



Western Health
and Social Care Trust

2018
2019



Annual Quality Report



www.westerntrust.hscni.net



follow us on Twitter



follow us on Facebook



follow us on Instagram

Chief Executive Foreword



This is the Western Trust's seventh Annual Quality Report. During a time when the Health and Social Care system is facing great change and financial challenges we are committed to continuously improving the care and services that we provide using quality improvement programmes and methodologies. During 2018/19 we have focused on training and development of staff in order to improve outcomes. This Quality Report reflects some of that quality improvement work aligned to the Department of Health Quality 2020 themes.

As part of our commitment to involving and engaging with service users, carers and the public a number of projects to improve patient experience have progressed under the 10,000 More Voices work streams: patients discharge from hospital, experience of bereavement, and the delirium project. In addition, the Adult Learning Disability hub and spoke engagement model was implemented. This will ensure the voices of service users and carers are heard and will influence the work of the Trust's Adult Learning Disability Service.

Our first Safety Quality West (SQW) Quality 2020 Level 2 Training Programme was delivered. Over 50 staff comprising of 18 teams were supported to complete a quality improvement programme in their area of practice through teaching and mentoring. We were very proud to be successful in our application to join the Flow Coaching Academy (FCA) programme in Sheffield in 2018, focussing on delivering improvements in patient pathways for frailty, gestational diabetes and elective orthopaedic pathways. Building on the success of this work the Trust has taken the lead in establishing a Flow Coaching Academy for Northern Ireland in May 2019.

Throughout the year the Trust maintained its focus on preventing and reducing Healthcare Associated Infections. The Trust has a Zero Tolerance approach to preventable infection. Audits are also undertaken of Cardiac Arrest calls by the Trust Resuscitation Team and the survival to discharge following an in hospital cardiac arrest in the Western Trust compares favourably against the national rate.

The Western Trust is committed to integrating care within the community and a number of initiatives continue to support and improve the quality of life for those living with long term conditions.

I am proud of staff across the Trust who consistently demonstrate their passion and commitment to improving services for patients and service users and I am pleased to congratulate those members of Western Trust staff who achieved recognition for excellence in care, the details of which are highlighted in 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 11
• Complaints and Compliments	Page 13
• Learning From Incidents	Page 15
• Quality Improvement	Page 21
• Trust Culture Group	Page 23
• HSC Staff Survey	Page 24
THEME 2: STRENGTHENING THE WORKFORCE	
• Induction	Page 26
• Leadership Programmes	Page 27
• Annual Leadership Conference	Page 27
• Coaching and Mentoring	Page 28
• Supervision	Page 29
• Appraisal and Development Review	Page 30
• Staff Achievements	Page 31
• Looking After Your Staff	Page 34
• Revalidation	Page 35
• Maximising Attendance	Page 36
• Mandatory Training	Page 36
• Staff Training	Page 37
THEME 3: MEASURING THE IMPROVEMENT	
• Reducing Healthcare Associated Infections:	
▪ Methicillin Resistant Staphylococcus Aureus (MRSA)	Page 40
▪ Clostridium Difficile Associated Disease	Page 40
▪ Hand Hygiene	Page 41
▪ Orthopaedic Post-Operative Surgical Site Infection (SSI) Surveillance	Page 42
▪ Caesarean Section Post-Operative SSI Surveillance	Page 43
▪ Critical Care Device-Associated Infection Surveillance	Page 43
▪ Breast SSI Surveillance	Page 43
▪ Personal and Public Involvement (PPI)	Page 43
• Safer Surgery – WHO Surgical Safety Checklist	Page 45
• Maternity Quality Improvement	Page 45
• Paediatric Quality Improvement	Page 47
• Falls	Page 48
• Pressure Ulcers	Page 50
• Preventing Venous Thromboembolism (VTE)	Page 53
• Medicines Management:	
▪ Medicines Optimisation	Page 54

- Medicines Reconciliation Page 54
- Insulin Page 55
- Omitted and Delayed Doses Page 55
- Reducing Cardiac Arrest Rates in Hospital Page 56

THEME 4: RAISING THE STANDARDS

- Mortality Ratio Page 59
- Emergency re-admission within 30 days of discharge Page 60
- Emergency Department:
 - 4 Hour & 12 Hour Standards Page 61
 - Unplanned Re-attendance Page 61
 - People who leave without being seen Page 62
 - Actions taken to improve the provision of emergency care Page 62
- Sepsis Page 63
- NICE Guidelines Page 63
- National and GAIN Funded Audits Page 63
- Access Targets Page 65

THEME 5: INTEGRATING THE CARE

- Community Care – Supporting People in the Community:
 - Neighbourhood District Nursing Page 68
 - Community Stroke Services Page 68
 - Acute Care at Home Page 68
 - Supporting Nursing Homes Page 69
 - EDEN Clubs Page 69
 - DEEDS Project (Dementia Engaged and Empowered in Derry and Strabane) Page 69
- Mental Health: Page 69
- Social Care Indicators:
 - Children & Young People Potentially at Risk Page 70
 - Looked After Children Page 70
 - Young People Leaving Care Page 70
 - Adult Social Care Indicators Page 71
 - Direct Payments Page 71
 - Mental Health & Learning Disability Indicators Page 72

NEXT STEPS

Page 73

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 seventh 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 services 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 the 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



10,000 More Voices is commissioned and funded by the Health and Social Care Board (HSCB) and Public Health Agency (PHA) to provide a more person centred approach to improving health and social care experience and to shape how services are planned for the future.

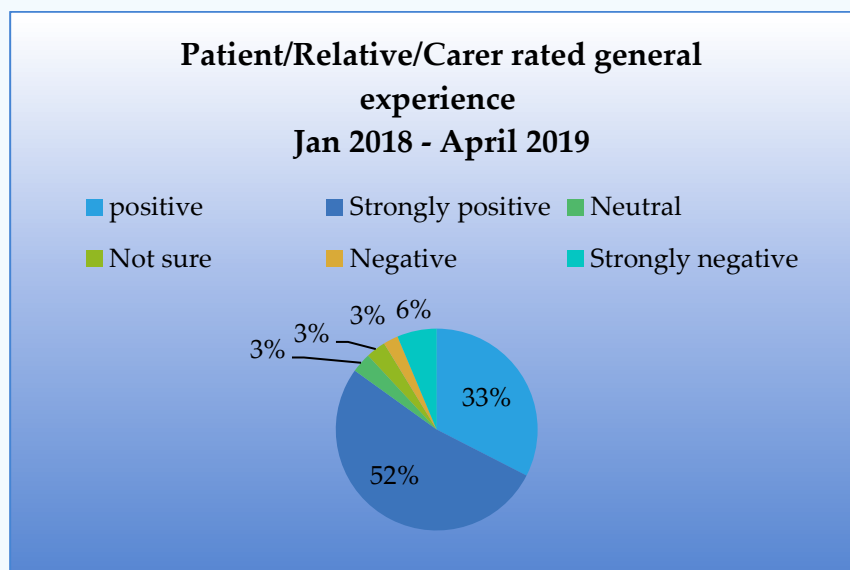
Feedback is obtained from patients, service users, including staff, carers and family on their experiences of a range of services within Health and Social Care settings. The service users' voice is acknowledged as having a key role in tracking quality of care and shaping service improvement (The Kings Fund 2016: Draft Programme for Government framework 2016-21).

How we use the information we collect

- To provide evidence of the quality of health and social care
- To inform quality improvements in Trusts
- To inform regional policies and strategies and how services are shaped for the future
- To inform education and training

Work streams undertaken during 2018-2019 include:-

- Experience of Patients' Discharge from Hospital
- Experience of Bereavement
- Experience of those with a diagnosis of Delirium specifically focusing on relatives experience;
- Generic survey experience relating to inpatient services in Hospital, Outpatients and Day procedure/day surgery; Care/treatment provided in own home or in a community setting. This provides qualitative and quantitative information around the Patient Client Experience 5 Standards, Respect, Attitude, Behaviour, Communication, Privacy and Dignity.



Some examples of issues raised as negative or strongly negative include:-

- “It was hard to tell who was who. Nobody seemed to be in charge. The doctors came around at the end of the bed didn’t involve me at all”.
- “Staff don’t engage - too busy writing, talking with each other”
- “Refused to take him onto the team as he didn’t meet the criteria because of his age (too young)”

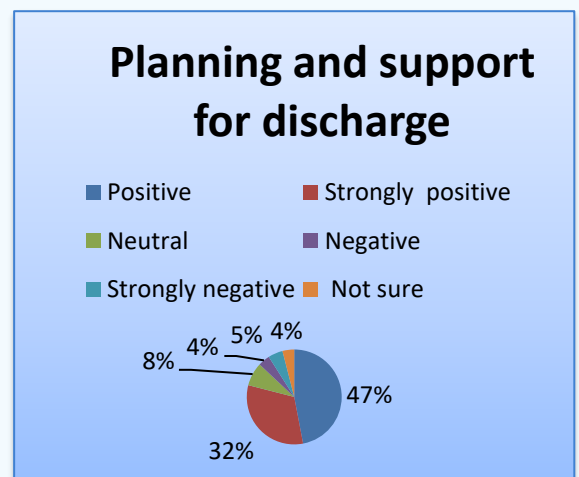
Experience of Patients’ Discharge from Hospital

Key messages from patients i.e. what matters to them

- Being treated by staff who are respectful, caring, compassionate
- Having good explanations and information about their condition, treatment, care and being kept up to date with their progress and what is happening during their hospital stay
- Having consistent information about care, treatment and plans for discharge
- Feeling involved and supported in decisions about the plan for their discharge
 - Care package in place prior to discharge if required
 - Explanations about medications
 - Advice on discharge
 - Discharge arrangements for day of discharge
 - Advice on after care and who to contact for follow up

Regional recommendations

- 1- Review of the discharge process with multidisciplinary teams to identify efficiencies and ensure safe and effective discharge planning. This includes working in partnership with patient and carers in preparation for discharge.
- 2- Review of the resource for preparation for discharge to include written advice for example leaflets for patients and carers and contact details to support patient and carers post discharge. This also involves written advice on on-going care and treatment plans.
- 3- Patient Client Experience standards – should be evident throughout the patient journey including the discharge process.



To engage the Trusts in the delivery of each action plan a follow up workshop will be hosted by the PHA and supported by the Unscheduled Care User Group scheduled for summer 2019.

Experience of Bereavement

To view findings from the 10,000 More Voices Experience of Bereavement for the Western Trust [Click here](#)

The WHSCT report will be shared with the Trust Bereavement Forum in June 2019 to consider local and regional recommendations and to approve action plans so this can then be shared with Trust Board.

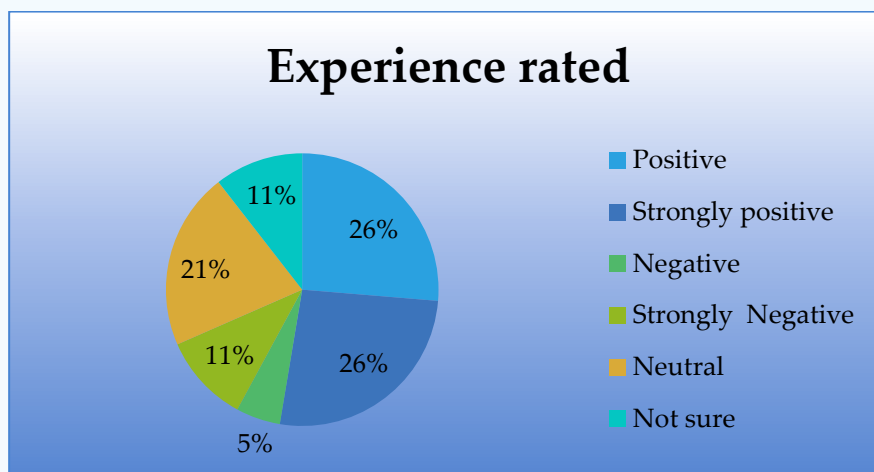
Relatives Experience Regarding Diagnosis of Delirium

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.

The delirium project is to remain open and will be used to demonstrate the impact of investment in dementia work.



Some examples of negative and strongly negative comments include:-

- “My relative with advanced dementia was exposed to the busiest department in the hospital – Emergency Department were in an impossible position and managed the situation with as much professionalism and dignity as they could. All we wanted was a space/bed where our loved one could have comfort until appropriate plans were in place”
- “Staff were uncommunicative and no matter who you tried to speak to about his plan of care they were never the person looking after him”

Local updates

Older People’s Mental Health Services are currently reviewing the information provided to patients on diagnosis. Once a draft is completed by May 2019 it will be shared with Dementia NI for comments.

Older Peoples Mental Health Services organised an engagement session for people with young onset dementia and their families on the 19th February 2019. Approximately 45 people with early onset dementia and their families living in the Western Trust attended the event. Participants got an opportunity to share experiences of their dementia journey so far including the impact of getting a diagnosis and provided ideas on how the Western Trust can enhance the current services to meet their needs. Feedback from the event was presented at the Dementia Service Improvement Project Board in March and an action plan is being drawn up.

Regionally the HSCB is reviewing and quality assuring the existing dementia apps on the market. The plan is to identify the top ten best apps and promote them with people with dementia and their families. This is due for completion in June 2019.

Due to staff shortages in the Alzheimer’s Society the support worker was unable to attend diagnosis clinics until November 2018. Only 5% of patients at the clinics asked the support

worker for information. The dementia navigator has now returned from maternity leave and makes contact with the patients approximately one week after their diagnosis appointment. Dementia NI members were informed of this at a consultation event held by the Older Peoples Mental Health service on the 19th February. Members are satisfied with this approach going forward.

Consultant's weekly rota will need to be reviewed to ascertain if their clinics could be changed to midweek. Clinics are very dependent on availability of clinic rooms. This will be kept under review.

The WHSCT have focused on the area of Family Presence as part of the regional Always Event promoting a shared person centred approach with regards to visiting times and encouraging family participation within the hospital settings. Banners and posters for each of the hospital sites are on display at the entrances to each ward. This is also linked very closely with John's campaign promoting dementia friendly wards.

Eye Care Services

An information card "See it Our Way" was designed in partnership by the Western Trust, PHA and RNIB to produce guidance for staff on how to help those with visual impairment when using health and social care services. A video clip was also uploaded to the Trust social media forums providing information <https://youtu.be/ZUg3UTdvpDA>. This was launched in the Mellon Country Inn, Omagh on the 27th March 2019 as part of a regional roadshow in partnership with #Hello my name is. Chris Pointin, husband of the late Dr Kate Granger founder of the #Hello my name is was in attendance. 10,000 More Voices, Volunteer Now and the Public Health Agency also participated. The theme centred on communication. Discussions focused on how communication impacts upon the patient/family/relatives/carers during their health and social care journey as well as the importance of first impressions.



Ambulatory Care Unit

To view findings from the Patients/Relatives Experience feedback on the Ambulatory Care Unit, Altnagelvin Hospital [Click here](#)

Staff Engagement

The patients' voice is central to this work. It is critical that staff are given the opportunity to read, listen and learn from experiences and ensure that the feedback positively influences the

way that services are planned and delivered in the future. Drop in sessions were facilitated for staff where local action plans were shared. Staff are genuinely surprised and appreciative that the majority of feedback received rated as mostly positive, or strongly positive and stories reflect that the public do understand how much pressure staff are under in difficult circumstances but also acknowledge the services provided by staff within the WHSCT.

Principles of co-design experience based through the 10,000 More Voices have helped to:

Establish a regional system to capture and learn from patient and client experience using a narrative based approach. This has raised the profile of experience as a key indicator of quality and highlights the power of the voice of patient/client/carer/family member/staff member. It has helped to integrate the principles of Personal & Public Involvement with Patient & Client Experience Work in partnership with patient/clients and staff to identify “What matters to you”

Projects pending 2019/20

- Mental health services - service user survey
- Experience of staff working in mental health services
- Experience of living with swallowing difficulties
- Children’s audiology services
- Experience of living in a care home
- Experience of accessing health services when homeless
- Experience of a fall
- Experience of Pathfinder Custody Suite pilot
- The carers experience engaging intermediate care/re-ablement services
- The carer experience - support for parents with children with rare disease.

PERSONAL & PUBLIC INVOLVEMENT (PPI)

The Western Trust is committed to the active involvement of service users, carers and the public in development and delivery of 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 Western Trust remains committed to the implementation of the 5 PPI standards, which support the development of a truly person-centred system.

WHSCT’s PPI Forum is co-chaired by a service user and a non-executive director. 2018-19 saw the Trust review its governance structures to strengthen its PPI - Co-production ethos. Corporate Management Team approved the WHSCT’s PPI Strategy and Action Plan 2018-2021. The PPI Strategy and Action Plan and the Trust’s Annual PPI Report are accessible via the Trust website and, for staff via the Trust intranet.

In 2018-19 the Trust invested in PPI, appointing a dedicated Service User Advisor to support staff and service users become involved in improving our services.

The Trust, through its PPI and Trust websites, will continue to provide opportunities to highlight service user and carer involvement; share learning and celebrate and showcase good practice in relation to PPI.

WHSCT developed projects across all service directorates promoting and involving service users and carers funded through Transformation monies. The successful, innovative projects include:

- IT website development for carer involvement short breaks
- PPI Development of service users in maternity services
- CAMHS: photography and development of young person's PPI forum
- 16+Pathway App development - young service user communication with and access to Trust staff and other providers.
- SWAH Radiology: Service User evaluation of equipment installed due to PPI exercise
- Dementia consultation with family and service users
- Self-management of cervical screening (Service user involvement in service design)
- Focus groups to develop and improve access to pain management services.



The work of the service users, carers and staff was celebrated in the Trust's Engage event held on the 22nd May. More information can be found on the Trust's PPI website.



Pathfinder West

The Trust's PPI Forum supports the Pathfinder West. Pathfinder engaged with over 2500 members of the public living or working in the Fermanagh and Omagh areas. It has recruited Experts by Experience who will work in partnership with WHSCT Staff to develop services.

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

Working with service users and carers the Trust developed a system to allow the voices of ALD service users and carers influence delivery of services. Five local Involvement Groups have met. Strategic Involvement Group will be convened in June 2019.

COMPLAINTS AND COMPLIMENTS

The 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.

Complaints provide us with lessons to learn to improve our services. Whilst we aim to give the best service to all our patients and service users, we wish to know when things do not go well so that we can take the appropriate remedial action to prevent it happening again.

