not have been the source area of the radiology referral e.g. lung for an abdominal scan.
- Learning identified from SAIs reported in 2017 resulted in improved guidance and safety tools for staff and services users across a range of services. These include:-
  - An 'Adult Acute Chest Pain (non-traumatic)' pathway
  - A new haemodialysis Catheter Insertion patient information leaflet
  - Addition in Emergency Departments at Induction of "DVT and PE are common diagnosis in Emergency Departments"

Introduction of requirement for 3 key staff for Final Pause prior to the commencement of surgery for ophthalmic cases

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, the Trust continues 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 237 Leadership Walkrounds have been carried out since they were introduced in April 2008. There were 27 leadership walkrounds held during 2017/18 in facilities such as hospital wards, day centres, mental health services and various community based teams.

Directorate Reports
During 2017/18 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. This year a Reform & Modernisation, Service & Quality Improvement Position Paper was developed capturing progress between 2015 and 2017. The Trust continues to build knowledge and capability in relation to QI methodologies and promote improvements in quality and safety taken forward by staff.

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:

- One Pharmacist completed the Scottish Patient Safety & Quality Improvement Fellowship;
- A Social Worker and 2 nurses completed the Institute of Health Improvement Advisors course;

- Four staff began a MSc in Business and Health Improvement;
- One Social Worker completed the Scottish Leadership Programme;
- A STEP programme was provided for trainee doctors;
- A number of staff participated in the Regional Nursing and Social Work Quality Improvement programme;
- 27% of staff were trained / assessed as meeting level one of the Quality 2020 Attributes Framework.

The Trust submitted an application to Sheffield Flow Coaching Academy in August 2017 and was successful in securing places on a training programme and support to run an academy for Northern Ireland. Trust staff are currently being trained and working to improve 3 patient pathways. An application process will open for other Trusts to join over the next 2 years.

Ten members of staff applied and were successful in joining the UK wide Health Foundation Q Community and attended a Welcome Event in January 2018.

TRUST CULTURE GROUP

A Trust Culture Group, chaired by the HR Director, has been driving a programme of work aimed at bringing together a number of workstreams that are aimed at positively impacting on the culture within the Trust. This piece of work supports the aim of achieving a "great place to work". A "Culture of Care Barometer" audit was undertaken by Internal Audit and this has helped inform and shape the work that is being taken forward in 4 key workstreams:

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

Annual Leadership Conference – A Great Place to Work

In December 2017 the Trust held its second Leadership Conference – the first for our new Chief Executive, Dr Anne Kilgallen. The Conference focussed on one of the Trust's key strategic priorities and a range of speakers challenged, coached and inspired the senior managers and clinicians present to reflect and act on creating a great place to work for themselves and all of the Trust's employees.

Health & Social Care (HSC) Staff Survey

During 2017/18 individual Directorates have continued to work on the implementation of their Staff Survey Action Plan. Some of the actions taken to date include:

- Introduction of GROW leadership development programme for Bands 5/6
- Development and implementation of e-learning Corporate Induction for all staff including junior doctors
- Working Longer Group established
- Development of Human Resources & Health & Wellbeing Hub
- Guidance for staff when dealing with abusive phone calls
- Automated Incident Feedback
- Dragon's Den Quality Improvement events

Work has commenced on the design and development of the next HSC Staff Survey which will be issued to all staff in early 2019.

Theme 2: Strengthening the Workforce

INDUCTION

612 new staff have attended the Trust Induction programme during 2017/18. This programme consists of 1 x 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 departmental induction.

MANDATORY TRAINING

Extending the reach of mandatory training by offering more training by e-learning has seen a dramatic increase in completion of mandatory training programmes in 2017/18. An example of where this has worked best is within **Information Governance** which has increased from **7%** to **53%**. With the additional feature of Directorate reporting being added to HRPTS in April 2018, we look forward to further improved reporting of mandatory training compliance in the coming year.

LEADERSHIP PROGRAMMES

A pilot of our **new leadership programme GROW** took place during 2017/18 with a total of 16 participants nominated from 9 Directorates within the Trust. **GROW** is aimed at employees preparing to take on a managerial or clinical leadership role within Health & Social Care. The programme immerses participants in a range of challenges, at the appropriate level, to enable them to deal with the many complex situations across systems and boundaries they find themselves. The aim is to provide innovative and practical solutions to each scenario to ensure positive outcomes. In 2018/19 **GROW** will become mainstreamed as part of our core business and will be delivered on an annual basis.

The success of our **INSPIRE** Programme continues to support the Trust's succession planning process with ***84 middle managers*** across all 9 Directorates taking part in 2017/18.

As a result of its continued success, at least 20% of participants have secured promotion since participating. See comments from participants below:

"A truly fantastic opportunity!"

"The learning I have gained will stay with me forever."

"I was challenged, I was pushed but I loved it!"

"Great learning, great fun and made great connections."

"A fab experience from start to finish"

This programme will continue to remain part of our core business.

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 from any HSC discipline including support functions. It educates and develops leaders / managers to plan, implement and sustain change in transformation of services. Successful participants can progress to a Masters level at Ulster University in year 3. In 2017/18 a cohort of 7 Trust managers commenced the programme of which 4 received a Distinction and 2 a Commendation.

COACHING AND MENTORING

In line with the HSC Collective Leadership Strategy, coaching and mentoring are available to Trust staff in a management, clinical, service leadership, project lead or specialist practitioner role including:

1. New managers/team leads/supervisors across the organisation including new Clinical Leaders
2. Managers directly affected by organisational change
3. Those in a clinical or service leadership/management/project lead role or
4. Specialist Practitioners
5. Those leading service improvement/development
6. Staff facing a work based challenge
7. A participant on a management and leadership development programmes: -
    - Post Graduate Diploma in Health and Social Care Management
    - INSPIRE – Middle Managers' Programme
    - Level 5 Diploma in Leadership for Health & Social Care and Children & Young People Services (Wales & Northern Ireland)

Staff can select a coach from the "Connect Coaching and Mentoring" website. The website allows staff to choose a suitable coach and/or mentor from the personal profiles of the coaches and mentors registered on the site. In 2017/18, 19 staff are recorded as having received 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 2017/18, 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 it.

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. Training is facilitated through CEC for Clinical Supervisors and Supervisees.

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.

During 2017/18, 82% of staff had one session and 70% had 2 sessions clinical supervision.

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 social care staff there is Introduction to Supervision training and training for supervisees. A programme of peer group supervision has also been introduced, with positive feedback, particularly when used in an Adult services context. 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 had 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)

In its review of '*Governance Arrangements in HSC Organisations that Support Professional Regulation'* (published January 2017), **RQIA recommended that '*HSC Trusts report profession-specific appraisal rates for all eligible professional staff* *in their Annual Quality Report'*. The Department of Health has indicated that it "must work with Trusts to ensure implementation of this recommendation". In anticipation that this approach would become a requirement and to establish a

baseline, Directorates were asked to report their appraisal rates for 2017/18 by profession. Appraisal implementation will be a focus in 2018/19. Table 1 shows the rates by Directorate, Table 2 by Profession/Personnel Area.

Table 1 – Appraisal Rates for Non-Medical Staff 01/04/17– 31/03/18 by Directorate

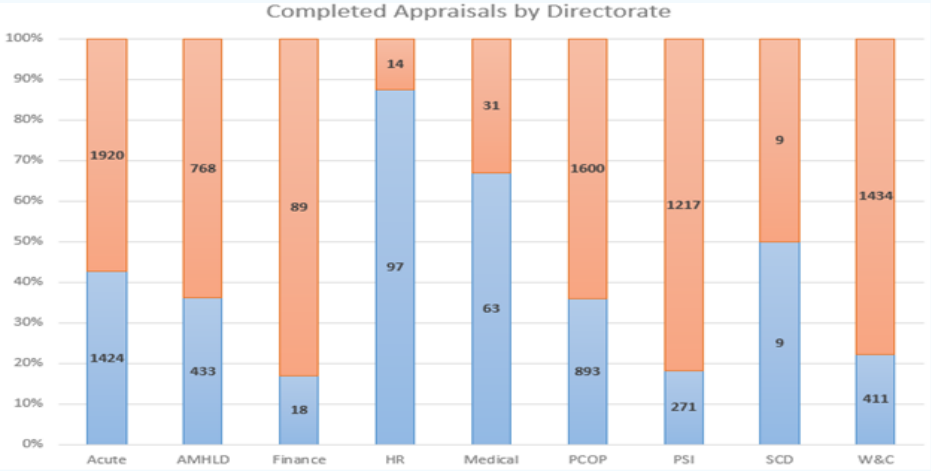
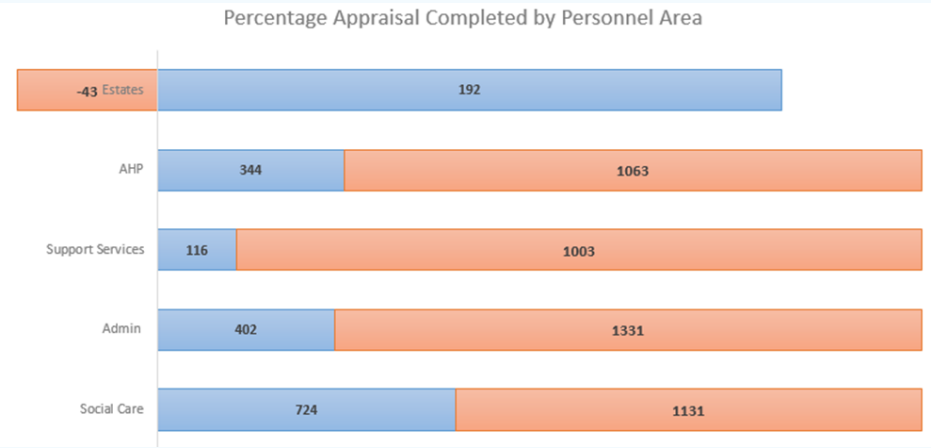


Table 2 – Appraisal rates for Non-medical Staff 01/04/17-31/03/18 by Profession



STAFF ACHIEVEMENTS

In January 2018 the Trust's Chief Executive, Dr Anne Kilgallen presented the WHSCT Vocational Training Team Annual Awards to **123 staff** who had completed an accredited vocational qualification in the following areas in 2017:

- City & Guilds Level 3 Award in Assessing Competence in the Work Environment
- City & Guilds Level 5 Diploma in Leadership for Health & Social Care Services (Adults' Residential Management)
- City & Guilds Level 2 & 3 Diploma's in Health & Social Care (Adults)
- City & Guilds Level 3 Diploma in Allied Health Profession Support
- City & Guilds Level 3 Diploma in Clinical Healthcare Support
- City & Guilds Level 3 Diploma in Clinical Healthcare Support (Top up Route)
- ProQual Level 2 Diploma in Healthcare & Social Care Support
- ProQual Level 3 Award in Healthcare & Social Care Support
- ProQual Level 3 Certificate in Healthcare & Social Care Support

- Essential Skills in Communication, Application of Number and ICT
- Open University K101 - Introduction to Health & Social Care, (Level 4)

In November 2017 the Vocational Training Team commenced a **pilot of the Level 4 Diploma in Adult Care** with 9 learners from a range of settings in the Trust. This qualification allows learners to learn, develop and practice the skills required for career progression in Adult Care and will act as a stepping stone towards more senior practice and management.

ASPIRE is the Fermanagh & Omagh District Council led employability programme supporting people into paid employment. The Trust is pleased to build on previous success and to support 20-30 placement opportunities annually for a further four years (2018-2022).

Professional Awards

The International Medical Recruitment & Reform Project won the Award for **"Innovation in HR" at the 2018 HPMA NI Awards**. In addition the work of the project was shortlisted as a finalist for the National HPMA "Capsticks award for innovation in HR".

HR Directorate Team members were also successful nominees as finalists in the Healthcare People Management Association (HPMA) NI Awards 2018 for both **HR Professional of the Year and HR Team of the Year.**

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

Older People's Medicines Support Programme wins National awards

A joint older people's medicines project by the Western Trust and Northern Health Trust has received national recognition at the 'Patients as Partners' awards, organised by AbbVie. The award was announced at a national healthcare conference at the King's Fund in London, focusing on how proven innovation can be spread across the NHS more quickly.

