Summary of what we do

In reading this report it is useful to know how many people used our services in the last year:

- 62,222 Inpatients
- 103,269 Outpatients or Day Cases
- 106,282 Emergency Department Attenders
- 385,222 Allied Health Professional Contacts
- 523 Children Looked After by the Trust
- 333 Children on the Child Protection Register
- 3,588 Domiciliary Care Packages for Older People Provided in the Community
- 202,163 District Nursing Contacts
Chief Executive’s Message

This is the Western Trust’s second annual quality report which contains a wide range of information about the quality indicators by which our services are measured. I am delighted that despite many pressures in a broad range of services, our clinical staff continue to demonstrate their commitment to providing high quality safe services to our patients and clients.

In many areas Western Trust performance when benchmarked against our peers is the best in Northern Ireland. When examining performance over time, it is also heartening to see steady improvement across all areas. I would like to draw particular attention to the areas of cancer care, obstetrics and access to orthopaedic and fracture care where our teams have not only excelled but also gained national recognition for their outstanding work. As you read the detail of this report I know you will find it reassuring to see that despite existing excellence, all of our teams continue to strive to make services even better, and that there is no complacency in this important arena. This continual quest for excellence in quality is at the centre of everything we do in Western Trust, and is an ethos which permeates all staff groups and all levels of the organisation. I commend this report to you.
Theme 1: Effective Health and Social Care

STANDARDISED MORTALITY RATIO

As the Western Trust treats and cares for many ill patients, sadly it is inevitable that some will die while in hospital. The mortality rate is a useful indicator for the Trust to monitor the quality of care we provide and compare with other similar hospitals in the UK.

The Standardised Mortality Ratio (SMR) is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect. Like all statistics, SMRs are not perfect as some hospitals will provide different services or have more complex patients. However they can be a useful warning sign that things are going wrong.

The funnel chart below illustrates the Western Trust’s Risk Adjusted Mortality Index (RAMI) score compared to acute hospitals in Trusts in England. The position of the Western Trust is indicated by the red marker. This means that there were fewer deaths than expected for the projected population when compared to other hospitals in the comparator group.

Progress Made

While the majority of deaths that occur in hospital are inevitable because of the patient’s condition on admission, some deaths can be prevented by improving care and treatment or by avoiding harm. The Trust continues to support the morbidity and mortality review systems to highlight and implement relevant learning. ‘White Board’ technologies have recently been rolled out to the wards, where cases of interest or ones that require review can be highlighted.
National Hip Fracture Database

The Trust participates in the National Hip Fracture Database (www.nhfd.co.uk) which is a clinically led, web-based audit of hip fracture care and secondary prevention. The Trust overall rate of mortality for 2012/13 at 30 days in the case mix adjusted analysis was 6.2% in comparison to the national rate of 8.2%. The rate is expected to be lower when the results are published for 2013/14 later this year.

EMERGENCY READMISSION WITHIN 30 DAYS OF DISCHARGE

Readmission rates are a useful measure of the quality of care, cutting across the hospital and community care interface. The need to develop integrated services, especially for the elderly and those with long term conditions is a cornerstone of Transforming Your Care – A Review of Health and Social Care in Northern Ireland, December 2011.

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

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

![Rate of Readmissions Within 30 Days 2013-2014](image)
RESEARCH & DEVELOPMENT (R&D)

A strong research culture and a vibrant research programme is of great importance to the Trust and we continue to collaborate and network with other partners, particularly through the Northern Ireland Clinical Research Network, Northern Ireland Cancer Trials Network and via the Clinical Translational Research and Innovation Centre (C-TRIC) based in Altnagelvin Hospital.

The most significant development that has occurred in R&D during the past year has been the establishment of a Centre for Stratified (Personalised) Medicine by the University of Ulster. The term “personalised medicine” refers to the identification of biomarkers which will allow patients to be stratified as regards their responsiveness to individual treatments and risk of side effects. This will bring about benefits to patient care by having treatments tailored to the individual patient and has the potential to reduce side effects as well as producing significant drug savings.

PROFESSIONAL AUDIT

The overarching aim of professional/clinical audit is to improve service user outcomes by measuring practice against evidence based standards and putting in place actions to improve the quality of services delivered.

