



Western Health
and Social Care Trust

TRUST DELIVERY PLAN

2018/19

Contents

Section 1.	Introduction.....	1
Section 2.	Local Context.....	2
Section 3.	Detailed Delivery Plans	7
Section 3.1	Trust Response to DOH Commissioning Plan Direction.....	12
Section 3.2	TRUST RESPONSE TO REGIONAL COMMISSIONING PLAN PRIORITIES	70
Section 3.3	WESTERN TRUST RESPONSE TO LOCAL COMMISSIONING PLAN PRIORITIES (15).....	187
Section 4.	Resource Utilisation	201
Section 4.1	Financial Strategy / Measures to Break Even	201
4.2	Workforce Strategy	222
Section 4.3	Capital Investment Plan.....	227
Section 4.4	Plans for Shift Left of Resources and Other Transformation Initiatives	230
Section 5.	Governance.....	237
Section 6.	Promoting Well-being, PPI and Patient Experience	244
6.1	Promoting Well-being.....	244
6.2	PPI	246
6.3	Patient Experience	249

Section 1. Introduction

This Trust Delivery Plan for the Western Health and Social Care Trust is in response to the draft Commissioning Plan 2018/19 issued by the Health and Social Care Board and Public Health Agency. The Plan sets out the key actions that will be taken forward by the Trust in 2018/19 to support achievement of the aims, outcomes and objectives for Health and Social Care (HSC) identified in the Department of Health (DoH) draft Commissioning Plan Direction (CPD) 2018/19 as well as the commissioning programme of care priorities detailed in the draft Commissioning Plan 2018/19. The Trust's responses can be found in Sections 3.1, 3.2 and 3.3.

The Plan is underpinned by the Trust's financial plan for 2018/19 and reflects the very challenging financial position that the Trust and wider Health and Social Care (HSC) system is facing. Section 4.1 sets out the Trust's financial strategy for 2018/19 which provides details on the Trust's income sources and expenditure areas and also information on the pressures facing the Trust and the savings plans developed to support these.

The Trust Delivery Plan is set in the context of a wider strategic reform agenda for HSC and the planned transformation and modernisation of services in line with Delivering Together. It sets out the Trust's plans for the non-recurrent funding allocated as part of the Confidence and Supply Agreement to support the transformation agenda in Section 4.4 and these plans are also reflected in the sections responding to the CPD and Commissioning plan objectives and priorities. The Trust will continue to work within the wider service transformation programme and will also advance its own reform priorities in order to address increasing demand for services and the range of financial and workforce challenges facing the Trust and the wider HSC system. In addition the Trust will work closely with the public, primary care providers and partner organisations as part of delivering on the Community Plans in the Western area.

Section 2. Local Context

Strategic Planning – Since late 2017, the Trust has been undertaking work to refine our vision and define our key strategic priorities so that our staff and the population we serve can easily identify and engage with the outcomes we want to achieve. The resulting Trust vision sets out four inspiring objectives which aim to make the Trust a Great Place to Start in Life, a Great Place to Grow Older, a Great Place to Live Well and a Great Place to Work. These are underpinned by a further cross cutting objective of providing the Right Care First Time. As we take this work forward, we have been engaging with our staff to help build our shared purpose. For example, a number of have been participating in Discovery Groups linked to the four themes and their findings will be used to inform our strategic plan as it develops alongside feedback from all our staff who are being provided with opportunities to test and help shape the plan.

Demography - The Western Trust is one of five Health and Social Care (HSC) Trusts in Northern Ireland which provide health and social care services across the province. The Trust employs approximately 12,000 staff and has an annual budget of approximately £687 million to provide health and social care services to a population of approximately 300,000 across a geographical area of 4842 km² encompassing the council areas of Derry City and Strabane District Council, Fermanagh and Omagh District Council and Limavady in the Causeway Coast and Glens Council. The Western Trust population represents 16.1% of the overall population of Northern Ireland. Based on NISA 2016-based population projections, by 2028 the Trust's population is expected to increase by 1.2% to 305,595 and, in common with the rest of Northern Ireland, the greatest increases are projected in the over 65 (+27%) and over 85 (39%) age groups. In terms of the 0-15 years age group, a 5% reduction from 65,050 to 61,601 is projected by 2028.

Rural Needs Act - The Rural Needs Act came into operation for public authorities on 1 June 2018 and places a duty on public authorities to have due regard to rural needs when developing, adapting, implementing or revising policies, strategies and plans and designing and delivering public services. A need is something that is

essential to achieve a standard of living comparable with that of the population in general, eg access to key public services such as health. The Act classifies settlements with fewer than 5,000 residents together with open countryside as rural. The Western Trust is one of the most rural Trust areas in Northern Ireland with extensive rural communities and a small number of densely populated urban areas. The Trust has traditionally taken cognisance of the impact of this on service delivery and accessibility when planning its services and we will continue to ensure that rural needs are considered in our planning and decision making.

Deprivation - Deprivation and health inequalities are associated with a range of health issues and behaviours, such as reduced life expectancy, increased mental health issues and suicide rates, low birth weight rates, obesity levels, higher levels of looked after children, smoking and drugs and alcohol misuse. The Northern Ireland Multiple Deprivation Measures 2017 show that deprivation is a key population health factor for the Trust with five of the top 10 most deprived areas for the multiple deprivation measure located in the Derry and Strabane area (East, located in Derry City & Strabane, is the most deprived SOA according to the MDM), and 10 of the top 20 most deprived areas in terms of access located in Fermanagh and Omagh. In terms of income, 24 of the top 100 most deprived areas are in Derry City & Strabane and for health and disability there are 22 areas in the top 100. The 2018 Health Inequalities Annual Report shows that within the Western Trust area, deprivation inequality gaps narrowed for 6 indicators but remained unchanged for 24 indicators and widened for 7 indicators. The largest deprivation inequality gaps for the Trust are deaths related to drugs, drug misuse and alcohol and alcohol and drug related admissions.

This level of deprivation is reflected in life expectancy figures for the Western Trust which are lower than for three of the other five Trusts and in the expected healthy living age which is lower than all of the other Trusts. This means that in the Western Trust we are supporting those who are not well earlier and for longer. There are also impacts on our children and young people with one in three children in the Western Trust area living in poverty and with high levels of looked after children.

A key challenge will be to address the ongoing impacts of this deprivation both in rural and urban areas so as to narrow the gap between our most and least deprived

communities. The Trust believes there is an increasing need for population/place based services in order to address these deprivation and associated health inequality issues. We will continue to work in partnership with the Public Health Agency to implement the strategies and actions set out in Making Life Better and with our Local Government partners to implement the Community Plans in order to improve the health and wellbeing of all our population

Workforce Challenges – The Trust has previously highlighted the increasing level of medical workforce shortages at consultant and middle grade level across a range of specialties including emergency medicine, paediatrics, care of the elderly, acute medicine, palliative care, radiology and general surgery. In addition to this, the Trust has historically received allocations of trainee doctors which have not kept pace with the changes in our services, and these allocations have also been difficult to fill. These shortages have led to a reliance on locum doctors, and in some areas that reliance is significant, leading to real challenges to manage these services and deliver high quality care and a growing financial pressure on the Trust.

Similarly, there are workforce challenges being experienced in other areas, particularly in nursing, psychology and this has resulted in an ongoing challenge to ensure appropriate staffing levels to deliver our services.

The Trust has put in place a wide range of initiatives to address these issues, including continuation of the international medical recruitment initiative and participation in a regional international nurse recruitment programme as well as an active recruitment programme for pre-registration nurses in their final year of training, which is part of the Trust's nurse workforce stabilisation project.

Work is also due to commence on a pathfinder project through which we will work in partnership with the local population to develop health and care services across Fermanagh and in the South West Acute Hospital to ensure that they meet the needs of the community in a safe and sustainable way. This work will be sponsored by the Department of Health and will be informed by learning from the successful involvement of staff and communities in the approach at Daisy Hill Hospital, Newry in 2017.

Performance – There are a number of performance targets within the draft Commissioning Plan Direction which, due to the current level of performance and the wider financial and workforce challenges, will not be achievable in 2018/19. The Trust has developed Performance Improvement Trajectories for Unscheduled Care (4 hour target and complex discharges within 48 hours), Elective Care (delivery of core activity for inpatients, day cases, new outpatients and endoscopy), Cancer waiting times and waiting times to access mental health, psychological therapy and radiology services. These trajectories set out the expected level and pace of improvement that Trusts believes it can expect to deliver in 2018/19. These will form the basis of accountability processes with the HSCB in 2018/19 and are captured in this Trust Delivery Plan. The Trust will also endeavour to maximise opportunities arising from non-recurrent waiting list initiative funding to create additional capacity to improve access to elective care, AHP and mental health services.

Learning Disability – The Trust has previously prioritised investment in Learning Disability and this will continue in 2018/19. The Trust has initiated an active programme to increase involvement with families, carers and advocate groups to plan how that investment will be deployed and to agree processes for their involvement in service planning and delivery going forward.

Looked After Children – The Trust has been experiencing continued increases in the numbers of looked after children, and this is primarily due to the increasing number of children in ongoing kinship care. Alongside this, there has also been an increase in the complexity of these cases. This has resulted in considerable additional financial and workforce pressures in this service. The Trust is also striving to return a small number of children who are being cared for outside the Trust geography to care placements within the Western area.

Transformation and Reform - The Trust has strong relationships with primary care providers in the Western area. The Trust has been successful in securing funding for one of two Northern Ireland projects for establishing multi-disciplinary teams in primary care and looks forward to working with the GP Federation to implement this initiative. A substantial transformation programme will get underway in 2018/19 and

the Trust will work closely with HSCB, PHA, LCG and other bodies as required to ensure the successful implementation of the agreed investment programme.

Work continues to advance on the programme of change being taken forward under the auspices of the Transformation Implementation Group (TIG), including work on pathology services, breast assessment services, stroke services. During 2018/19, we will continue to work within the regional programmes to take forward reforms in relation to elective care, care pathways, outpatient services and adult social care, all of which are focussed on a patient-centred approach to care, and improving how resources are used across primary and secondary care.

Major developments - The Trust is continuing to work on planned developments such as the new North Wing of Altnagelvin Hospital and to optimize the use of day surgery at Omagh Hospital. The Trust will also focus on a small number of Primary Care and Community Infrastructure and Mental Health developments, in line with its Estates Strategy and the changing requirement for new infrastructure in the community.

Finance – The Trust has faced a challenging financial environment for the past few years and this continues to be the situation in 2018/19. The Trust has quantified its opening deficit at £58.8m for 2018/19 and has worked closely with the DoH/HSCB to secure additional funding which has revised the forecast year-end deficit to £24.4m. The Trust has been in discussions with the DoH/HSCB and has agreed that the Trust cannot address this deficit in-year and has allowed a deficit control limit for 2018/19. The DOH has requested that the Trust develop a Financial Recovery Plan over a three year timescale commencing on 1 April 2019 with the objective of achieving financial breakeven in the 2021/22 Annual Accounts.

Capitation Issues – In relation to demography, the Trust's allocation for 2018/19 represents 13% of the total amount available due to the relatively lower population growth projections in the Western Trust Area compared to the other Trusts. However, the Trust has highlighted a number of cost pressures which would indicate that the funding for demographic growth does not take account of increasing premiums in areas of service growth such as Looked After Children services and medical and nursing staffing.

Section 3. Detailed Delivery Plans

This section of the Trust Delivery Plan details the Trust's plans to deliver against the objectives and goals for improvement contained within the DoH draft Commissioning Plan Direction 2018-19 which are set out under four overarching strategic aims linked to Delivering Together as follows:

- (i) To improve the health of our citizens.*
- (ii) To improve the quality and experience of health and social care.*
- (iii) To ensure the sustainability of health and social care services provided.*
- (iv) To support and empower staff delivering health and social care services.*

Section 3.1 sets out the Trust's response to the DoH draft Commissioning Plan Direction 2018/19 and the actions that will be taken forward by the Trust to contribute to achievement of the key outcomes and associated objectives identified under each of the above aims.

Sections 3.2 and 3.3 detail the actions the Trust will take to progress relevant regional and local priorities identified under each programme of care within the draft HSCB/PHA Commissioning Plan 2018/19.

Commissioning Plan Direction Strategic Aims

i) To improve the health of our citizens

During 2018/19, the Trust will continue to work in partnership with the Public Health Agency and the HSCB to take forward initiatives aimed at reducing the health inequalities experienced in our communities, maintaining and expanding screening programmes and ensuring the health of our citizens is protected through robust immunisation and infection protection and control programmes.

The Trust is committed to achieving the objectives/goals for improvement associated with this outcome. While delivery of a number of these objectives requires a multi-sectoral approach led by the PHA, the Trust has assessed the measures it can take to contribute to their achievement in its response. The Trust has identified some

challenges that could impact on full delivery in a number of areas and a material risk has been identified in relation to Target 1.12.

Objective/Goal 1.12: By September 2018, to have advanced the implementation of revised substitute prescribing services in Northern Ireland, including further exploration of models which are not based in secondary care, to reduce waiting times and improve access. This is an important element in the delivery of the strategy to reduce alcohol and drug related harm and to reduce drug related deaths.