The Medicines Optimisation in Older People programme was recognised for its outstanding achievements in the 'Making Health and Social Care Patient friendly' category. This project was highlighted for improving the optimisation of medicines for older people in private care homes and reablement wards where clinical pharmacy is not normally available.

By joining up care it has had significant benefits for older people including a 14 per cent drop in inappropriate presentations to the Emergency Department and a decrease in adverse drug events.

Trust's Annual Social Work Awards

Social work staff were honoured by individual and team awards across various categories including; Children's Services, Adult Services, Partnership, Learning and Development and Newly Qualified. The final award of the day was the prestigious Joan Ross Memorial Award for Outstanding Contribution to Social Work. Katie Lavery, Service Manager Residential Care was the proud winner of this accolade for her years of work and dedication to the social work profession.

Winner of the 2017 Joan Ross Memorial Award for Outstanding Contribution to Social Work, Katie Lavery

Trust's First Inaugural AHP Awards

Allied Health Professionals (AHP) of Western Trust were recently recognised for the huge contribution they make to patient care. The inaugural AHP Awards celebrated the high calibre of AHP's working in hospitals and community facilities across the Western Trust area. The awards consisted of ten categories aimed at honouring the individual community based healthcare support worker, best hospital team, the AHP leading in improving patient and client experiences, the 'rising star' within the profession and the individual who has dedicated many years to healthcare in the West.

Jill Hamilton, Physiotherapist, Altnagelvin Hospital, winner of the Patient and Client Experience Award

Heather Coates, Head Occupational Therapist, winner of the Director's Award

Anne Gamble, Head of Speech and Language Therapy, winner of the Life Time Achievement Award

Briege McGuckin, Dietician, winner of the Rising Star Award

LOOKING AFTER YOUR STAFF

Occupational Health

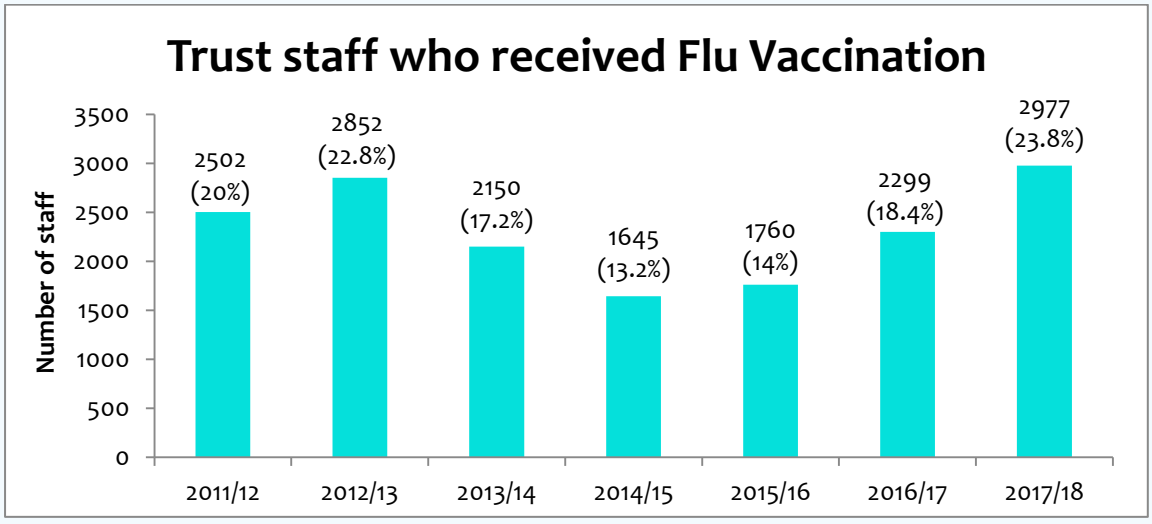
The Trust's Occupational Health Department continues to support staff through providing services which protect employees from the possible adverse effects of work related activity. During 2017/18 Occupational Health attended to **1031 pre-employment health assessments, 898 health surveillances, 2594 management referrals and 87 self-referrals by staff members** themselves in relation to health concerns which are related to or have an impact on their work. Occupational Health also provides 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 2017/18, Inspire has provided **974** counselling sessions to staff through both face to face and structured telephone counselling. Also during this period **214** 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 2017/18 the Occupational Health Team was charged with delivering the annual Flu Vaccination Campaign and a total of **2977 Trust health and social care workers** received their flu vaccine.



REVALIDATION

Medical Staff

Since revalidation commenced in 2013 the Trust Responsible Officer role has submitted over 400 recommendations and all recommendations have been upheld by the General Medical Council (GMC). 33 of these recommendations were submitted for Trust doctors during 2017/18 (26 recommendations for 'Revalidation' and 7 recommendations for 'Deferral').

Nursing Staff

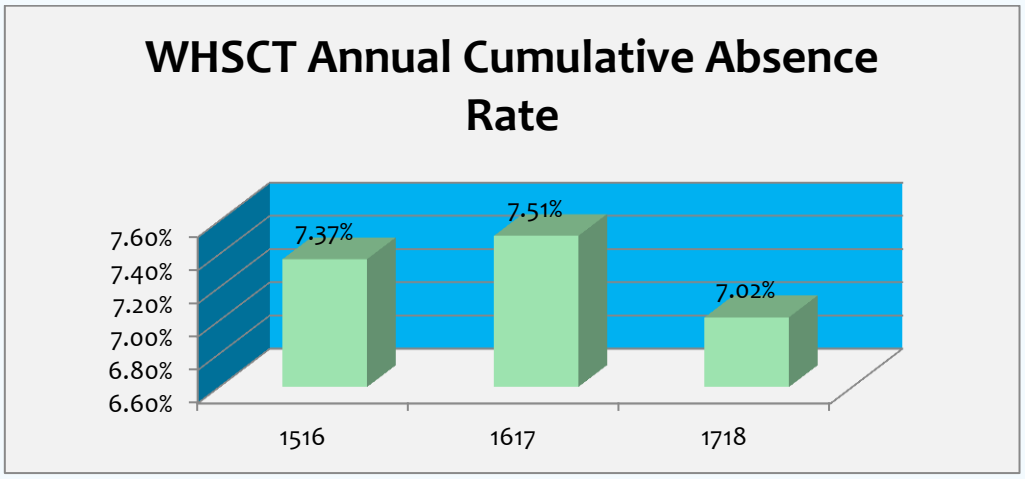
From April 2016 Revalidation became a mandatory requirement of the Nursing and Midwifery (NMC), requiring registrants to complete a revalidation portfolio every three years to maintain their registration. Revalidation is a demonstration of a registrants continued ability to practice safely and effectively. 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. HR processes are initiated if staff do not revalidate as per Trust policy.

MAXIMISING ATTENDANCE

Supporting a reduction in the Trust's absence levels across all Directorates remained a priority for the HR Directorate during 2017/18 with particular emphasis on achieving the target set by the Department of Health of reducing absence due to sickness by 5% by March 2018. The Quality Improvement Cost Reduction (QICR) Team, supported by the HR Directorate Support Teams and Occupational Health Department has worked with managers across the Trust to successfully achieve a **reduction in sickness absence to 7% at 31 March 2018.**

Cumulative Absence Rate 2015 – 2018



The **Attendance at Work Protocol** has been revised and an absence management training programme developed and delivered to approximately 250 managers to date. All absence is now recorded electronically and the Absence Team has been producing absence reports 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.

The Trust's Medicines Governance Group reviews all Fluid Management incidents to identify any gaps in understanding of the Regional Guidance.

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. The Home Care Manager also delivers Infection Prevention & Control training sessions internally to Home Care staff.

During 2017/18 a total of 95 sessions took place within primary and secondary care settings across the Trust; an average of two sessions per week. The sessions were attended by a total of 3402 staff. The level of attendance required each year is 50% of the total number of staff who require training (i.e. 4769.5 out of 9539 applicable staff). For 2017/18 the percentage achieved was 36%, which is 14% less than required.

The Infection Prevention & Control Team continued to explore more flexible methods of training. This includes the development of an e-learning programme, which would complement face-to-face teaching, and the introduction of a tiered system approach. This involves tailoring the training to specific staff groups according to their level of patient/ client contact. This work is ongoing and it is hoped the new training programme will be launched in September 2018.

Aseptic Non-Touch Technique (ANTT) Training

In 2017/18 the IPCNs provided a total of 11 training sessions on ANTT. These were aimed at a range of staff including FY0 medical students, FY1 doctors, new and existing ward/ department ANTT core trainers. The sessions were attended by 147 staff.

Ward-Based Enhanced Support / Improvement Work

Infection Prevention & Control enhanced support / improvement work programmes were provided to 14 wards / departments during 2017/18. This involved on-the-spot education of staff, as well as ward-based training sessions. The enhanced support occurred in response to periods of increased incidence of healthcare-associated

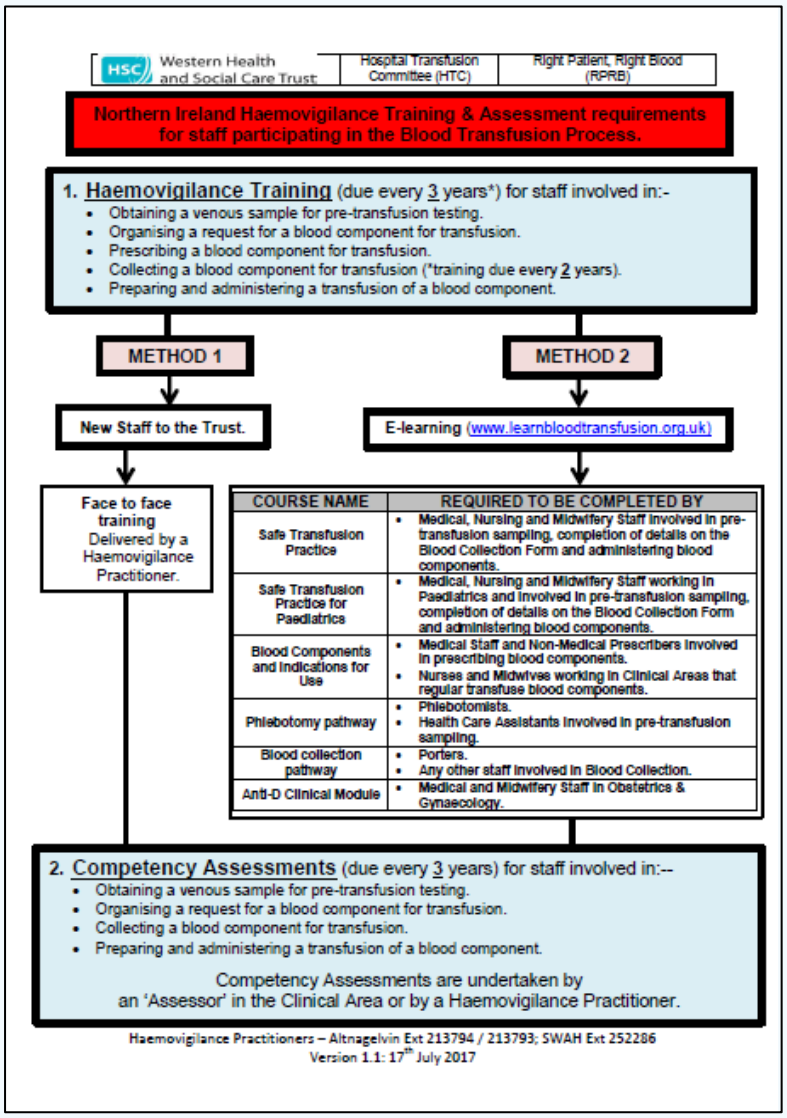
infections (HCAIs) and was delivered in collaboration with professional lead nurses and the multidisciplinary teams.

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'.