A total of 291 audits were completed during 2013/2014 which includes participation in a number of regional and national audits.
The Trust continues to encourage Junior Doctors to participate in effective audit. Building on the success of previous competitions, the Audit and Governance Department organised two Audit Competitions for Junior Doctors, one in each sector of the Trust, in May/June 2013.
During 2013/14 one of our Registrars in Obstetrics & Gynaecology, Altnagelvin, won the Northern Ireland GAIN award for her audit on Improving the Quality of First Trimester Ultrasound Scans.

CHILDREN’S SOCIAL CARE INDICATORS

Children & Young People Potentially at Risk

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

Looked After Children

- Children who become looked after by Health and Social Care Trusts 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 were seen within 24 hours of a Child Protection referral being made.

- 87% of looked after children were reviewed within regionally agreed timescales.

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

- There are many vulnerable people in the community and those who are most at risk should have in place adult protection plans following investigation.

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

MENTAL HEALTH & LEARNING DISABILITY INDICATORS

Learning Disability Services

The ultimate goal of this Trust is to improve the quality of life for those with 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 learning disabilities, who no longer require assessment and treatment in a hospital setting, is a priority for all Health and Social Care Trusts. During the year there were no people with a learning disability, who were resettled in community placements, who had to be readmitted to hospital as a result of an irretrievable breakdown of the placement.

Facts & Figures

- 35% of adults referred for investigation and identified as at risk during the year, had an adult protection plan in place at 31st March 2014.

- 415 adult carers were offered individual care assessments.
Card Before You Leave (CBYL)

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

7 Day Follow-up

All Mental Health Patients discharged from hospital, who are to receive a continuing care plan in the community, should receive a follow-up visit within 7 days of discharge. The Trust continues to work to improve the attendance rates for these appointments.
Theme 2: Delivering Best Practice in Safe Health and Social Care Settings
Theme 2: Delivering Best Practice in Safe Health and Social Care Settings

REDUCING CARDIAC ARREST RATES IN HOSPITAL

Low rates of arrest calls to general wards is an indicator and reassurance to the Trust and the general public that staff can effectively identify a deteriorating patient, provide appropriate treatment and prevent them suffering a cardiac arrest.

Emphasis on identification and treatment of the deteriorating patient throughout the Trust is provided by the Resuscitation Team in their resuscitation courses. The focus of all training on the deteriorating patient is to empower staff to effectively assess patients, call for appropriate help early and treat them using their knowledge and skills alongside national guidelines and Trust protocols and policies.

Participation in National Cardiac Arrest Audit

The Trust audits all cardiac arrest calls to ensure compliance with national and local guidelines and also provides data to the National Cardiac Arrest Audit.

REDUCING HEALTHCARE ASSOCIATED INFECTIONS

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

Facts & Figures

- There were 14 fewer cardiac arrests in 2013/14 compared with the previous year.
Meticillin Resistant Staphylococcus aureus (MRSA):

MRSA is an antibiotic resistant organism which can be carried on the skin and not cause illness. When a person becomes ill for other reasons they become more vulnerable to infections caused by MRSA. It 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.

Facts & Figures

- During 2013/14 the Western Trust diagnosed 12 MRSA cases which was double the target set of 6 cases.
- The infection rate was 0.06 infections per 1000 occupied bed days which was below the target set of 0.5 infections.
- MRSA bacteraemia reduction remains a challenge and performance against comparative Trusts in the UK is less favourable. The Trust has formulated a robust MRSA bacteraemia reduction plan for the incoming year and has begun a process of benchmarking with top performing UK Trusts.
Clostridium Difficile Associated Infection (C. difficile):

The Trust has made significant reductions in the numbers of C. difficile associated disease cases due to ‘in hospital’ exposure to the organism. Work continues on the sensible use of antibiotics and providing advice to patients about the hidden risks associated with the use of prolonged ingestion of proton pump inhibitors (which are medicines for heartburn and can be bought over the counter without prescription).

C. difficile associated disease can be significantly reduced but is not entirely preventable.

Progress Made

• The care of patients who have MRSA or C. difficile is analysed by the staff involved. This process helps to identify where improvements can be implemented to prevent other patients developing a healthcare associated infection.

• Learning is shared with other staff across the Trust.

• There are ongoing audits of practice including hand hygiene, aseptic non touch technique, peripheral line care and adherence with the C. difficile reduction care bundle.

• Policies are in place in relation to isolation and antibiotic prescribing.

• There is a programme of training in place for staff to prevent and control infection.

C Diff Infection Rates (>2 years old) 2008-2014

Facts & Figures

• During 2013/14 the Western Trust had 48 C. difficile cases, 2 less than the target set of 50 cases.