Additional resources will be required in order to implement revised substitute prescribing.

A detailed response to each objective/goal is provided in Section 3.1.2.

ii) To improve the quality and experience of care

The Western Trust continually strives to provide a safe environment for the people who use our services and ensure that they are protected from harm. For a number of years we have had a robust quality improvement programme and during 2018/19 our focus will be on developing and strengthening this through continued implementation of regional quality improvement plans (QIPs) in falls, pressure ulcers, venous thrombosis embolism, national early warning scores and sepsis as well as progressing projects as part of the Flow Academy initiative and taking forward a range of local quality improvement initiatives. We will also continue to take forward implementation of the Quality 2020 strategy including learning from incidents and ensuring that this is shared so that practice can be continually improved.

We also remain committed to improving patient experience and to ensuring that service user, carer and public involvement are embedded in our service planning and quality improvement initiatives as we take forward development of our Personal and Public Involvement (PPI) Plan 2018-2021.

The Western Trust is committed to achieving the outcomes/goals for improvement associated with this strategic aim. However a material risk has been identified to the achievement of the following:

Objective/Goal 4.4: By March 2019, 95% of patients attending any type of 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.

A programme of reform and service improvement is underway and a performance improvement trajectory has been developed, however this target will not be met in 2018/19.

Objective/Goal 4.10: By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.

The Trust has capacity gaps across a range of specialties which means that this target cannot be met without significant additional waiting list funding.

Objective/Goal 4.12: By March 2018, 55% of patients should wait no longer than 13 weeks for inpatient/day case treatment and no patient waits longer than 52 weeks.

The Trust has capacity gaps across a range of specialties which means that the ministerial target cannot be met without significant additional waiting list funding.

Objective/Goal 4.13: By March 2018, no patient waits longer than 9 weeks to access child and adolescent mental health services; 9 weeks to access adult mental health services; 9 weeks to access dementia services and 13 weeks to access psychological therapies (any age).

Staffing issues, particularly in relation to availability of psychology staff, are impacting on the ability to achieve access targets in relation to adult mental health, dementia and psychological therapies.

Objective/Goal 5.3: By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.

The Trust expects to achieve the 13 target across all areas except occupational therapy where there will continue to be a backlog despite the additional waiting list activity in 2018/19.

A detailed response to each objective/goal is provided at Section 3.1.2.

iii) Ensure the sustainability of the services delivered

The Trust endeavours to maximise delivery of its core funded services despite challenges experienced due to workforce availability. Performance improvement trajectories have been developed for 2018/19 in relation to core outpatient, inpatient and day case activity which aim to achieve an improvement on level of core activity delivered in 2017/18. However, sustaining the planned level of activity and protecting it during surges in unscheduled activity, particularly in the winter period, remains a challenge. The Trust also has a well-established Quality Improvement Cost Reduction (QICR) Plan setting out plans to maximise productivity and deliver efficiencies which will continue to be implemented during 2018/19.

The Trust is committed to achieving the objectives/goals for improvement under this strategic goal, however a material risk to the full or substantial achievement of the following objectives has been identified:

Objective/Goal 7.4: By March 2019, to reduce the percentage of funded activity associated with elective care service that remains undelivered.

The Trust's ability to fully deliver core activity is affected by the ability to recruit and establish stable clinical teams in certain specialties, constraints in respect of backfilling vacancies and cover for sickness absence and maternity leave and the impact of increases in unscheduled demand on elective work.

Objective/Goal 7.5: By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than seven days; and all non-complex discharges from an acute hospital take place within six hours.

The Trust has faced significant challenges to deliver on this target. An improved performance was achieved in 2017/18 and a performance improvement trajectory has been developed for 2018/19 which is aiming to improve further on this. However, in-year this target will not be met.

Objective/Goal 7.6: By March 2019, to have obtained savings of at least £90m through the 2016-19 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.

This is a combined primary and secondary care target and the work is being managed through the Medicines Optimisation Regional Efficiency Programme. This will be challenging to achieve and will require further clinician engagement particularly in primary care.

A detailed response to each objective/goal is provided in Section 3.1.2.

iv) Support and empower staff delivering health and social care services

The Western Trust recognises and values the contribution of its workforce to the provision of high quality, safe and effective services and is committed to taking forward strategies to make the Trust a great place to work. An Investing in Your Health group has been in place for a number of years and in 2018/19 the work of this group will be extended. The Trust will also participate in regional work to implement the regional Workforce Strategy. We are keen to listen to our staff and hear their views on what will improve their working environment. We have taken on board the findings of the 2015 Staff Survey and are taking steps to implement improvements. The Trust has identified four overarching strategic themes which will underpin everything we do, one of which is to make the Trust a Great Place to Work.

We are also committed to having a trained workforce that is fully equipped to deliver high quality services. We are also keen to support staff to develop enhanced roles, eg consultant breast radiographer, enhance AHP roles, eg first contact physiotherapy in primary care, further training of nurse endoscopists, enhanced pharmacy roles, etc

The Trust is committed to achieving the outcomes/goals for improvement identified under this strategic aim. No material risks have been identified. A detailed response to each objective/goal is provided in Section 3.1.2

Section 3.1 Trust Response to DOH Commissioning Plan Direction

Summary of Assessment of Achievability

Rag Status Index



Target is achievable and affordable – GREEN STATUS



Target is near achievement or will be achieved in year – AMBER STATUS



Target is unlikely to be achieved / affordable - RED STATUS

Aim: To improve the health of the population

Outcome 1: Reduction of health inequalities		Rag Rating
Associated Objectives / Goals for Improvement		
Population Health		
1.1	By March 2020, in line with the Department's ten year " <i>Tobacco Control Strategy</i> ", to reduce the proportion of 11-16 year old children who smoke to 3%; reduce the proportion of adults who smoke to 15%; and reduce the proportion of pregnant women who smoke to 9%.	
1.2	By March 2019 to have expanded the " <i>Weigh to a Healthy Pregnancy</i> " to now include women with a BMI over 38. This programme is one element of the Departmental strategy " <i>A Fitter Future for All</i> ", which aims by March 2020, to reduce the level of obesity by 4 percentage points and overweight and obesity by 3 percentage points for adults, and by 3 percentage points and 2 percentage points for children.	
1.3	By March 2019, through continued promotion of breastfeeding to increase in the percentage of infants breastfed, (i) from birth, and (ii) at 6 months. This is an important element in the delivery of the " <i>Breastfeeding Strategy</i> " objectives for achievement by March 2025.	
1.4	By March 2019, establish a minimum of 2 "Healthy Places" demonstration programmes working with General Practice and partners across community, voluntary and statutory organisations.	
1.5	By March 2019, to ensure appropriate representation and input to the PHA/HSCB led Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.	N/A

1.6	By March 2019, to establish a baseline of the number of teeth extracted in children aged 3-5 years - as phase 1 of the work to improve the oral health of young children in Northern Ireland over the next 3 years and seek a reduction in extractions of 5%, against that baseline, by March 2021.	G
Supporting Children and Young People		
1.7	By March 2019, to have further developed, and implemented the “ <i>Healthier Pregnancy</i> ” approach to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation.	G
1.8	By March 2019, ensure the full delivery of the universal child health promotion programme for Northern Ireland, “ <i>Healthy Child Healthy Future</i> ”. By that date: <ul style="list-style-type: none"> The antenatal contact will be delivered to all first time mothers. 95% of two year old reviews must be delivered. <p>These activities include the delivery of core contacts by Health Visitors and School Nurses which will enable and support children & young adults to become successful, healthy adults through the promotion of health and wellbeing.</p>	A
1.9	By March 2019, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers have equal access to the family nurse partnership programme. The successful delivery of this objective will directly contribute to PfG Outcome 14 “We give our children and young people the best start in life”.	G
1.10	By March 2019: <ol style="list-style-type: none"> the proportion of children in care for 12 months or longer with no placement change is at least 85%; and 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). The aim is to secure earlier permanence for looked after children and offer them greater stability while in care. 	G A
Improving Mental Health		
1.11	By March 2019, to have further enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a “street triage” pilot and a “Crisis De-escalation Service” pilot. This work builds on previous investments in community mental health crisis teams and is an important element of the work to reduce the suicide rate by 10% by 2022 in line with the draft “ <i>Protect Life 2 Strategy</i> ”.	G
1.12	By September 2018, to have advanced the implementation of revised substitute prescribing services in Northern Ireland, including further exploration of models which are not based in secondary care, to reduce waiting times and improve access. This is an important element in the delivery of the strategy to reduce alcohol and drug related harm and to reduce drug related deaths.	R










Supporting those with Long Term Conditions		
1.13	By July 2018, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preparations for regional deployment of the care pathway will be an important milestone in the delivery of the “ <i>Diabetes Strategic Framework</i> ”.	G

Aim: To improve the quality and experience of health and social care.

Outcome 2: People using health and social care services are safe from avoidable harm		Rag Rating
Associated Objectives / Goals for Improvement		
Safe in All Settings		
2.1	By March 2019 all HSC Trusts should have fully implemented phases 2, 3 and 4 of <i>Delivering Care</i> , to ensure safe and sustainable nurse staffing levels across all emergency departments, health visiting and district nursing services.	A
2.2	<p>By 31 March 2019:</p> <ul style="list-style-type: none"> • Ensure that total antibiotic prescribing in primary care, measured in items per STAR-PU, is reduced by a further 2%, as per the established recurring annual targets, taking 2015/16 as the baseline figure; and • Taking 2017/18 as the baseline figures, secure in secondary care: <ul style="list-style-type: none"> ○ a reduction in total antibiotic use of 1%, measured in DDD per 1000 admissions; ○ a reduction in carbapenem use of 3%, measured in DDD per 1000 admissions; ○ a reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions, and ○ EITHER <ul style="list-style-type: none"> ▪ that at least 55% of antibiotic consumption (as measured in DDD per 1000 admissions) should be antibiotics from the WHO Access AWaRe* category, OR <ul style="list-style-type: none"> ▪ an increase of 3% in use of antibiotics from the WHO Access AWaRe* category, as a proportion of all antibiotic use. <p>With the aim of reducing total antibiotic prescribing (DDD per 1000 population) by 10% by 31 March 2021.</p>	A
Safe in Hospital Settings		
2.3	By 31 March 2019 secure an aggregate reduction of 11% of <i>Escherichia coli</i> , <i>Klebsiella spp.</i> and <i>Pseudomonas aeruginosa</i> bloodstream infections acquired after two days of hospital admission, compared to 2017/18.	G
2.4	In the year to March 2019 the Public Health Agency and the Trusts should secure a reduction of 7.5% in the total number of in-patient episodes of <i>Clostridium difficile</i> infection in patients aged 2 years and over, and in-patient episodes of	G

	Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bloodstream infection compared to 2017/18.	
2.5	Throughout 2018/19 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	G
2.6	By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.	G
2.7	By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016 and the HSC Board must have established baseline compliance for community pharmacy and general practice. Reports to be provided every six months through the Medicines Optimisation Steering Group.	A
Safe in Community Settings		
2.8	During 2018/19 the HSC, through the application of care standards, should continue to seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.	G

Outcome 3: Improve the quality of the healthcare experience		Rag Rating
Objectives / Goals for Improvement		
3.1	By March 2019, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need including timely access to treatment.	G
3.2	During 2018/19 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.	G
3.3	By March 2019, patients in all Trusts should have access to the Dementia portal.	G
3.4	By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, both in acute and primary settings, which will then support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.	G
3.5	By March 2019 the HSC should ensure that the Co-production model is adopted when designing and delivering transformational change. This will include integrating PPI, co-production, patient experience into a single organisational plan.	A

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them		Rag Rating
Objectives / Goals for Improvement		
Primary Care Setting		
4.1	By March 2019, to increase the number of available appointments in GP practices compared to 2017/18	N/A
4.2	By March 2019, to have 95% of acute/ urgent calls to GP OOH triaged within 20 minutes.	N/A
4.3	From April 2018, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area.	N/A
Health Care Setting – Acute Care		
4.4	By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.	
4.5	By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	
4.6	By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	
4.7	By March 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	
4.8	By March 2019, all urgent diagnostic tests should be reported on within two days	
4.9	During 2018/19: <ul style="list-style-type: none"> All urgent suspected breast cancer referrals should be seen within 14 days; At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; And at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. 	  
Hospital Care Setting – Elective Care		
4.10	By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.	