Theme 3: Measuring the Improvement

REDUCING HEALTHCARE ASSOCIATED INFECTIONS

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

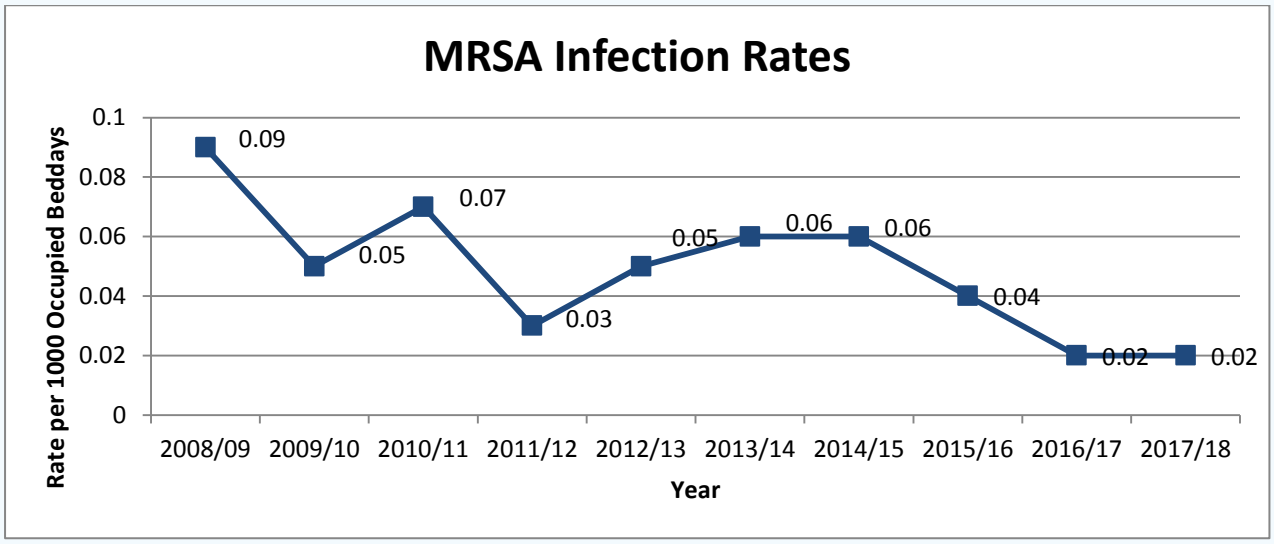
Meticillin-Resistant *Staphylococcus aureus* (MRSA) Bacteraemia:

MRSA is an antibiotic resistant organism which can be carried on the skin and not cause illness. However, 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 vascular line care.

Facts & Figures

The MRSA bacteraemia reduction target set for 2017/18 was five. The Western Trust reported a total of four cases, meaning the target was achieved. This was a reduction of 20% compared to the previous year. All four 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 0.42 infections.



Clostridium difficile (_C. difficile_) Associated Disease

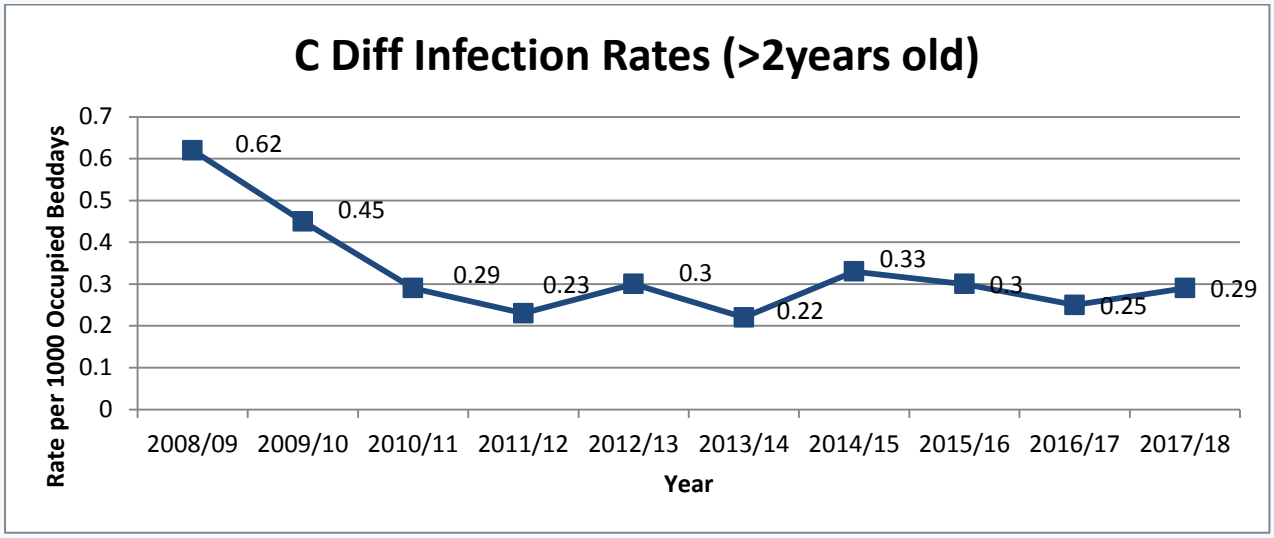
C. difficile is a spore-forming organism that can survive in the environment for long periods and colonisation is usually acquired by ingestion after contact with an affected person or contaminated environment / equipment. *C. difficile* is carried in the bowel. It is normally kept under control by other bacteria and patients may be colonised without displaying symptoms. The development of *C. difficile* associated disease is nearly always related to, and triggered by, the use of antibiotics prescribed either to treat another condition or given prophylactically. This is because antibiotics can change the natural balance of bacteria in the bowel, enabling *C. difficile* to multiply and produce toxins which can cause illness, including diarrhoea.

Within the Trust 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. A number of improvement measures have been implemented to reduce the increased burden of both hospital and community-associated *C. difficile.*

Facts & Figures
During 2017/18 the Western Trust identified 64 cases of *C. difficile*, 20 more than the target of 44 which had been set. This was an increase of 14% compared to the previous year's performance (56 cases). 28 of the 64 cases were community-associated.

The infection rate was 0.29 infections per 1000 occupied bed days which was below the target set of 3.67 infections.



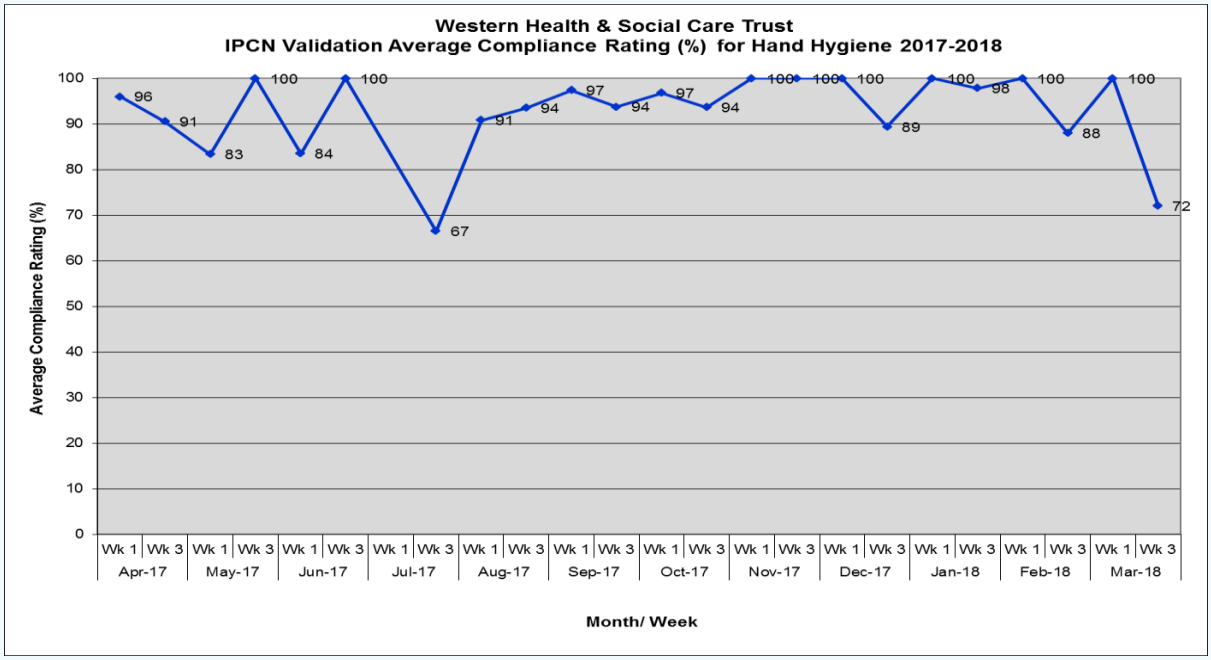
Hand Hygiene

Hand hygiene is one of the easiest and most effective ways of reducing the spread of HCAIs. 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 HCAIs.

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.

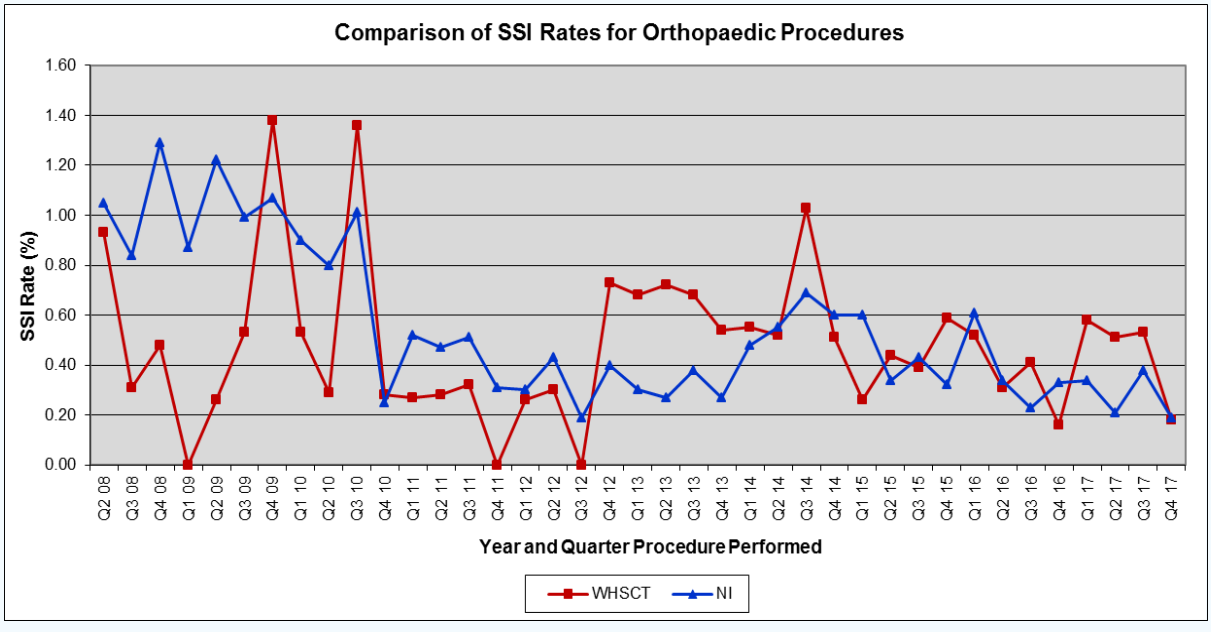
Self-reported hand hygiene audits are carried out by core ward / department staff on a regular basis and this is validated by peer / professional lead independent audits. The IPCNs also carry out ad hoc validation audits with the aim to achieve at least 95% compliance and, if necessary, to educate and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

During 2017/18 average self-reported compliance was 100% and average IPCN validation compliance was 92%. The graph below outlines only the IPCN validation average compliance rating for hand hygiene and does not include peer/ professional lead independent audit figures.