• The infection rate was 0.22 infections per occupied bed days which was below the target set of 4.17 infections.

• The Western Trust had one of the lowest rates of C. difficile associated disease during the year 2013-14 when compared with similar sized Trusts in the UK. The Trust performed 7th best out of 41 Trusts monitored.
FALLS

Reducing the Number of Patient Falls

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

Progress Made

• The Trust has been piloting the new Royal College of Physicians Fall Safe guidance and is scheduled to implement this in all acute wards in autumn 2014.

• A multi-disciplinary training programme has been developed for staff.

• A risk assessment tool designed to support decision making in terms of one to one special care to prevent falls has been developed.

• A pilot programme is underway in the Emergency Department at Altnagelvin which supports patients who attend with a fall but do not require admission to hospital. The pilot includes sign posting patients to the community and voluntary resources and support groups who provide information on falls prevention and a falls prevention pack.

Facts & Figures

• In 2013/14, the Trust recorded 1,555 falls of adult patients in hospital

• Of the falls recorded, 100 led to a more serious injury such as a fracture. These falls accounted for 6.5% of the total recorded.

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Facts & Figures

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• Of the falls recorded, 100 led to a more serious injury such as a fracture. These falls accounted for 6.5% of the total recorded.
PRESSURE ULCERS

Reducing the Number of Pressure Ulcers

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

Progress Made

• The Trust has implemented an evidence based SKIN bundle of care in all adult in-patient areas.

• Work has been on-going to enhance the quality of reporting and the correct identification and grading of pressure ulcers. This will support the target of a 10% reduction of pressure ulcers commencing 2014-2015.

• 100% of acute wards have received education from the Tissue Viability Service and are now independently auditing the development of pressure ulceration within their facilities.

Number and Rate of Pressure Sores
MEDICINES MANAGEMENT

Everyone will, at some point, use a medicine to treat, alleviate or prevent an illness. It is recognised that at each stage of the medicines management process—prescribing, dispensing and administration—there is the potential for failure leading to harm to patients.

Making sure that the right patient gets the right drug at the right time is central to effective medicines management. The National Patient Safety Agency states that pharmacists should be involved in this process as soon as possible after admission.

Controlled drugs, such as morphine, are under stricter legal control to stop them from being misused or causing harm. The Trust's Accountable Officer for controlled drugs ensures that the Trust has appropriate arrangements for the safe management and use of controlled drugs.

Progress Made

• Trust staff are encouraged to report medication incidents. These are investigated and the learning shared directly with staff and through the Trust’s Share to Learn newsletter.

• Work is continuing to improve medicines reconciliation on admission and discharge from hospital.

Facts & Figures

• A Trust baseline audit of medicines reconciliation showed that between 81 and 100% of patients admitted to a ward, where there was a clinical pharmacist, had their medicines reconciled on admission.
• Pharmacist staff are working with nursing staff to reduce the number of omitted doses.

• During the year, the Regulation and Quality Improvement Authority (RQIA) carried out a review of the management of controlled drug use in hospitals. The review concluded that there are robust systems in place and commended examples of good practice in the Western Trust.

• A Consultant Pharmacist was appointed during the year to work as part of the team in the Waterside Hospital to focus on the safe and appropriate use of medicines in older patients. The innovative work to help reduce hospital admissions was successful in getting the Royal Pharmaceutical Society’s Pharmaceutical Care Award and shortlisted for the Health Services Journal’s Value in Medicines Management Award.

SOCIAL CARE INDICATORS

Direct Payments

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

Facts & Figures

• There are no children directly receiving direct payments however 72 families/alternative carers (as at 31 March 2014) were in receipt of Direct Payments in respect of individual children known to Children’s Disability Services.

• 375 adults received direct payments during 2013/14.
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.

Learning Disability

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

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 ECHR.

Facts & Figures

• 85% of young people known to leaving and aftercare services are engaged in education, training and employment.

• 58% of adults with a learning disability had an annual health check.

• 100% of applications for assessment were made by Approved Social Workers.
Theme 3: Protecting People From Avoidable Harm (Putting Learning Into Practice)
Theme 3: Protecting People From Avoidable Harm (Putting Learning Into Practice)

LEARNING FROM ADVERSE INCIDENTS

Incident Reporting

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

Reporting is actively promoted to ensure that the Trust is alerted to incidents when they occur. This allows investigation to identify action required to improve quality and safety and prevent similar incidents from re occurring. The Trust shares learning through various sources and produces a staff newsletter called “Share to Learn”.