4.11	By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.	A
4.12	By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/daycase treatment and no patient waits longer than 52 weeks.	R
4.13	By March 2019, no patient waits longer than: <ul style="list-style-type: none"> 9 weeks to access child and adolescent mental health services 9 weeks to access adult mental health services 9 weeks to access dementia services 13 weeks to access psychological therapies (any age) (Adult MH & LD / Children) 	G R A R

Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them		Rag Rating
Objectives / Goals for Improvement		
Increased Choice		
5.1	By March 2019, secure a 10% increase in the number of direct payments to all service users.	G
5.2	By March 2019, all service users and carers will be assessed or reassessed at review under the Self Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	G
Access to Services		
5.3	By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	R
5.4	By March 2019, have developed baseline definition data to ensure patients have timely access to a full swallow assessment.	G
5.5	By March 2019, Direct Access Physiotherapy service will be rolled out across all Health and Social Care Trusts.	A
5.6	By May 2018, to have delivered the Children & Young People's Developmental & Emotional Wellbeing Framework along with a costed implementation plan	A
Care in Acute Settings		

5.7	During 2018/19, ensure that 99% of all learning disability and mental health discharges take place within seven days of the patient being assessed as medically fit for discharge with no discharge taking more than 28 days.	A
-----	---	---

Outcome 6: Supporting those who care for others		Rag Rating
Objectives / Goals for Improvement		
6.1	By March 2019, secure a 10% increase (based on 2017/18 figures) in the number of carers' assessments offered to carers for all service users.	G
6.2	By March 2018, secure a 5% increase (based on 2017/18 figures) in the number of community based short break hours (ie non-residential respite) received by adults across all programmes of care.	A
6.3	By March 2019, to create a baseline for the number of young carers receiving short breaks (ie non-residential respite).	G

Aim: Ensure the sustainability of health and social care services provided

Outcome 7: Ensure the sustainability of health and social care services		Rag Rating
Objectives / Goals for Improvement		
Primary and Community Setting		
7.1	By March 2019, to have commenced implementation of new contractual arrangements for community pharmacy services.	N/A
7.2	By March 2019 to establish an outcomes reporting framework for Delegated Statutory Functions (DSF) that will demonstrate the impact and outcome of services on the social wellbeing of service users and the baseline activity to measure this.	G
Hospital Setting		
7.3	By March 2019, to establish a baseline of the number of hospital cancelled, consultant led, outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2020 seek a reduction of 5%.	G
7.4	By March 2019, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	R

7.5	By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than seven days; and all non-complex discharges from an acute hospital take place within six hours.	R
7.6	By March 2019, to have obtained savings of at least £90m through the 2016-19 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.	R

Aim: Support and empower staff delivering health and social care services

Outcome 8: Supporting the HSC Workforce		Rag Rating
Objectives / Goals for Improvement		
Implementing the Workforce Strategy		
8.1	By June 2018, to provide appropriate representation on the programme board overseeing the implementation of the health and social care Workforce Strategy.	G
Attracting, Recruiting and Retaining Staff		
8.2	By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service	G
Effective Workforce Planning		
8.3	By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.	G
8.4	By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.	G
Build on, Consolidate and Promote Workforce Health and Wellbeing and Staff Engagement		
8.5	By March 2019, to provide appropriate representation and input to audits of existing provision across the HSC, in line with actions 10 – 14 of the Workforce Strategy.	G
Improving Business Intelligence		
8.6	By December 2018, to provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis.	A
Supporting Our Staff		
8.7	By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	A

8.8	By March 2019, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure.	A
8.9	By March 2019, to have an agreed and systematic action plan to create a healthier workplace across HSC and to have contributed to the Regional Healthier Workplace Network as part of commitments under PFG.	G
8.10	By March 2019 to pilot an OBA approach to strengthen supports for the social work workforce	G
Investing in our Staff		
8.11	By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2 by March 2020.	A
8.12	By March 2019, to have developed and commenced implementation of a training plan on suicide awareness and suicide intervention for all HSC staff with a view to achieving 50% staff trained (concentrating initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.	G
8.13	By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.	G


Detailed Delivery Plans

Aim: To improve the health of the population




Outcome 1: Reduction of health inequalities



Total		
R	A	G
9	18	36

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
<p>1.1 By March 2020, in line with the Department's ten year "<i>Tobacco Control Strategy</i>", to reduce the proportion of 11-16 year old children who smoke to 3%; reduce the proportion of adults who smoke to 15%; and reduce the proportion of pregnant women who smoke to 9%.</p>	<p>The PHA has overall responsibility for reporting on this target. The Trust will contribute to achievement of the target through a range of initiatives as outlined below:</p> <ul style="list-style-type: none"> • Smoking cessation support will continue to be provided to motivated quitters across the Western Trust with particular emphasis on meeting/exceeding the KPIs for identified priority groups. • Delivery of regionally consistent Brief Intervention Training to identified areas, including GP practice nurses, hospital specialist nurses in heart and respiratory disease, diabetes and cancer, staff working with looked after children and midwives • A nurse addresses smoking cessation and other health related issues for the looked after children (LAC) population. This includes completion of a health assessment on each child that is admitted to residential Care, including screening in relation to smoking and offering advice, education and support as necessary based on the assessment. This nurse also acts in an advisory capacity to social workers in residential care. Smoking is also discussed at LAC Medicals. 	<div style="border: 1px solid black; background-color: green; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">G</div>

	<ul style="list-style-type: none"> • Delivery of weekly community outreach smoking cessation clinics in 5 locations throughout the WHSCT area facilitated by Nurse Prescribers. • Pregnant women are referred to the smoking cessation advisor from booking clinics when midwives become aware that they smoke. All pregnant smokers referred will receive smoking cessation information and signposted to Drop-In Clinics / Pharmacies. They will also have carbon monoxide testing carried out by the midwife and will be referred to smoking cessation as appropriate. The NIMATS system automatically refers all women to smoke to the Smoking Cessation service. • WHSCT will revamp its Smoke Free – No Vaping Policy in 18-19. Staff and managerial roles are more clearly defined with responsibility for implementation of the policy. Additional staff support through development and promotion of staff training videos made available. • Development and delivery of Brief Intervention training programmes to all WHSCT staff will be strengthened during 2018/19. • Health Visitors will receive training on smoking cessation with a particular emphasis on pregnant women and support them in stopping, especially during antenatal visits. 	
<p>1.2 By March 2019 to have expanded the “<i>Weigh to a Healthy Pregnancy</i>” to now include women with a BMI over 38. This programme is one element of the Departmental strategy “<i>A Fitter Future for All</i>”, which aims by March 2020, to reduce the level of obesity by</p>	<p>Women with a BMI over 38 from April 2018 have been included in the programme since April 2018.</p>	

<p>4 percentage points and overweight and obesity by 3 percentage points for adults, and by 3 percentage points and 2 percentage points for children.</p>		
<p>1.3 By March 2019, through continued promotion of breastfeeding to increase the percentage of infants breastfed, (i) from birth, and (ii) at 6 months. This is an important element in the delivery of the “<i>Breastfeeding Strategy</i>” objectives for achievement by March 2025.</p>	<p>The PHA has overall responsibility for reporting on this target. The Trust will contribute to achievement of the target through a range of initiatives as outlined below:</p> <ul style="list-style-type: none"> • A 3 year action plan has been devised in response to a scoping exercise of breast feeding services. This also involves setting up of a Task and Finish Group to develop a joined up approach to the delivery of peer support to antenatal and breast feeding mothers in the hospital and community setting. • A 6 month pilot commenced in June 2018 to measure the impact of having a healthcare assistant from the health visiting team providing additional support to breastfeeding mothers as soon as possible after discharge from hospital. • Continued provision of peer support link workers in both Altnagelvin and South West Acute Hospitals. This has been funded non-recurrently through the PHA for a number of years and has been made recurrent from April 2018. The recurrent funding also enables an increase in the number of hours provided. In support of this, two update events for 50 peer support volunteers will be co-ordinated and a Level 3 OCN peer support training programme will be delivered. • A part time Neonatal Breastfeeding Co-ordinator is now in post at Altnagelvin Hospital. • The Trust contributed to the development of a funding bid 	<div style="border: 1px solid black; width: 30px; height: 30px; background-color: #90EE90; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> G </div>

	<p>through the PHA for additional resource for a breastfeeding lead for the community, primarily for the Limavady, Derry and Strabane areas.</p> <ul style="list-style-type: none"> • World breastfeeding awareness week will be widely promoted throughout the WHSCT • Using the map on www.breastfedbabies.org to identify areas with low uptake of the Welcome Here Scheme, work will be undertaken to promote the scheme as appropriate across the WHSCT & Council areas. 		
1.4	By March 2019, establish a minimum of 2 “Healthy Places” demonstration programmes working with General Practice and partners across community, voluntary and statutory organisations.	<p>This target relates to the Local Government Community Plans. The Trust will ensure representation and support to contribute to achievement of this target as require.</p>	
1.5	By March 2019, to ensure appropriate representation and input to the PHA/HSCB led Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.	This target relates to primary care but the Trust will ensure representation and input as required.	N/A
1.6	By March 2019, to establish a baseline of the number of teeth extracted in children aged 3-5 years - as phase 1 of the work to improve the oral health of young children in Northern Ireland over the next 3 years and seek a reduction in extractions of 5%, against that baseline, by March 2021.	Since April 2018, the Trust has been collecting data on the number of children seen aged 3 to 5 years and the number of teeth extracted for this age group and therefore will be able to provide baseline data for 2018/19 at the end of March 2019. Once the baseline is established, an assessment will be made on the achievability of a 5% reduction in extractions in this age group by March 2021.	
1.7	By March 2019, to have further developed, and implemented the “ <i>Healthier Pregnancy</i> ” approach to improve maternal and child health and to seek a	The Getting Ready for Baby programme has been rolled out Trust-wide from September 2017. This incorporates the Solihull approach to delivering messages to prepare both women and their	

<p>reduction in the percentage of babies born at low birth weight for gestation.</p>	<p>partners for birth and transition to parenthood.</p> <p>Saving Babies Lives has been implemented since January 2017 which involves provision of serial scanning from 28 weeks for women identified with risk factors. This will improve detection rates of small for gestation age (SGA) and Intrauterine Growth Restricted babies (IUGR).</p>	
<p>1.8 By March 2019, ensure the full delivery of the universal child health promotion programme for Northern Ireland, “<i>Healthy Child Healthy Future</i>”. By that date:</p> <ul style="list-style-type: none"> • The antenatal contact will be delivered to all first time mothers. • 95% of two year old reviews must be delivered. <p>These activities include the delivery of core contacts by Health Visitors and School Nurses which will enable and support children & young adults to become successful, healthy adults through the promotion of health and wellbeing.</p>	<p>The Trust has recently successfully recruited twelve health visitor posts, however there remains a 4.36 WTE shortfall to fully meet normative staffing levels in health visiting which will not be able to be addressed until September 2019 when nine student Health Visitors qualify. Therefore, full delivery of the universal child health promotion programme will be a challenge in 2018/19. The delivery of the antenatal contact to first time and vulnerable mothers however will be prioritised and will be achievable throughout the Trust.</p>	
<p>1.9 By March 2019, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers have equal access to the family nurse partnership programme. The successful delivery of this objective will directly contribute to PfG Outcome 14 “We give our children and young people the best start in life”.</p>	<p>Family Nurse Partnership has now been rolled out across the Derry, Limavady and Strabane areas of the Trust and there are plans to incrementally roll this out Trust wide.</p>	


<p>1.10 By March 2019:</p> <p>a) the proportion of children in care for 12 months or longer with no placement change is at least 85%; and</p> <p>b) 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.</p>	<p>a) In 2017/18, the Trust achieved 86% against this target and expects to continue to achieve it in 2018/19 subject to numbers of looked after children remaining stable. The following measures will continue to be implemented in support of this target:</p> <ul style="list-style-type: none"> • Continue to ensure effective matching to reduce placement breakdown. • Continue to focus on foster placements at risk of break down via the Placement Under Pressure Panel chaired by the Assistant Director of Corporate Parenting. • Via the Trust's Kinship Foster care Team, there will be continued focus on increasing the number of assessments for approval for kinship carers as placement with kinship carers will further enhance placement stability and prevent placement breakdowns. <p>b) In 2017/18, 74% of children were adopted within the 3 year time-frame and the Trust expects to this in year 18/19</p>	<p style="text-align: center;">G</p> <p style="text-align: center;">A</p>
<p>1.11 By March 2019, to have further enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a "street triage" pilot and a "Crisis De-escalation Service" pilot. This work builds on previous investments in community mental health crisis teams and is an important element of the work to reduce the suicide rate by 10% by 2022 in line with the draft "<i>Protect Life 2 Strategy</i>".</p>	<p>CRHT is well established across the entire Trust providing 24/7 Crisis Response to Out of Hours and the ED departments of the Acute Hospitals. The Trust has also been instrumental in advising supporting and part funding the development of a pilot community project for individuals who find themselves in emotional or social crisis providing de-escalation intervention and engagement. In addition, Rathview House will come on stream in Autumn 2018 providing a step up step down alternative to hospital. This will support individuals in social and emotional crisis, building on previous investments in Community Mental Health Crisis Services.</p>	<p style="text-align: center;">G</p>