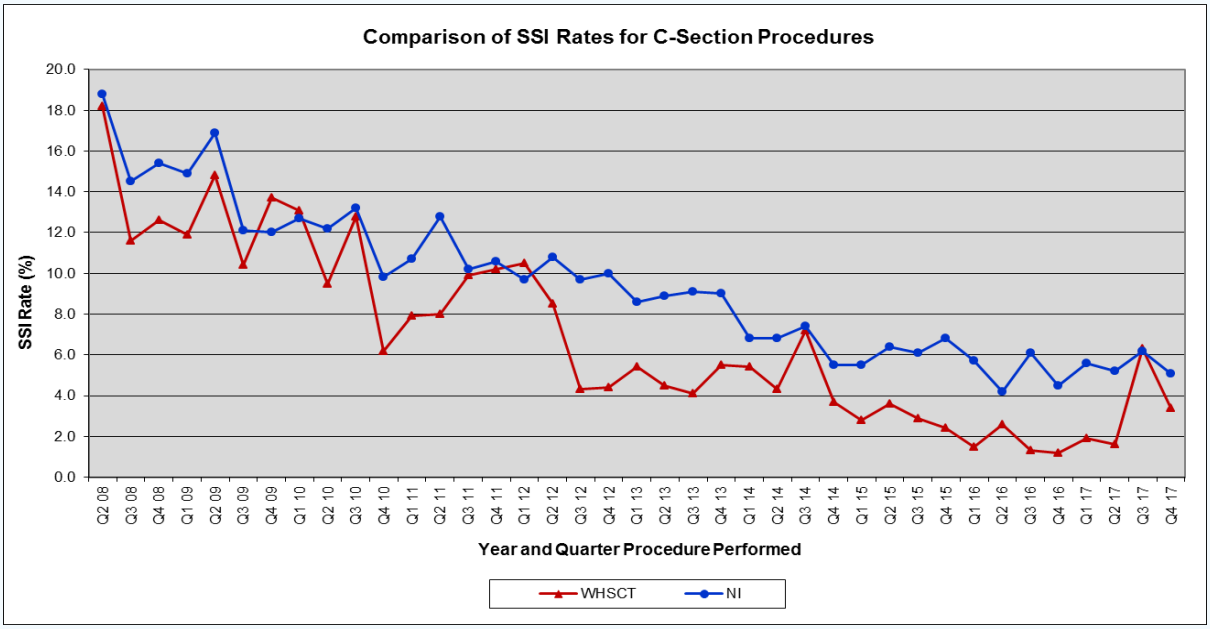
Orthopaedic Post-Operative Surgical Site Infection (SSI) Surveillance

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 pilot surveillance programme regarding breast SSI commenced in July 2016. The Trust has not yet received its 2017/18 results for this surveillance from the Public Health Agency (PHA). However, work continues with the multidisciplinary team regarding surveillance of SSIs and the implementation of improvement measures.

Personal and Public Involvement (PPI)

World Hand Hygiene Day

Each year the Save Lives: Clean Your Hands campaign aims to progress the goal of maintaining a global profile on the importance of hand hygiene in healthcare and to bring people together in support of hand hygiene improvement globally.

In 2017 the World Health Organisation urged the focus to be on the fight against antibiotic resistance in the context of hand hygiene. Hand hygiene is at the core of effective infection prevention and control to combat antibiotic resistance, and campaigning each year on or around 5th May is one important part of improving behaviour towards infection prevention and control best practices. This year the campaign materials were all co-branded with “Antibiotics, handle with care” to

demonstrate unity between antimicrobial resistance and infection prevention and control efforts.

The Trust supported this work by participating on 5th May 2017. Two days of ANTT Refresher Training took place on 4th and 5th May in the South West Acute and Altnagelvin Hospitals. These focused on the importance of hand hygiene as a key component of ANTT. Also, new posters were available regarding the importance of the 5 Moments for Hand Hygiene in reducing antimicrobial resistance and various media platforms were utilised for raising this important message.

Norovirus Communications Plan

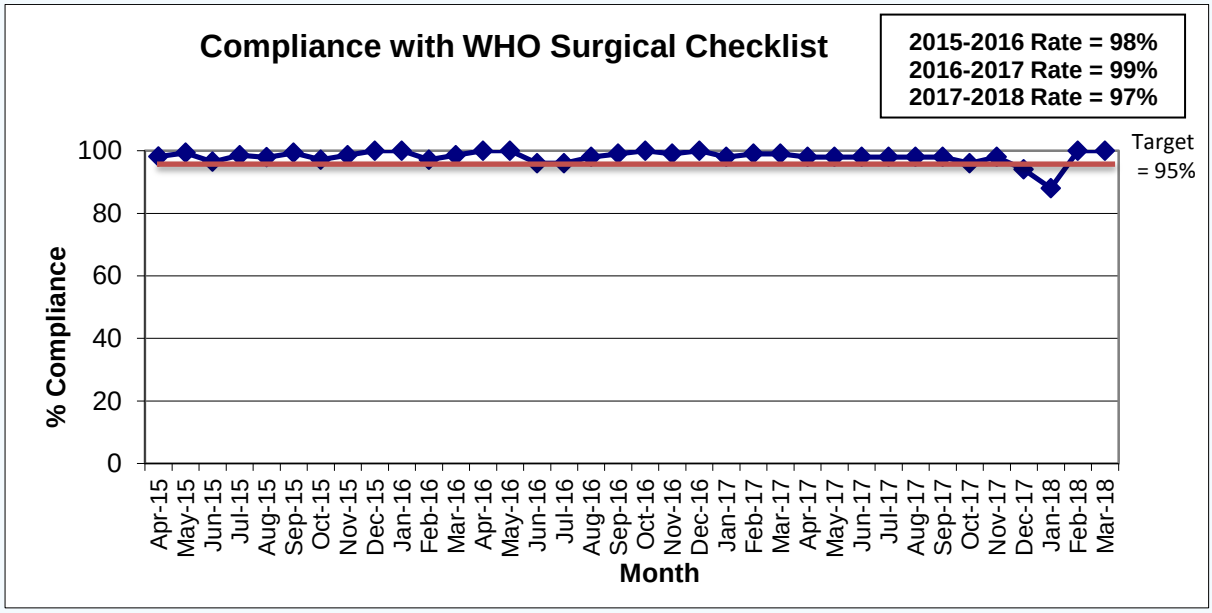
A new Norovirus Communications Plan was launched in October 2017. It was based upon a Scottish document and was informed by the learning and feedback from the unprecedented number of outbreaks in the previous winter. It outlined the principal communication objectives for the 2017/18 norovirus season and identified the key messages, stakeholders and audiences to be involved and targeted in order to achieve better outcomes. During October a digital video promoting patient / visitor policies was created and was shared on the relevant digital platforms by the Trust's Communications Department.

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 2017/18 was 97% 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.

Pregnancy Loss

- The Lavender Suite was officially opened in Altnagelvin Hospital in November 2017 and the feedback provided to date by the parents involved in the design and those who have unfortunately had to use the suite has been extremely positive.
- Maternity Services have solidified their partnership with SANDS (Still Birth and Neo Natal Death Charity) following a joint 'walk a mile' event held in June. This event is to become a yearly event following excellent feedback from the parents and staff in attendance.
- A Childbirth & Loss Specialist Midwife has been in post since November 2017 to provide a listening service for parents who have experienced a childbirth or pregnancy loss. Part of her role involves providing guidance and support throughout the decision making process with regards to hospital post-mortems, burial options and to provide opportunities for parents to start making memories. She is also available to support and guide parents through the postnatal period through regular communication in the weeks and months following their loss. The Childbirth & Loss Specialist Midwife also has involvement with parents during their next pregnancy in recognition of the extra stresses there are around this pregnancy.

Blood Screening

An automatic upload of all NIBTs bloods is now in place and the Trust is working towards going paperless to reduce waste and improve the service provided through one report for all screening bloods.

PAEDIATRIC QUALITY IMPROVEMENT

New Service Improvement - Allergy Clinic

This is a service improvement regarding poor adherence in carrying adrenaline auto injectors and increased incidents of risk-taking behaviour. Our aim is to provide these children with the knowledge and skills to maintain their safety with regards to their allergies.

This process involved a long discussion at clinic where pros and cons were identified, queries were answered and time given to consider the option of being challenged in the paediatric environment. The child would be admitted as a day case and exposed to peanut, through a peanut challenge, in a controlled environment. This service improvement is still in its infancy, and there have only been a small number to date who have completed the questionnaires, but those who have participated have found the experience extremely positive. 100% reported that they would do it again despite feeling "anxious" and "nervous". 50% had no recollection of their initial reaction and symptoms therefore reinforcing the need to provide this service improvement.

The aim is to continue providing these challenges to equip the adolescent with the practical knowledge and skills to identify early symptoms of reactions and interventions required to counteract these.

The ultimate aim of these challenges for the adolescent is to reinforce the seriousness of their condition and stress the importance of compliance and it is paramount to carry their adrenalin auto injectors. It could be the difference between life and death.

New Service Improvement - Patient Passport
The Advanced Paediatric Nurse Practitioner has met with 5 sets of parents of children with complex needs regarding information provided on admission. Feedback from these parents was poor as they felt they repeated the same information to multi professionals within a short period of time on arrival. In conjunction with the parents a passport has been developed and this group of parents have taken ownership for this. Dependant on progress and feedback this passport will be rolled out to a wider group.

Update - Patient Information Leaflets
As a follow on from previous work on patient information leaflets we have developed our own Childrens specific advice leaflets for 8 of our most common conditions. These are available for all staff and are regularly reviewed by Advanced Paediatric Nurse Practitioner. It is hoped that further advice leaflets will be developed over the next few months so as to cover the majority of children's conditions.

FALLS

Facts & Figures
In 2017/18, the Trust recorded 1,644 falls of adult patients in hospital.

Of the falls recorded, 32 led to a moderate and above injury (i.e. an injury that lasted more than one month such as a fracture and/or led to an extended hospital stay over 4 days or required surgery). These falls accounted for 1.9% 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. In order to maximise independence a rehabilitation programme that includes mobilisation is essential, but this increases the potential to fall. 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. December was designated falls awareness month with falls awareness information stands set up across the Trust to remind staff and members of the public of the importance of falls awareness.

- A Falls Co-ordinator has been appointed with a start date of early April 2018. Her role will be to operate within the context of an integrated service model for

Falls Prevention and Intervention. This will consist of the following key elements:

- Single Point of referral for Falls and Falls Risk;
- Multidisciplinary (stratified) Falls Clinic as a stream of the Frail Elderly Integrated Care Pathway and related Outpatients Reform;
- Multilevel Training programme to encompass primary and secondary care;
- Building of capacity for first line prevention;
- Information and exchange across the system as to available interventions at all levels;
- Falls Prevention Networking (networking of existing committees and /or the Western Area which focus on Falls).
- This service model will be required to develop and streamline interfaces.

- Work continues to report the learning from falls that result in a moderate or above injury to the Public Health Agency (PHA) and also to support and encourage appropriate spread of learning. A falls review group with Lead Nurses and the Corporate Risk Manager meets monthly to review the learning inputted is appropriate and to encourage accurate investigation and action planning.

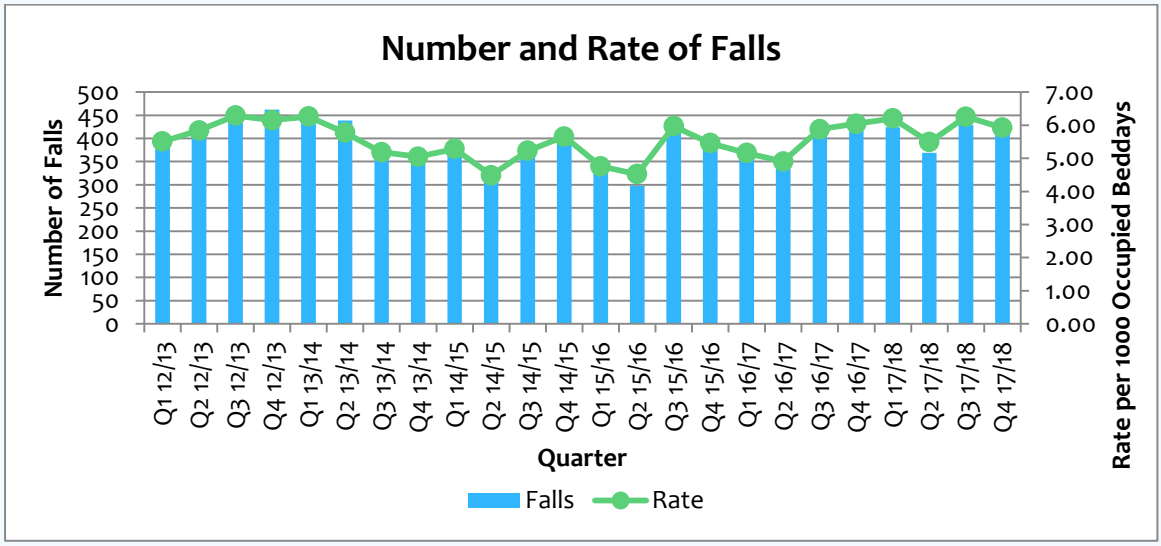
- The introduction of the alamac nursing dependency system has also allowed staff in the acute wards in Altnagelvin and the South West Acute Hospital to record falls more accurately and to identify if there are any patterns related to falls that require further investigation, testing and implementation of change that could result in improvement.