Top 5 Reported Categories

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

• **Slips, Trips, Falls** (action taken described in the Falls section of this report)

• **Physical Abuse and Violence**

  Due to the nature of care provided within some facilities, for example, mental health and learning disability, there is a high level of risk of abuse and violence from clients. The Trust analyses security audits and incident trends to help identify the causes and agree action to reduce the risk to staff and patients.

• **Self-Harm**

  Each incident is reviewed and lessons learned are captured and implemented at local facility level or wider if deemed appropriate. Care plans are updated in line with any risk assessment undertaken.

• **Absconding Patients**

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

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**Facts & Figures**

- In the year 2013/14, 9791 incidents were reported. This was an increase of 8% compared to the previous financial year.
SERIOUS ADVERSE INCIDENTS

The Trust is required to report incidents that meet the criteria of a “serious adverse incident” (SAI) to the Health & Social Care Board (HSCB). An SAI is “an incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or to staff”.

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.

The Trust has implemented a process to ensure that patients/service users and/or their families are advised when an incident is to be reported as a SAI and to ensure they are involved in or receive feedback following each investigation.

“I am always encouraged by the willingness from staff to be involved in incident investigations as they see them as a means to reflect on and improve practice and systems”. Therese Brown, Head of Clinical Quality & Safety

Facts & Figures

• During 2013/14, 59 incidents were reported as SAIs.
How positive outcome from SAI investigation can make significant contributions to safety and the reduction of avoidable harm

Development of a key Cardiotocography (CTG) Evaluation Tool

Cardiotocography (CTG) is a continuous recording of the fetal heart rate and uterine activities in pregnancy by electronic means.

Correct interpretation of the CTG in the antenatal period was found to be an issue. A Maternity Quality Improvement Group was asked to develop a regional antenatal CTG evaluation tool. The Trust’s Clinical Risk Midwife and a Consultant Obstetrician were involved in the development of this tool, which is being piloted for 12 months in Northern Ireland.

Delayed Cancer Diagnosis

A review of the original diagnostic test found that there was a suspicion of malignancy which should have been identified and followed-up at an earlier time. As a result of the SAI, more robust arrangements have been put in place to ensure integration of Radiology discrepancy meetings with the Trust’s governance structures.

Podiatry Appointments

Due to a cancellation in relation to staff sickness a patient was not reviewed in a timely manner. The patient developed an infection and was admitted to hospital. As a result a dedicated clinic for high risk patients has been established within the Rapid Response Service.

Children’s Surgery

A Children’s Peri-Operative Group has been set up, which is chaired by a Paediatric Anaesthetist. The group has developed a Children’s Peri-Operative Policy and is in the process of developing sedation guidelines for children and a Hospital Transfer Policy.

Mental Health

As part of a review a family expressed concerns regarding access to support and information when worried about a relative. As a result all Trust assessment letters now have a line added informing patients that they can bring a relative with them to their assessment review.
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 is to achieve 95% compliance with VTE risk assessment across all adult inpatient hospital wards by March 2015. Data during 2013/14 was collected on a monthly basis from a random selection of 20 patient notes on 8 pilot wards. Monthly compliance is displayed in the graph below.

WORLD HEALTH ORGANISATION (WHO) SURGICAL SAFETY CHECKLIST

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

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

“*A minute’s work to deliver safer care, improve turnover and change culture*”. Dr Patrick Stewart, Consultant Anaesthetist
PROMOTING GOOD NUTRITION

The overall vision of the Promoting Good Nutrition Strategy (2012) is “to improve the quality of nutritional care of adults in Northern Ireland in health and social care, whether delivered or commissioned, through the prevention, identification and management of malnutrition in all health and social care settings including peoples own homes”.

Progress Made

• The Malnutrition Universal Screening Tool (MUST) has been introduced to support the identification of adults in hospital at risk of malnutrition.

• There are ongoing audits to ensure all acute adult patients have their MUST screening completed within 24 hours of admission to hospital.

• Referral criterion, to support timely and correct referrals to the dietetic services, has been widely circulated and wards have all been provided with nutritional resource packs.

• Work has commenced on the introduction of the MUST tool for use in the community setting with compliance monitoring to commence in the autumn of 2014.