<p>1.12 By September 2018, to have advanced the implementation of revised substitute prescribing services in Northern Ireland, including further exploration of models which are not based in secondary care, to reduce waiting times and improve access. This is an important element in the delivery of the strategy to reduce alcohol and drug related harm and to reduce drug related deaths.</p>	<p>Within the Western Trust caseload sizes and waiting times remain an issue for the substitute prescribing service.</p> <p>Additional prescribing and therapist resource is required to address the substitute prescribing demand in the Western Trust. The Trust has explored the potential for a shared care model with GP's, however this does not appear to be a workable solution. In many practices there are very low numbers (if any) of substitute prescribing patients registered which presents challenges around maintaining the required skill levels. In addition, in order to ensure appropriate cover arrangements, at least two GPs in each practice would need to be able to support the model which presents a further challenge. The option of an increase in medical and substitute prescribing nurse time (particularly the option of nurse prescribing) needs to be explored if this target is to be achieved.</p>	<p>R</p>
<p>1.13 By July 2018, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preparations for regional deployment of the care pathway will be an important milestone in the delivery of the "<i>Diabetes Strategic Framework</i>".</p>	<p>Work has been undertaken to redesign podiatry services to include risk stratified, including high risk and active clinics and improved MDT links in diabetes team. Regional links within podiatry services have been clarified for appropriate onward referrals and follow up of high risk patients. Recent clarification of low risk foot screening plans have been agreed regionally and review of practice lists is ongoing.</p> <p>Recurrent funding has been confirmed in relation to the ICP Diabetes Foot project and non-recurrent transformation funding has been identified to support implementation of the foot protection aspects of the integrated pathway.</p>	<p>G</p>

Aim: To improve the quality and experience of health and social care

Outcome 2: People using health and social care services are safe from avoidable harm

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
<p>2.1 By March 2019 all HSC Trusts should have fully implemented phases 2, 3 and 4 of <i>Delivering Care</i>, to ensure safe and sustainable nurse staffing levels across all emergency departments, health visiting and district nursing services.</p>	<p>While this target relates to Phases 2, 3 and 4, the Trust notes that full implementation of Phase 1 – Medical and Surgical Wards continues to be challenging due to the supply of registered nurses. However, the Trust is continuing to take forward its action plan to address this.</p> <p>Phase 2 – Emergency Departments The planned staffing level for the Altnagelvin Emergency Department (ED) agreed through Phase 2 of Delivering Care is 76.00wte, which was calculated using 2016 ED attendance figures. The Trust’s Corporate Management Team has agreed to increase the nurse staffing level from the original funded level of 56.70wte to 63.91wte in line with the Phase 2 model to provide clinical leadership and contribute to the stabilisation of the Department The staffing level within the SWAH is in keeping with the nurse staffing model agreed under Phase 2 Delivering Care. The unregistered component of the team, recruitment of Band 3 Health Care Assistants has commenced, additional staff have been recruited and are currently completing their training.</p>	<p style="text-align: center;">A</p>

	<p>Phase 3 – Community Nursing</p> <p>The nursing workforce to implement Phase 3 has been calculated as 270.00wte – a deficit of 71.31wte staff. The Trust is developing an implementation plan to help prioritise where to target any investment. The most significant challenges to achieving this objective will be the availability of funding and the supply of registered nurses. A proposal for transformation funding has been developed. In addition five district nurse training places were commissioned in September 2017 and four were commissioned for September 2018.</p> <p>Phase 4 –Health Visiting</p> <p>The Trust has received the Delivering Care Phase 4 Model, approved by the Chief Nursing Officer and an implementation plan is being developed. The most significant challenges to achieving this objective will be the availability of funding to educate additional Health Visitors and the supply of registered nurses to provide the backfill. A proposal for transformation funding has been developed.</p> <p>The final calculation of the gap in health visiting staffing is not yet available. The Trust commissioned 7 Health Visitor training places in September 2017 and proposes to commission 11 in September 2018.</p>	
<p>2.2 By 31 March 2019:</p> <ul style="list-style-type: none"> • Ensure that total antibiotic prescribing in primary care, measured in items per STAR-PU, is reduced 	<p>The first element of this target is not applicable to the Trust.</p> <p>Reduction in total antibiotic use in secondary care:</p>	

<p>by 2% from the 2017/18 level of prescribing and:</p> <ul style="list-style-type: none"> • Taking 2017/18 as the baseline figures, secure in secondary care: <ul style="list-style-type: none"> ○ a reduction in total antibiotic use of 1%, measured in DDD per 1000 admissions; ○ a reduction in carbapenem use of 3%, measured in DDD per 1000 admissions; ○ a reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions, and ○ EITHER <ul style="list-style-type: none"> ▪ that at least 55% of antibiotic consumption (as measured in DDD per 1000 admissions) should be antibiotics from the WHO Access AWaRe* category, OR <ul style="list-style-type: none"> ▪ an increase of 3% in use of antibiotics from the WHO Access AWaRe* category, as a proportion of all antibiotic use. <p>With the aim of reducing total antibiotic prescribing (DDD per 1000 population) by 10% by 31 March 2021.</p> <p><i>*For the purposes of the WHO Access AWaRe targets, TB drugs are excluded.</i></p>	<ul style="list-style-type: none"> • 1% reduction – achievable • 3% carbapenems – achievable • 3% piperacillin- tazobactam – achievable if ARK study is implemented and rolled out • Either 55% of antibiotic consumption should be from the WHO Access AWaRe category or an increase of 3% in use of antibiotics from the WHO Access AWaRe category – the PHA are helping Trusts regionally to determine which target to aim for. At this point, achievability is uncertain as baseline measures are not available. <p>The Trust notes that the measures are DDD per 1000 admissions – a rate not fully under Trust control with respect to volume of admissions.</p> <ul style="list-style-type: none"> • Reduction in total antibiotic prescribing by 10% by 31 March 2021 - most of antibiotic prescribing (85%) is in primary care. Therefore a specific focus is needed there. 	
<p><i>Reducing Gram-negative bloodstream infections</i></p> <p>2.3 By 31 March 2019, secure an aggregate reduction of 11% of <i>Escherichia coli</i>, <i>Klebsiella spp.</i> and</p>	<p>The regional aggregate reduction of 11% has been set and the Trust's reduction target is still awaited. A meeting has been arranged with the PHA for 27th September 2018 to discuss the reduction target setting. The Trust is unable to provide an</p>	<div style="background-color: #90EE90; width: 30px; height: 30px; display: inline-block; border: 1px solid black;">G</div>

<p><i>Pseudomonas aeruginosa</i> bloodstream infections acquired after two days of hospital admission, compared to 2017/18.</p>	<p>assessment of achievability until individual Trust targets are set.</p> <p>Enhanced surveillance has commenced for 25% of identified gram negative surveillance and further analysis is required to identify additional risk factors for those acquired two days after admission.</p>	
<p>2.4 In the year to March 2019 the Public Health Agency and the Trusts should secure a reduction of 7.5% in the total number of in-patient episodes of <i>Clostridium difficile</i> infection in patients aged 2 years and over, and in-patient episodes of Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bloodstream infection compared to 2017/18.</p>	<p>MRSA</p> <p>The Trust achieved the 2017/18 target with a 20% reduction in the number of episodes compared to 2016/17, which equated to four episodes, all of which are categorised as community acquired which the Trust has limited scope to reduce. The regional aggregate reduction has been set and the Trust awaits the individual Trust reduction target. However, it is noted that it will be difficult to achieve any further reduction in relation to MRSA given the low numbers and limit scope the Trust has to reduce community acquired infections.</p> <p>Clostridium difficile</p> <p>The challenging target reduction was not met for 2017-2018. The Trust identified 64 cases of <i>Clostridium difficile</i>, 20 more than the target of 44. This was an increase of 14% compared to the previous year's performance (56 cases). 28 of the 64 cases were community-associated. The Trust has a number of initiatives in place to try to reduce the incidence of <i>Clostridium difficile</i> infection but the Trust's ability to affect change regarding community associated is limited and requires a regional approach.</p> <p>The current numbers of episodes for 18/19 has reduced by 40%</p>	<p style="text-align: center;">G</p>

	<p>compared to same time period 17/18.</p> <p>While the aggregate target has been identified, the Trust is unable to assess achievability of this target until individual Trust reduction targets have been agreed.</p>	
2.5 Throughout 2018/19 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	The Trust can confirm that clinical condition of all patients is regularly and appropriately monitored against the NEWS KPI audit guidance. If any area reports a low score from an audit, an improvement plan is implemented to address and a validation audit is completed to confirm improvement.	G
2.6 By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers	The Trust is participating in regional work with the Public Health Agency and the other Trusts to agree the revised definitions and reporting schedule.	G
2.7 By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016 and the HSC Board must have established baseline compliance for community pharmacy and general practice. Reports to be provided every six months through the Medicines Optimisation Steering Group.	Achievable if the measures become more objective and with some more regional targeted work e.g. on patient-centred decision making. This is a new document and the measures are a work in progress. The Trust has self-assessed to be 53% compliant at 70% (substantive level) and 88% at moderate to substantive level in 2017/18. Challenging to improve further without specific projects including 7 day working in pharmacy to improve medicines reconciliation on admission, through the stay and on discharge.	A
2.8 During 2018/19 the HSC, through the application of care standards, should continue to seek improvements in the delivery of residential and	In 2017/18, four failure to comply notices were issued. During 2018/19, the Trust The Trust will continue to work in partnership with the registered providers to make every effort to reduce the	G

<p>nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.</p>	<p>number of failure to comply notices and ensure that a notice of decision is not taken. Actions that will be taken forward include:</p> <ul style="list-style-type: none"> • Continue to hold regular contract review meetings with providers and proactively engage with them to address any issues that may arise to ensure the best outcomes for Trust clients. • Engage in shared learning events with providers subsequent to safeguarding findings to improve practices across the area. • Undertake client review meetings on a regular basis. • Continue to review Trust services from a maintenance and improvement perspective. • Monthly regulation visits are carried out by the registered provider. During these visits, the registered provider must be satisfied that the standards are being met. • Regular monitoring by Trust managers for regulated facilities in residential provision. Where there are concerns, Trust staff increase monitoring of Trust services and/or enhance monitoring within external provision to assess and identify risk and assist with areas for improvement. 	
---	---	--

Outcome 3: Improve the quality of the healthcare experience

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
<p>3.1 By March 2019, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need including timely access to treatment.</p>	<p>There are no issues with meeting this target in the South West Acute Hospital which has 100% single rooms. The Trust strives to ensure same gender accommodation at Altnagelvin Hospital where there is a mix of single rooms and multiple bedded bays, however exceptions to this would be very rare occurrence. The level of single room provision will increase on completion of the north wing extension currently under construction which is anticipated to be complete in January /February 2019.</p> <p>Quarterly returns are completed only on an exception basis and exceptions are reported through the Trust's Nursing & Midwifery Governance Meeting at this is a standing item.</p>	<div style="background-color: #92d050; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">G</div>
<p>3.2 During 2018/19 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.</p>	<p>Social workers are aware that for their individual cases they must take account the views of children/young people in care or leaving care to ascertain their feelings in relation to the development of the care plan</p>	<div style="background-color: #92d050; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">G</div>
<p>3.3 By March 2019, patients in all Trusts should have access to the Dementia portal.</p>	<p>The Trust continues to engage with the HSCB in the development of the HSC patient portal for dementia patients. The Trust is piloting the portal with dementia patients starting in September 2018.</p>	<div style="background-color: #92d050; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">G</div>

<p>3.4 By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, both in acute and primary settings, which will then support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.</p>	<p>During 2018/19, the Trust will continue to progress a range of core and transformational work plans to improve the earlier identification of those in the palliative phase of their illness to ensure timely intervention and support through the use of advance care plans by staff trained as key workers with advanced communication skills supported by enhanced specialist palliative care teams.</p>	<p>G</p>
<p>3.5 By March 2019 the HSC should ensure that the Co-production model is adopted when designing and delivering transformational change. This will include integrating PPI, co-production, patient experience into a single organisational plan.</p>	<p>The WHSCT Patient and Public Involvement (PPI) Strategy 2018-2021 has identified the need to ensure effective communication and closer strategic working between the PPI and Patient/client experience and states its commitment to the principles of co-design and co-production.</p> <p>The Trust will take cognisance of the DoH Guidance on co-production which is due to be launched at the end of August.</p> <p>The PPI action plan 2018-2019 will set out the Trust's arrangements to provide advice and guidance to staff on involvement of users, carers and patients in all proposals involving change or withdrawal of service including transformational change.</p> <p>The Trust continues to engage with users and carer through the Western Trust Adult Learning Disability services. As part of this work, a website has been developed to support service users and carers access information in a timely and informative manner. There are also plans to undertake a pathfinder project in the South West Acute Hospital using a co-production approach.</p>	<p>A</p>

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
4.1 By March 2019, to increase the number of available appointments in GP practices compared to 2017/18	Not applicable to the Western Health and Social Care Trust.	N/A
4.2 By March 2019, to have 95% of acute/ urgent calls to GP OOH triaged within 20 minutes.	Not applicable to the Western Health and Social Care Trust.	N/A
4.3 From April 2018, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area.	Not applicable to the Western Health and Social Care Trust.	N/A
4.4 By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.	<p>While the Trust did not achieve this target in 2017/18, the agreed performance improvement trajectory in relation to the 4-hour target was met despite an increase in attendances. A new performance improvement trajectory for 2018/19 has been developed which seeks further incremental improvement from 76% in 2017/18 to 78% in 2018/19.</p> <p>The Emergency Department at Altnagelvin continues to experience an increase in demand and a number of changes were introduced to support the management of this. The focus for 2018/19 will be</p>	<div style="background-color: red; color: white; text-align: center; width: 30px; height: 30px; margin: 0 auto;">R</div>