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 – 2018/19

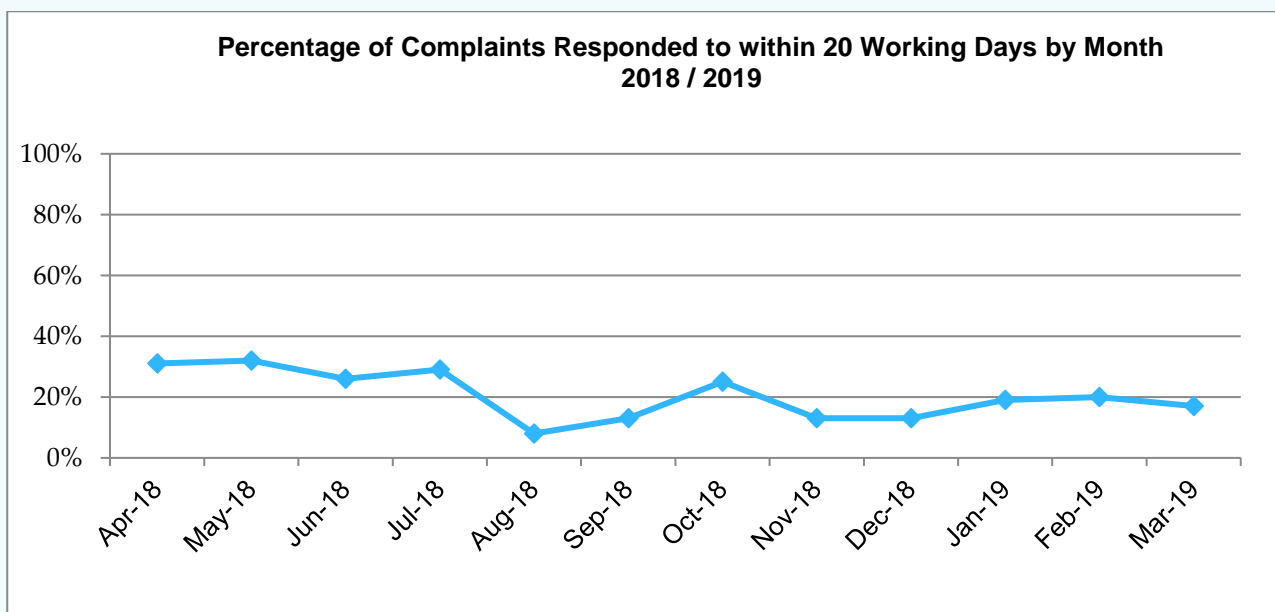
444 formal complaints were received by the Trust, down 4% from the previous year

62% of the formal complaints received were acknowledged within 2 working days*

21% of the formal complaints received were responded to within 20 working days*

5,636 written compliments were received during 2018/19 compared to 6,287 for the previous year

*Reduced performance due to staff turnover and changes to work practices

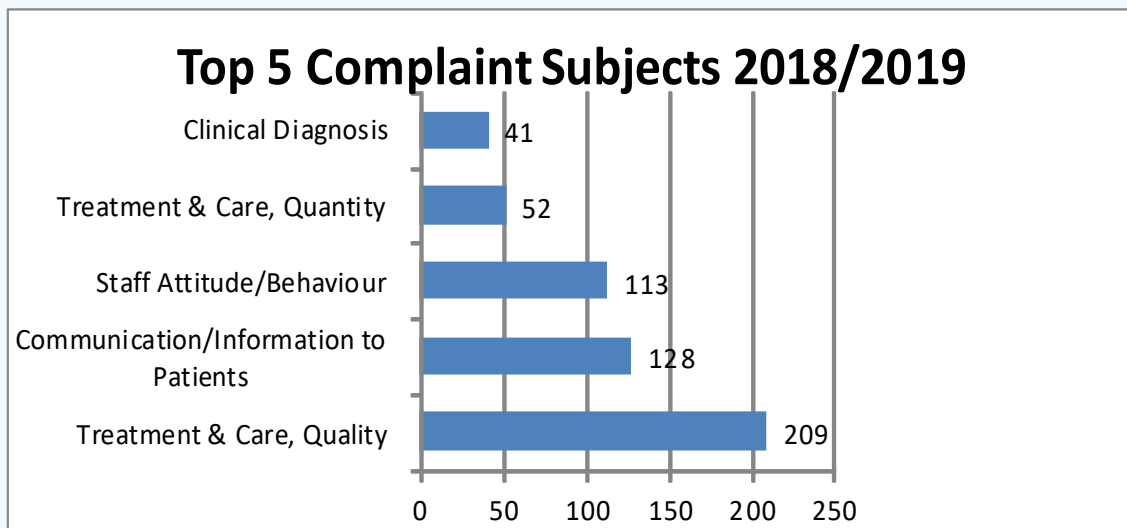


The timeliness of response times to formal complaints has been an ongoing concern throughout the year. The delays can be attributed to receipt of complex complaints – involving in many cases – more than one service area; changes in the process for development of draft responses – now at service level; and significant staffing changes within the Complaints Department throughout the year. A quality improvement project commenced within the Acute Directorate in Altnagelvin Hospital in September 2018 to identify and test ways to improve response times. Reports highlighting the number of working days that complaints are open are provided on a monthly basis to all Directors and Assistant Directors to help focus on completion of overdue responses.

Complaints by Subject – Top 5

The top 5 categories of complaints received during 2018/19 are set out below:

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



Lessons Learned and Service Improvements

We welcome complaints so that we can learn lessons and improve our services. An action plan is completed, where appropriate, following investigation on complaints. We use this information to feed back to patients and staff on changes and improvements made.

Complaints are discussed with staff concerned and often the issues are brought to staff meetings for discussion on how services can be improved. Following the investigation of complaints during 2018/19 the following comments were captured as part of the learning in relation to the Top 5 Complaint Subjects:-

Treatment & Care – Quality

Following a complex complaint, part of which was poor pain management, it was recorded that “when staff go off duty or hand over to another member, the staff coming on duty should make themselves known to the patient. Staff will be reminded that if a patient is in pain to administer pain relief and re-assess that pain, or if pain relief is not given, the reason why documented.”

Communication

Reflection on the value of keeping a patient, and their family's expectations managed, and how this can improve their overall experience: "We must emphasise the importance of communication with patients and their families as to what the next step will be in the patient's journey."

Staff Attitude & Behaviour

Issues continue to occur due to a patient's bad experience as a result of a staff member's behaviour, one complaint requiring the staff member to be "reminded of the importance of supporting and respecting patients' privacy and personal space."

Another complaint resulted in a member of staff completing "...a written reflection in respect of the concerns raised regarding the incident and to discuss what the learning was in the appraisal process. The importance of learning from this experience resulted that it will be discussed with the whole General Surgical Team so they can learn from this event."

Treatment & Care – Quantity

The learning that staff must have the correct information regarding waiting times, to convey accurately to patients: "Apology that the complainant was given the wrong information on waiting times but acknowledged that due to demands on the service they don't always meet their targets. They are however in the process of trying to put together a dedicated Team which will reduce waiting times once it is up and running."

Clinical Diagnosis

Following a complaint regarding a failure to diagnose a wrist fracture "the Service Manager has confirmed that staff will review the process and also discuss if patient's are advised to 'review on request' whether written advice should be given which in turn may encourage patient's to re-attend. The quality of the monitors within the Radiology Department will be reviewed."

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 in relation to how the Trust dealt with a request for a carer's assessment and their subsequent complaint was reviewed further by the Ombudsman. The following learning was taken forward by the Trust as a result of the Ombudsman's recommendations:

- A review of the Trust's Carer's Policy and Procedure to ensure consistent information and capture of requests
- A review of the Trust's Complaints Policy and Procedure to ensure full investigation of issues, meeting a person with a complaint where appropriate and avoidance of unnecessary delays.

LEARNING FROM INCIDENTS

Facts & Figures

In the year 2018/19, 11,421 incidents were reported, an increase of 5.3% over the previous year.

Incident Reporting and Review

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”.

Increased reporting can reflect a positive reporting culture where there is a willingness to reflect when things go wrong and learn in an open inclusive manner. Where incidents increase due to particular issues / concerns these are highlighted in trend reports to managers and through more detailed reviews of specific incidents to identify learning and prevent / reduce recurrence.

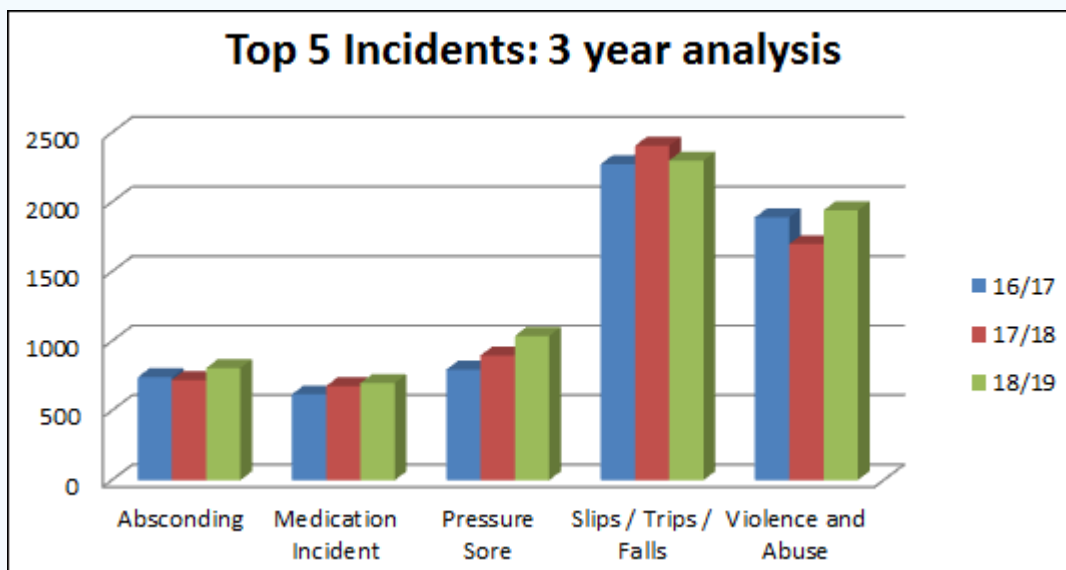
The Trust actively encourages the reporting of incidents and the open review of incidents by the staff involved. Incident training is provided for staff in sites across the Trust area on an ongoing basis. Incidents are reviewed and learning is identified and shared at a number of forums including - weekly ward meetings; Directorate Governance meetings; Ward Managers Governance meetings, Monthly Theatre meetings; Audit days; Monthly Endoscopy Users Group.

The Trust shares learning through a staff newsletter called “Share to Learn” and a weekly safety message to staff, ‘Lesson of the Week’, accessible through a prominent icon on the Trust’s intranet site. The Trust Rapid Review Group (RRG), established in October 2018, meets weekly and identifies any urgent learning from serious incidents for sharing across the Trust and/or regionally.

The Risk Management department continues to work to make reporting incidents easier for staff. In addition to reducing the number of fields reporters need to complete, the coding of each incident is now done by Risk Management staff rather than the reporter. Whilst making the Incident Form quicker and easier to complete it will also improve consistency and accuracy of coding to improve reporting and identification of trends locally and regionally, as all Trusts now use these codes.

Top 5 Reported Categories

The top five categories of incidents affecting patients and service users are set out in the graph below which includes the previous 2 years for comparison:



Slips, Trips and Falls (20%)

Incidents relating to a fall continue to be the highest reported incident within the Trust. The Trust encourages the reporting of all falls to determine if anything could have been done to prevent what can be a distressing experience for the victim regardless of the level of physical harm. Actions taken to reduce patient falls during 2018/19 are included in the Falls section of this report, on pages 50-51.

Abuse of staff by patients (13%)

There was a significant increase (19%) in incidents being reported in facilities providing Mental Health and Learning Difficulties services in 2018-19 over the previous year.

The Trust Zero Tolerance & Security group has been reconstituted to take a focussed approach in helping reduce incidents of violence and abuse with support from all the service areas, professional nursing and staff representatives.

The Trust established a Management of Actual & Potential Aggression training team MAPA® in November 2018 to provide education and training on the management of challenging behaviour and potential and actual violence to all staff groups within the WHSCT.

Pressure Ulcers (9%)

There has been 16% more pressure ulcer related incidents reported in 2018-19 than the previous year. The Trust's Tissue Viability Department is spearheading a 'Zero pressure ulcer in WHSCT plan'. Actions taken to reduce pressure ulcers during 2018/19 are included in the Pressure Ulcers section of this report, on pages 52-54.

Absconding (7%)

Absconding Incidents increased from the previous year by 12%. Such incidents range from young persons' absconding from residential care facilities to patients leaving acute hospital settings prior to discharge.

A joint PSNI / Social Services Workshop was held in March 2019 to help train and educate staff in children's residential facilities as well as build inter-agency relationships and partnership working to help prevent recurrence and manage the risk.

The Trust Zero Tolerance & Security group will ensure these incidents are kept under review to reduce occurrence and target the areas needing prioritised support.

Medication (7%)

A small increase (2%) was experienced in the reporting of medication related incidents in the year 2018-19 over the previous period. Medication incidents are reviewed by the Medicines Governance Pharmacist as well as the relevant ward/department and are not closed until appropriate review is completed. The Trust Medicines Governance working group oversee this process which allows a multi-disciplinary review of any incidents of concern to ensure any issues are addressed and learning maximised. The group oversees the sharing of medication related learning from a number of sources. A number of medicines safety initiatives took place during the year which included – shared learning on insulin safety, omitted medicines, anticoagulation safety and medicines reconciliation and including the launch of a short video for social media instructing patients on the importance of bringing their medication into hospital when being admitted.

Examples of learning

Aligning with the Inquiry into Hyponatraemia Related Deaths Report recommendations relating to SAIs, the Trust in October 2018 established a Rapid Review Group (RRG) to improve the identification and sharing of learning and also initiated an extensive training programme for relevant staff on the SAI process, review techniques and service user / family engagement using both in-house and external training packages.

The RRG is co-chaired by the Director of Nursing and the Medical Director, with the aim to monitor and assess the review of SAIs, Red Incidents, high risk Complaints, Claims and Inquests to maximize the quality of review and identify and share learning as quickly as possible.

Topics generating regional learning as identified at RRG include:-

- Specific ligature risks in Trust Mental Health facilities
- Information and Communication Technology between Trusts and Primary Care (GPs).
- Variation across Trusts related to induction of labour guidelines.

Local Learning from incidents reported

The following is an example of learning from an incident shared locally:

Synopsis - Patients to be commenced on cough assist treatment endured a lengthy process before the treatment began. There is an increased risk to these patients of developing life threatening chest infections and this treatment involving procurement of specialist equipment can help minimize the risk if commenced in time.

Learning – Equipment procurement process created an unnecessary delay in patient pathway.

Action following incident review - Referral process has been revised. Any consultant who makes a referral for cough assist now makes the application for equipment funding prior to review with respiratory nurse specialist. This has prevented the delay from referral to commencement of treatment.

Serious Adverse Incidents (SAIs)

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)

SAI case 1– Child presenting with leg/knee pain at Emergency Department

Synopsis - A child presented to the Emergency Department complaining of pain in their femur and knee. Following examination and treatment, the child was discharged home with the advice to return to the department if they continued to be non-weight bearing in a few days. The patient returned to the department, with no improvement noted. There was a delay associated with misdiagnosis of a right dislocated femoral head which resulted in evidence of early avascular necrosis of the right hip.

Learning included - If a child presents with a knee injury, always also consider a hip injury.

Action following review included: –

- Development of a Limping Child Discharge Advice to all relevant parents/carers attending ED with their child.
- Development of a Limping Child Pathway to include flow diagram to aid appropriate diagnosis, treatment and care.
- Teaching sessions delivered to Medics and Nurses
- Development of an audit schedule for assessment of pain, administration of analgesia and effect one hour later.

Regional Learning

- The above discharge advice and pathway are being considered by HSCB for sharing regionally.

SAI Case 2 - Serious injury from a day procedure which involved endometrial ablation

Synopsis - The patient was admitted to the Day Procedure Unit and treatment included endometrial ablation. No complication or difficulties were noted at the time of the procedure and the patient went home on the same day. Four days later the patient attended A&E with abdominal pain and was admitted. Investigations found internal injury as a result of the ablation.

Learning included –

- Endometrial ablation can cause serious complications and all preoperative requisites must be considered.
- Safety measures with the equipment used for this ablation are all operator dependent.

Actions taken included:-

An Ablation Pathway has been developed which includes guidance on pre-ablation conditions, safety during the procedure and post discharge advice and follow up.

SAI Case 3 - Delay on the most urgent pathway for an endoscopy procedure

Patient waited over 80 days for an endoscopy procedure whilst on the most urgent pathway due to presenting symptoms. This prompted an SAI and review of service provision with gaps identified. A number of actions were taken to reduce the risk of recurrence.

Actions taken included:-

- Nurse Endoscopist recruited;
- Consultants from Altnagelvin rotating to other hospital site to support service;
- Pre assessment commenced on all sites;
- Increase to 3 lists per week for GI consultant.

Regional SAI Event

To highlight key local and regional learning identified following SAI review the Trust presented an SAI at the Regional SAI learning event on 29th May 2019 relating to medication fraud.

Synopsis - A patient was alleged to have forged a series of prescription letters to their GP, adding medications such as diazepam, pregabalin, temazepam and zopiclone, to those recommended by the addiction service.

The letter to the GP was handed to the patient and there was space below the medication recommendation to add additional medicines and therefore this carried the potential for misuse.

Learning and Action taken –

- All letters for prescription changes are now electronically generated, with no space for any additional drugs to be added.
- Email was sent to all GPs and Psychiatrists advising of the potential risk.
- WHSCT working towards the introduction of Electronic Document Transfer (EDT) enabled for letters to GPs. Letters will be transferred to GPs within 3 hours of sign off.

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.

The Trust's Rapid Review Group within its remit will identify a safety lesson of the week. The following is a sample of topics shared from RRG as safety messages of the week:- Confirming Identity; External Risk Assessments, Grading Incidents; Equipment Incidents; Inpatient Falls; Check the Clock - Move it Forward; AKI Guidance; Lab Requests - Patient Labels; Jargon; Think Aorta; Safe use of oxygen cylinders; New Medicine Kardex.

During 2018/19 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.

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 promoting a culture of safety where all staff can talk freely about safety or quality concerns and also how we might solve and learn from 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 267 leadership walkrounds have been carried out since they were introduced in April 2008. There were 30 leadership walkrounds held during 2018/19 in facilities such as hospital wards, day centres, residential homes, mental health services and various community based teams.

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 we offer. This is facilitated by building knowledge and capability in relation to QI methodologies and promoting improvements in quality and safety taken forward by staff.