• The use of red trays has been introduced on a number of wards for patients who need help with feeding.

“The use of red trays to identify patients who require assistance at mealtimes ensures staff have a particular focus on these patients to support and encourage good nutrition”
Mary Lafferty, Assistant Nursing Manager, Trauma & Orthopaedics

[Image: Graph showing compliance with MUST screening from April 13 to March 14]
Theme 4: Ensuring People Have Positive Experiences of Services
Theme 4: Ensuring People Have Positive Experiences of Services

COMPLAINTS & COMPLIMENTS

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

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

Progress Made

A complaint’s handling flowchart is in place to ensure that actions are taken to address any delays in receiving responses from the Investigating Officers.

The Complaints Department provide information on lessons learned as a standing item for the Share to Learn Quality and Safety Newsletter.

The Complaints Forum has been focussing on ensuring that people know how to complain if they wish to do so. This year a complaints leaflet has been added to the hospital admission pack. Further work will be taken forward next year for community based services.

Facts & Figures

- 510 formal complaints were received by the Trust.
- 249 MLA / Third Party enquiries were received.
- 74% of the formal complaints received were responded to within 20 working days.
- 2581 recorded compliments were received.
Service Improvements

In 2013/14, as a result of complaints received and investigated, a number of service improvements / lessons have been implemented across the Trust such as:

Patients leaving hospital with medication

As it could not be determined if a patient had been provided with their medication on discharge from a mental health hospital, a “signing off” process has been adopted whereby patients, or next of kin/carer, will now be requested to sign for all medications prior to the patient leaving the ward.

Follow-up of a patient’s care when the responsible consultant moves

Patient Access staff now run validation reports to help capture patients who are not on any waiting list and have no appointment in place. This will help ensure that those patients who have no appointment in place are offered a review appointment or referred back to the care of the General Practitioner.

Patients attending Emergency Department with fracture injuries

If a patient attends the department more than twice with the same injury, they will be added to the Consultant’s next available clinic. Also, where there is suspicion of an undisplaced fracture, it has been reinforced that the patient should have a CT or MRI scan carried out.

Administration of medication

If a patient is not in their bed or is sleeping at the time of the medication round, the medication will not be left for them to take. The medication will be administered at the next possible opportunity. Only then will the medication be signed off on the kardex as having being administered.

Diabetic Patients attending Day Procedure Unit

A new protocol has been developed which outlines guidelines to be followed when diabetic patients attend the unit.
PATIENT AND CLIENT EXPERIENCE

In April 2009, the DHSSPS published the “Improving the Patient and Client Experience” document. The document sets out five core standards:

- Respect
- Privacy and Dignity
- Communication
- Attitude
- Behaviour

Overall the surveys, patient stories and observations of practice undertaken to support this work highlighted a high degree of satisfaction in many aspects of the patients care. However, a repetitive area of concern stated by the patients was the lack of introduction and patients knowing who they were speaking to.

To help address this issue the Trust has agreed the purchase of name badges for all staff to assist patients to see the name and job title of the staff they are receiving care from. It is hoped that this step combined with staff introducing themselves when making contact with patients will help resolve this issue.

‘The Trust is endeavouring, through listening and learning from patients and clients, to ensure we see their experience as of equal importance as clinical quality and patient safety. We are doing this by using patient experiences to review and reshape our services.’
10,000 VOICES

The 10,000 Voices, an experience led commissioning project in partnership with the Public Health Agency, commenced in October 2013. The project is seeking to gain feedback from patients, carers and family members on their experiences of a range of services with the Emergency Departments being the first service to be involved.

A total of 214 stories were collected during October to March relating to the care and treatment experienced by patients attending the Trust Emergency Departments (ED).

Next Steps

As a result a workshop was held to review the themes from the stories and a number of key actions agreed which include:

• The establishment of an ED Patient Experience Group

• A review of the information and sign posting available in the ED with a view to sourcing some new and innovative ways of providing meaningful information

• A refurbishment of the ED waiting room on the Altnagelvin site with reference to and support from patients

• Introduction of the ‘Hello my Name is’ campaign

• Consideration of the introduction of a personal alarm system/call back system

• Service users to be invited to join the Trust Patient Flow Reform Steering Group
EMERGENCY DEPARTMENT

4 Hour and 12 Hour Standards

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

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

Significant progress was made during the year on reducing the number of patients waiting longer than 12 hours in the Emergency Department.
UNPLANNED RE-ATTENDANCE

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

![Graph showing ED Unplanned Reattenders from April 2013 to March 2014]

**2012/2013 Rate:** 5.52%

ACCESS TARGETS

Timely access for a first outpatient appointment is necessary to ensure that patients receive appropriate diagnosis and treatment as early as possible. The target is that 70% of patients should wait no longer than 9 weeks for their first outpatient appointment. In relation to inpatient admissions, the standard indicates that at least 70% of inpatients and day cases are treated within 13 weeks.