	<p>on consolidating these as follows:</p> <ol style="list-style-type: none"> 1. Conversion of CDU to Ambulatory Care Consolidating and growing this service is a Trust priority. This service has a discharge rate in excess of 80% and also has direct access to imaging and labs. A surgical assessment area has also been re-established and posts to support the cardiology pathway have been permanently recruited. These services now co-exist as one “Front of House” assessment service. 2. Stabilisation of nursing and medical workforce remains key to the delivery of safe and effective care. <p>The South West Acute Hospital has also continued to experience a continuing rise in presentations to its Emergency Department. This, coupled with a reduction in nursing home availability in the area, is compounding flow issues within the site and will impact on the ability to achieve this target.</p>	
<p>4.5 By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.</p>	<p>The Trust exceeded this target across all sites in 2017/18 and expects to continue to meet this target in 2018/19.</p>	<p>G</p>
<p>4.6 By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.</p>	<p>In 2017/18, 90% of all fractures and 91% of hip fractures were treated within 48 hours which was a very strong performance.</p> <p>The key issues impacting on the ability to achieve the target are:</p>	<p>A</p>


	<ul style="list-style-type: none"> • Overall demand and peaks in demand, eg paediatric patients in summer; • The requirement for side-rooms; • The overall complexity of patients and procedures is a challenge; • The current funded baseline is based on 2005/6 demand. <p>Actions that will be taken forward in 2018/19 include:</p> <ul style="list-style-type: none"> • A Trauma Access Patient Pathway Group is in place which reviews issues in relation to patient flow and ensures effective multi-disciplinary team communication and utilisation of resources; • Continued flexible working by orthopaedic surgeons to ensure theatre capacity and throughput is maximised; • Clinical prioritisation of trauma – this has an impact on elective and has meant extensive cancellation of elective inpatient and day case sessions in order to meet the target and enable access to trauma if there are peaks in demand. This will become more likely without an increase in trauma capacity. • An IPT for two additional consultants for orthopaedic services is currently being developed. As well as addressing surgical capacity for elective orthopaedics the Trust proposes that 3 additional theatre sessions and 10 additional ward beds with associated resources will be developed to meet demand. Recruitment of nursing staff is a major risk for this development. Analysis of a further rise in trauma demand is being carried out as there are concerns that even when this is put in place demand will still not be met. 	
--	--	--

	<p>Requirements to maintain or improve on performance are:</p> <ul style="list-style-type: none"> • Funding allocation as per IPT. • Increased rehabilitation bed numbers / throughput, particularly in the SWAH and NHSCT; same being developed with PCOP teams. • Increase in the number of single rooms planned for move into north wing development. • More trainees/staff grades – same included in consultant IPT re staff grades. • Recurrent funding for the consultant physician cover and AHP leave cover as these roles make a significant impact on throughput and clinical standards of care. 	
<p>4.7 By March 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.</p>	<p>In 2017/18, the Trust again exceeded the target with 18.4% of patients with confirmed ischaemic stroke receiving thrombolysis treatment. This was also an improvement on 2016/17 when a performance of 17.8% was achieved. The Trust will continue to strive to meet and exceed this target. However, it is noted that the ability to achieve the target is dependent on a number of factors:</p> <ul style="list-style-type: none"> • A high percentage of patients admitted with ischaemic stroke cannot provide accurate time of onset. Without the early recognition of symptoms, these patients cannot be considered for thrombolysis. In addition, if they do not recognise their symptoms within the 4.5 hours window, they will also fall outside the threshold to receive thrombolysis. • The recruitment of suitably qualified staff continues to be a challenge and the Trust continues to strive to secure 	<div style="background-color: #92d050; border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">G</div>

	<p>permanent recruitment through all possible available options.</p> <ul style="list-style-type: none"> The Trust has a 1:4 lysis rota in place in Altnagelvin Hospital and a 1:3 rota in the South West Acute Hospital (SWAH) and is working towards the establishment of a Trust-wide lysis rota. However, competing pressures within the general medical rota, particularly in the SWAH, are delaying the process. 	
<p>4.8 By March 2019, all urgent diagnostic tests should be reported on within two days.</p>	<p>Trust performance against this target in 2017/18 was 93.3%, a high level of compliance that was achieved despite a 48% vacancy rate. The Trust expects to maintain this performance in 2018/19. In relation to radiology, there remain ongoing issues with meeting a 48 hour target which include weekend reporting.</p> <p>The radiology management team are actively involved with MRCN to ensure that recognised regional issues in relation to 7 day reporting are being addressed as part of the Imaging Review”</p> <p>The Trust will also continue to:</p> <ul style="list-style-type: none"> Pursue recruitment of radiologists through local, national and international recruitment; extend radiographer reporting roles e.g. Plain Film, ultrasound and Nuclear Medicine; <p>The Trust acknowledges that formal arrangements for network and Outsourced reporting will remain an essential part of the radiology service for the foreseeable future.</p>	<p style="text-align: center;">A</p>

<p>4.9 During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days; at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; and at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.</p>	<p>14 Day Breast Cancer</p> <p>An excellent level of compliance with the 14 day breast target was achieved in 2016/17 (99.9%) and this has been maintained into 2017/18 with 100% performance achieved. The Trust has developed a performance improvement trajectory for 2018/19 which projects that this performance should be maintained. However a number of risks to maintained performance exist:</p> <ul style="list-style-type: none"> • Retirement of the Clinical lead for breast services will reduce the breast team to 1 WTE radiologist with an interest in breast, in Mar 2019 • Continued availability of WLI funding – the ability to provide a triple assessment is impacted by workforce challenges in both surgery and radiology specialties. The Trust has used waiting list initiative (WLI) funding to fund additional clinics. The Trust would wish to continue to deliver these additional sessions. • The availability of breast radiologists from March 2019 is likely to impact on the number of clinics available in WHSCT. There may be a requirement for regional support to the service at this time and there is a clear need for the appointment of more breast radiologists. • Due to the local issues with continued service provision, the Trust’s ability to engage in regional work to address waiting times on a Northern Ireland basis will be impacted and may result in some deterioration for the Trust in the DoH published performance statistics. 	<p style="text-align: center;">A</p>
---	--	---

	<p>31 Day Target</p> <p>The Trust achieved 99.7% compliance against this standard in 2017/18 compared to 100% in 2016/2017. As above the delivery of 31 Day target remains at risk in the absence of a regional solution to the radiology recruitment issue in WHSCT. However, The Trust expects to maintain performance 2018/2019.</p> <p>62 Day Target</p> <p>Access to endoscopy for red flag referrals is a challenge for the Trust as a result of vacancies in a number of key gastroenterology and surgery posts. A Gastroenterologist is due to commence in September 2018. The demand for red flag slots is outstripping capacity particularly in the Southern Sector of the Trust. This is resulting in a number of patients breaching the 62 day target particularly in the lower GI pathway. Funding has been secured for an additional nurse endoscopist who has recently been recruited and this will enable endoscopy capacity to be increased, particularly in the southern sector. This post will be filled in September 2018. The Trust has identified a plan to release capacity for appropriate skilled staff to undertake additional sessions to meet the demand</p> <p>There can also be challenges in relation to the timeliness of inter-Trust transfers which impact on the ability of the Trust to achieve this target.</p>	<p>G</p> <p>A</p>
--	--	---------------------------------

	<p>Increasing demand for cancer surgery in both the WHSCT and the BHSCT cancer centre is impacting on the Trust's ability to fully achieve the 62 day standard of 95%. The prioritisation of patients classified as "red flags" can impact on elective capacity, particularly in theatres, which can lead to issues regarding access to treatment. Again the Western Trust is challenged with vacancies in surgery. The Trust will continue to work with primary care colleagues to ensure appropriate classification of referrals. During 2018/19 the Trust will continue to:</p> <ul style="list-style-type: none"> • Engage internally and with the Regional Cancer Performance and Service Improvement Forum in order to improve patient pathways and access to services; • Focus on inter-Trust transfers in an effort to assess gaps in capacity and improve performance; • Work to achieve access to first diagnostics (particularly endoscopy) within 21 days; • Learn from analysis of breach reports through multi-disciplinary meetings and service engagement; • Monitor the demand for cancer related surgeries; • Actively pursue recruitment to vacancies in Gastroenterology and Surgery. 	
<p>4.10 By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.</p>	<p>The Trust did not achieve this target in 2017/18 when 29.8% of patients waited no longer than 9 weeks for their first outpatient appointment compared to 37.5% in the previous year. There was also an increase in the numbers waiting greater than 9 weeks from 19,730 in 2016/17 to 24,128 in 2017/18 and greater than 52 weeks</p>	

	<p>from 6404 in 2016/17 to 11,039 in 2017/18.</p> <p>The growth in red flag and urgent referrals impacted on the capacity to see routine referrals which resulted in routine waiting times in some specialties significantly exceeding 52 weeks. This is unlikely to change during 2018/19. In addition, the Trust continues to experience medical workforce pressures in a number of specialties such as neurology, respiratory medicine and gastroenterology (two additional consultants were recruited but start dates are to be confirmed) which will impact on the ability to achieve these waiting times. There are also nursing workforce pressures which are impacting on outpatient clinic capacity. Funding has been secured from the HSCB to deliver additional waiting list initiative activity. However funding approval is only currently available to address red flag and urgent referrals and while this should contribute to a reduction in the number of patients waiting, it will not address the routine longest waits.</p> <p>During 2018/19 the Trust will:</p> <ul style="list-style-type: none"> • Through our dedicated resource for patient access carry out focused work on outpatient waiting times. • Continue to work with HSCB in relation to the increasing numbers of red flag referrals which impact on the Trust's ability to see urgent and routine referrals within the waiting time standard. • Ensure implementation of good waiting list management practice, including the chronological management of patients of the same clinical priority. 	
--	---	--


	<ul style="list-style-type: none"> • Ensure appropriate triage and categorisation of all patient referrals, including the roll out of the regional CCG system (eTriage). • Ensure that clinics are booked in accordance with agreed clinic templates to ensure capacity is fully utilised. • Develop improvement plans for specialities identified by the HSCB that are underperforming in their SBA. • Ensure implementation of agreed investments to increase capacity and reduce waiting times within current financial constraints. • Engage with the HSCB and other Trusts for the implementation of the regionally agreed Outpatient Reforms. <p>The Trust is also planning to pilot an admin validation of longest waiters with three specialties identified in the first instance.</p>	
<p>4.11 By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.</p>	<p>While the Trust will continue to strive to meet this target, there are a number of challenges which are impacting on the ability to deliver the expected target waiting times.</p> <p>Radiology</p> <p>Radiology performance continues to excel with 100% of patients (20 at end of Mar 18) waiting less than 9 weeks for imaging. Diagnostic waiting times are being maintained but the WHSCT has a fragile radiology service due to the level of consultant vacancies. However the Trust has had some success with international recruitment for NHS locums in 2018 and despite further loss of</p>	<p style="text-align: center;">A</p>

	<p>radiologists expects to maintain this level of performance</p> <p>Imaging – The Trust will strive to maintain the high level of performance against this target, however there is a risk to continued achievability due to the current 54% vacancy rate within radiology staffing.</p> <p>Physiological Measurement – this is also a risk for the Trust in particular to due to the number of people on the waiting list for echoes. The Trust recognises the additional capacity funded in 2017/18 and will endeavour to maximise this to reduce the length of time patients are waiting, however additional funding to undertake waiting list initiative activity would also be required.</p> <p>Endoscopy - the ability to meet this target has been impacted by medical and surgical staffing shortages, particularly in the South West Acute Hospital. An additional nurse endoscopist has been secured which will contribute to improved performance. The two vacant gastroenterologist posts have also been successfully recruited, however the Trust is still awaiting final confirmation of start dates.</p>	
<p>4.12 By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment and no patient waits longer than 52 weeks.</p>	<p>The Trust did not achieve this target in 2017/18 when 35% of patients were waiting no longer than 13 weeks for inpatient/day case treatment compared to 38.1%in 2016/17. There was also an increase in the numbers waiting greater than 13 weeks from 9385 in 2016/17 to 10,810 in 2017/18 and greater than 52 weeks from 3013 in 2016/17 to 4548 in 2017/18.</p>	<p style="text-align: center;">R</p>

	<p>Performance is impacted by a number of issues:</p> <ul style="list-style-type: none"> • Increased demand for red flag procedures and the requirement for these to be prioritised will increasingly result in routine patients waiting longer in those specialties where waiting list initiative provides insufficient additional capacity. • Consultant vacancies, particularly in general surgery. • Impact of increase in ED attendances and bed pressures on access to elective beds, particularly during the winter period. • Impact of staffing shortages, ie ward nursing shortages affecting elective bed capacity and theatre nursing and anaesthetic staffing shortages affecting theatre capacity. • Planned essential upgrade works in DESU in the final quarter of 2018/19 will impact on theatre capacity. While the Trust has developed contingency plans to mitigate the impact, theatre capacity will be reduced. There is also a risk that the works will continue into the first quarter of 2019/20. <p>Actions 2018/19:</p> <ul style="list-style-type: none"> • Additional funding for in-house waiting list initiative sessions has been allocated for red flag and clinically urgent patients in 2018/19. While this may help to address the numbers of patients waiting, it does not address the long waiters. The Trust will endeavour to ensure is utilised to achieve optimum benefit, however this may be restricted due to staffing issues within theatres and nursing provision at ward level. • Ensure implementation of good waiting list management practice, including the chronological management of patients of 	
--	---	--