Quality improvement activity this year includes:

- The Trust was successful in its application to join the Flow Coaching Academy (FCA) programme in Sheffield in 2018. Since then there has been weekly 'Big Room' meetings for frailty, gestational diabetes and elective orthopaedic pathways. The Trust will also take the lead for a FCA in Northern Ireland which will commence in May 2019.
- The StepWest QI Programme for doctors in training welcomed a number of pharmacists this year.
- Two Dragon's Den QI competitions were held encouraging staff members and teams to present their ideas on improving quality, safety and experience for patients/clients.
- The first SAFEtember programme was held this year, which included a wide range of sessions held on each day of the month throughout the Trust. Topics covered included Trans Inclusion Training, Infection Control, Human Factors, PCOP – Safe and Effective Delivery of Care, the Patient with Dementia and a CPR challenge. Staff health and wellbeing sessions were also held e.g. Top Tips for a Health Back and Mindfulness.
- The 'What Matters to You' event held on 6th June each year, holds an excellent opportunity for staff and service users to engage and reflect on what's important to them, whilst testing their creative skills.
- Our Annual QI Showcase event held in November allowed staff to celebrate and share their improvement projects with a wider audience, allowing opportunity for scale and spread of successful projects.
- This year 12 staff completed a Quality 2020 external Level 3 course, enabling them to train staff and lead on quality improvement initiatives.
- Our first Quality 2020 Level 2, Safety Quality West Training Programme commenced in October 2018. This provided monthly learning opportunities covering improvement fundamentals, measurement and leading change in areas of practice. Over 50 staff comprising of 18 teams were supported to complete a QI project through teaching and mentoring.
- We continue to strive to encourage staff to complete the Level 1 online training covering basic knowledge of quality and safety.

A register of QI activity in the Trust is held by the QI & Audit Team. All staff are encouraged to ensure their projects are registered to enable accurate reporting on activity through the governance structure.



Dragons Den 1st Place (Altnagelvin Hospital)



Dragons Den 1st Place (South West Acute Hospital)



Winner of 'What Matters to You' – Children's Unit, Altnagelvin



Runner Up of 'What Matters to You' – Renal Unit, Altnagelvin



Most Original/unique winner of 'What Matters to You' – Radiology Department, Altnagelvin

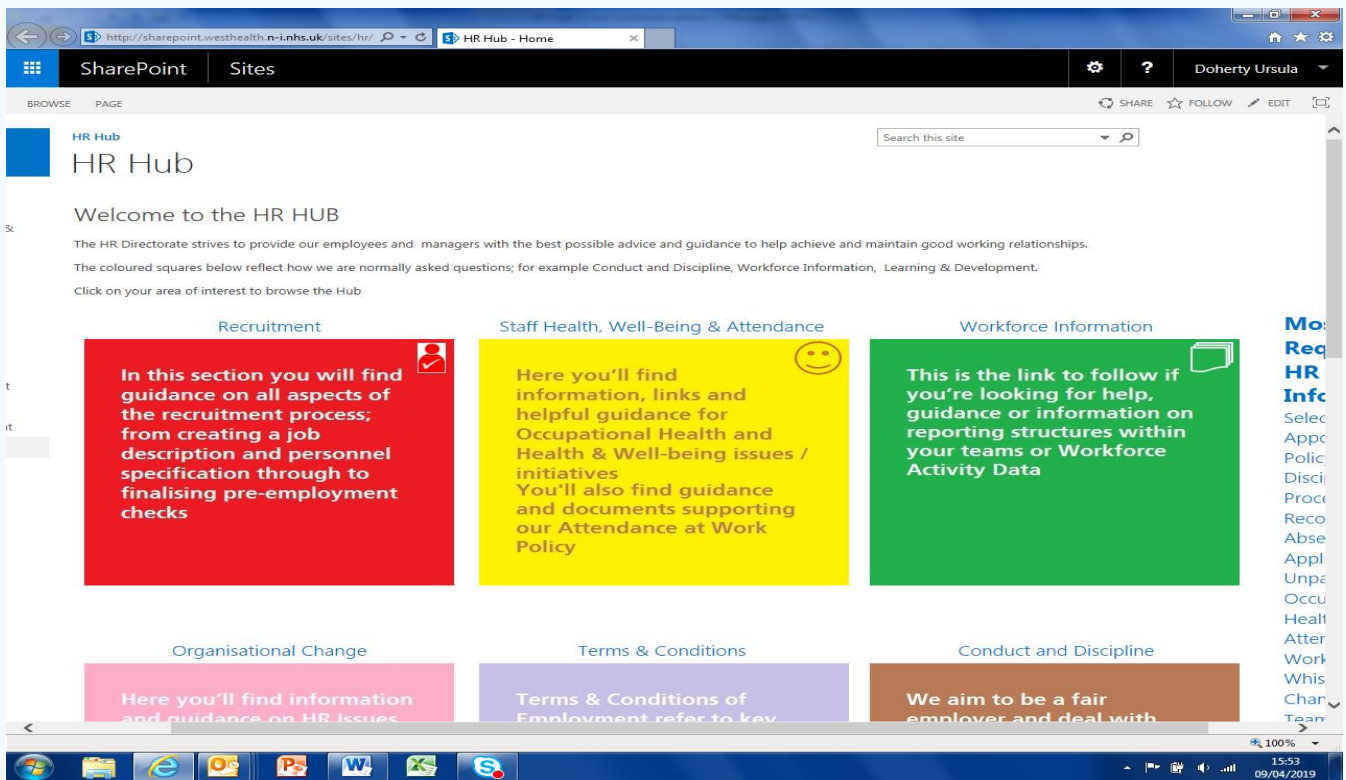


Most Inspiring winner of 'What Matters to You' – Lackaboy Day Centre, Enniskillen

HR HUB

The HR Hub was introduced in 2018/19 to provide our employees and managers with the best possible advice and guidance to help achieve and maintain good working relationships.

The HR Hub provides online access to HR advice and information in a user-friendly format i.e. information is categorised to reflect how we normally ask questions.



Each area of the Hub contains links to the most up-to-date guidance material to answer questions - whether its help with completing a recruitment requisition, applying for a course, checking a policy or procedure or making an Occupational Health referral.

The HR Hub is packed full of helpful advice, template forms and information about the services we provide from Mediation to Coaching, Recruitment to Discipline, Flexible Working to Absence Reporting. It's all there!

TRUST CULTURE GROUP

The Trust's Culture Group was established in March 2017 and meets on a quarterly basis. The Group's aim is to develop and drive a programme of work promoting a "great place to work" and a culture of care. 4 key work streams of priority areas are being progressed:-

- Psychology and the workforce – examining psychological needs of staff and how staff engage with patients.
- Communication between staff – how we communicate with staff, engage with staff ideas, leadership walkrounds and quality improvement in the Trust.
- Staff Health and Wellbeing – linking to TWIST West hub, building resilience, Health and Wellbeing Strategy and Champions.
- Leadership and Succession Planning – succession planning and managing talent, value based recruitment, developing behaviour framework, developing compassionate leadership and shaping leadership for cultures of high quality care.

Work to date has included development of Succession Planning guidance and roll out plan, launch of TWIST West Health and Wellbeing Hub, identification of Wellbeing Champions and approval of Health and Wellbeing Strategy which will be implemented over coming months.



Health & Social Care (HSC) Staff Survey 2019

The fourth HSC Staff Survey is part of our continued efforts to engage with our staff to improve their working lives and in doing so provide better care for patients and clients.

It was launched on 4 March 2019 and was available until to 12 April 2019. The survey was anonymous and confidential and was designed in partnership with Trade Union colleagues. It was administered by an independent, external organisation, Northern Ireland Statistics & Research Agency (NISRA). It was a full census Survey, with staff in the Western Trust and HSCNI receiving an invitation to complete the Survey questionnaire on the following themes:

- Your Job
- Your Managers
- Your Health & Wellbeing
- Your Personal Development
- Your Organisation
- About You

NISRA will provide an organisational report with results by Directorate and Personnel Area (professional group) later in the year. Results will be analysed and benchmarked regionally and nationally and will include an Engagement score.

A Trust action plan will be developed, in conjunction with staff, to progress the results.

Theme 2: Strengthening the Workforce



INDUCTION

590 new staff have attended the Trust Induction programme during 2018/19. This programme consists of a half-day face-to-face session which comprises a welcome from a member of the Corporate Management Team and essential 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.

Launch of Online Induction Programme

The Trust sees the Induction Programme as an opportunity to provide essential orientation information to our new recruits and it is very important to us that each new employee receives a welcoming and effective induction experience. Building on the theme of “A Great Place to Work”, we listened to feedback from our employees and have created a more flexible way for all new employees to receive their Induction training. The publication is filled with helpful articles about our culture, our expectations of each employee and what they can expect from us in return. It also signposts readers to some of our internal services, for example, Health Improvement, Occupational Health, Human Resources and the Trades Unions we work with. The final part of the new induction programme is mandatory training. This is provided by links to essential training found on our online learning portal HSC Learning (www.hsclearning.com)



Online completion of the programme requires new starts to read the full publication and complete all supplementary online training sessions including; Fraud Awareness, Risk Management, Fire Safety, Information Governance and Infection Prevention & Control. Progress is monitored throughout, and induction will only be considered complete when all online courses have been passed.

For those who prefer the original face-to-face training, this will still be offered in the form of a single half-day facilitated session in Altnagelvin or South West Acute Hospital.

LEADERSHIP PROGRAMMES



In 2018/19 the ACTIVATE Medical Leaders' Programme joined the leadership development offering, with 20 Consultant Clinical Leads participating in the pilot programme. ACTIVATE has been designed for Lead Clinicians, by senior clinicians and leadership development professionals in the Trust. We recognise that the need to balance high-quality, safe and compassionate care with a management role has particular challenges and this programme aims to support doctors in leadership roles to develop and improve their leadership knowledge and skills.



Following a successful pilot of the **leadership programme GROW** this has now become part of our core business and will be delivered on an annual basis. During 2018/19 16 staff nominated from 9 Directorates within the Trust participated in this programme. **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.



The success of our **INSPIRE** Programme continues to support the Trust's succession planning process with **18 middle managers** across all 9 Directorates taking part in 2018/19.

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 2018/19 a cohort of 13 Trust managers commenced the programme.

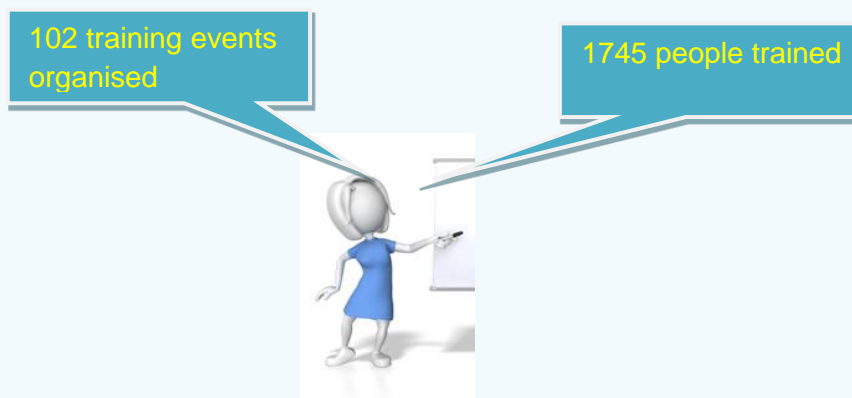
Annual Leadership Conference



The Trust's third annual Leadership Conference took place in December 2018. The Conference built on the Trust's "Great Place" strategic themes. Speakers inspired the senior managers and clinicians present to reflect, and act on, enabling themselves and their teams to embrace the Trust's aim of us being one team with one vision.

Training and Development

In 2018/19 the Management and Organisation Development team organised over 100 training events and provided training for almost 1,800 Trust staff.



COACHING AND MENTORING

Coaching

Coaching continues to grow in strength in the Western Health & Social Care Trust. We have established a pool of Coaches who have been continually working on a 1-1 basis with individuals referred by managers for various reasons mainly, support, growth and helping them through a particularly difficult time in their life. We have also had the pleasure of using our Team Coaching Model which has produced very positive outcomes pertaining to efficiency savings, relationship building and the implementation of service improvements across all Directorates which have resulted in positive experiences for our staff and more importantly, our clients and patients.



Vocational Training

In the period from 1 April 2018 to 31 March 2019 the Vocational Training Team supported 81 learners employed by the Trust through a range of City & Guilds and ProQual Level 2, 3, and 5 qualifications in the following areas:

- Health and Social Care
- Health and Social Care Support
- Clinical Healthcare Skills
- Allied Health Profession Support
- Clinical Healthcare Support
- Decontamination

Trust staff were also facilitated to attend training in Essential Skills in Communication, “Application of Number” and ICT and the Open University K101 - Introduction to Health & Social Care, (Level 4).

ASPIRE

This is a Fermanagh & Omagh District Council led employability programme supporting people into paid employment. The Trust continues to build on previous success and during 2018/19

supported 23 placement opportunities in a range of settings. The Trust's Deputy Chief Executive, Mr Kieran Downey, recently spoke at the ASPIRE recognition event to celebrate the achievements of ASPIRE participants.



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 2018/19, 82% of staff had one session and 75% had 2 sessions clinical supervision.

A review of the regional Supervision policy is currently being facilitated by NIPEC and once completed the policy will incorporate Nursing, Midwifery and Safeguarding.

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 supervisors of social care staff there is Introduction to Supervision whilst supervisors of social workers attend a three day Intermediate supervision training programme. Getting the most from supervision training supports the supervisee to understand the supervision process, promoting active and accountable engagement. 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.

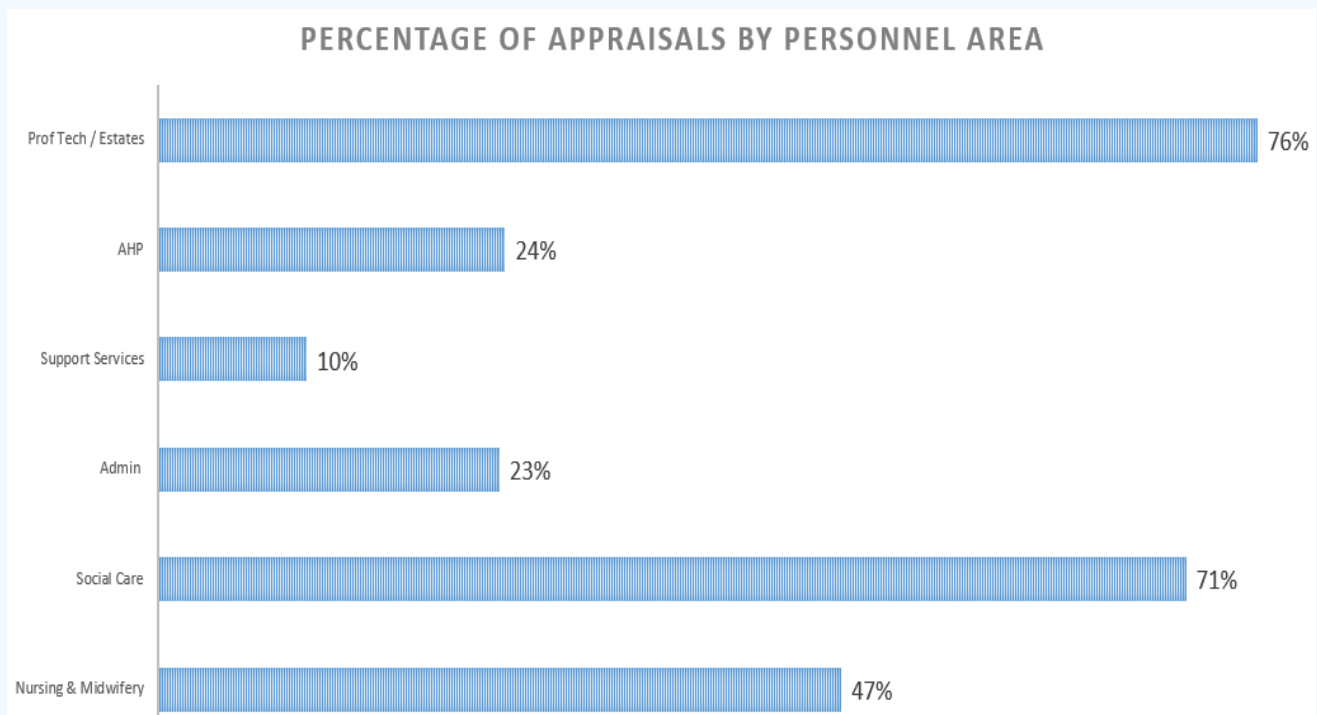
Allied Health Professionals (AHP) Supervision

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. An audit of AHP supervision 2019 is near completion and will inform any actions required to support regional AHP supervision standards.

APPRAISAL AND DEVELOPMENT REVIEW (ADR)

During 2018/19 the Trust continued to work towards increasing the number of medical and non-medical staff who participated in formal annual appraisal and development review. The figures below show the percentage for each professional staff group:

Figures provided are those at January 2019 as the total 2018/19 figures are not yet available.



NB Medical staff appraisal is monitored separately.

STAFF ACHIEVEMENTS

Professional Awards

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

HR Directorate Team members were successful nominees as finalists in the Healthcare People Management Association (HPMA) NI Awards 2019 for **HR Year and HR Team of the Year**.

Four Western Trust Nurses were recognised at the 2018 RCN Awards, held in Belfast during June. They were acknowledged for their contribution to patient care and for the great work they have carried out to improve their respective services.

Congratulations to Emma King and Anne Finn from the Trust's Macmillan Specialist Palliative Care Team who won the Integration Excellence Award at the Macmillan Professionals Excellence Awards 2018. They were recognised for their work as part of the Macmillan Advanced Communication Team.

National Success for Renal Team

Congratulations to our Home Therapies Team at Altnagelvin Hospital who won the Patients' Choice Award at the 2018 RCNi Nursing Awards. The team were the only entrants from Northern Ireland shortlisted for the Patients' Choice Award. They were nominated for their commitment to patient welfare and involvement, before being selected for a five-strong shortlist that was put to a public vote. Thousands of people took part in the voting, with the Renal Team emerging as winners.