- The falls improvement work continues and work is ongoing at present in Altnagelvin with Ward 42 and Ward 1 staff.

- This programme will continue to be rolled out to wards with the highest falls in the first instance.

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

Number and Rate of Falls



PRESSURE ULCERS

Reducing the Number of Pressure Ulcers

Pressure ulcers remain a concerning and mainly avoidable harm associated with healthcare delivery. In the NHS in England, 24,674 patients were reported to have developed a new pressure ulcer between April 2015 and March 2016, and treating pressure damage costs the NHS more than £3.8 million every day (NHS Improvement 2018). Finding ways to improve the prevention of pressure damage is therefore a priority for policy-makers, managers and practitioners alike.

Pressure ulcers are caused when an area of skin and the tissues below are damaged as a result of being placed under pressure sufficient to impair its blood supply. Pressure ulcers, largely preventable, cause distress to individuals and their families, as well as creating additional financial pressures for the NHS. Whilst the treatment and response to pressure ulcers is predominantly a clinical one, the prevention of them – our ultimate goal – is a shared responsibility.

Pressure Ulcer prevention planning commenced in the WHSCT acute sites in 2014 with the implementation of the SSKIN bundle. This work was implemented across all Adult inpatient sites within the Trust achieving its 10% reduction target by March 2015 and with sustained achievements of less than 2% per 1000 bed days since data collection commenced. All pressure ulceration that develops is reported as a clinical incident via DATIX with all Lead Nurses investigating the Grade 3 and 4 pressure ulceration. The Tissue Viability Service recommend that ALL grade 3 and 4 pressure ulcers are reported to them for assessment and to determine if the ulcerated area is avoidable harm. This is subsequently reported externally to the PHA and to Trust board.

Reporting of Pressure Ulceration across Acute Sites of WHSCT:

2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: 96%	95%	98%	96%	94%
Overall PU Rate: 1.2 per 1000 bed days	1.1	1.1	1.5	1.3

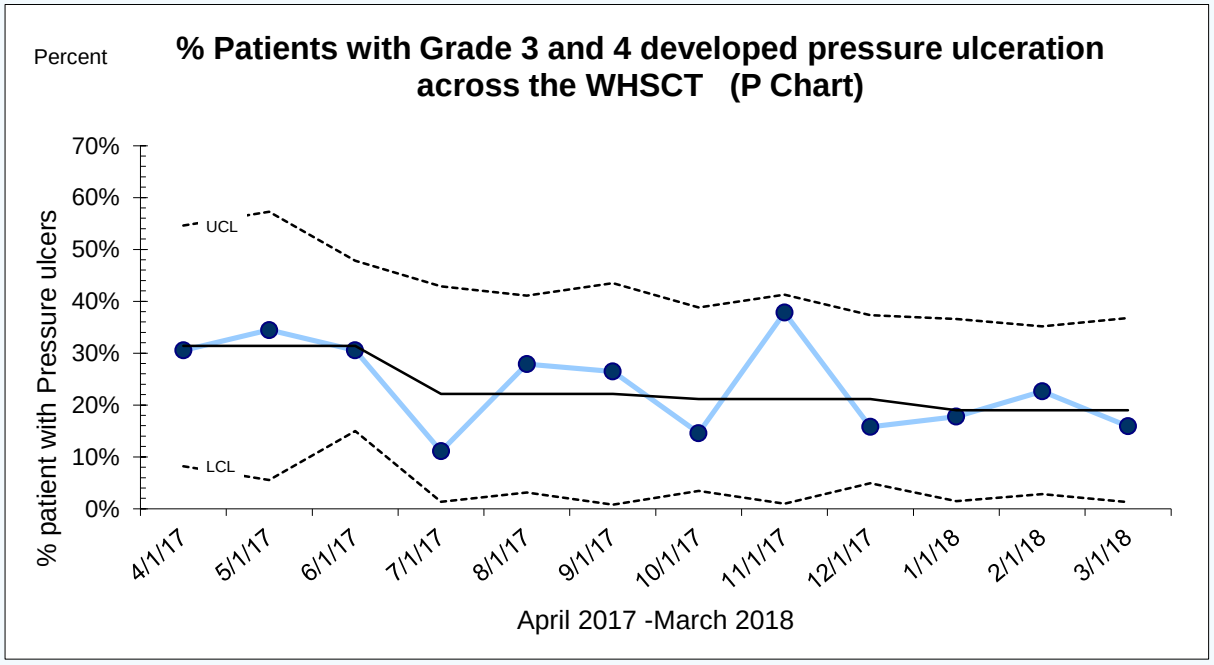
Regional Pressure Ulcer Work

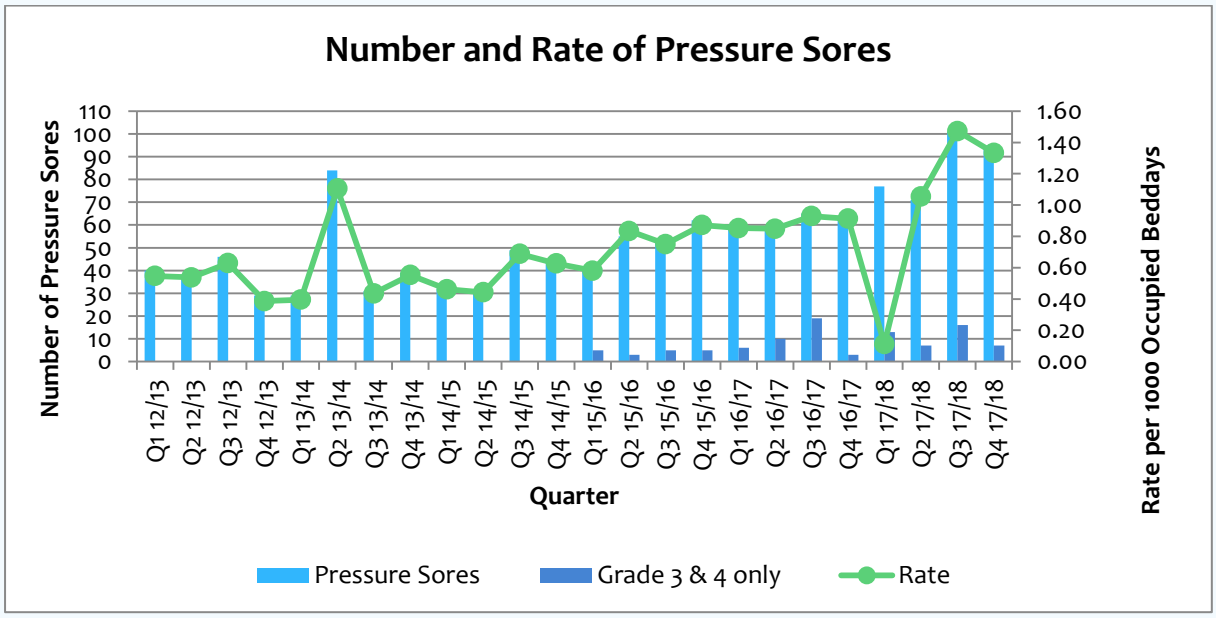
Work is ongoing within the Trust to reduce the number of patients who develop pressure damage post admission to hospital or community services with an improvement plan in 2017/18 targeting community District nursing teams to assess and plan patient prevention of pressure ulceration by application of the elements of the SSKIN bundle.

Facts & Figures
In 2017/18, the Trust recorded 344 pressure ulcers compared to 246 for the previous year across the acute sites across the acute hospital adult sites this was an increase of 39.8% with 14 deemed to be avoidable from the 43 grade 3 and 4 pressure ulcers investigated.

The total number of pressure ulceration reported across both acute and community teams was 611 for 2017/18. Whilst there is an increase the percentage development of patients with grade 3 and 4 pressure ulcers is lower in Q4 than in Q1.

The 10% reduction on the total amount of pressure ulceration reported across the WHSCT has the potential to yield £424k as identified in the NHS Productivity calculator (June 2010 figures)

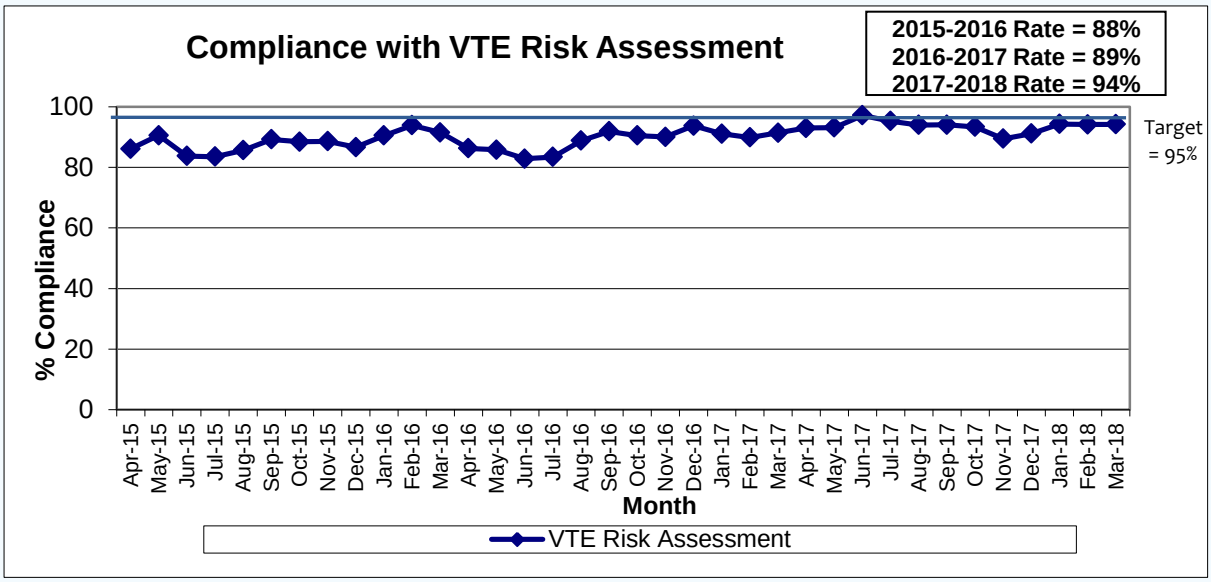




PREVENTING VENOUS THROMBOEMBOLISM (VTE)

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 2018. 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 2017/18 was 94%. 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

The Northern Ireland Medicines Optimisation Quality Framework was published in 2016 to support safe and effective medicines use, enabling people to get the best outcomes from their medicines. During the year, the Trust showed substantive compliance against 53% of the Quality Framework's standards. The Framework will drive improvement in the use of medicines across health & social care.

A range of quality improvement work has taken place during the year to support medicines optimisation. This has included:

- Measuring patients' perceptions of their medicines use when in hospital. A questionnaire has been piloted in the South West Acute Hospital and will be rolled out. Results showed that patients had a positive experience in relation

to their medicines during their hospital stay with some comments relating to having more information on medicines started in hospital, which was addressed by the Pharmacy team.

- Employing additional pharmacy staff to care for patients in the oncology/haematology ward and the Stroke Unit in Altnagelvin Hospital and to care for patients with mental ill health in Tyrone and Fermanagh. A pharmacist has also been employed to help patients take their medicines when they leave hospital.

- The further development of pharmacist prescribing roles in oncology/haematology, the Acute Medical Unit/ Clinical Decision Unit/ MSAU, care of older people, mental health, cardiology and respiratory medicine.

- Supporting the development and use of an oncology electronic prescribing system

- Reviewing the use of antibiotics and switching patients from intravenous to oral antibiotics in a timely way.

- Supporting the use of cost effective medicines across primary and secondary care
  - Standardising the use of the most common liquid medicines in paediatrics.
  - Acute Medical Unit Microsystems multidisciplinary QI project - optimising patient flow through AMU initially focussing on interventions to improve efficiency of patient discharge.

- Triaging patients on high risk medicines

  - Ongoing medicines optimisation work for older people – development of Care Homes Pharmacist role in following up patients admitted to hospital from care homes.
  - Promotion of the Medication Choice Website for patients with mental ill health. Mental health patients.
  - Promoting self/parent administration of medicines on intermediate care and paediatric wards.
  - Review of discharge information for patients with dementia.
  - DOAC prescribing chart has been piloted with view to placing in regional kardex.