	<p>the same clinical priority.</p> <ul style="list-style-type: none"> • Through the Trust's dedicated patient access resource, seek improvements through a focus on theatre scheduling and theatre utilisation. • No funding in 2018/19 has been allocated for the Independent Sector to date. <p>Within the current financial constraints, ensure implementation of agreed investments to increase capacity, reduce waiting times and implement alternative working practices, where applicable.</p>	
<p>4.13 By March 2019, no patient waits longer than: nine weeks to access child and adolescent mental health services; nine weeks to access adult mental health services; nine weeks to access dementia services; and 13 weeks to access psychological therapies (any age).</p>	<p>CAMHS The WHSCT CAMHS Crisis Team became operational on the 12 March 2018. The team is comprised of a Band 7 lead and 5 Band 6 clinicians, providing a CAMHS Crisis response service across the Trust area from 9am to 5pm.</p> <p>A reduction trajectory for the CAMHS Waiting List has been completed for 2018/19 to assist in the management of breaching to a zero position by year end.</p> <p>Adult Mental Health – 9 Week Target In 2018/19 referrals and demand for service is expected to continue to increase whilst challenges in relation to recruitment and availability of staff continue.</p> <p>The breach position within adult mental health has been increasing and work has commenced internally to understand the issues</p>	<p>G</p> <p>R</p>

	<p>impacting on performance and identify actions to address.</p> <p>The Trust has developed a performance improvement trajectory which sets out the level of performance that it expects to be able to achieve based on projected demand and existing capacity. Due to challenges with recruitment and availability of appropriately trained staff, the Trust is predicting a substantial number of breaches at the end of March 2019.</p> <p>The Adult Mental Health Service have also initiated a system wide service improvement process whereby the flow, function and efficiency of all the teams which have an impact on these figures are being reviewed. A series of workshops have taken place from January 2018 to June 2018 and there has been significant learning in relation to improved systems. The Trust plan to report on the way forward which will bring the Trust into line with other areas in the region.</p> <p>In parallel with this project Mental Health Services have had a series of meetings with GPs in relation to referral pathways and prioritisation and communication. It is anticipated that this will have a positive impact as the mental health services progress to a potential new model of assessment and intervention.</p> <p><u>Dementia – 9 Week Target</u></p> <p>The requirement for 1 wte Consultant Psychiatrist for memory has been identified in order to meet demand. This has been highlighted</p>	<p style="text-align: center;">A</p>
--	---	---

	<p>regionally through the work that is ongoing in relation to the development of the regional dementia pathway. However, even if investment is secured, the Trust will still continue to have difficulty in recruiting and retaining medical staff here in the Western Trust. The Trust has submitted a performance trajectory to the HSCB which sets the level of performance expected to be achieved in 2018/19 and in order to try to manage the waiting list, the older people's mental health service has put in place additional nursing (0.6 WTE) and medical (4 consultant PAs) resources. Whilst the service may meet the target to see new patients, it is noted that some patients are waiting beyond their clinical time for reviews. There are also increased waiting times from assessment to diagnosis</p> <p><u>Psychological Therapies – 13 Week Target</u></p> <p>This target is expected to be achieved in children's LD and LAC. However, the Trust does not expect to be able to meet this target across a number of service areas as follows:</p> <p><i>Older People's Service</i> - there are capacity gaps to meet projected demand due to limited funded establishment and therefore limited capacity to deliver services to inpatient wards, outpatient services, Trust-wide memory clinics and direct and indirect interventions to patients and family caregivers. Currently all funded establishment posts are filled.</p> <p><i>Adult Learning Disability Service</i> - Recruitment challenges</p>	
--	---	---

continue to be experienced in relation to qualified psychology staff which is significantly impacting on the ability to meet the 13 week target. Posts are being re-advertised in 2018/19 and the Trust is looking at innovative ways to attract qualified staff, e.g. Preceptorship posts. Other possible options being considered to increase capacity include:-



- Employing Assistant Psychologists on a temporary basis in lieu to vacant posts;
- Considering redirecting money from clinical psychology to behaviour support service to increase chance of recruiting;
- Alternative training routes within the professions.


Adult Mental Health Service – Vacancies and availability of qualified staff are impacting on the ability to deliver the 13 week target. The Trust has submitted a bid for waiting list initiative funding for psychological therapies within adult mental health which if funded will contribute to a reduction in the number of patients breaching the target.

Clinical Psychology - Capacity has been impacted by unfilled maternity leave vacancies and an increase in demand impacting on performance. The service continues to prioritise clinical need/urgent referrals. Recruitment for maternity leave backfill has been unsuccessful via the traditional route or agency and in the interim a sessional contract is in place. A bid for waiting list initiative funding has been submitted to HSCB for approval which if funded will contribute to a reduction in the number of patients



	<p>breaching the target.</p> <p>Children's Psychology – vacant posts have impacted on capacity. While some of these have now been filled, an unfilled maternity leave vacancy will continue to impact until approximately October 2018. The service has been considering the potential for innovative ways of working i.e. group work and also submitted a waiting list initiative bid to the HSCB which if funded will contribute to a reduction in the number of patients breaching this target.</p>	
--	---	--

Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
5.1 By March 2019, secure a 10% increase in the number of direct payments to all service users.	In 2017/18, the Trust exceeded this target with 804 recipients of direct payments at the end of March 2018 compared to 624 at the end of March 2017. The Trust will continue to ensure that service users are given the option of direct payments and that direct payments continue to be promoted. The Trust expects to continue to meet and exceed this target in 2018/19.	
5.2 By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed	In 2017/18, 2808 users were assessed under the Self Directed Support (SDS) approach. At April 2018, there were 2978 Service Users and 163 Carers in receipt of an ongoing SDS package with:	



<p>budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.</p>	<ul style="list-style-type: none"> • 2397 (76.3%) in receipt of a Trust arranged service; • 722 (23%) in receipt of a direct payment; • 22 (0.7%) in receipt of a managed budget. <p>At 31 March 2018, 572 Individuals in receipt of services received Direct Payments broken down as follows:</p> <ul style="list-style-type: none"> • 99 (17%) Adult Learning Disability • 77 (13%) Physical & Sensory Disability • 21 (4%) Children’s Mental Health • 221 (39%) Primary Care & Older People • 154 (27%) CWD (including ASD) <p>In addition there were 577 One-Off Direct Payments and 129 individuals in a caring role received direct payments in 2017/18.</p> <p>Since the implementation of SDS in Western Trust, and in addition to the 3141 active clients:</p> <ul style="list-style-type: none"> • 139 Service Users have ceased an SDS service • 391 Service Users have received a one-off SDS service • 1 Carer has ceased an SDS service • 388 Carers have received a one-off SDS service 	
<p>5.3 By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.</p>	<p>At 31st March 2018, a total of 4758 people were waiting longer than 13 weeks to commence treatment by an allied health professional compared to 2176 in 2016/17. The Trust has received waiting list initiative funding following the submission of its plan. This funding will be targeted to deliver the shortest waiting times achievable by professional grouping. The only risk</p>	

	associated with the delivery of the planned improvement will be the availability of workforce. The Trust expects to meet the 13 week target for all areas with the exception of occupational therapy where a substantial reduction in the number of patients breaching is expected to be achieved but the breach position will not be fully cleared in 2018/19.	
5.4 By March 2019, have developed baseline definition data to ensure patients have timely access to a full swallow assessment.	The Trust has already increased its baseline adult speech and language therapy staffing complement through a mixture of investment and workforce re-design. The Trust continues to have a staffing capacity deficit in this area linked to the growth in demand associated with demographic change and the increasing prevalence of swallowing difficulties within an ageing frailer case mix. The Trust will deploy transformation resources associated with dysphagia to enhance knowledge and skills across all HSC settings and ensure timely access to assessment	G
5.5 By March 2019, Direct Access Physiotherapy service will be rolled out across all Health and Social Care Trusts.	The Trust has successfully trialled and extended a 'First Contact Physiotherapy' service within a GP practice in Strabane. The Trust in partnership with the Derry GP Federation has been awarded transformation funding for the development of Primary Care Multi-disciplinary Teams. The joint submission will deliver the establishment of First Contact Physiotherapy Services across GP practices servicing two thirds of the Trust's resident population. The staffing of this model will require the re-alignment of existing Physiotherapy resource from within the Trust's core MSK service to ensure the appropriate knowledge	A

	<p>and skills are available within a first contact model. This core capacity will then be backfilled. In light of this the Trust will not be in a position during 2018/19 to develop a self-referral model across the Trust but those living in the Derry GP Federation catchment area will be able to access Physiotherapy first contact assessment via their GP practices. Where assessed as appropriate onward referral and appointment allocation will be processed providing directly accessed via this route. Ultimately the Trust envisages Direct Access and First Contact Physiotherapy as being component elements of its future Physiotherapy Delivery model. However, the Trust will need to evaluate the impact of the First Contact Physiotherapy Service within Primary Care to re-model its overall service delivery configuration</p>	
<p>5.6 By May 2018, to have delivered the Children & Young People's Developmental & Emotional Wellbeing Framework along with a costed implementation plan</p>	<p>The task and finish group responsible for this framework met in August 2018 for the first time since January 2018 and a series of meetings are scheduled for the next 12months on which the WHSCT is represented. The final document is not yet finalised the Trust has provided comments back in respect of the document as requested due by 18th September 2018. The framework will be subject to the usual consultation process once completed.</p>	
<p>5.7 During 2018/19, ensure that 99% of all learning disability and mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking</p>	<p><u>Adult Learning Disability</u> During 2017/18, patients not dependent on new community arrangements were all discharged within the 7 day timeframe. However, significant pressures were experienced in discharging a</p>	

<p>more than 28 days.</p>	<p>small percentage of patients who required new community placements to be developed resulting in the 7 and 28 day timeframes being missed, ie 91% of discharges took place within 7 days and 4 discharges took more than 28 days.</p> <p>These challenges will continue into 2018/19 as community housing options remain limited and most admissions as a result of community / family breakdowns require new arrangements to be made. Provider organisations are also experiencing difficulty in recruiting staff.</p> <p><u>Adult Mental Health</u></p> <p>While a strong performance against the 7-day target was achieved in 2017/18 for mental health discharges (98%), availability of low secure accommodation across the region is impacting on the ability to fully achieve this target. In addition, the availability of suitable community placements for people with complex needs is also a challenge which is resulting in delayed discharges. A regional group has presented a paper in relation to rehabilitation services to the Regional Bamford Monitoring Group.</p>	
---------------------------	--	--

Outcome 6: Supporting those who care for others

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
<p>6.1 By March 2019, secure a 10% increase (based on 2017/18 figures) in the number of carers' assessments offered to carers for all service users.</p>	<p>In 2017/18 the Trust increased the number of carers assessments offered to 628 compared to 407 in the previous year and will continue to ensure that, where possible, carers are identified and offered a carer assessment. Significant improvements were made in adult learning disability services which reported a 14.5% increase in the number of carers assessments offered and adult physical disability services which reported a 6.25% increase.</p> <p>The Trusts will continue to strive in 2018/19 to meet the target set. Carers continue to be offered an assessment and this is reviewed regularly.</p>	
<p>6.2 By March 2019, secure a 5% increase (based on 2017/18 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.</p>	<p>In 2017/18, 29,702 short break hours were delivered (<i>based on final quarter 2017/18</i>), which fell substantially short of the 5% target increase.</p> <p>During 2018/19, the Trust will continue to endeavour to achieve this target. Within some service areas significant increases were achieved, such as adult learning disability and adult physical disability, where the increase was above the target 5%. The Trust will build on this and will promote the use of alternative non-residential short break provision in line with assessed need. The use of self-directed support and direct payments will also continue to be supported and there will be a focus on discussion with clients regarding choice and the options available.</p>	

6.3 By March 2019, to create a baseline for the number of young carers receiving short breaks (ie non-residential respite).	The Trust will work to create a baseline for the number of young carers receiving short breaks in line with technical guidance which is still awaited.	G
---	--	----------

Aim: Ensure the sustainability of health and social care services provided

Outcome 7: Ensure the sustainability of health and social care services

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
7.1 By March 2019, to have commenced implementation of new contractual arrangements for community pharmacy services.	Not applicable to WHSCT.	N/A
7.2 By March 2019 to establish an outcomes reporting framework for Delegated Statutory Functions (DSF) that will demonstrate the impact and outcome of services on the social wellbeing of service users and the baseline activity to measure this.	Work has commenced with the HSCB and the Directors of Social Work to agree an outcomes reporting framework. It is anticipated that some pilot areas will be developed and tested in 2018/19 with further rollout thereafter. A significant amount of preparation work has already been undertaken and a revised circular agreed to underpin the relevant statutory functions and accountability arrangements.	G
7.3 By March 2019, to establish a baseline of the number of hospital cancelled, consultant led, outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2020 seek a reduction of 5%.	The Trust will establish a baseline as required by March 2019. Based on this, an assessment will be made on the achievability of a 5% reduction by March 2020.	G