There are a number of other access targets and indicators that are monitored and reported on a monthly basis and this information is available to any member of the public from either the Health & Social Care Board or the Trust’s monthly performance report.

Next Steps

An Elective Care Plan has been developed in order to ensure that the Trust meets the increased performance targets and indicators. This is monitored on a weekly basis by Trust Senior Managers to identify any serious issues that are preventing patients from receiving timely diagnosis and treatment.

**Facts & Figures**

- 62,222 people had an Outpatient appointment during 2013/14
- 79% of the people who had an Outpatient appointment were seen and treated within the standard timescale set of 9 weeks
- 103,269 people had Inpatient or Day Case treatment during 2013/14
- 72% of the people who had Inpatient or Day Case treatment were seen and treated within the standard timescale set of 13 weeks
Theme 5: Resilient Staff
(Staff Health & Wellbeing)
Theme 5: Resilient Staff
(Staff Health & Wellbeing)

STAFF SICKNESS & ABSENCE RATES

The Trust employs over 12,000 staff and aims to create an organisational culture and environment in which the promotion of health and wellbeing is central. It strives to implement policies and practices which are designed to promote the physical, mental and emotional wellbeing of staff and provide a work environment that is supportive.

The management of attendance is an important issue which is managed through a range of work including reports to managers, case management reviews for complex cases and support from the Occupational Health Service.

Next Steps

The development of the new human resource management system provides an opportunity to improve and expand sickness absence analysis and monitoring. The system is designed to provide management information on areas such as the levels of long-term and short-term absence; the main causes of absences and their respective durations; and the gender, age, and grade profile of sickness absences.

Facts & Figures

• The DHSSPS has set a 5% absence target for Trusts. For 2013/14, the Western Trust’s sickness absence rate was 6.56%.
Progress Made

- Staff have the opportunity to work flexibly which can greatly improve the ability of staff to balance work and home responsibilities.

- The Trust’s Investing in Your Health Management Group has developed a workplace health improvement action plan. Work taken forward during 2013/14 includes the development of a programme for staff to manage stress, the offer of corporate rates for local gyms and leisure centres, two Staff Health Fairs, cancer prevention sessions and a Step 4 Health Challenge.

Facts & Figures

Feedback from Staff Survey:

- Almost 2/3 of respondents said they would recommend the Trust as a place to work.

- 2/3 of staff surveyed said they know and understand how their role contributes to what the organisation is trying to achieve.

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

- 4 out of 5 people who replied to the survey felt that the Trust acts fairly with regard to their employment.

- 2/3 of staff were satisfied with the recognition they get for good work and nearly 3/4 of staff agreed with the statement, “my immediate manager encourages those who work for him / her.”
FLU VACCINE

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>2502</td>
</tr>
<tr>
<td>2012/13</td>
<td>2852</td>
</tr>
<tr>
<td>2013/14</td>
<td>2150</td>
</tr>
</tbody>
</table>

STAFF SUPPORT & DEVELOPMENT

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

Training

The new HRPTS system has been available in the Trust since September 2013 and will be used to build a single central corporate training record for all staff. While not all mandatory training providers are using the system yet, the system shows that 9,196 mandatory training places have been attended this year which includes: Corporate Induction, Moving & Handling, Fire Safety, Safeguarding, Child Protection and Infection Control.
Induction

520 new staff have attended the Trust Induction programme. This programme consists of a half day face-to-face session which comprises of a welcome from the Chief Executive and sessions from Infection Control, Information Governance, Risk Management and Fire Safety. Staff are given a booklet with additional information about the Trust as their new employer. New staff also receive localised departmental induction.

Quality Improvement

The Trust’s Medical Director is currently undertaking an Institute of Healthcare Improvement (IHI) Fellowship Programme in Boston and is mentoring a team within the Trust on a range of quality improvement projects. This year one of our Consultants also successfully completed the Scottish Patient Safety Fellowship Programme.