Medicines Reconciliation

Medicines reconciliation is the process of creating the most accurate list possible of all medications a patient is taking and comparing that against the prescription written on admission and discharge with the goal of providing the correct medications. Having an accurate list of a patient's medicines, especially on admission to hospital, has been shown to improve patient morbidity and mortality.

On average, 55% 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 75%. Medicines reconciliation on discharge was carried out for on average 57% of patients across all sites.

During the year, a smart workflow management system for clinical pharmacy services was developed, in collaboration with an external data analytics company, to help pharmacy staff make the best use of time at ward level, particularly targeting patients on the most complex medicines. Initial results from a short pilot on two wards in Altnagelvin Hospital indicate an improvement in the timeliness of medicines reconciliation at admission and an increase in the number of patients having their medicines reconciled on admission and discharge. This approach will be rolled out further in the next year.

A separate project, as part of the Scottish QI Fellowship Programme looked at ways to support junior doctors to carry out medicines reconciliation on admission. All of this work is contributing to safer patient care.

Insulin

Insulin is a high-risk medicine and it is important to use it safely. The Western HSC Trust has an Insulin Safety Working Group which meets quarterly. This multi-professional group focuses on the following themes at each meeting:

- Review of insulin incidents
- Insulin Quality Improvement projects
- Implementing regional and national safety alerts related to insulin
- Supported administration of insulin
- Regional inpatient insulin groups
- Review of insulin charts used in the Trust
- Insulin training

Learning from insulin events is key to improving its safe use. Safety lessons are shared across the Trust using the 'Lesson of the Week' and the Trust's Share to Learn Newsletter and regionally using the Medication Safety Today Newsletter. The Trust also aims to build safety barriers into existing Insulin prescribing, monitoring and administration charts to help prevent errors from happening.

Representatives from the Trust also sit on the regional insulin inpatient group.

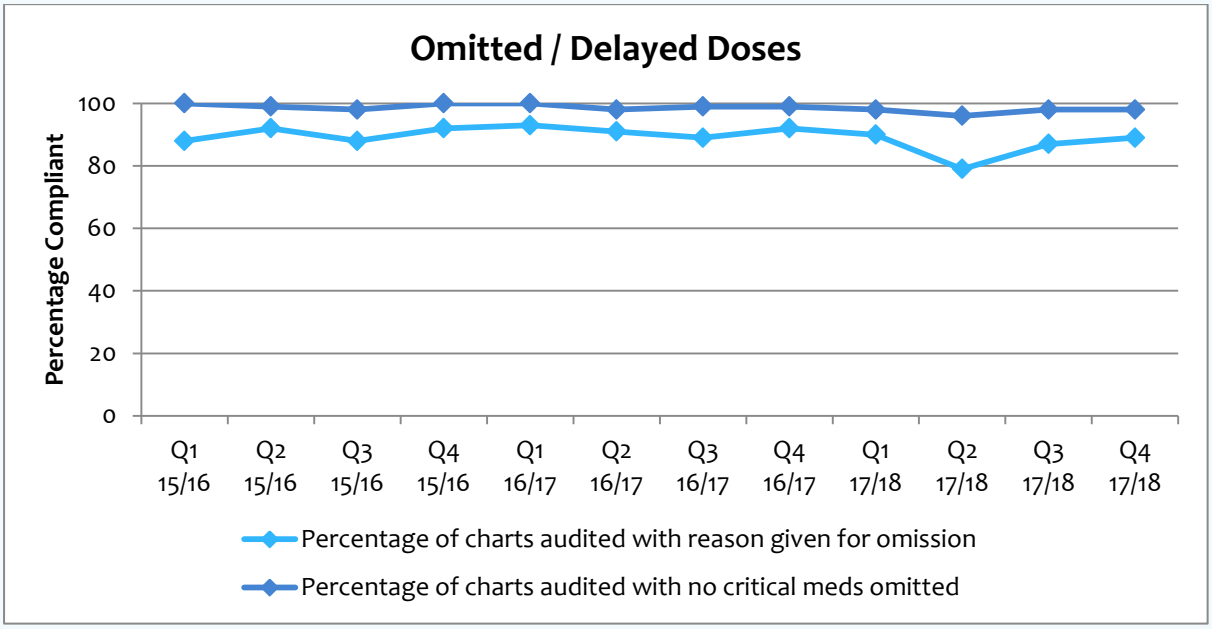
The Trust has agreed to participate in the national 'Insulin Safety Week.' This aims to raise awareness of insulin safety via the use of social media, newsletters, messages in the Trust's 'Lesson of the Week', promotion of quality improvement projects related to insulin safety and information to hospital staff and patients using promotional stalls at access points into the hospitals. The Trust has also been involved in a regional project 'Making Insulin Treatment Safer' (MITS) – this project aimed to increase awareness of insulin safety with junior doctors and case based discussions took place with junior doctors to discuss their experiences of prescribing insulin.

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 determine 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 2017/18 the Omitted doses audit tool was revised. Data was collected quarterly on all adult inpatient wards from a random selection of 10 patient case notes. Compliance is displayed in the graph below:

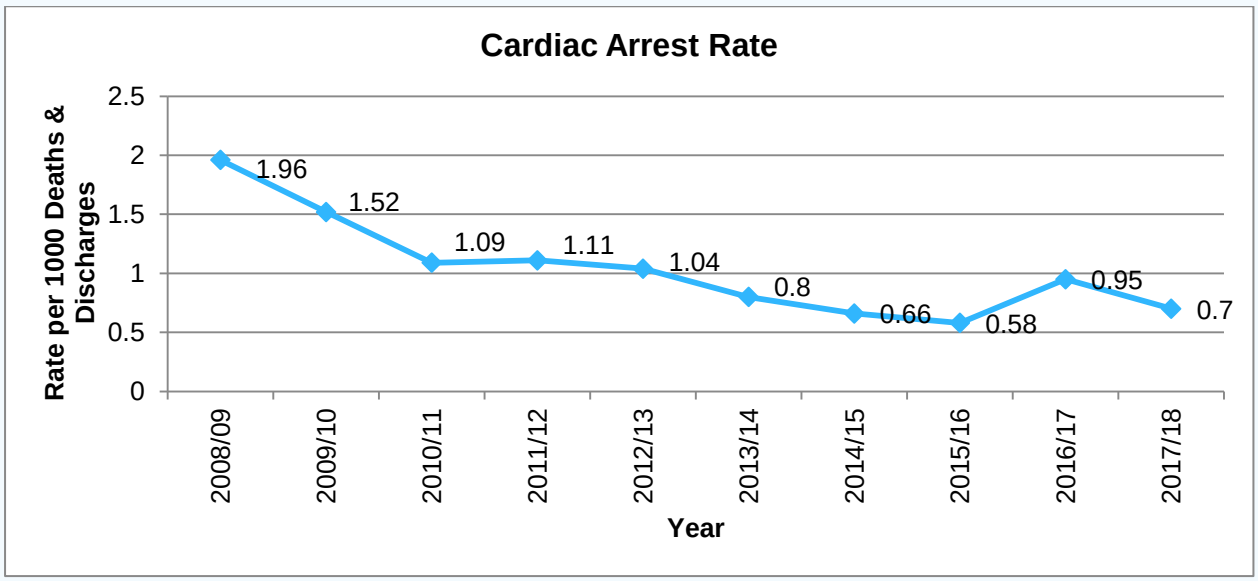


REDUCING CARDIAC ARREST RATES IN HOSPITALS

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 2017/18 was 0.70.



Within the Trust all cardiac arrest calls are audited to ensure compliance with national and local guidelines and reported to the National Cardiac Arrest Audit which then allows us to benchmark against national data.

In 2017/18, the survival to discharge following hospital cardiac arrest in the WHSCT was 23% and the national figure reported was 20%.

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) 2017 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.

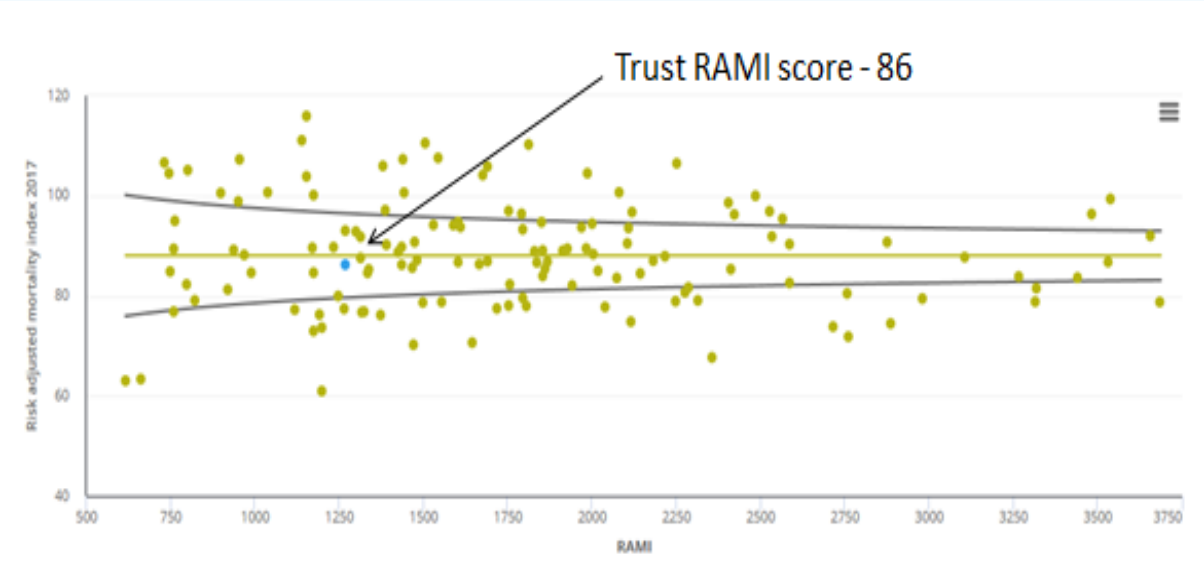
Facts & Figures
The table below provides details of the RAMI score for the Western Trust compared to the UK (HES Acute Peer) and the NI Peer for April 2017 to March 2018.

RAMI Score - 2016/2017

Month	Trust	NI Peer	UK Peer
Apr-17	81	84	89
May-17	68	80	85
Jun-17	75	77	78
Jul-17	82	79	80
Aug-17	66	82	82
Sep-17	89	77	84
Oct-17	89	85	86
Nov-17	89	89	87
Dec-17	100	105	100
Jan-18	110	110	99
Feb-18	89	101	93
Mar-18	101	102	91

The RAMI funnel plot, based on RAMI 2017, below shows that the Trust with an average of 86 was within the mid-range of peer population.

The UK (HES Acute Peer) average was 88 and the NI peer average was 89.

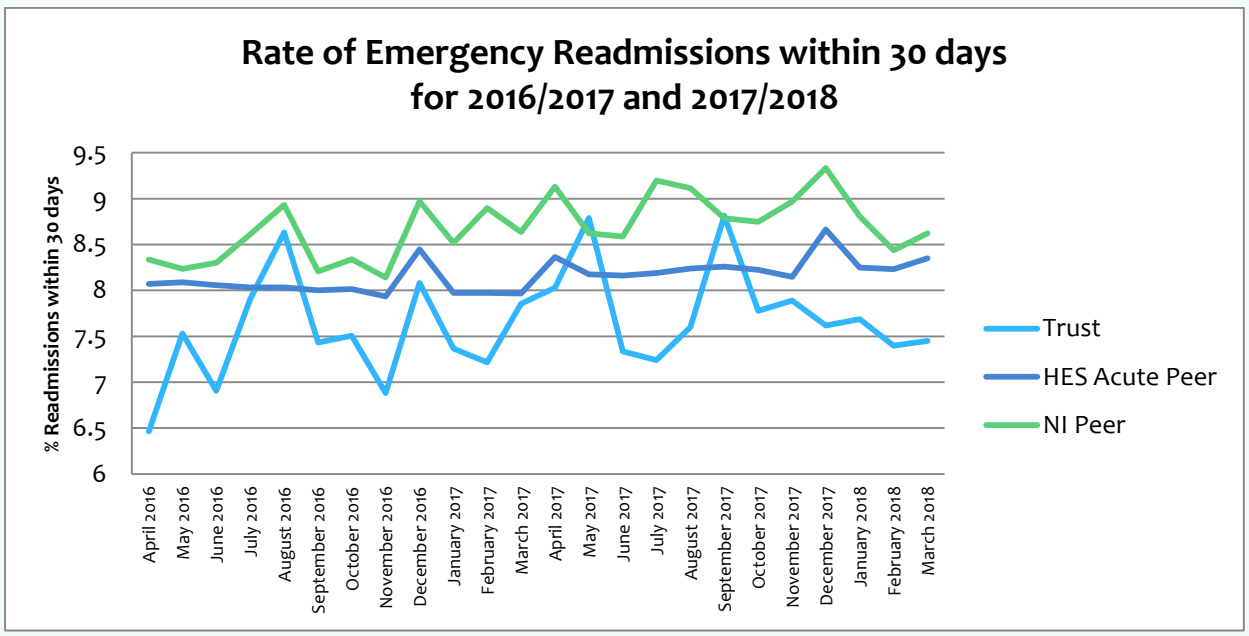


EMERGENCY READMISSION WITHIN 30 DAYS OF DISCHARGE

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 overall Readmission rate (within 30 days) for the Trust during 2016/17 and 2017/18 was 7.64%, compared to 8.16% for the UK (HES Acute peer) and 8.68% for the NI peer.