Nursing, Midwifery and Allied Health Professional Awards 2018

Nurses, Midwives and Allied Health Professional Staff who work in services across the Trust were collectively acknowledged at the Trust annual awards ceremony. Each award was presented to a Support Worker, Midwife, Allied Health Professional or team that had demonstrated true dedication to their profession and to their patients. A sample of winners is included below:-



Winner of the Patient Choice Award
Midwifery Team, Altnagelvin
Hospital



Winner of the Nursing Assistant or
Healthcare Support Worker Award
Barbara Lunney



Winner of the AHP Patient Choice Award
Joanne Harkness



Winner of the Director of Nursing Award
Amanda Sayers



Winner of the Director of Nursing Award
(AHP) Margaret Kerr



Winner of the Anona Clarke for Learning
and Practice Claire Crowe

Social Care Awards 2018

Outstanding contributions made by our Social Care Staff were celebrated at an awards ceremony held in Enniskillen. The awards ceremony celebrated the innovation and commitment of Social Care Workers across the Western Trust and their unique role in which they seek to enhance the social wellbeing of the most vulnerable in our community. A sample of winners is included below:-



Social Care Team of the Year Winner - Vision Rehabilitation Team



Social Care Team of the Year Winner - Tempo Road Day Centre



Social Care Team of the Year Winner – Avalon House



Special Recognition Award - Anne Donnelly



Primary Care & Older People's Services Social Care Worker of the Year Winner - Marian Brosnan

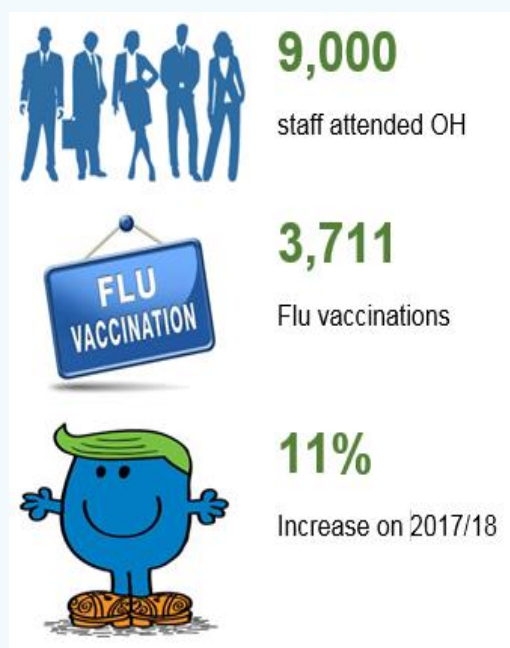


Children's Services Social Care Worker of the Year Winner - Dermot McFadden



Social Care Manager of the Year Winner - George Walker

LOOKING AFTER YOUR STAFF



Occupational Health

During 2018/19 over 9000 staff attended the Occupational Health department, accessing a range of services including management referrals under the Attendance at Work Policy, pre-employment checks, physiotherapy and face-fit testing.

Flu Vaccination

The flu vaccination programme saw 3711 staff availing of the vaccine, an increase of 11% from the previous year.

The Occupational Health department has also engaged in the Safety Quality West Programme delivered by the Trust's Quality Improvement team. This quality improvement project commenced in November 2018 and focuses on achieving a reduction in waiting times for review appointments. The approach has involved the

team piloting a range of changes to practice and process and planned work includes completion of a demand capacity review, consideration of technological opportunities and development of tools to enable a more proactive approach by managers in managing attendance.

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 2018/19, Inspire has provided **1325** counselling sessions to staff through both face to face and structured telephone counselling. Also, during this period **257** staff made their first contact to use Inspire services.

TWIST West

The Western Trust is committed to working with all Health and Social Care Organisations in collectively improving staff health and wellbeing through the Regional Healthier Workplace Network. The Trust have contributed to the development of a Regional HSC Staff Wellbeing Charter and the WHSCT Staff Health and Wellbeing Strategy 2019-2022 will officially launch in 2019. Our Strategy has been developed by the TWIST (Tackling Wellbeing in Staff Together) West Forum with representation from each of our Directorates and Trade Unions. It highlights what staff can expect from the Western Trust on an organisational level as well as each individual's responsibility for looking after our health and wellbeing.

One of the 6 Key Objectives outlined in our Strategy is to increase the accessibility of health and wellbeing information to staff by developing an online website. In September 2018, we launched the TWIST West Wellhub; an online website dedicated to the health and wellbeing of Western Trust Staff. Our new website has been an essential communication tool and helped to engage staff in receiving health information, registering for health and wellbeing sessions,

reading positive news articles and staff stories and keeping up to date with health improvements for staff. A number of our staff volunteer as Health Champions, promoting positive health messages amongst their teams, supporting events and contributing to website content. One of our most popular programmes has been the Staff Couch to 5K programme. 34 staff have trained as Run Leaders and have led 36 running programmes across the Western Trust area; staff have reported an improvement in their physical, emotional and social health as a result of participating in this programme. We hope to repeat the success of this programme by offering more training opportunities to our staff as we continue to develop further initiatives to improve staff health and wellbeing.



REVALIDATION

Medical Staff

Since revalidation commenced in 2013 the Trust Responsible Officer role has submitted 458 recommendations and all recommendations have been upheld by the General Medical Council (GMC). During 2018/19 the Trust submitted 74 recommendations, 58 recommendations for 'Revalidation' and 14 for 'Deferral'. In relation to the theme of 'Strengthening the Workforce' recommendations for 'Deferral' were submitted to facilitate doctors in situations where not all key supporting information requirements were present, due to long term absence or international recruitment, and should be regarded as positive recommendations. Therefore Trust reports 100% positive recommendations for 2018/19.

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.

The Trust has over 3,000 registrants with the annual percentage of staff due to revalidate being: 2016 - 32%; 2017 - 28% and in 2018 - 34%.

MAXIMISING ATTENDANCE

HR Directorate Support Teams (DST) have provided support to approximately 900 attendance management cases during 2018/19. The teams have been able to achieve a return to work for 675 employees, successfully redeploy 31 employees and terminated or supported ill health retirement for 87 employees.

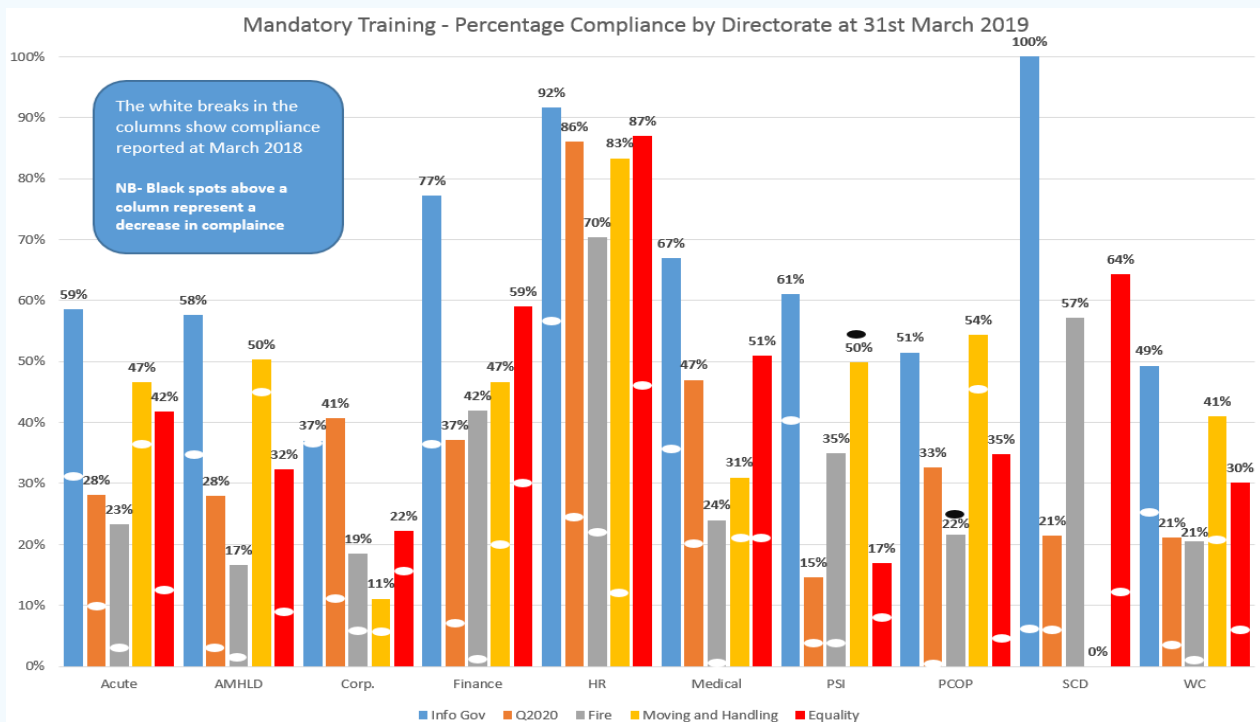


A total of 45 absence management training workshops have been held and 822 managers have attended.

Targeted workshops have been held with departments who have been identified as absence 'hot spots'. These workshops take a holistic approach to attendance management through the use of HR analytics to identify issues contributing to absence and develop a bespoke plan to improve attendance. DST held 10 of these workshops in 2018/19 with tailored action plans developed for each area. In addition, HR has facilitated 2 best practice workshops to profile areas which have successfully reduced absence. This has enabled shared learning of the range of approaches managers have successfully implemented to reduce absence.

MANDATORY TRAINING

The most recent Internal Audit report for Mandatory Training was released in December 2018. Recommendations were focussed on role-required mandatory training and it acknowledged the progress made against core mandatory training since the 2014/15 Internal Audit. Key recommendations include that Trust Directors will be responsible for addressing mandatory training in their area and that the Trust Training and Development Group will take forward a review of role-required mandatory training.



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.

In accordance with the Hyponatraemia Competency Framework Trust staff are required to complete the BMJ e-learning hyponatraemia module. Following the withdrawal of access for non-members the Department of Health have purchased licences for all Trusts to allow clinical staff access to the Hyponatraemia e-Learning Module. The link for access to the module has been distributed widely with all professional groups to ensure that staff can meet their training required. The Trust regularly reviews Hyponatraemia related incidents to ensure that any learning regarding competencies is addressed.

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 Trust 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 2018-19 a total of 93 sessions took place across the Trust. The sessions were attended by a total of 3545 staff. The attendance target for each year is 50% of the total number of staff who require training (i.e. 6774.5 out of 13549 applicable staff). For 2018-19 the percentage achieved was 26%.

The IPCNs continued to explore more flexible methods of training. This included regional collaboration on the development of an e-learning programme 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 will be accessible via the HSC e-learning portal and also the Regional Infection Control Manual website. It is hoped the new training programme will be launched in early 2020.

Aseptic Non-Touch Technique (ANTT) Training

In 2018-19 the IPCNs provided 12 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 150 staff.

To further support ANTT skills and patient safety, the regional IPC Lead Nurse Forum have secured funding from the PHA to produce e-learning video clips on hand hygiene, peripheral cannulation, blood culture taking and urinary catheterisation. These will be available for access by all Healthcare Workers via the HSC e-learning platform and the NI Regional Manual. It is hoped they will be available from late 2019.

Ward-Based Enhanced Support / Improvement Work

The IPCNs continued to provide Infection Prevention & Control enhanced support / improvement work programmes to wards/departments during 2018/19. This involved on-the-spot education of staff, as well as ward-based training sessions. The focus of this support is led by the needs of the ward/departments in conjunction with surveillance information.

Haemovigilance Training

“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). The Haemovigilance Practitioners ascertain compliance with this requirement (e.g. when reviewing Haemovigilance incidents).

Staff can update their knowledge in transfusion practice by e-learning or attendance at a face to face Haemovigilance training session (dates advertised on the Trust Intranet). Assessments are then undertaken in the clinical areas by trained ‘Assessors’.

Other Training

The Haemovigilance Practitioners deliver ward-based training sessions as required e.g. WHSCT Major Haemorrhage Protocol, Transfusion Associated Circulatory Overload (TACO) or Blood Collection and any other topics identified in response to learning from Haemovigilance incidents.

Theme 3: Measuring the Improvement



REDUCING HEALTHCARE ASSOCIATED INFECTIONS

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

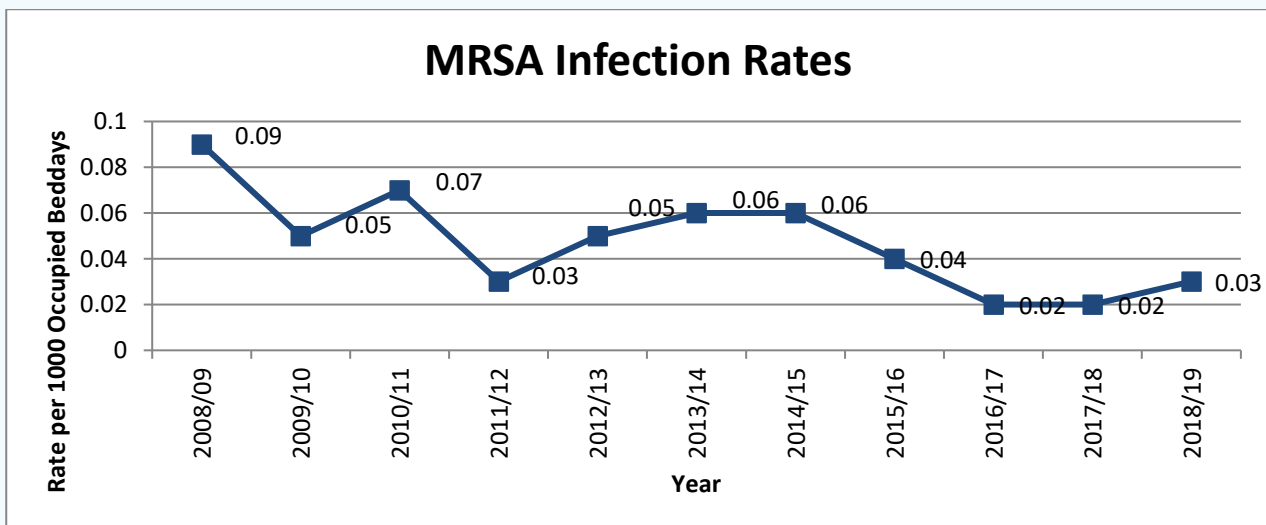
Meticillin-Resistant *Staphylococcus aureus* (MRSA) Bacteraemia:

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 2018/19 was five. The Western Trust reported a total of seven cases, meaning the target was not achieved. This was an increase of 75% compared to the previous year (four cases). Six of the seven patients came to hospital with MRSA already in their blood stream.

The infection rate was 0.03 infections per 1000 occupied bed days which was below the target set of 0.42 infections.



***Clostridium difficile* (C. difficile) Associated Disease**

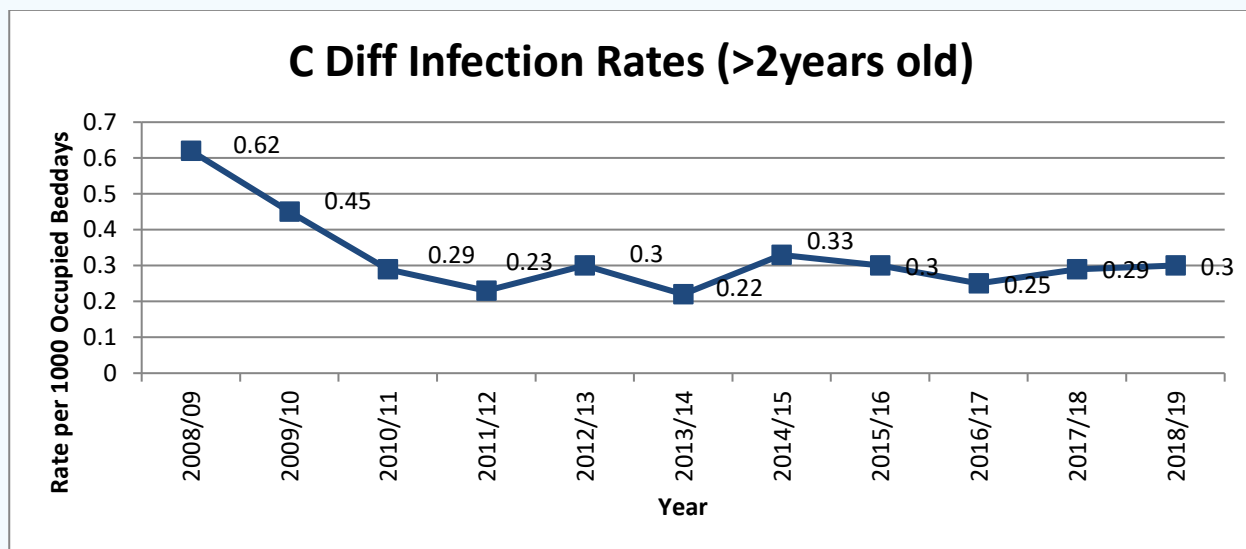
C. difficile is a spore-forming organism that can survive in the environment for long periods and colonisation is usually acquired by ingestion after contact with an affected person or contaminated environment/equipment. *C. difficile* is carried in the bowel. It is normally kept under control by other 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 2018/19 the Western Trust identified 65 cases of *C. difficile*, 9 more than the target of 56 which had been set. This was an increase of 1.6% compared to the previous year's performance (64 cases). 30 of the 65 cases were community-associated.

The infection rate was 0.3 infections per 1000 occupied bed days which was below the target set of 4.67 infections.