<p>7.4 By March 2019, to reduce the percentage of funded activity associated with elective care service that remains undelivered.</p>	<p>The Trust's delivery of funded elective activity reduced in 2017/18 compared to 2016/17. The ability to deliver core activity was impacted by a number of issues but key factors were:</p> <ul style="list-style-type: none"> • Medical vacancies and sickness absence in some specialties, e.g gastroenterology, ophthalmology, general surgery, pain, orthopaedics and rheumatology; • Impact of unscheduled demand on elective capacity and regional decision to cancel routine elective in the latter part of 2017/18. <p>For 2018/19, the Trust has developed performance improvement trajectories for elective inpatients/day cases and new outpatients which aim to achieve substantial improvements, reducing under-delivery in inpatient/day case from -11.1% to -8% and in new outpatients from -15.7% to -11%. Work is also ongoing to improve delivery of review outpatient core activity.</p> <p>The Trust's ability to deliver core activity will continue to be impacted by a range of issues as follows:</p> <ul style="list-style-type: none"> • Ability to recruit and establish stable clinical teams in vulnerable specialties, eg respiratory, general surgery, gynaecology. • Impact of increases in unscheduled care demand on elective inpatient capacity • Continuing impact of Band 5 nursing shortages on elective inpatient bed capacity. • The need for workforce controls as part of the Trust's financial plan to manage expenditure, has constrained the steps which 	<div style="background-color: red; color: white; text-align: center; width: 30px; height: 30px; margin: 0 auto;">R</div>
---	---	--

	<p>would normally be taken to support core elective delivery, in particular backfill of vacancies, sick leave and maternity leave.</p> <ul style="list-style-type: none"> • In-house capacity to run additional sessions due to staff availability. <p>Two key risk areas to delivery of core in 2018/19 are planned works in the DESU theatres during the final quarter of the year and the current level of theatre nursing vacancies. As a result of the vacancies, the Trust is currently unable to schedule sessions in two theatres per week. While the Trust has developed plans to minimise the impact on core activity and has put in place arrangements to manage this, some impact on the core inpatient/day case delivery will be unavoidable.</p> <p>The Trust also notes that substantial reform and modernisation is being taken forward which has resulted in changes in how services are delivered, for example virtual activity, multi-disciplinary teams, nurse-led activity. As this progresses, it is essential that the current core activity as set out in the Service and Budget Agreement with the Trust is reviewed to ensure that it reflects these changes. The Trust acknowledges that some work has commenced on this locally in relation to diabetes and respiratory services.</p>	
<p>7.5 By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than seven days; and all non-complex discharges from an acute hospital take place within six hours.</p>	<p>There was an improvement in performance against this target in 2017/18 with 82% of complex discharges taking place within 48 hours compared to 76% in 2016/17 and 91% taking place within 7 days compared to 87% in 2016/17. The number waiting greater than 7 days also reduced from 479 in 2016/17 to 410 in 2017/18. A performance improvement trajectory has been developed for</p>	<p style="text-align: center;">R</p>

	<p>the 48 hour target for 2018/19 which aims to improve performance to 85%.</p> <p>The Trust has put in place residential support beds at one of its statutory residential homes in the northern sector, initially starting with 6 beds and now increased to 17 beds as demand increased. The Trust continues to have this flexible bed capacity available during 2018/19. The Trust would like to replicate this type of bed provision in the southern sector of the Trust and is currently in negotiations with an independent provider to take this forward.</p> <p>The Trust is also developing its winter resilience plan for 2018/19 to put in place arrangements to manage patient flow during peaks in unscheduled demand. Initiatives being taken forward during 2018/19 such as further development of ambulatory care pathways on both the Altnagelvin and South West Acute hospital sites should also support improvements in unscheduled flow.</p>	
<p>7.6 By March 2019, to have obtained savings of at least £90m through the 2016-19 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.</p>	<p>This is a combined primary and secondary care target and the work is being managed through the Medicines Optimisation Regional Efficiency Programme. The Trust expects to be able to achieve its target share although this will not be until 2020. However, the combined target will be challenging to achieve and will require clinician engagement from both sectors.</p>	<p>R</p>

Aim: Support and empower staff delivering health and social care services

Outcome 8: Supporting and transforming the HSC workforce



COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
8.1 By June 2018, to provide appropriate representation on the programme board overseeing the implementation of the health and social care Workforce Strategy.	The Trust will provide representation to the Programme Board and associated workstreams.	
8.2 By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service.	The Trust will provide representation to the Project Board as required.	
8.3 By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.	The Trust will work in partnership with the HSCB and regional colleagues to design and roll out a new model of domiciliary care provision	
8.4 By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.	The Trust will participate fully in the project as required.	
8.5 By March 2019, to provide appropriate representation and input to audits of existing provision across the HSC, in line with actions 10 – 14 of the Workforce Strategy.	<p>The Trust participates in a range of internal audits and follow up actions are prioritised.</p> <p>A full census HSC Staff Survey is being planned for 2019 which will form the basis for further actions to achieve workforce strategy aims.</p> <p>The Trust will comply with any other audit requirements.</p>	


<p>8.6 By December 2018, to provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis.</p>	<p>In order to achieve this target, the Trust has identified the requirement for an informatics system that will provide a platform that will facilitate proactive use of business intelligence information. A business case is currently being prepared to secure funding to enable a proof of concept to be undertaken. This will include recruitment of additional resources with the required software development skills to ensure the system is optimised. While the Trust is working towards this, it is doubtful that this target can be achieved within the identified timescale.</p>	<p>A</p>
<p>8.7 By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.</p>	<p>Whilst the Trust acknowledges that the target was not achieved in 2017/2018 there has been an improvement from 25.74% in 2016/2017 to 27.4% of frontline staff vaccinated.</p> <p>The following actions contributed to this improvement:</p> <ul style="list-style-type: none"> • Widespread Flu Fighters campaign across the three hospital sites, non-acute hospitals and health centres including drop-in vaccination clinics. Clinic times were also scheduled to accommodate night staff. • Education and communication – campaign widely and repeatedly promoted through Trust Communication and newsletters plus daily reminders of clinic venue and times. • Occupational Health staff visited wards at the three hospital sites and offered the vaccine to staff while at their work. Training venues were also attended to promote vaccine uptake. • Incentives were offered. 	<p>A</p>

	<ul style="list-style-type: none"> • Flu vaccination available to the end of season • Local Flu Champions encouraged and promoted uptake amongst staff. • Weekly update figures were reported to the Medical Director. • Flu fighters provided promotional posters and stickers and supported Trust staff in the delivery of the programme. <p>In 2018/19, the Trust will undertake another extensive flu campaign and ensure that the vaccine is widely accessible to all staff. Plans also include:</p> <ul style="list-style-type: none"> • Working closely with the PHA to ensure effective education and communication, including roll out of the flu campaign, particularly to hard-to-reach staff groups. • Designated “champions” identified and trained to encourage front line staff to avail of the vaccination. • Gathering statistical data to measure the uptake and this will be analysed to target areas where uptake is low. • PHA has also decided to procure “Flu Fighters” for the up and coming season to provide additional support to our local campaign. • Personal invite to all staff has been proposed • Peer vaccination proposal has been tabled. • Enhanced communication strategy 	
8.8 By March 2019, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure.	The Trust was required to achieve a 5% reduction on 7.51% (position at 31 March 2017) which was a target of 7.13% The Trust achieved the 5% reduction target and as at 31 March 2018 the cumulative absence rate was 7.02% which means that the	A

	<p>tarrget for 2018/19 is 6.67%.</p> <p>During 2017/18 work was ongoing in relation to the Quality Improvement Cost Reduction (QICR) Plan 2017-2020:</p> <ul style="list-style-type: none"> • A new Managing Attendance Policy was launched in September 2017. • Absence Management Training to support implementation of the new Trust policy was developed and commenced in October 2017. To date 446 managers have been trained. This training which is jointly delivered by HR Directorate Support Teams (DST) and Occupational Health focuses on early intervention, escalation and communication to support employees to return to work. The training involves practical exercises and group discussion to enhance learning. To date evaluations from participants show that the majority have rated this training as excellent. This training will continue throughout 2018/19. • HR DSTs are continuing to develop a schedule of targeted absence workshops to focus on Departments who are identified as Absence Hot Spots within the absence reports. These targeted workshops will provide a more in depth review of absence patterns within these departments and will produce a more focused and individualised plan for these specific areas. • The Trust will continue to provide local leadership development initiatives and participate in the regional 	
--	---	--

	<p>leadership development programmes.</p> <ul style="list-style-type: none"> • The Trust recognises the importance that staff health and wellbeing makes to creating and maintaining a motivated, engaged and productive workforce and acknowledges how important it is to the successful delivery of quality health and social care services for our population. We are committed to developing a detailed programme of activities aimed at promoting the wellbeing of staff, led from Chief Executive level downwards throughout the organisation to include: <ul style="list-style-type: none"> - A 3-year Strategy and Action Plan - The TWIST West Wellbeing hub which can be accessed by all staff - A Health Champion network throughout the organisation - New wellbeing programmes and grow existing programmes 	
<p>8.9 By March 2019, to have an agreed and systematic action plan to create a healthier workplace across HSC and to have contributed to the Regional Healthier Workplace Network as part of commitments under PfG.</p>	<ul style="list-style-type: none"> • The Trust recognises the importance that staff health and wellbeing makes to creating and maintaining a motivated, engaged and productive workforce and acknowledges how important it is to the successful delivery of quality health and social care services for our population. • We are committed to working together with all HSC organisations through the Regional Healthier Workplace Network and actively participate at each of the workshops. • The WHSCT also has representation on the four work streams of this group to include Measures and indicators, Online toolkit/apps, Healthier Workplaces Charter, Ageing Workforce. • The Trust is actively participating in the development of a 	<div style="border: 1px solid black; width: 30px; height: 30px; background-color: #90EE90; display: inline-block; margin: 0 auto;">G</div>

	<p>Regional HSC Staff Wellbeing Charter. Locally our plan is to develop:</p> <ul style="list-style-type: none"> - A 3-year Strategy and Action Plan - The TWIST West Wellbeing hub which can be accessed by all staff - A Health Champion network throughout the organisation - New wellbeing programmes and grow existing programmes 	
<p>8.10 By March 2019 to pilot an OBA approach to strengthen supports for the social work workforce</p>	<p>The Trust has already provided a range of OBA training for Social Work staff and have established pilots within Women and Children's Directorate with all our reform plans using an OBA approach.</p>	
<p>8.11 By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2 by March 2020.</p>	<p>The Trust is committed to ensuring that staff are trained in the Q2020 Attributes Framework.</p> <p>Level 1 Training: As part of the regional Quality 2020 Strategy, an eLearning programme was made available in 2016/17 which covers the attributes described in Level 1 of the Framework. The Trust has worked with its Management Development Team to ensure that the content of the training is included within their relevant existing programmes. This target should be achievable but it is dependent on staff completing the e-learning module. This has now been added to the mandatory training list and face to face sessions have also been provided. A further Trust Communication and information in the staff newsletter will be provided during 2018/19 in order to encourage uptake.</p>	

	<p>Level 2 Training –The Trust does not believe that it will be able to train the target number of staff by March 2020. It is only this year that the Trust has in place a faculty of staff trained at level 3 who can deliver the level 2 training which is an 8-month programme. The Trust’s first training programme will commence in October 2018 and based on experience from other Trusts, capacity on the training programme has been set at 60 although there may be an opportunity to slightly increase this in future years when the training becomes embedded. This will mean by 2020 approximately 120 staff will be trained vs a target figure of 525. An additional small number of staff are also trained regionally each year, however this would not be sufficient to enable the target to be achieved.</p>	
<p>8.12 By March 2019, to have developed and commenced implementation of a training plan on suicide awareness and suicide intervention for all HSC staff with a view to achieving 50% staff trained (concentrating initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.</p>	<p>The Trust recognises the importance of staff health and wellbeing and creating an awareness of suicide intervention for all HSC staff. The Trust is committed to working with all HSC organisations through the Regional Protect Life 2 Strategy to promote awareness around suicide and develop skills to ensure staff can intervene in an effective and appropriate way.</p> <p>From 10th September to 10th October there will be a ongoing campaign to support and promote World Suicide Prevention Day and World Mental Health Day. A campaign pack will be available to all staff as well as the Voluntary / Community sector. The theme is the "Elephant in the room".</p>	