The graph below illustrates the monthly readmission rate during 2016/17 and 2017/18 for the Trust, the UK peer and the NI Peer.



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.

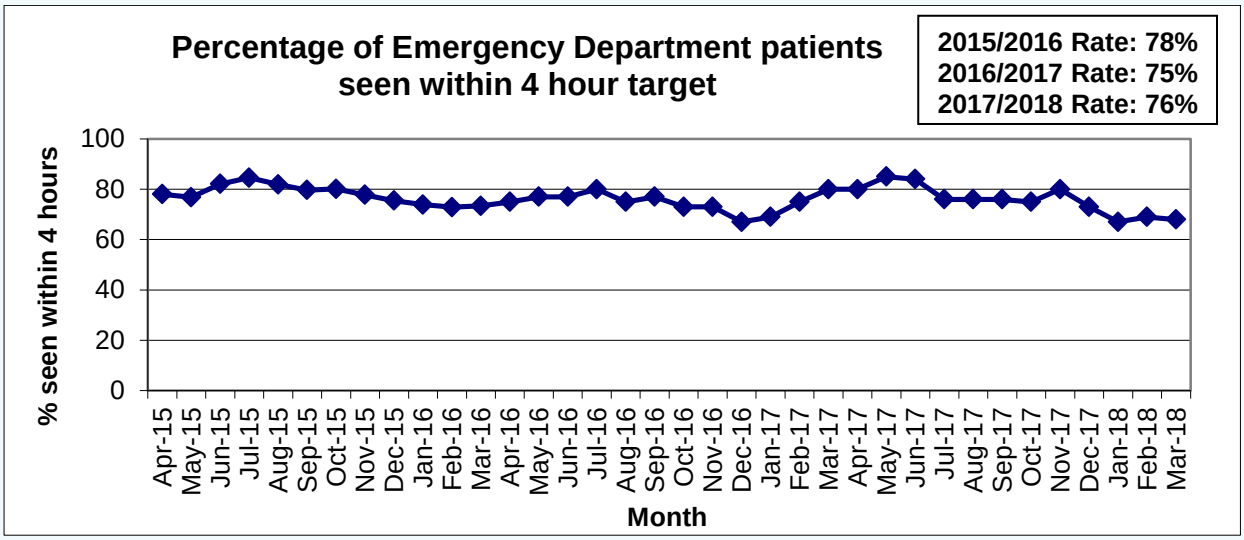
Facts & Figures

116,062 people attended ED during 2017/18. This was a 3% increase from the previous year.

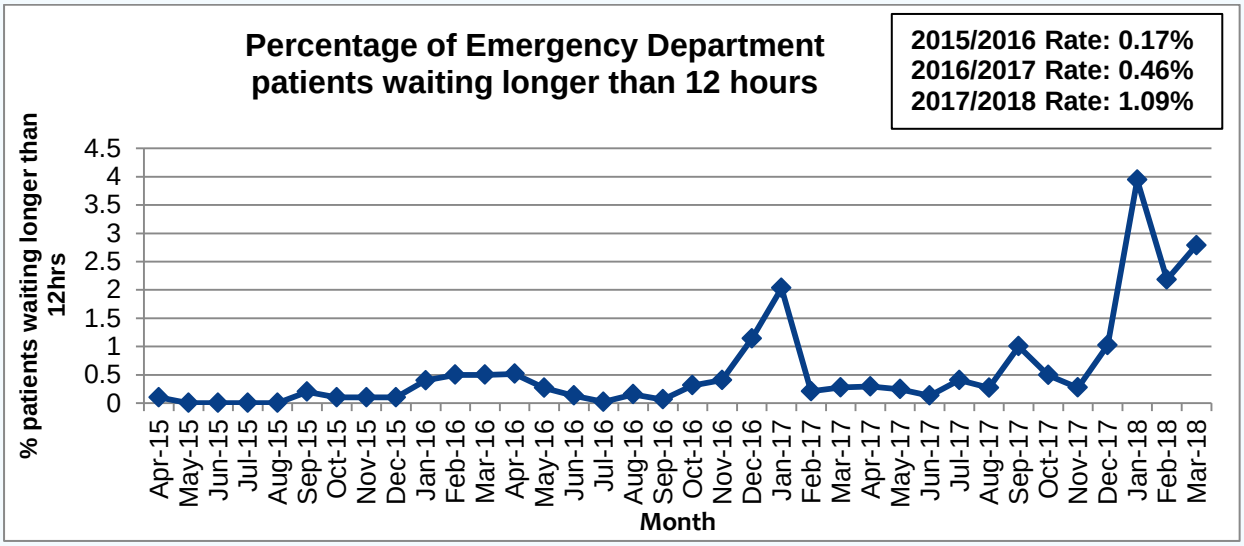
76% of these patients were seen within the 4hr target which is a 1% increase from the previous year.

1.09% of these patients waited longer than 12hrs which is an increase of 0.63% from the previous year.

5.37% of these patients were unplanned re-attenders.

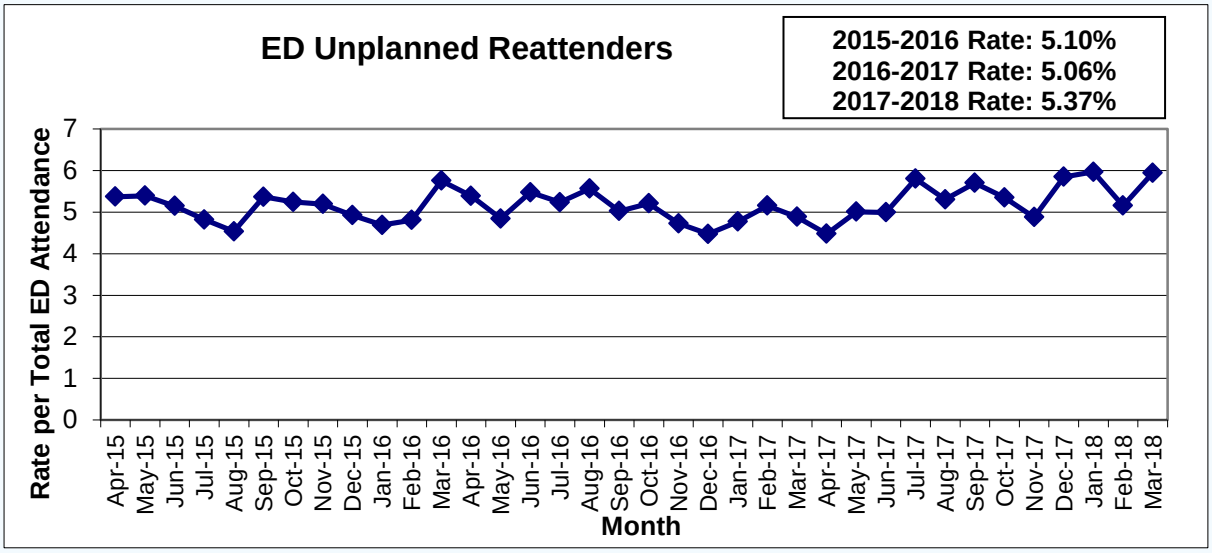


Performance against this target is only one measure and Emergency Departments have developed dashboards to monitor additional measures that reflect the quality of care provided to patients. Consistently achieving these targets requires sustained effort, focus, clinical engagement and an analytical approach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



Unplanned Re-attendance 2017/18

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.



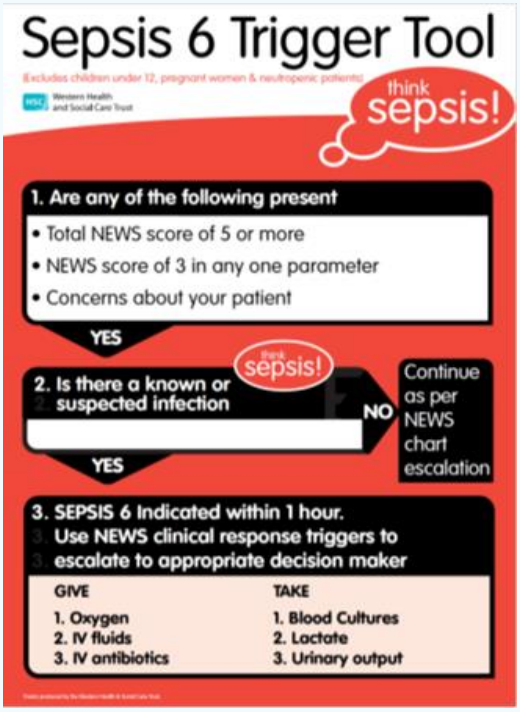
People who leave without being seen

	Total Attendances 2017/18	Patients who did not wait to be seen
Western Trust	116062	3.5%

Actions Taken to Improve the Trust's Provision of ED

- A 4th Dedicated resuscitation space has been in operation since April 2017. Presently an investment proposal is being compiled to ensure dedicated staffing for the Resuscitation department.
- The Ambulatory Care Unit has been operational since May 2017 and sees in excess of 30 patients a day with a discharge rate of 90%. The unit includes Cardiology, General Medical, Surgical and ENT referrals from GPs and ED referrals awaiting outcomes of investigations. The unit now also facilitates an extended Chest Pain Nurse Service.
- The Minor Injury stream now accounts for almost 50% of the daily ED workload. Performance against the 4hr ministerial target is averaging 93% and an investment proposal in conjunction with expanded ENPs services is being explored.

SEPSIS



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

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

Monthly sepsis audits were completed between July 2017 and January 2018 within the Altnagelvin ED and results are shown in the table below.

Sepsis Bundle Elements		Target	Trust Compliance
Evidence on Arrival	Observations Recorded	95%	100%
	Mental Status (AVPU or GCS)	95%	100%
	Capillary Blood Glucose	95%	36%
Evidence that EM/ICU help was summoned		95%	100%
Evidence that high flow oxygen initiated prior to leaving ED		95%	58%
Evidence that serum lactate measurement obtained prior to leaving ED		95%	89%
Evidence that blood cultures were obtained prior to leaving ED		95%	81%
Evidence that first intravenous crystalloid bolus given	Within 2 hours	90%	56%
	Prior to leaving ED	100%	95%
Evidence that Antibiotics were administered	Within 2 hours	90%	67%
	Prior to leaving ED	100%	100%
Evidence that urine output measurements were instituted prior to leaving		90%	57%

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) GUIDELINES

National Institute for Health and Care Excellence (NICE) uses the best available evidence to develop recommendations on a wide range of topics, from preventing and managing specific conditions, improving health and managing medicines in different settings, to providing social care to adults and children and planning broader services and interventions to improve the health of communities.

During 2017/18 the Trust received, via the Department of Health, various NICE Guidance for implementation – these included Clinical Guidelines, Technology Appraisals, Interventional Procedures Guidelines and Public Health Guidance. The Trust has established systems and processes in place for disseminating NICE guidance to relevant clinical, social care staff and managers for initial review, assessment and, where gaps are identified, implementation plans are put in place.

Progress towards compliance with clinical guidelines and technology appraisals are monitored regularly and assurance provided to PHA/HSCB in line with their reporting requirements.