Hand Hygiene

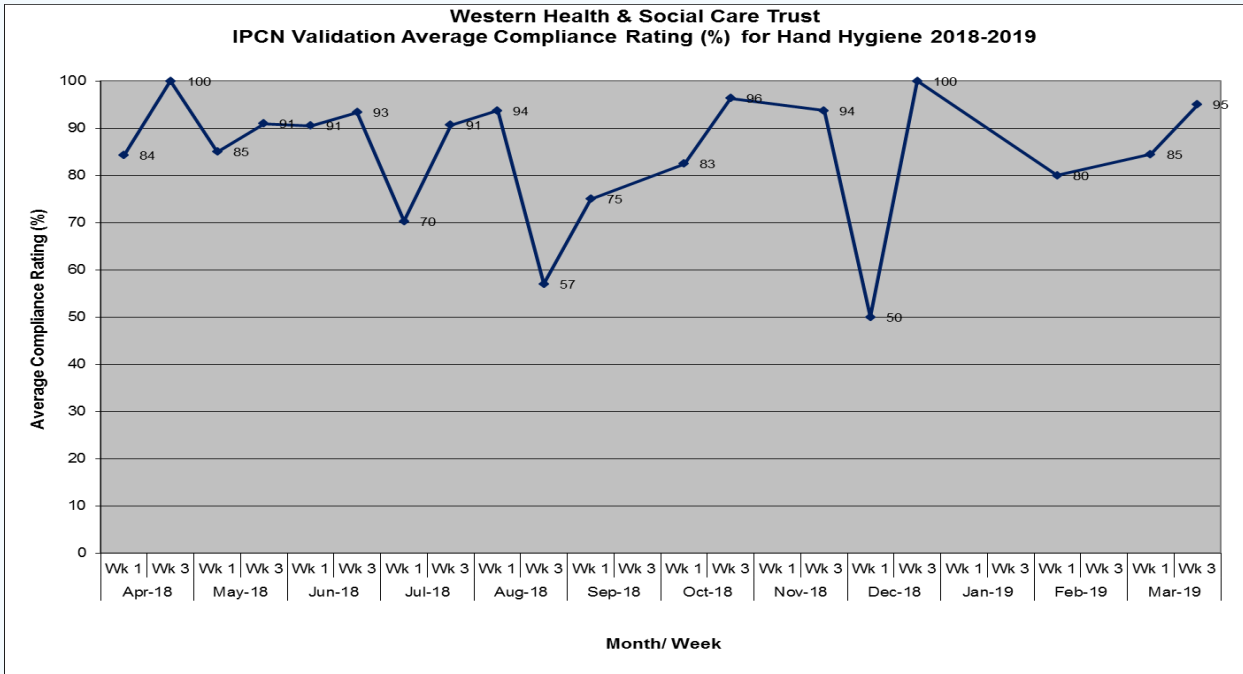
Hand hygiene is one of the easiest and most effective ways of reducing the spread of HCAs. While many factors can influence the risk of acquiring an infection within the healthcare setting, hands are considered a key route by which pathogens are transmitted between patients, and inadequate hand decontamination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

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

Self-reported hand hygiene audits are carried out by core ward/department staff on a regular basis and this is validated by peer/professional lead independent audits. The IPCNs also carry out ad hoc validation audits with the aim to achieve at least 95% compliance and, if necessary, to educate and improve staff practice, with the wards/departments leading on improvement

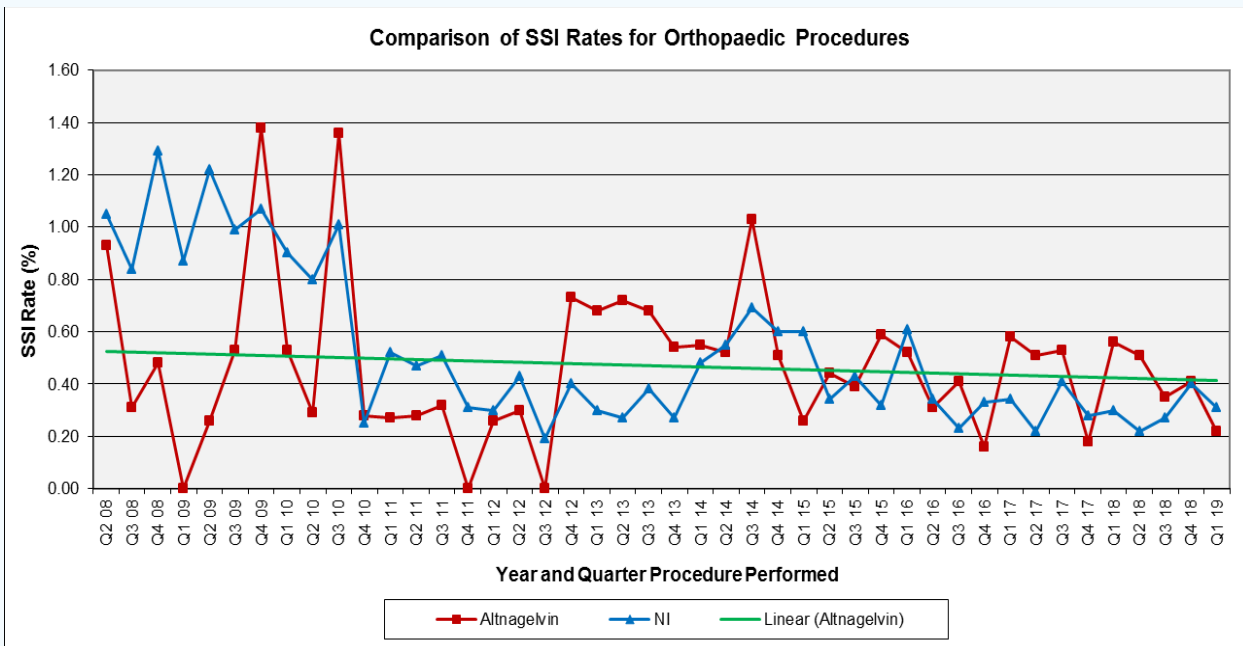
strategies. An important feature of both peer/professional lead and IPCN validation audit figures is that they are normally lower than the self-reported figures.

During 2018-19 average self-reported compliance was 100% and average IPCN validation compliance was 85%. The graph below outlines only the IPCN validation average compliance rating for hand hygiene and does not include peer/ professional lead independent audit figures.



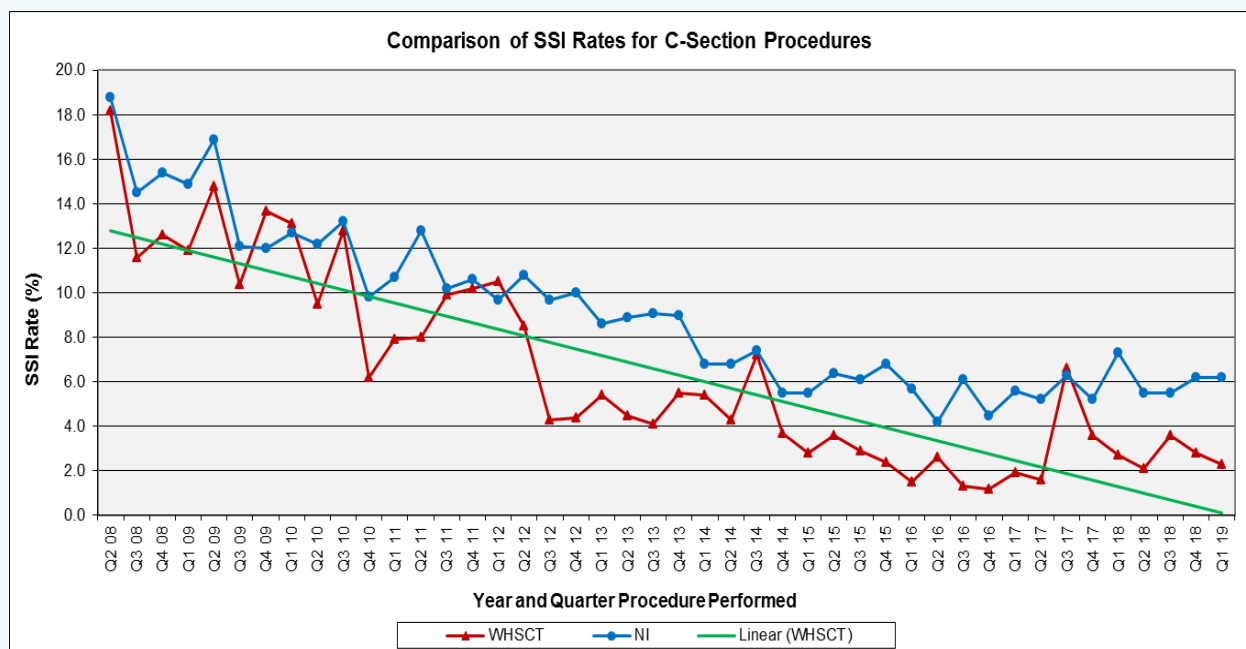
Orthopaedic Post-Operative Surgical Site Infection (SSI) Surveillance

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. The IPCNs continue to work collaboratively with the multidisciplinary teams in developing further improvement strategies regarding the SSI prevention.



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 – October 2018
- CAUTI – July 2011
- CLABSI – March 2012

Breast SSI Surveillance

A pilot surveillance programme regarding breast SSI commenced in July 2016. The Trust has not yet received its complete 2018-19 results for this surveillance from the Public Health Agency (PHA). However, at the end of September 2018, the rate was 3.73%. 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 2018 the World Health Organisation urged the focus to be on the prevention of sepsis in healthcare in the context of hand hygiene. HCAs are a risk factor for developing sepsis. Hand hygiene is at the core of effective infection prevention and control to combat HCAs and, in turn, sepsis. 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 branded with “It’s in your hands, prevent sepsis in health care” to demonstrate the link between sepsis and infection prevention and control efforts.

The Trust supported this work by participating on 5th May 2018. The Infection Prevention & Control Nursing Team held events and photo calls on both acute hospital sites to promote the importance of hand hygiene amongst staff. In addition, various media platforms were utilised to highlight this important message to the wider public.

International Infection Prevention Week

The Infection Prevention & Control Nursing Team participated in International Infection Prevention Week from 15th to 20th October 2018. The theme was “Protecting Patients Everywhere” and the aim was to raise awareness amongst patients, families and staff regarding their role in preventing infection. Promotion took place throughout Trust hospitals, community facilities and residential homes. There were also daily public awareness messages on the Trust’s media platforms, e.g. website, Facebook.

SAFEmber

The Trust’s SAFEmber initiative took place during September 2018. A range of information sessions and workshops were arranged across the acute hospital sites. The Infection Prevention & Control Team’s focus was “Prevention is better than Control” and the main messages were the importance of hand hygiene and Flu vaccination. There was engagement with the public via stands at the hospital entrances, which were very well received by the public and staff.

NNICU Family Integrated Care Programme

The aim of the NNICU Family Integrated Care Programme is to work in partnership with parents to support teaching and understanding of the monitoring that’s required for their baby, how to change leads, probes, etc. This will empower them to become more active in caring for their baby and more involved in decisions about their care. In addition, the project aims to ensure the same standards of infection prevention and control are adhered to by parents. The project team includes an IPCN who is actively involved in supporting and overseeing the level of compliance required. This includes education, with the development of a training programme, and simulations of providing care on neonatal mannequins. The IPCN also supports the group to produce leaflets and posters.

Altnagelvin Paediatric Parents Support Group

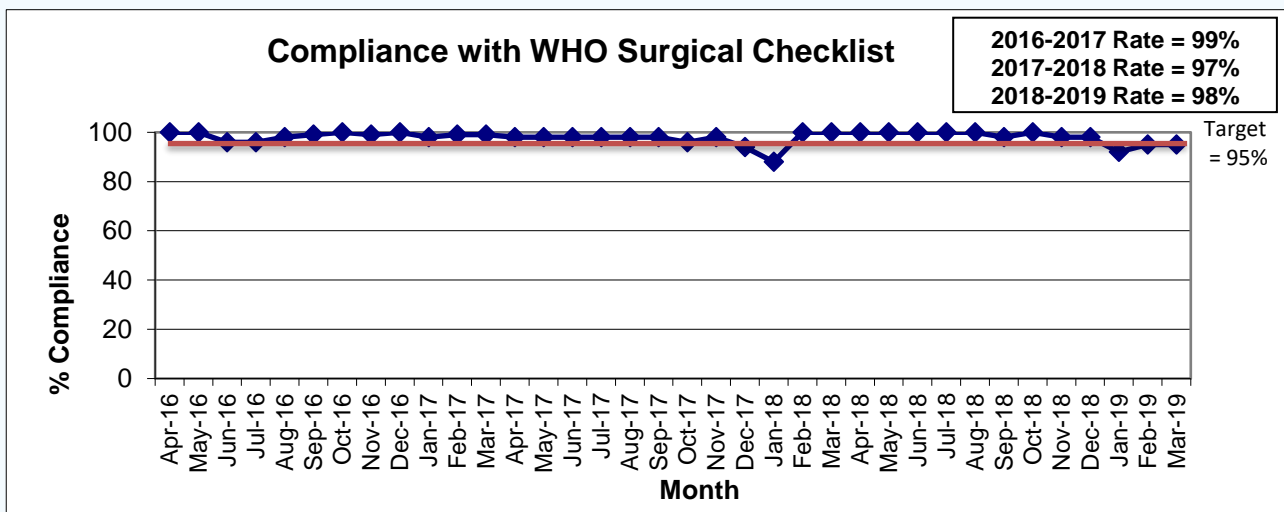
Some members of the Altnagelvin Paediatric Parents Support Group are caring for children whose infection risk is higher than normal and education available to them is currently limited. Infection Prevention & Control Nursing Team support to the group involves developing good infection prevention and control practice amongst parents/ carers and building their confidence around this issue. This includes the development and delivery of education packages, as well as the development of an online forum.

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 2018/19 was 98% and monthly compliance is displayed in the graph below.



MATERNITY QUALITY IMPROVEMENT

Early Pregnancy Clinic

A dedicated early pregnancy clinic has been established for women requiring investigation and treatment following a diagnosis of an adverse outcome of their pregnancy. This clinic is staffed by a medical and nursing team with a special interest in this area. All policies and protocols have been updated within the service and focused training has been provided to staff in preparation for further expansion of the service. To date we have achieved our aim of decreasing unscheduled care of women attending the Gynaecology ward with first trimester problems by 25% and ultimately have improved the care of pregnant women requiring investigation and/or treatment of pregnancy related problems in the first trimester.

GAP GROW: Detection of Small for Gestational Age Babies

The Western Health and Social Care Trust has been named one of the top ten Trusts in the UK and top in Northern Ireland for its work in preventing stillbirths by detecting small for gestational age babies. This work has led to a 23% reduction in stillbirths in the UK compared to the previous ten-year average. The 'Ten Best' units in the UK are now averaging detection rates of 55% (SGA <10thcentile) which represents a three-fold increase from the pre-GAP baseline (18%). The average UK detection rate is 42% compared to the Western Trust who is averaging 52%. Non GAP Units detection rates are as little as 19%.

The midwifery and medical teams have worked hard over several years to implement the Perinatal GROW protocol which enables the management of Small for Gestational Age (SGA) and Fetal Growth Restriction (FGR) pregnancies. The key motivator for the staff has been the awareness that many adverse pregnancy outcomes are potentially avoidable. The GAP programme, with its face to face training, e-learning modules, audit tools and other initiatives all succeed through the maternity units' continued emphasis on robust training of in-house and front line staff.

Pathways to introduce specialised midwives to carry out Growth Scans at Consultants Clinics have been agreed. With the help and support of Consultants, MAFAU, and midwifery staff, the Trust are planning to introduce a Midwife Led Ultrasound Clinic. Where a woman is deemed to be low risk, she will have fundal height measurements plotted on the chart by the midwife throughout her ante-natal care to monitor the growth of the baby. The expectation is that, once plotted, they will follow a continuous curve. However, if there is any deviation from the curve, they will be referred into the Midwife Led Ultrasound Clinic/Women's Ultrasound for a scan to assess baby's growth and wellbeing, increasing the opportunity to detect any issues.

Sands United FC Maiden City (SUFCMC)

On 11th April 2019 in collaboration with SANDS NI the WHSCT commenced a men only football club. The members of this club all unfortunately have one thing in common; they are all bereaved Dads, brothers or uncles. It is widely recognised that in society men and women are expected to grieve differently following pregnancy loss. This project can have a positive impact on the bereaved dads mental health and also physical health, which can have far reaching ramifications for them as service users.

The weekly training sessions are set to continue, and the positivity of this project has now encouraged Dads in at least six other areas within Northern Ireland to reach out and build similar projects with the help of the Maiden City team. The men involved have also set up a social media group chat and it can be clearly seen from the images the positive impact this project is having on them. They have bonded as a group and have all given extremely positive feedback.

Maternity and Diabetic Service

"Sands United FC Maiden City training sessions are one of the things I look forward to the most during the week. It's a place where any man no matter age or shape can turn up and feel welcome without being judged by others. We are all there for the same reason and we all wouldn't have made it this far if it wasn't"



1st Official Football match 29th June 2019 Sands United FC Maiden City v Coleraine's Daddy's Little Angel played at the Crescent playing fields, Coleraine. Sands United FC Maiden City won 7-4

The Maternity and Diabetes services have joined forces to address the challenges of increasing demand on services, while maintaining safe, effective care model for women with diabetes in pregnancy. The team have achieved this by participating in the QI methodology of Flow Coaching. Flow Coaching is an award winning approach to creating space for improvement centred around patients and staff. The team have delivered improvements in reducing waiting time at clinics from mean of 66 minutes to 23 minutes, an improvement in satisfaction at clinic, reduction in number of blood glucose required for a woman in labour from hourly to two-hourly. The team has connected more and is now ready to continue improvements in the next year by addressing other clinical areas like antenatal ward and complex diabetes care in pregnancy.

O.A.S.I.S (Obstetric Anal Sphincter Injuries) Intervention

A Care bundle has been introduced which aims to reduce 3rd/4th degree tears in women following childbirth. Cultural change - workshops, staff information, patient leaflets. There are 5 components to the care bundle: Good communication; Clear view of perineum; Perineal support; Correct episiotomy technique with epi-scissors 60; Risk factors.

WHSCT QI EVENT 2018 highlighted our 3rd and 4th degree tears had reduced and our overall rate was now 2.5% (national average 2.9%) First time we were below the national average in 6 years!

Many congratulations to midwives from the WHSCT who were among those who recently completed their Level 2 QI Development Programme.



Various Quality Improvement projects were completed by staff within Maternity Services during 2018/19. For more information on these projects [click here](#)

PAEDIATRIC QUALITY IMPROVEMENT

Improving the Discharge Process for Hospitalised Children in Altnagelvin Hospital

As part of Safety Quality West a quality improvement project was undertaken to improve the discharge process for hospitalised children in Altnagelvin Hospital. The aim of this project was to ensure that by June 2019, 40% of Ward 6 patients requiring medication following the decision to discharge will be discharged home within 4 hours. This project was undertaken as a result of:

- Significant increase in acute paediatric hospital admissions to Ward 6
- Length of hospital stay shorter averaging 1.5 days
- Fast turnover
- Staff / service user survey & baseline data on the previous discharge process showed dissatisfaction and lengthy waits

The discharge process on Ward 6 was process mapped and a number of issues identified. The following PDSA (Plan, Do, Study, Act) cycles were explored:

- Identification of Possible Discharges & Early Ward Round Review
- Allocated Doctor / APNP to Prep Discharge Scripts
- Pharmacist Input Ward Level
- Additional Training / Education for Medical Team in Completing Discharge Letters
- Currently in Progress - Introduction of New Labelling System for Discharge Scripts

Ward 6 were successful in achieving 40% of patients requiring medication following the decision to discharge, were discharged home within 4 hours.

A further staff / service user survey was undertaken and this highlighted an increase in service user satisfaction. Next steps for this QI project include:

- PDSA cycle 5 currently running
- Expand QI members
- Improve data collection / analysis / extraction
- Revise discharge template
- Devise Financial Business Case for additional pharmacy support / ward dispensary

FALLS

Facts & Figures

In 2018/19, the Trust recorded 1,413 falls of adult patients in hospital.

Of the falls recorded, 29 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 2% of the total recorded.