In 2013 five members of staff completed the Co-operation & Working Together (CAWT) cross border Patient Safety Programme and a further six staff are currently undertaking the 2014 course. Core elements include patient centred care, value added care, human factors in the management of error, improvement science, measurement, service redesign and innovation. The programme is delivered over a seven month period with participants expected to plan and run an improvement project.
Social Work Education and Training

During 2013/14 56 Social Workers were supported on a range of post qualifying training programmes. These included the Initial Professional Development Programme for newly qualified staff, the Practice Teaching Award, the Approved Social Work Programme, the Systemic Practice & Intermediate Family Therapy Programme and the Strategic & Leadership Award.

Supervision

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

Within nursing services the Trust standard is to provide two formal clinical supervision opportunities per year to all registrants. Training programmes are in place to support the development of staff to the role of a clinical supervisor with 87 staff trained during the year 2013-2014. Overall Trust Performance with the standard is currently approximately 70%.

Within social work a programme of training in supervision has been provided for staff in social care settings. A 4-day Leadership Development Programme has also been delivered aimed at supporting staff to manage, coach, lead and develop others which was attended by staff from both Children and Adult Services.

Revalidation

67 Trust doctors were due revalidation of their registration during 2013/14, and all recommendations made to the General Medical Council (GMC) have been upheld.

STAFF RECOGNITION AWARDS

The sterling work and commitment of Trust staff was celebrated at the Trust’s annual awards ceremony on 18 September 2013. There were seven award categories:

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

In an area as complex as health and social care, employees can experience challenges which may compromise their well-being at work. The Trust provides a Carecall service to employees, which is an independent and confidential source of support. It is free and available 24 hours a day and 365 days of the year. At present, Carecall provides support, on average, via 500 counselling sessions per year. The main issues are emotional/personal, followed by work/career issues.

During 2013/14 the Trust implemented a system to monitor the completion of health & safety risk assessments throughout the Trust. The purpose of risk assessment is to highlight hazards which require action to reduce the level of risk to staff and patients. This in turn can assist in reducing the number of incidents that occur. A new training programme on risk assessments has been developed and will be implemented during 2014/15.

The Trust has established a Sharps Working Group to take forward legislative requirements to protect healthcare workers from the risks associated with sharp instruments used in healthcare settings. An action plan has been developed which includes the introduction of appropriate devices to reduce the likelihood of sharps-related injury and a programme of training for staff on their use.

The Control of Substances Hazardous to Health Policy and Latex Policy were up-dated during the year. In addition, two new policies on First Aid and Manual Handling of the Bariatric Patient were implemented.
Theme 6: Quality & Safety Awards
Trust staff were successful in obtaining a number of awards over the year such as:

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

Eight nurses working in the Western Trust area were honoured at this year’s Nurse of the Year Awards held in June 2013. The awards recognise an individual’s commitment to improving standards of care and to learning and leadership and acknowledge nurses, midwives, nursing assistants from across Northern Ireland who make an exceptional contribution to their profession.

**British Institute of Cleaning Science**

A Support Services Assistant in Intensive Care, Altnagelvin Hospital was successful in receiving a regional award from the British Institute of Cleaning Science (BICSc). He fought off stiff competition from approximately 200 nominations in order to claim this prestigious accolade of Northern Ireland Region Cleaning Operative of the Year in Health.
People Management Awards

The Human Resources Team were delighted to announce that their Recruitment and Selection Team are part of a regional team that won the Capsticks Award for Innovation at the recent Healthcare People Management Association (HPMA) awards ceremony held in London.

Northern Ireland Healthcare Awards

The Trust was shortlisted in 4 out of the 8 award categories at this year’s Northern Ireland Healthcare Awards. The Pharmacist of the Year Award was won for work on older people’s medicine and two Physiotherapists at Altnagelvin were both recognised for their development of a pain management programme.
Dementia Achievement Conference

A Staff Nurse in the Trauma and Orthopaedic Unit, Altnagelvin was presented with an ‘Education to Practice’ award at the Dementia Achievements Conference. She presented on work within the Unit in relation to patients who are admitted for treatment who also have an underlying diagnosis of Dementia. This was in relation to the introduction of a toolkit known as the “purple folder” initiative.
CHKS Excellence in Maternity Care Award

The Trust was one of three finalists in a prestigious national award for excellence in maternity care. This puts the Maternity Service as one of the top three Hospital Trusts who provide such care in Wales, Northern Ireland and England.