NATIONAL AND GAIN FUNDED AUDITS

Trust Participation in National/Regional 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 evidence based standards (for example NICE) and provide comparisons with similar services provided in other Trusts in Northern Ireland and hospitals elsewhere in the United Kingdom. Findings from these audits highlight areas of good practice, i.e. where services provided are in line with recognised standards, as well as demonstrate where improvements are needed.

(i) National Cardiac Arrest Audit

The National Cardiac Arrest Audit (NCAA) is a comparative audit of in-hospital cardiac arrest with the aim of improving resuscitation care and outcomes. Both Altnagelvin and South West Acute Hospital collect data and enter it on the NCAA secure online system. Reports are received quarterly and cumulatively and comparative analyses are risk-adjusted to fairly compare patient outcomes with other participating hospitals (anonymised).

(ii) Medicines Reconciliation on the Immediate Discharge Document

The transfer of information relating to medicines between hospital and General Practitioner (GP) following patient discharge needs to be consistent, complete, accurate and timely.

RQIA funded a regional audit to evaluate processes in place for accurate medicines reconciliation on the Immediate Discharge Document (IDD) issued by Health and Social Care (HSC) Trusts in Northern Ireland. All five Trusts and 75 General Practices in Northern Ireland participated in the audit. Data was collected by 256 final year medical students during April and May 2016. Following analysis of the data, findings were presented in a report which demonstrated the need for improvement across all areas audited. The report, published in April 2017, made seven recommendations.

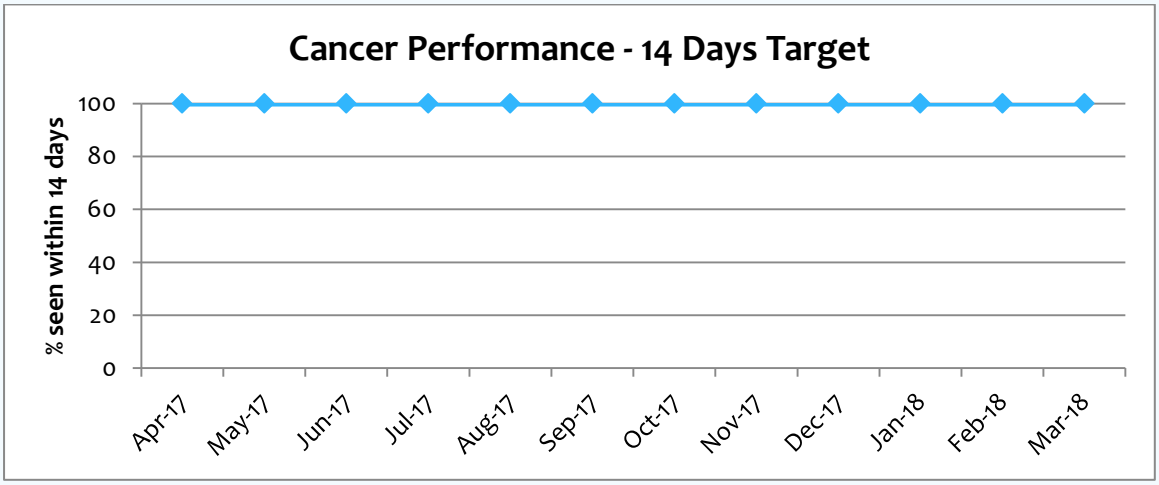
Some of these recommendations are being taken forward on a regional basis whereby all Trusts in Northern Ireland are working together on achieving compliance, for example, the roll out of a regionally agreed IT solution will help improve the timeliness of delivery of medicines information to GP practices. Work is also ongoing between Pharmacy staff in the Trust and GP Federation pharmacists to improve joint working arrangements and development of an agreed template for immediate discharge documents.

ACCESS TARGETS

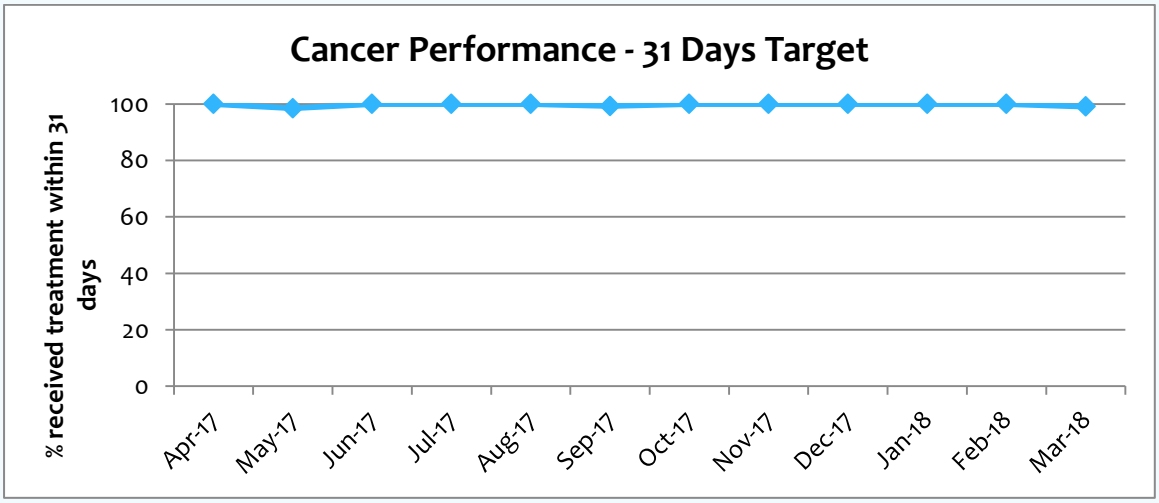
The Western Trust is recognised as a high performing Trust within Health & Social Care. Examples of performance in relation to Cancer Services are included below:

Cancer Services

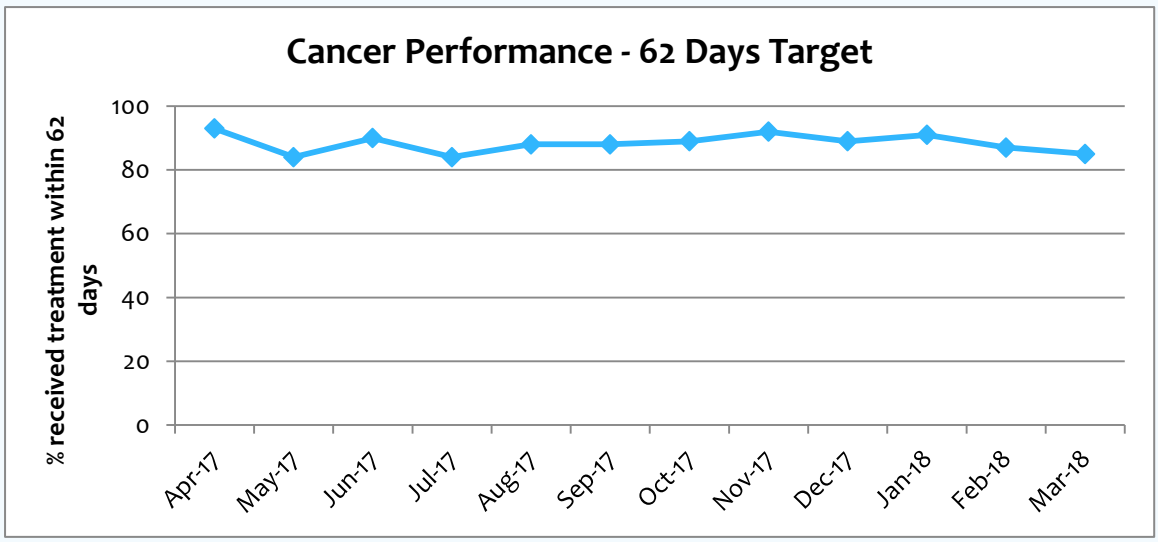
14 day Breast target 2017/18 - 100% urgent suspected breast cancer referrals seen within 14 days



31 day target 2017/18 – 99.7% of patients diagnosed with cancer who received their first definitive treatment within 31 days of a decision to treat.



62 day target 2017/18 - 88% of patients urgently referred with a suspected cancer who began their first definitive treatment within 62 days.


Cancer Performance - 62 Days Target
% received treatment within 62 days
100
80
60
40
20
0
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18

Theme 5: Integrating the Care

COMMUNITY CARE – SUPPORTING PEOPLE IN THE COMMUNITY

Acute Care at Home

The Trust's Acute Care at Home service continues to operate in line with a commissioner-driven regional model to the over-75 population in the Derry/Londonderry, Limavady and Strabane areas.

The team's role is to clinically assess predominantly older people, but also including 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 2017/18, the Reablement service discharged just under 900 service users following participation in the service, with 49% of participants discharged with no on-going care package.

Community Equipment Service and Home Delivery of Continence Products

The Trust's community equipment service and home delivery of continence products continues to operate well, with significant efficiencies recorded in the use of continence products, following the move to the home delivery of these products.

District Nursing

Work is on-going on the reform of community services as part of the Delivering Together strategy and the District Nursing Framework, with the aim of moving towards a 24/7 community nursing service.

The Trust's District Nursing Service recorded approximately 200,000 contacts with service users during 2017/18.

Discharge from Acute Hospital

The Trust has experienced an increasing and sustained demand for hospital and community services during 2016/17. Just under 3,900 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 2017/18. This was an increase of nearly 1,000 additional patients discharged within 48 hours, compared to 2016/17 performance.

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. During 2017/18, the number of residential support beds increased to 17 during peak demand periods.

Rapid Response Nursing Service
The Trust has Clinical Intervention Centres operating in Derry/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.

MENTAL HEALTH

Suicide Awareness Training
Adult Mental Health Service as part of their Suicide Think Tank initiative have developed a training strategy for all staff within the service in relation to suicide prevention.

The building block of this training strategy is an eLearning tool developed by the Merseyside Trust which has been shared with the Western Trust as part of the zero suicide collaborative. We have set an ambitious target of 100% uptake of this training by September in recognition of World Suicide Awareness Day. The results of this drive will be revealed at the second Trust Suicide conference on 13th September 2018 which builds on the success of last year's conference prevention not predication.

Quality Improvement Projects within AMH
The Clinical Microsystem model is being used from January 2018 to review safety planning within the Crisis Service following an SAI recommendation. Crisis Service have completed a series of public consultations (Derry, Strabane and Limavady) to assist with this review. To date a focus group has been established which incorporates service users, carers and staff to review current practice. A training team has been developed to share this learning initially to the Crisis Service and then throughout AMH. The aspiration is to further develop this training to staff within Emergency Departments, the PSNI and NIAS.

AMH in conjunction with the Regional Quality Improvement Mental Health Collaborative Group are currently in the initial stages of developing a single site- "website choice" where service users can access information on medication for the treatment of Mental Illness. The aim of this site is to improve access and information on medication used for the treatment of mental health conditions supporting the service user to make informed choices.

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.

77% of looked after children had their living arrangements and care plan reviewed within regionally agreed timescales.

83% of all looked after children in care for more than 3 months have a Permanency Panel Recommendation

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

73% 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

84% of adults referred for investigation and identified as at risk of abuse, neglect or exploitation during the year had an adult protection plan.

1800 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 357 children received direct payments during 2017/18

418 adults received direct payments during 2017/18

129 carers received direct payments during 2017/18

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

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
46% of adults with a learning disability had an annual health check.

NEXT STEPS

Improvement work we intend to take forward during 2018/19 includes:

Patient and Client Experience – There are further plans to develop a second triage room in the Emergency Department by the end of September 2018 to ensure that patients are seen in a timely manner.

PPI Adult Learning Disability (ALD) developing a model of engagement – A website co-designed through a series of workshops held with carers and ALD service users is under development. An effective working model of engagement to ensure the voices or service users and carers are heard to be finalised and in operation by September 2018.

Leadership programme – A pilot of the new leadership programme **GROW** took place during 2017/18 with a total of 16 participants nominated from 9 Directorates within the Trust. In 2018/19 **GROW** will become mainstreamed as part of our core business and will be delivered on an annual basis.

Infection Control Training – Work to tailor Infection Control training to specific staff groups according to their level of patient / client contact is ongoing and it is hoped the new training programme will be launched in September 2018.

Quality Improvement (QI) – The Trust submitted an application to Sheffield Flow Coaching Academy in August 2017 and was successful in securing places on a training programme and support to run an academy for Northern Ireland. Trust staff are currently being trained and working to improve 3 patient pathways.