Reducing the Number of Patient Falls

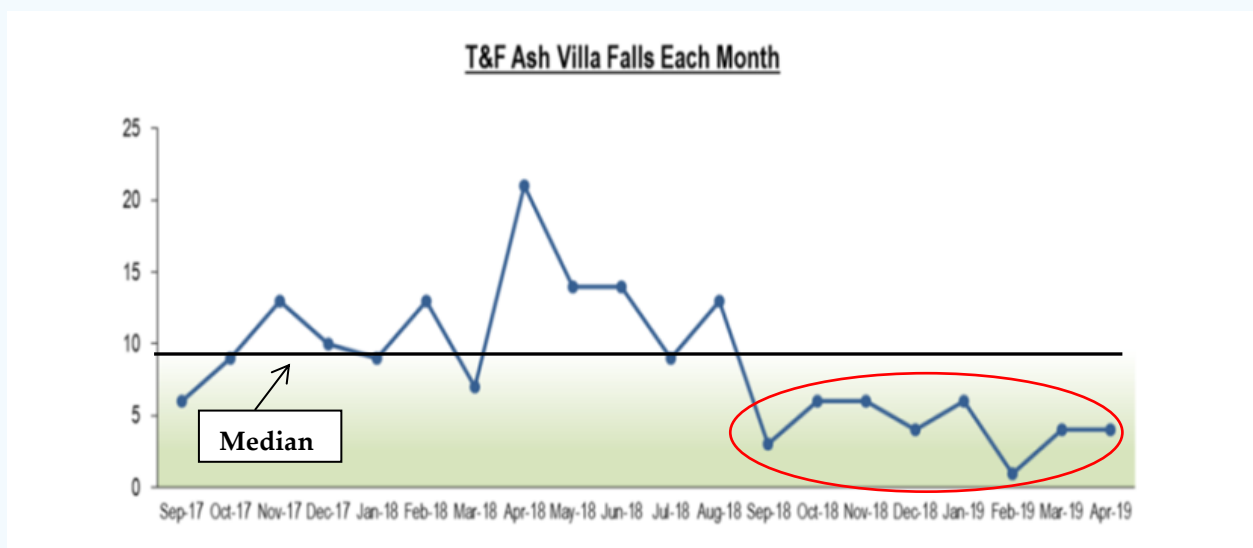
Any patient can have a fall, but older people are more vulnerable than others.

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 may increase the risk of a fall. As falls can cause injury the Trust is actively supporting and facilitating staff to ensure that they have the necessary skills and knowledge to reduce falls.

Progress Made

In 2018/19 whilst 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 and in collaboration with community.

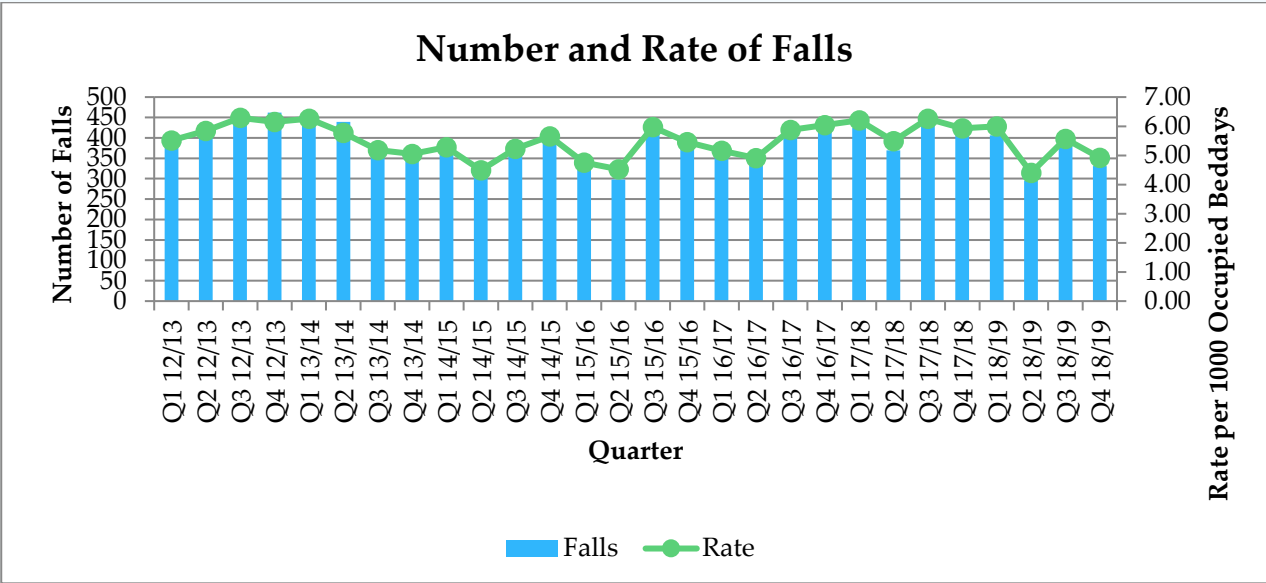
- Trust staff are working collaboratively on the Stepping On Steering Group in the community in partnership with the Public Health Agency (PHA), Healthy Living Centres and local Councils to develop opportunities for older people to improve their confidence and reduce their risk of falls at home.
- A Falls Integrated Pathway Co-ordinator has been in post since April 2018 and has set up a multidisciplinary stratified falls clinic in the northern sector of the Trust. From 1st November 2018, 171 referrals have been forwarded to this service, almost 50% of these were from the Northern Ireland Ambulance Service (NIAS). This reduced the number of patients attending Emergency Departments and allowed people to remain in their own environment with referrals to appropriate health care professionals ensuring the assessment of the individual's needs and support and guidance to prevent further falls.
- Falls prevention and overall awareness was included in the "Safetember" event in September 2018 and focused on assistive falls prevention technology.
- Education on assessment of falls risk and prevention of falls to multidisciplinary staff has been delivered in classroom settings in the Clinical Education Centre and in wards and departments across the Trust. The multidisciplinary approach introduced in the Trust is now being reviewed for roll out regionally.
- In September 2018 a falls learning collaborative was set up to facilitate and support through a Quality Improvement (QI) approach those wards with a higher incidence of falls to reduce their falls. The aim of the collaborative is to allow staff time out to explore, learn and interact with other multidisciplinary health care professionals to identify causes, risks and to consider what changes to test in their own wards/departments. Eleven wards were initially recruited to this programme and there has been a reduction in falls in three wards. An example of this is Ash Villa based on the T&F site. The improvement and associated learning from Ash Villa to reduce falls has been shared with the learning collaborative and at the PHA regional multidisciplinary learning event in March 2019. The run chart below clearly shows the significant shift in the number of falls in this ward.



- The Trust continues to monitor compliance to the fall safe evidence bundle to all wards recommended by the PHA for inclusion. A process of confirming and validating actions has been implemented to ensure improvement continues.
- Post fall review of all adult inpatient falls which resulted in moderate or above harm is undertaken by Ward Sisters / Charge Nurses and other relevant multidisciplinary staff. This

process is supported by the Integrated Falls Pathway Co-ordinator and Senior Nurses to identify and share any learning both locally and regionally to help prevent falls.

Number and Rate of Falls in adult inpatient areas



Next Steps:

- Continued collaborative work with other voluntary and statutory agencies.
- A joint workshop on prevention of falls and pressure ulcers is scheduled for June 2019 at the Trust’s Safe and Effective Care meeting.
- Continued development and sharing of ideas at the falls learning collaborative and support of QI projects related to falls.
- Expansion of the multidisciplinary stratified falls clinic.
- Set up subgroups from the Trust Slips, Trips and Falls group to further review the way forward in falls prevention for the Trusts population.
- Continued review of all falls and in particular falls that result in moderate and above harm to ensure learning is shared locally in the Trust and regionally as required.
- A workshop on prevention of falls and pressure ulcers for Trust residential homes is planned for November 2019.

PRESSURE ULCERS

Facts & Figures

In 2018/19, the Trust recorded 373 pressure ulcers compared to 344 for the previous year across the acute hospital adult sites, an increase of 8.4% with 9 deemed to be avoidable from the 17 grade 3 & 4 pressure ulcers investigated.

Reducing the Number of Pressure Ulcers

Pressure ulcers are recognised as an international patient safety problem, they increase morbidity and mortality.

Most pressure injuries are preventable if appropriate measures are implemented. Prevention involves ongoing risk assessment of all patients, implementation of prevention strategies including skin inspection and repositioning patients at regular intervals, analysis of the causal factors in the event of pressure ulcer development and the selection of appropriate pressure relieving devices. Skin damage has a number of causes; a pressure ulcer is defined as a localised injury to the skin or underlying tissue, usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing factors are also associated with pressure ulcers. The significance of these factors is yet to be elucidated.



The 2018/19 Commissioning Plan pressure ulcer related associated quality and performance indicator reads as:

“The number of incidents of hospital-acquired pressure ulcers (grade 3 & 4) in all adult inpatient wards, within the acute programme of care and the number of those that were unavoidable. Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days.”

Figure 1 below illustrates the Trusts position on pressure ulcer development across the acute sectors since 2013 when data collection commenced. Hospital acquired pressure injury data reported for 2018/19 showed an increase of 8.4% on the previous year and the highest recorded reported pressure ulcer data to date. Regionally lead nurses across Tissue Viability Services report an increase in the improvement in reporting of pressure injury for 2018/19 across all Trusts in Northern Ireland.

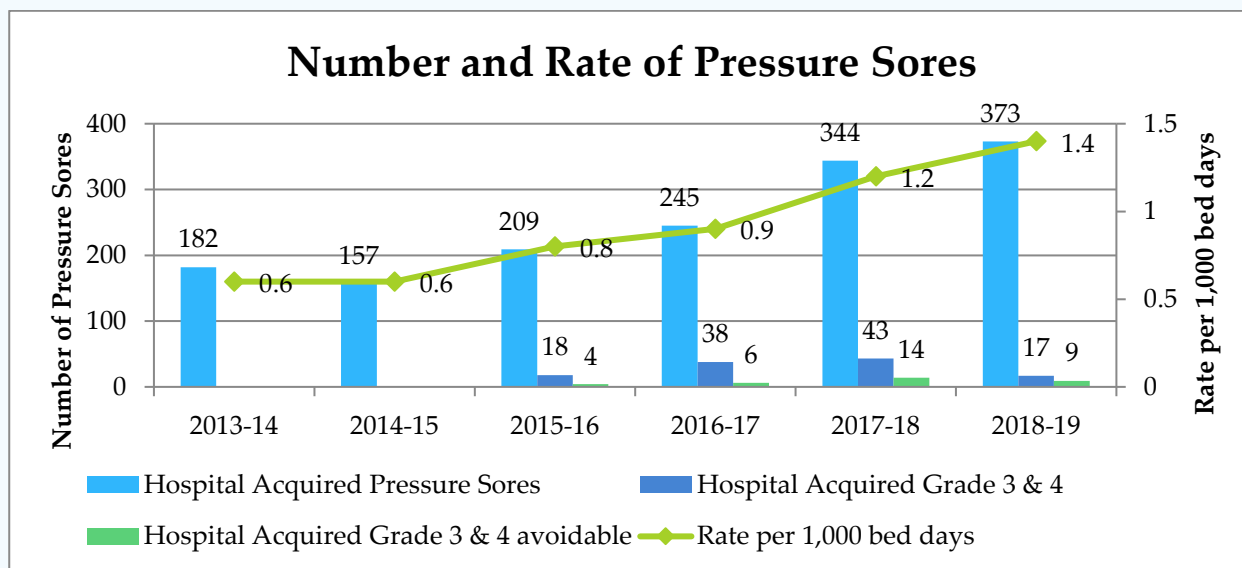
Pressure ulcer rates per 1000 bed days Year	Rate per 1000 bed days	Hospital acquired pressure ulcers	Percentage Increase / decrease	Hospital acquired grade 3 and 4 pressure ulcers	Hospital acquired grade 3 and 4 avoidable
2013-14	0.6	182	baseline	N/A	N/A
2014-15	0.6	157	-13.7	N/A	N/A
2015-16	0.8	209	+33.1	18	4
2016-17	0.9	246	+17.7	38	6
2017-18	1.2	344	+39.8	43	14
2018-19	1.4	373 (*92 Q4)	+8.4	17	9

INCREASE OF 105% OVERALL FROM 2013 - 2019

Figure 2: Skin Bundle Compliance:

2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: 95%	95%	94%	94%	99%
Overall PU Rate: 1.4 per 1000 bed days	1.5	1.5	1.2	1.4

Figure 3: Reports the number and rate of pressure injury development from 2013/14 - 2018/19



Actions taken during 2018/19 to reduce pressure ulcer development

- Tissue Viability Service conducted quarterly meetings with staff to provide updates on all aspects of wound care.
- The Annual STOP Pressure Ulcer Day was held in November 2018 with over 90 participants in attendance. Information on prevention strategies and management of pressure injury is the focus of these sessions.
- Ward based specific training was provided to areas on request.
- In episodes of Grade 3 & 4 pressure ulcer development the Tissue Viability Nurse (TVN) service conduct an independent investigation to determine if the injury was avoidable.
- TVN liaise with ward staff to offer training on learning identified through the Trust incident reporting database DATIX.
- Regionally agreed Pressure Ulcer Prevention leaflets are available to order for all wards / teams / departments. Order codes are on the TVN SharePoint and have been disseminated to all staff.
- Regionally agreed PHA endorsed online training is available for all staff to access. Pressure ulcer prevention training has been mandatory in the community setting since 2018 but is currently not mandatory in acute hospitals.

Actions planned for 2019/20

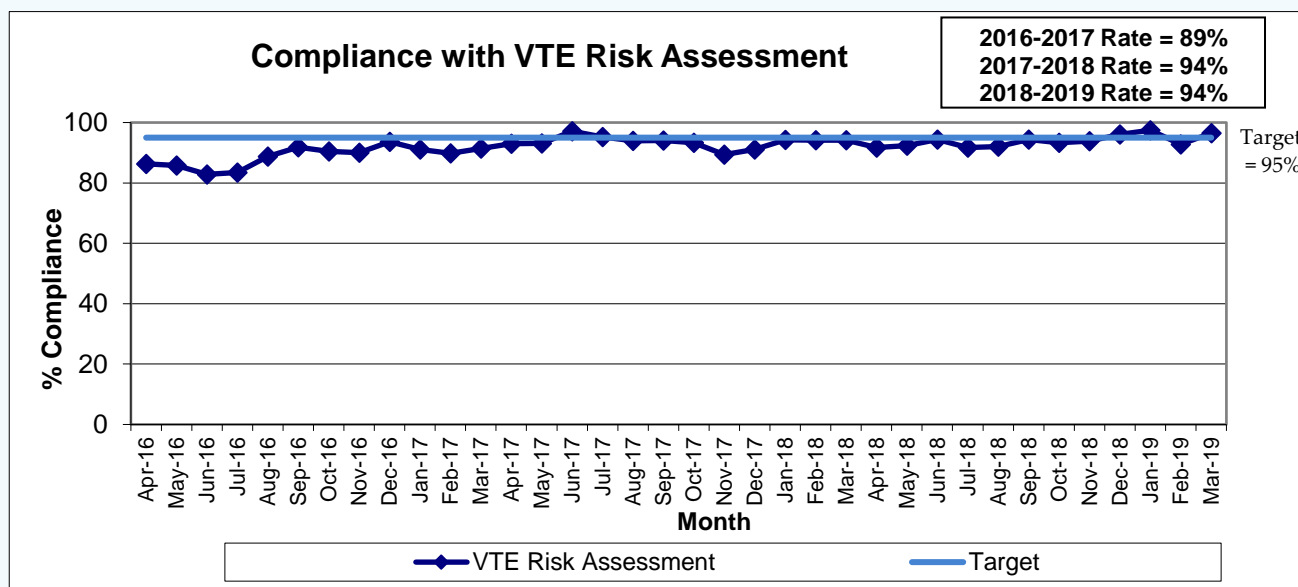
- An information session and workshop is planned for June 2019 on the Altnagelvin site to get buy-in from ward sisters and charge nurses to the programme. The Tissue Viability Nursing team plan to commence ward based learning sessions from September 2019.
- The forms used to aid review of pressure ulcer incidents will be updated to include investigations by ward sisters / charge nurses / team leaders into development of Grade 2 pressure ulcers.
- The Annual Pressure Ulcer Prevention Day is planned for November 2019 and the TVN team plan to host a conference in Altnagelvin Hospital with a concerted focus on pressure ulcer prevention.

Cost savings of £250,000 (calculated using the Department of Health Calculator) can be achieved with just a 10% reduction in hospital acquired pressure ulceration. The appointment of the above measures may assist with the development of pressure injury across Acute sites, however the absence of mandatory training in this area may have contributed to rising pressure injury and increased associated costs.

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 2019. During 2018/19 data was collected on a monthly basis from a random selection of patient notes. The compliance rate for 2018/19 was 94%. Monthly compliance is displayed in the graph below:-



During National Thrombosis Week a Thrombosis stand was on display in the front hall of Altnagelvin Hospital to highlight awareness.



MEDICINES MANAGEMENT

Medicines are the most frequently used intervention in healthcare. Their use continues to increase 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 wide range of quality improvement work has taken place during the year to support medicines optimisation. This has included:-

- An Antibiotics Review Kit (ARK) on the medicines prescription chart (kardex) was introduced and rolled out across all other wards. This prompts the continuous review of antibiotic therapy.
- The pharmacist's role in the care of the patient with mental ill health across the Trust has been developed.
- A Quality Improvement project focused on fluid stewardship in the Intensive Care Unit Setting. This involved producing specific drug administration guidelines for critical care.
- The Trust established a WHSCT Medicines Adherence Operational group to review and develop practices and medicine adherence pathways to ensure effective, safe and sustained transfer of reasonable adherence solutions/interventions.
- A clinical pharmacist prescriber was introduced into the falls clinic.
- A clinical pharmacy service was introduced to ward 40, Stroke Unit, Altnagelvin Hospital.
- A medicines optimisation project focused on the review of medications prior to commencing chemotherapy.
- A patient information leaflet on medicines management to be given to patients on admission to hospital is being used across the SWAH.
- The medicines prescription chart (kardex) now includes a specific anticoagulant section.

Medicines Reconciliation

The first stage of the medicines reconciliation on admission process is creating the most accurate list possible of all medications a patient was taking before their hospital stay. These medicines are then reviewed by a doctor or pharmacist to ensure the medicines prescribed in hospital are both accurate and appropriate for the patient. Having an accurate list of a patient's medicines, especially on admission to hospital, has been shown to improve patient morbidity and mortality.

This process is then replicated to ensure an accurate list of medicines is communicated to both the patient, their GP and when appropriate, the patient's community pharmacy.

On average, 60% of patients admitted to all wards on three hospital sites (Omagh Hospital and Primary Care Centre, 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 60% of patients across all sites.

In Altnagelvin, a smart workflow management system for clinical pharmacy services is used to help pharmacy staff make the best use of time at ward level, particularly targeting patients on the most complex medicines. This use of an information technology solution shows 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. A similar approach was undertaken in the SWAH with the white board patient bed management system.

Insulin

Insulin continues to be 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 to discuss insulin related incidents & documentation, and staff training. The group focuses on Quality Improvement approaches to enhance insulin safety. Representatives from the Trust also sit on the regional insulin inpatient group.



In May the Trust coordinated a hugely successful regional approach to the national 'Insulin Safety Week.' A coordinated communication strategy was planned for the week and resources developed were shared across all Trusts. A range of safety initiatives were supplemented by:

- Social media alerts
- Education stands in all Trusts

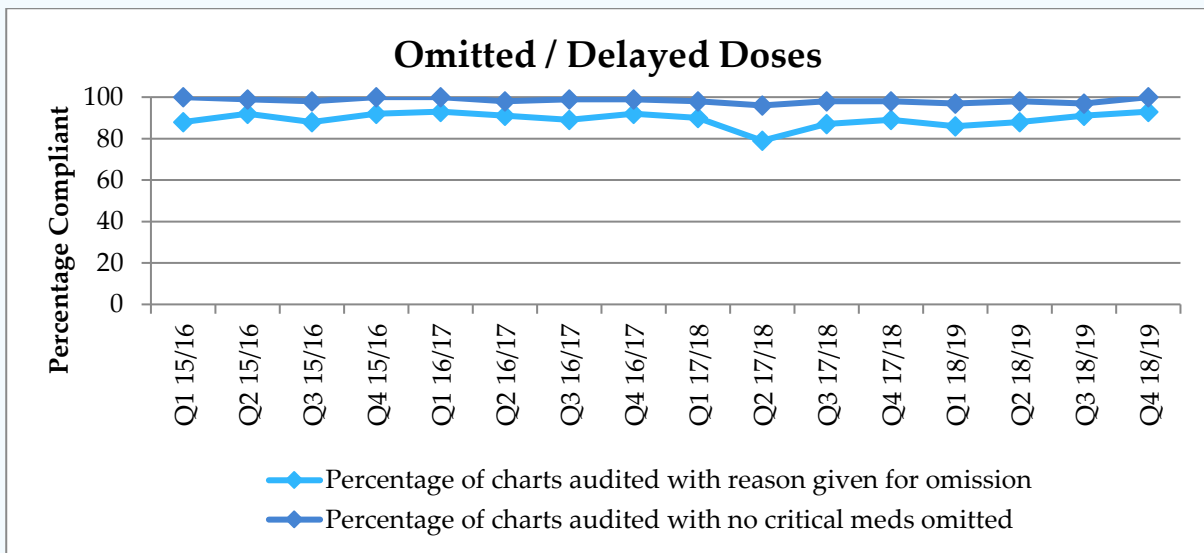
Learning from insulin events and near misses is key to improving its safe use. Safety lessons are shared with all staff across the Trust using the 'Lesson of the Week' and the Trust's Share to Learn Newsletter and regionally using the Medication Safety Today Newsletter.

The Trust continues to be 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 2018/19 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:



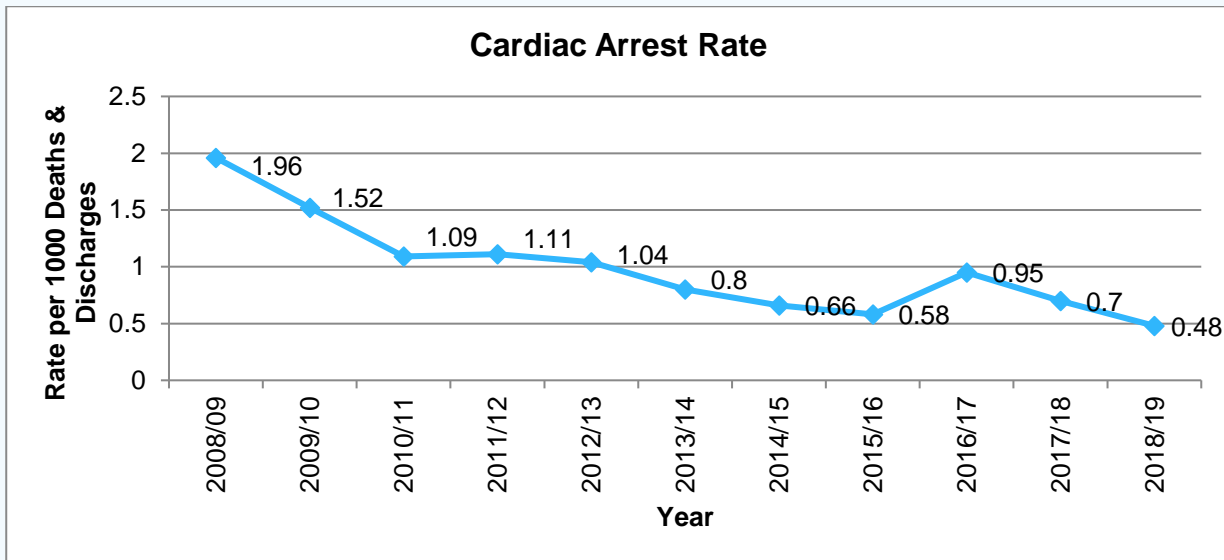
In December 2018 the PHA regional Omitted Doses group commenced a review of the processes and measures across the five HSC Trusts. Consideration has been given to moving forward using a Quality Improvement approach. The aim is to capture more meaningful data. An Omitted Doses Safety Thermometer has been tested recently in each Trust. This model is currently used in BHSCT. Feedback from each Trust was provided at a recent PHA regional meeting. This project remains in progress.

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.

At all resuscitation courses delivered in the Trust there is a focus on deteriorating patients 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 (excluding Cardiology, Emergency Department, Critical Care and Theatres) for 2018/19 was 0.48.



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 2018/19, the survival to discharge following an in hospital cardiac arrest in the WHSCT is 41% compared to the most recent reported National Cardiac Arrest Audit (NCAA) 2017 – 2018 which reports a survival of 21.9%.

The survival from cardiac arrests, when arrests that originated in the community and continued in hospital are reviewed for the WHSCT is 35%. Arrests that originate in the community and continue into hospital are excluded from the NCAA report.

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 based on historic and statistical analysis. 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 be 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 more 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 2018 to March 2019.

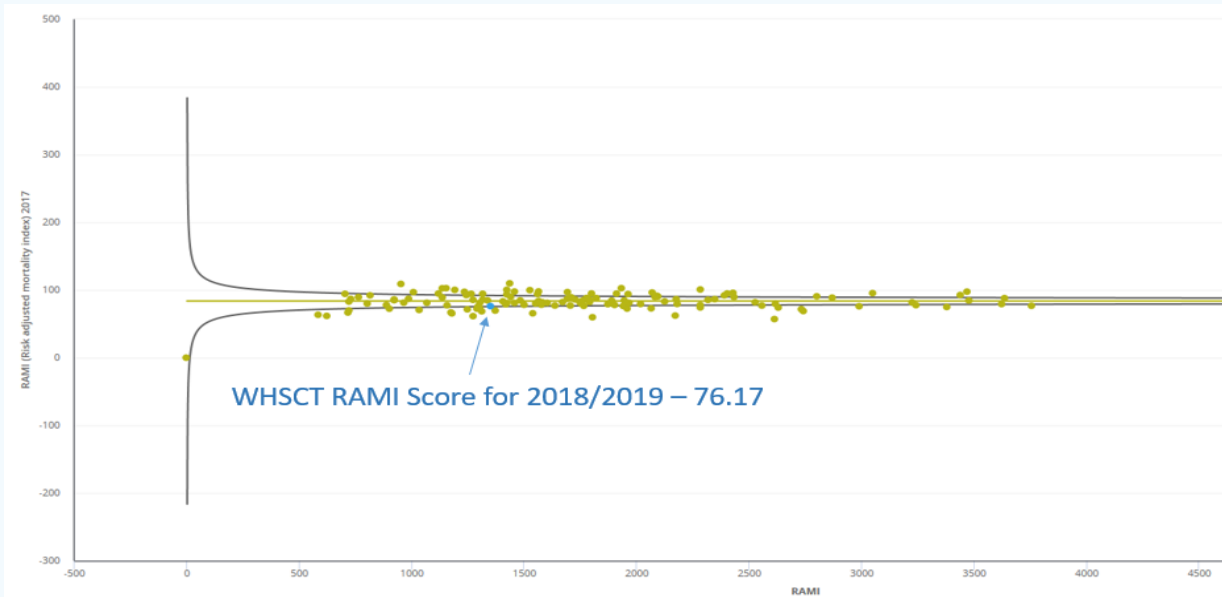
RAMI Score - 2018/2019

Month	Trust	NI Peer	UK Peer
Apr-18	69	76	85
May-18	68	75	81
Jun-18	71	80	80
Jul-18	72	78	81
Aug-18	80	75	78
Sep-18	81	83	83
Oct-18	71	82	81
Nov-18	79	80	82
Dec-18	76	98	90
Jan-19	75	98	90
Feb-19	95	99	89
Mar-19	79	106	84

The RAMI funnel plot below, based on RAMI 2017, shows that the Trust with an average of 76.17 which was within the mid-range of peer population. The UK (HES Acute Peer) average was 83.68 and the NI peer average (excluding the Western Health & Social Care Trust) was 85.53.

The RAMI scores indicate that the Western Trust is performing better than the selected peer with fewer mortalities than expected, based on historical and predicted outcomes.

Risk Adjusted Mortality Index Funnel Chart for 2018/19

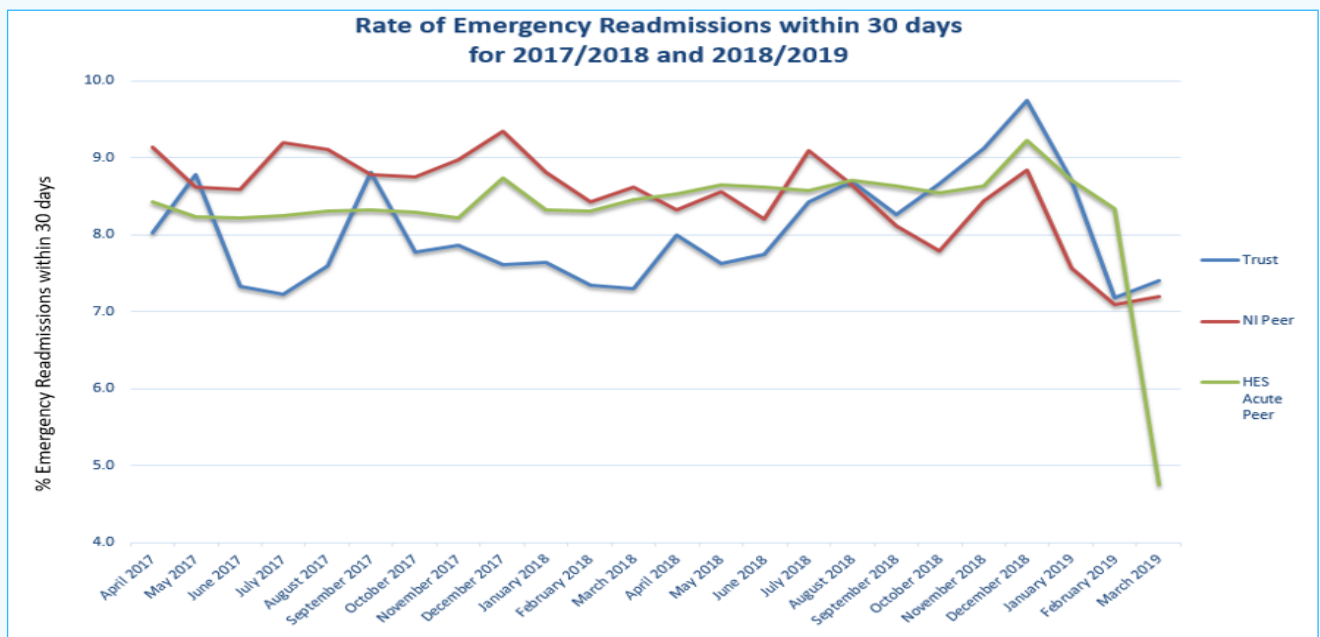


EMERGENCY READMISSION WITHIN 30 DAYS OF DISCHARGE

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 has provided comparative data for United Kingdom (UK) and Northern Ireland (NI) peer.

The overall Emergency Readmission rate (within 30 days) for the Trust during 2017/2018 and 2018/2019 was 8.04%, compared to 8.33% for the UK (HES Acute peer) and 8.50% for the NI peer (excluding the Western Health & Social Care Trust).

The graph below illustrates the monthly readmission rate during 2017/2018 and 2018/2019 for the Trust and for the UK and 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.

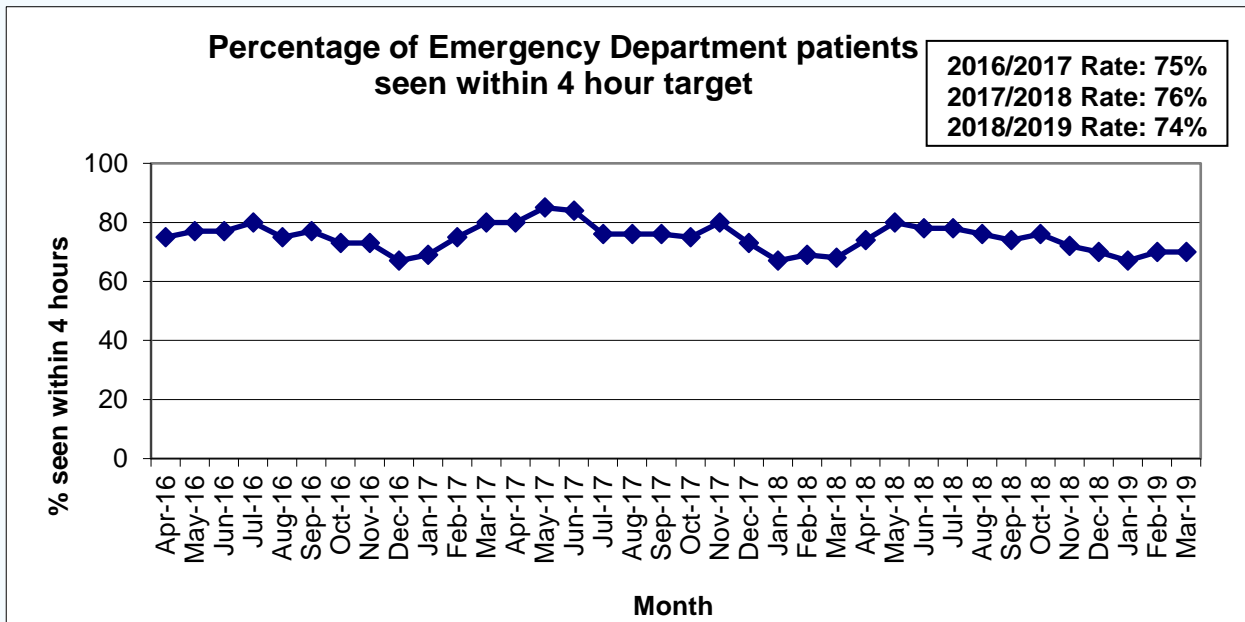
Facts & Figures

125,177 people attended ED during 2018/19. This was an 8% increase from the previous year.

74% of these patients were seen within the 4hr target which is a 2% decrease from the previous year.

2.23% of these patients waited longer than 12hrs which is an increase of 1.14% from the previous year.

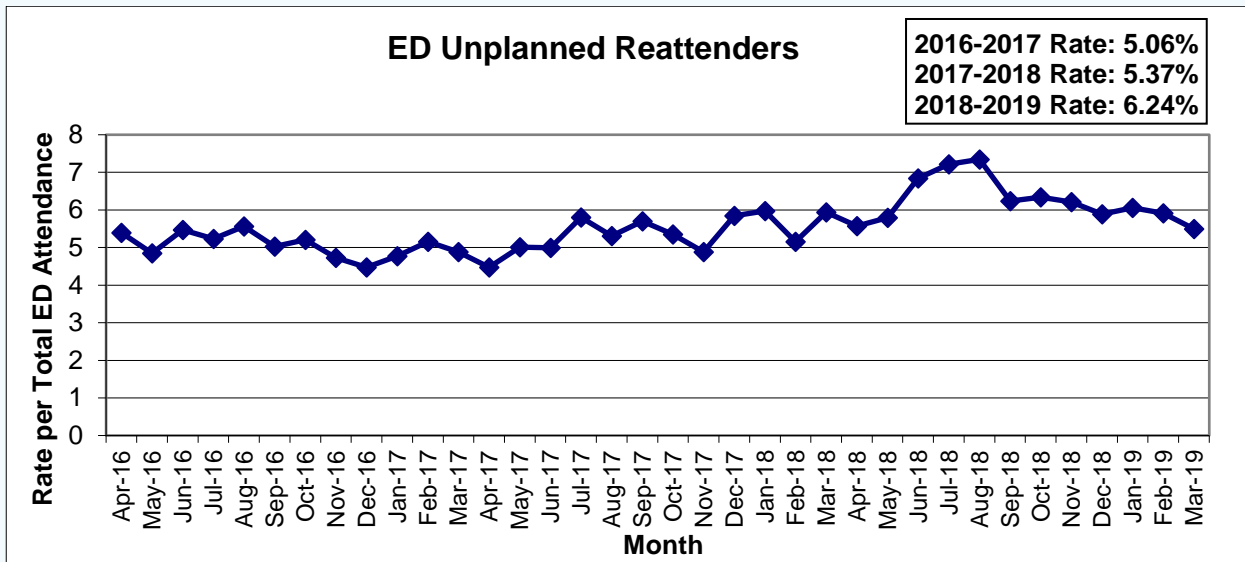
6.24% of these patients were unplanned re-attenders.



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 2018/19

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	125,177	3.4%

Actions Taken to Improve the Trust's Provision of ED

The Ambulatory Care Unit has been operational now for just over one year and has seen 7370 patients in its first year. The discharge rate has been 85%. 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.

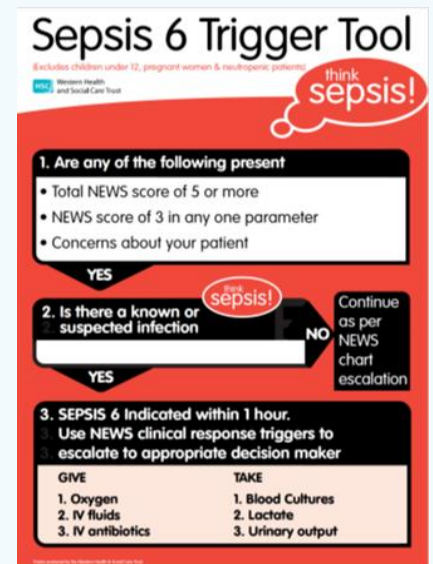
The Emergency Department has increased 4 hour performance, decreased reviews, decreased length of time to be seen and also decreased numbers who leave without being seen, all despite an increase in attendance over the past 4 years of 25%. Despite the heavy pressures on the service and increasing numbers of patients with stays greater than 12 hours this is a very significant achievement. Triage performance has also improved to 73% from 58%.

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

Sepsis six auditing has been in place on alternate months in ED throughout 2018-19. Whilst the findings have created challenges related to increase attendances, measures are now in place for increased auditing and recognition of those requiring Sepsis care. A business case in Early 2019, secured funding to add Manchester Triage 3 to our symphony system. This will allow a front door alert at Triage of those who may require enactment of the sepsis six bundle.



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 health related topics to guide decisions and promote best practice in clinical, social and public health care.

During 2018/19 the Trust received, via the Department of Health, various NICE Guidelines for implementation – these included Clinical Guidelines, Technology Appraisals, Interventional Procedures Guidelines and Public Health Guidance. Putting recommendations from these guidelines into practice can be complex for example different service areas may need to work together to develop and agree pathways of care for young people transitioning to adult services. There are often financial and wider strategic implications which limit implementation of NICE guidelines.

The Trust has well established systems and processes in place for monitoring implementation of these NICE Guidelines. Reports are provided on a quarterly basis to Directorate Governance Groups. The Trust also provides assurance on a bi-monthly basis to PHA/HSCB on progress with implementation of Clinical Guidelines and Technology Appraisals 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.

The Sentinel Stroke National Audit Programme (SSNAP) collects a dataset for every stroke patient in England, Wales and Northern Ireland admitted to an acute stroke unit. The WHSCT has 2 acute stroke units, Ward 40 in Altnagelvin Hospital and Ward 5 in the South West Acute Hospital. SSNAP is the only national stroke register in the world which collects longitudinal data on the processes and outcomes of stroke care up to six months post stroke. Every year data from approximately 85,000 patients are submitted to the audit webtool for analysis, representing over 90% of all stroke hospital admissions in the NHS. In recent years SSNAP have observed consistent and sustained quarter by quarter improvements in stroke service performance. In the latest reporting period (Dec 17- Mar 18) 36 teams achieved an overall 'A' score in SSNAP which included the South West Acute Hospital.

The improvement in results demonstrates continued efforts by teams using SSNAP data as a tool for improving the quality of stroke services provided to patients. Patients are receiving acute interventions which include urgent stroke specialist assessment, scanning, thrombolysis, thrombectomy and swallow screening, faster today than five years ago. Stroke patients are being given more therapy to help their recovery. There remains areas across the key performance indicators that require focused quality improvement such as direct admission to a stroke unit, as currently less than 60% is achieved nationally within 4 hours. Six month assessments after stroke are not available to all patients nationally and the number of cases completed to six months remains low, however the WHSCT Stroke pathway provides a 6 month review for all patients regardless of place of residence.

Key areas that supported improvement across the 10 domains (44 KPIs) were:

1. The introduction of the daily 'Whiteboard meeting' which involves a full MDT meeting to focus on newly admitted patients detailing their need for timely assessment and investigation to support ongoing care or discharge
2. The introduction of the stroke team bleep which enabled the stroke specialists to be alerted earlier to a potential stroke arrival to the emergency department, to facilitate forward planning for early assessment, investigation and preparation of stroke unit bed

A key area moving forward to promote continued improvement across all KPIs in Altnagelvin Hospital is the introduction of a 'Big Room' focusing on the stroke pathway. This is part of the newly established Flow Coach Academy in Northern Ireland delivered through the WHSCT.

SSNAP: April 2013-March 2018 National Results Annual Public Report.

RQIA Funded Regional Rheumatological Foot Disorder Audit led by the Regional Podiatry Managers Group was conducted in partnership with the five health and social care trusts across NI. The aim of the audit was to improve the Podiatric and overall clinical management of patients presenting with Rheumatoid Arthritis (RA), Psoriatic Arthritis (PsA) and Juvenile Idiopathic Arthritis (JIA) in hospital and community sites in NI.

The audit collected data on the referral, assessment, management and clinical outcomes of patients with RA, PsA and JIA in NI. This baseline information will assist in the standardisation and improvement of multidisciplinary care provided to this vulnerable group.

The audit recommends that Podiatry services collaborate as a region with the Department of Health and PHA/Commissioners to ensure successful and timely implementation within the timeframe of 2018 to 2021.

It recognises that robust IT systems that interface successfully with each other in and between Trusts are essential.

The standardisation of clinical examination, assessment and the use of a dedicated regional risk tool and assignment of risk for each patient will result in early identification of potential for severe foot deformity and poor foot function.

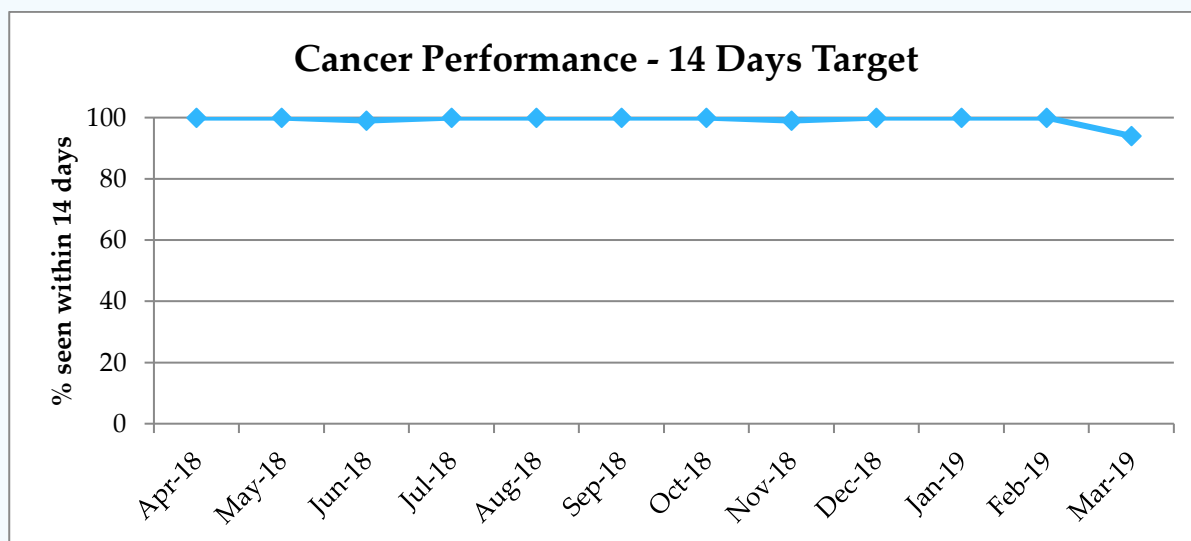
This will promote the development of dedicated care pathways for this patient group and ensure high quality safe clinical practice. (Published April 2018)

ACCESS TARGETS

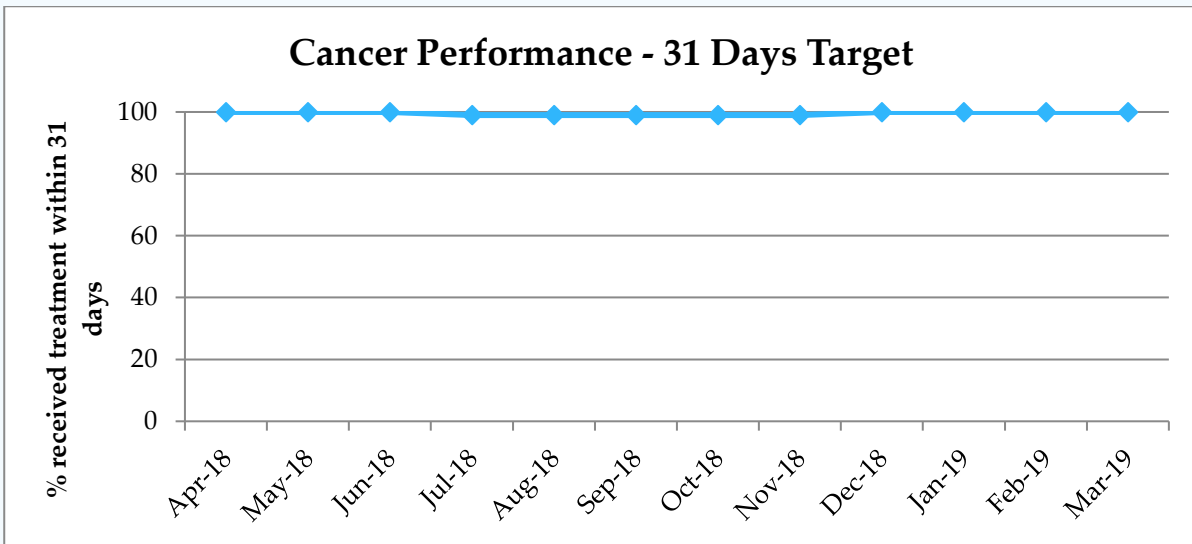
The Western Trust is recognised as a high performing Trust within Health & Social Care. Examples of performance in relation to Cancer Services are included below:

Cancer Services

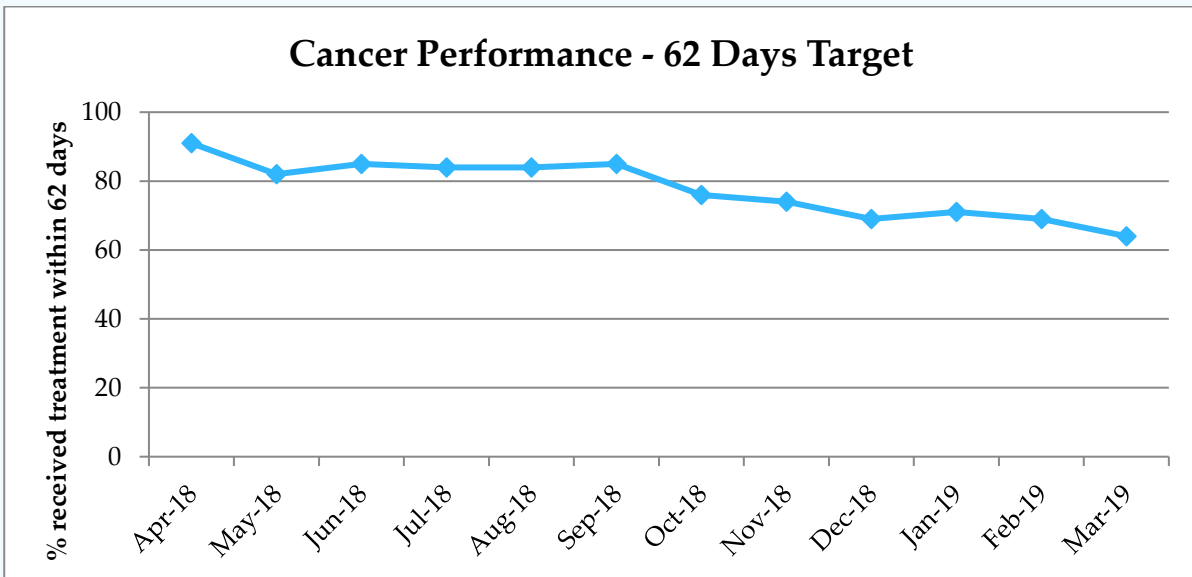
14 day Breast target 2018/19 - 99% urgent suspected breast cancer referrals seen within 14 days



31 day target 2018/19 – 99.6% of patients diagnosed with cancer who received their first definitive treatment within 31 days of a decision to treat.



62 day target 2018/19 - 78% of patients urgently referred with a suspected cancer who began their first definitive treatment within 62 days.



Theme 5: Integrating the Care



COMMUNITY CARE – SUPPORTING PEOPLE IN THE COMMUNITY

Neighbourhood District Nursing

The Western Trust is one of two Trusts in Northern Ireland, undertaking a prototype within District Nursing called Neighbourhood District Nursing as part of transformation of services.

The aim of the Neighbourhood District Nursing model of care is based on a District Nursing team which will be an integral part of the enhanced multi-disciplinary primary care team. This team takes a public health approach, caring for a designated population, aligned to GP Practices, promoting independence, safety, quality and experience with the ethos of home being the best and first place of care.

Limavady has been identified as the first area to take part in this new way of working.

Community Stroke Services

Transformation funding is supporting the further development of Early Supported Discharge service to support patient flow from acute beds, enabling acute, high intensity rehabilitation within the community setting. The additional funding will support the following service developments:

- A core team complement of Nursing, Physiotherapy, Occupational Therapy, Speech and Language Therapy and Psychology with input from family support workers from key stroke charities. The enhancement of services will enable Early Supported Discharge (ESD) service to be initiated with a targeted median time of 1 day from discharge to starting community therapy intervention.
- Commencement of treatment within 24 hours of discharge 5 days per week.
- Uplift to Community Stroke Teams (CST) to put in place staffing to provide additional nursing, AHPs and rehabilitation assistants to the Multi-Disciplinary Team for ESD/CST service 5 days per week x 48 weeks.
- Rehabilitation at intensity appropriate to the individual's needs.
- Six months review assessments for everyone following stroke, with access to further periods of stroke specific rehabilitation for a proportion.
- Linkages to specialist spasticity services, orthotics and vocational rehabilitation, orthoptists and dietetics.
- Carer assessment and review on a regular basis in line with the NI Carers Strategy.
- Access to appropriate, counselling, including specialist psychology services.
- Collaborative partnership working arrangements with voluntary organisations, community groups and relevant government agencies to optimise access to employment, education, training and leisure opportunities.

Acute Care at Home

The Trust's Acute Care at Home Service has treated and discharged 1,273 patients. The majority of these patients have been referred by their GP. The service continues to provide multi-disciplinary care for elderly patients, aiming to prevent an admission to hospital where possible.

The next step was planned through Transformation funding to expand the service, firstly with the Northern Sector of the Western Trust, expanding with new staff to allow a higher number of patients to be treated by the service. And secondly, the Southern Sector of the Western Trust will begin operation towards the end of 2019, covering the Omagh, Enniskillen and adjoining areas. This in turn will ensure that patients aged 75 years and over, in the whole of the

Western Trust area, can avail of this service and be able to remain in their own homes avoiding an acute hospital admission where appropriate. This expansion has been paused at present.

This service has been very well received by patients and carers and feedback, through service user questionnaires and 10,000 Voices Project, to date has been very positive and encouraging for the team.

Supporting Nursing Homes

The Trust has secured Transformation funding to implement a service to provide support to independently owned nursing homes to provide training and development opportunities for care home staff; skills enhancement for nurses and care assistants; promote recruitment and retention of nurses and care assistants; provide support and guidance to manage complex needs and to enhance quality and safety.

EDEN Clubs

Remaining active, occupied, independent and engaged with others is important for people with dementia. With this in mind, the Older People's Mental Health Service developed the EDEN clubs. These clubs facilitated by community groups gives people with dementia the opportunity to participate in a high quality, evidenced based programme based in their local community. The Older People's Mental Health Service has received funding from the PHA to establish the EDEN clubs in Derry, Omagh and Lisnaskea.

DEEDS Project (Dementia Engaged and Empowered in Derry and Strabane)

The Trust has supported a community group in Derry/Londonderry to secure 3-year funding for a dementia project, which will support people with mild or moderate dementia and their carers in the Derry and Strabane areas. Community-based organisations and each area will run a memory and activity group for people with dementia and a series of 4 week education groups for carers. In addition, 5 events, including a summer programme, will be organised every year.

MENTAL HEALTH

Ten steps to safety for the suicidal patient identify personalised risk management and family involvement as critical of care of the suicidal patient. The Crisis team in Grangewood co-produced a colourful pocket sized personalised safety plan with patients and their families. This new safety plan in conjunction with staff training sessions has increased the numbers of patients who found safety plans helpful from 40 % to 90%. It has also increased involvement of families with safety plans from 30% to 100%. The project has been award winning both regionally and nationally.

Physical health monitoring of patient with severe enduring mental illness and prescribed antipsychotics continues to improve. Staff in Elm and Lime wards in the Tyrone and Fermanagh Hospital introduced new systems to improve the timeliness of blood monitoring. This was followed by ensuring results of investigations triggered appropriate medical intervention. This will lead to longer healthier lives for this patient group.

The Strabane Recovery team have focused their quality improvement work on the unmet needs of Carers. Staff and local Carers have co designed a new Carers group which meets monthly in the local area. This group is well attended and feedback from those who use the

group is extremely positive. It is planned that local carers will share their experience at the Regional Mental Health Learning Collaborative in June 2019.

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.

75% of looked after children had their living arrangements and care plan reviewed within regionally agreed timescales.

97% 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

80% of young people known to leaving and aftercare services are engaged in education, training and employment.

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

Adult Social Care Indicators

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

There is a significant population of carers within the region. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities.

Facts & Figures

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

1829 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.

Direct payments provide service users and their family an element of choice in determining the care they receive.

Facts & Figures

909 adults received direct payments during 2018/19

3 carers received direct payments during 2018/19

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

The Trust has continued to face local "resettlement from hospital challenges" for 4 individuals with complex health and/or behavioural needs due to lack of suitable options within Northern Ireland. 1 individual required placement in England post assessment and treatment locally. 1 individual was successfully reintegrated into the local community following a period of time in the Republic of Ireland (ROI).

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

91% of applications for assessment were made by Approved Social Workers during 2018/19.

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

49% of adults with a learning disability had an annual health check.

NEXT STEPS

In 2019/20 we will focus on quality in the Trust using improvement science to move forward with our key priorities of Transformation, Financial Recovery and the Pathfinder project.

Transformation

As part of the Northern Ireland wide ranging transformation programme targeted at supporting improvements and changes for the for the future in order to build capacity in communities and in prevention, provide more support in primary care and reform our community and hospital services. Within the Western Trust we will be taking forward a range of transformation initiatives including; - the establishment of multidisciplinary teams in GP practices in primary care to provide direct access to physiotherapy, mental health and social work support, - an Our Hearts our Minds rehabilitation programme for people with or at risk of cardiovascular disease, - development of a therapeutic home based intermediate care team able to respond rapidly to patient need and focusing on recovery and independence, - expansion of ambulatory care models and 7 day working to improve patient flow, and a Northern Ireland wide transformation programme of social work practice.

Financial Recovery

As we strive to achieve an improved and sustainable financial position for the Trust we will work through a programme which we are calling **Working Together ... Delivering Value**, in doing so we will work to continually improve the care we give and achieve financial sustainability by ensuring that our services represent best value for the people who depend on us.

Pathfinder Project

The Pathfinder initiative is committed to identifying the long term health and social care needs of the population of Fermanagh and West Tyrone for the 10 years period to 2029, developing deliverable proposals and a costed implementation plan for the sustainable delivery of health and social care services in the Fermanagh and West Tyrone area.

Capital Development Programme

The Trust will progress the completion of the current Phase 5.1 North Wing Wards and Main Entrance facilities at Altnagelvin Hospital, in addition to progressing business case development for the new Phase 5.2 Altnagelvin redevelopment.

The Trust will also take forward the completion of business cases for major investments in health and care centres in Derry/Londonderry and Lisnaskea in addition to undertaking a series of minor capital investments throughout the Trust geography in order to address service transformation and backlog maintenance.

Flow Coaching Academy

The Trust will continue to lead on a Flow Coaching Academy (FCA) for Northern Ireland. 23 coaches from across Northern Ireland are currently being trained by the Western Trust Academy to gain a Quality 2020 level 3 qualification in Quality Improvement, and are taking forward 11 pathways throughout the region. Flow Coaching Training uses the principles of Quality Improvement Methodology combined with Coaching and Leadership Skills to support multi-professional staff across pathways to improve patient/client outcomes and experience. The coaches put their skills into practice by leading Big Room meetings which bring together staff from each step of the patient journey and enables them to assess, diagnose and iteratively test changes to improve patient flow.