	<p>Via the Trust's Health Improvement Department, a selection of training courses targeting suicide awareness and emotional health and well-being awareness will be available to staff These include Mental Health First Aid, Safe Talk and Connections.</p> <p>In partnership with the Mental Health Services, five ASIST training courses have been arranged for 2018/19 (121 places in total). This training will target Mental Health frontline staff and any additional places will be allocated to the Voluntary/Community sector staff.</p> <p>Also in partnership with Mental Health Services a suicide awareness conference targeting 100 frontline staff is planned for September 2018 in the North West Regional College. This event will take place during World Suicide Prevention week. The theme for the conference is to ensure staff are equipped to work effectively with patients and clients who are expressing suicidal idealisation. This will include a showcasing of best practice in this area of work.</p>	
<p>8.13 By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.</p>	<p>The Trust will develop a project implementation plan in line with the commissioner's transformation IPT to ensure the recruitment and delivery of this training across the Trust</p>	<p style="text-align: center;">G</p>


Section 3.2 TRUST RESPONSE TO REGIONAL COMMISSIONING PLAN PRIORITIES

UNSCHEDULED CARE (9)

R	A	G
	2	7

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to enhance a therapeutic frontline home based intermediate care team, responding rapidly and with a focus on recovery, independence and patient experience.	Trust responses should demonstrate plans to deliver rapid response with professional review at home by a member of the team within 4 hours, bed days saved, re-admission avoidance & admission avoidance.	The Trust has developed a draft IPT response which sets out how it will use proposed transformation funding to implement a model of home based rehabilitation that will enhance the Trust's range of intermediate care pathways. These pathways will support timely Transfers of Care and also respond rapidly to provide an alternative pathway to avoid hospital admission where appropriate. This development is dependent on the allocation of transformation funding.	G
2.	Effective arrangements should be in place to ensure availability of a regional Outpatient Parenteral Antibiotic Therapy project	Trust responses should demonstrate how the service will enhance the governance and stewardship of intravenous antibiotic prescriptions and reduce the	The Trust is completing the IPT for phase 1 of this service which involves recruitment of pharmacy staff and additional microbiologist time. OPAT/Stewardship pharmacists will be recruited to work in Altnagelvin and South West Acute	G

		number prescribed, as well as reduce the number of patients waiting in hospital be discharged on appropriate IV antibiotics.	Hospitals to focus on the regular review of OPAT patients, increasing the number of hospital patients referred to the service, reviewing patients and their antibiotics, prescribing new antibiotics and making IV to oral switches as clinically appropriate. This work will be carried out in collaboration with an OPAT multidisciplinary team which will meet weekly in line with national guidelines. The pharmacists will lead on the development of operational and clinical policies and guidelines as well as audit and will work closely with microbiology and rapid response nursing. A medical resource will be needed to develop this service fully.	
3.	Effective arrangements should be in place to build on the 7 day working for Physiotherapists, Occupational Therapists, Pharmacists and Social Workers in base wards building on the 2014 paper "Improving Patient Flow in HSC Services".	Trust responses should demonstrate a reduction in time from referral to / request for AHP support to first contact; a reduction in patients declared as a complex delay over 48 hours; increased AHP contacts at weekends and over holiday periods.	Altnagelvin Hospital now has 7 day working across all areas of Unscheduled Care. Physiotherapy, Occupational Therapy, Pharmacy and Social work services input directly to the Emergency Department, Ambulatory Care Unit and the Acute Medical Unit at the weekend. A central base of the Emergency Department has been created for co-ordination and provision of central communication channels is presently being created. The Trust will prioritise the availability of 7 day AHP access in the South West Acute Hospital to	

			<p>ensure timely assessment and targeted therapy across a 7 day model.</p> <p>Transformation funding has been identified to support enhancement of AHP, social work and pharmacy input to base wards and this will be targeted based upon clinical need and the potential to deliver reduced length of stay.</p>	
4.	<p>Effective arrangements should be in place to ensure Trusts have in place local arrangements for site co-ordination / control room to manage patient flow.</p>	<p>Trust responses should demonstrate a sustainable robust rota over 7 days, 365 days of the year that provides a single point of contact for system control.</p>	<p>At Altnagelvin Hospital, a Hub has been in place now for 15 months and is chaired on a daily basis (Mon-Fri) by an Assistant Director. The chair is supported a medical and surgical single point of contact (SPOC). SPOC's are Band 8a Lead Nurses and 8b Service Managers. Transformation funding has now been secured to extend this provision to 365 days per year and a consultation to review senior management working practices is being developed. Weekends are presently supported by voluntary presence on site, alongside normal on-call arrangements, on-call Director support and Patient Throughput Managers. The funding secured for 2018/19 will provide a consistent presence in the Hub at senior manager level and will support delivery of service improvement. In the Southern Sector the funding will provide administrative/data collection support to the bed management team who</p>	

			manage flow on the South West Acute Hospital site.	
5.	Effective arrangements should be in place to provide Acute / Enhanced Care at Home that provides active treatment by health care professionals in the persons own home for a condition that would otherwise require acute hospital in-patient care.	Trust responses should demonstrate how, working with appropriate partners Acute / Enhanced Care at Home services will be made available 24/7 and linkages to core primary / community care teams and NIAS.	The Trust continues to provide Acute Care at Home (AC@H) to patients in the Northern Sector of the Trust following a multi-disciplinary approach and avoiding an acute admission to hospital. The AC@H team has established links with colleagues in community teams and the acute hospital setting in order to provide a seamless service for our over 75 year old clients. The Trust has submitted an IPT for extension of AC@H to a Trust-wide service.	G
6.	Effective arrangements should be in place to provide care to seriously injured patients at a regional Major Trauma Centre with the aim of increasing survival following major trauma and reducing the incidence of long-term disability from injuries.	Trust responses should demonstrate how arrangements will be put into place to provide a consultant-led service for the care and coordination of patients including rapid access to specialist services related to trauma.	There is no current date for activation of the trauma ward in the RVH which will accept all patients with significant trauma after initial treatment in a trauma unit. This is outside of the control of the Western Trust and trauma patients will continue to be treated locally and transferred as required for regional specialist management. This is kept under review by the Trust Trauma Committee. SWAH is to host the European Trauma course this year to equip candidates with skills to respond to a major trauma call.	A

7.	Effective arrangements should be in place to ensure patients receive access to rehabilitation services to maximise their recovery following major trauma.	Trust responses should demonstrate how patient care will be enhanced by arrangements for AHP resources to support timely access to rehabilitation services in acute and general care settings.	<p>The Trust will continue to provide rehabilitation to patients following major trauma from its existing baseline AHP resources. The Trust resources for rehabilitation post trauma are under review by the Acute and PCOPS directorate staff as a programme of transformation of services.</p> <p>At present significant delays in access to non-acute rehabilitation services can restrict repatriation and rehabilitation of major trauma patients. Despite efforts of service staff, there remain occasions where repatriation and rehabilitation may be delayed. The goal of the transformation work is to improve flow in these pathways.</p> <p>The Trust continues to engage with regional groups regarding this pathway.</p>	A
8.	Effective arrangements should be in place to ensure Trusts are able to respond to major trauma in their local Emergency Department as part of a regional Major Trauma Network.	Trust responses should demonstrate how processes will be implemented to alert local Trust trauma teams to respond to major trauma calls and ensure teams have adequate and up to date training. Process should also include 'call and send' for patient requiring onward transfer to the Major Trauma Centre.	Altnagelvin Emergency Department has a trauma team pathway which ensures appropriate response to all patients who attend with major trauma. This consists of senior doctors from ED, anaesthetics, general surgery, T&O, radiology and paediatrics when required. The Trust has processes and dedicated equipment in place for the safe and timely transfer of Time Critical cases to the regional centre.	G

9.	<p>Effective arrangements should be in place to increase the number of unscheduled care patients managed on ambulatory pathways avoiding the need to be admitted to hospital</p>	<p>Trust responses should demonstrate the ambulatory care pathways prioritised for implementation / enhancement in 2018/19 plans for same day / next day referrals to services as well as direct GP access for patient management advice.</p>	<p>Altnagelvin's Ambulatory Care Unit has been fully functional since May 2018. It accepts Medical, Cardiology, Surgical and ENT GP Referrals and Emergency Department referrals. It sees on average 30 patients per day with a discharge rate of 90%. In September 2018 it will accept ED Surgical Referrals also.</p> <p>Following the successful establishment of the Ambulatory Care Unit (ACU) for GP access for medical conditions, the Trust has extended ACU to include surgical GP referrals as of May 2018.</p> <p>Limited transformation funding has been identified for 2018/19 which will be directed towards the development of ambulatory pathways in the South West Acute Hospital. Pathways are currently being developed.</p>	<p style="text-align: center;">G</p>
----	--	---	---	---

ELECTIVE CARE (7)

R	A	G
	4	3

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to establish a regional programme of pathology transformation.	<p>Trust responses should demonstrate how they are supporting delivery of regional pathology transformation programme objectives, which are broadly as follows:</p> <ul style="list-style-type: none"> • To enable managerial reform, including necessary regional standardisation; • To ensure future workforce & service sustainability; • To further develop the quality, performance & regulatory framework for pathology; • To develop a strategy for Pathology to support delivery of effective clinical services; • To procure & implement 	<p>The WHSCT has representatives on the Pathology network board, which is taking the lead on managerial reform. Following PAR review the Department of Health has setup a small subgroup to bring forward proposals on managerial reform to network.</p> <ul style="list-style-type: none"> • Regional standardisation projects are ongoing in all disciplines and WHSCT staff supporting this programme. • The WHSCT has serious issues recruiting qualified Biomedical Scientist staff as there is a very limited number of staff available and reduced output from the University of Ulster due to reduction in bursary support by DOH to BMS placement students. Consideration needs to be given to offering more attractive recruitment packages attract staff to the Western Area. The WHSCT has one of the 	G

		<p>replacement regional LIMS, blood production and tracking systems, and an interim digital pathology solution.</p>	<p>lowest staffing levels in the province in most disciplines and have had to employ locums. This has been communicated via the pathology network, however the current priority for funding is LIMS projects. In order to mitigate this, the WHSCT are keeping on some staff in the South West Acute Hospital who had been employed to cover maternity, however a more sustainable solution is required. A position paper will be developed for presentation to the network.</p> <ul style="list-style-type: none"> • The WHSCT has achieved UKAS accreditation for all disciplines, however the excessive additional workload has been flagged up to the Trust and Network. It is now accepted that a 10% increase in workload and costs per discipline is required to maintain UKAS accreditation. The WHSCT is the only Trust without a dedicated fulltime quality officer. At the last Network Board it was agreed that additional support is required if the Network requirement is for all laboratories to be accredited. • WHSCT has a number of consultant vacancies within its pathology services with 3 vacant posts out of 8 within cellular pathology and one vacant haematology consultant 	
--	--	---	---	--

			<p>post. A locum cellular pathologist was recruited via the international recruitment programme, however this contract is now due to end. Both microbiology and clinical chemistry have two consultant staff and additional resources would be required for these areas. The service is considering advanced roles for biomedical scientists to take on some of consultant workload.</p> <ul style="list-style-type: none"> The WHSCT is working at all levels on LIMS IT replacement. The Network accepts the need to recruit staff now in order to backfill experienced staff when they are working on the LIMS project. Blood tracking and digital pathology projects representatives working on projects. <p>In summary WHSCT Pathology service is at the most risk within Northern Ireland due to staffing levels.</p>	
2.	Effective arrangements should be in place to make the best use of resources in surgical and related specialties.	<p>Trusts should demonstrate plans to ensure that existing effective use of resources guidance is being adhered to.</p> <p>Trust should also provide plans, subject to consultation, on the</p>	<p>The existing guidance has been shared with surgical consultants to make them aware of the procedures included within the criteria. The Trust will consider the proposed expansion of this guidance when it is available.</p> <p>T&O-New day case theatre for elective</p>	A

		proposed expansion of this guidance in 2018/19.	orthopaedics will be maximised. The enhanced recovery model for arthroplasty has been implemented. Initial impact on LOS reduced due to time patients waiting for surgery, but this will be monitored going forward.	
3.	Effective arrangements should be in place in primary and community care settings to minimise the need for patients to be referred by GPs to hospital consultants for specialist assessment.	Trust responses should confirm that they will continue to engage with and support the regional scheduled care reform process, working with appropriate partners, to support the development of new enhanced services in primary and community care settings in a range of specialities including: <ul style="list-style-type: none"> • Minor Surgery • Gastroenterology • ENT • Gynaecology • Dermatology • Dermatology Photo Triage • Rheumatology • MSK/Pain Management • Trauma & Orthopaedics • Cardiology • Neurology • Urology 	The Trust will continue to engage with and support the regional scheduled care reform process. The outpatient reform programme continues in all the named specialities, for example: <ul style="list-style-type: none"> • Respiratory Nurse Led Clinics and GP referrals • GP Direct referrals to the new nurse led cardiology nurse specialists and Cardiology Consultants • Dermatology are progressing the regional plans for photo triage and equipment to be installed at GP hubs where referrals will be sent via link. 	A

		<ul style="list-style-type: none"> • Ophthalmology • Vascular surgery • Vasectomy 		
4.	<p>Effective arrangements should be in place at the interface between primary and secondary care, organised around the needs of patients with effective communication between GPs and hospital consultants.</p>	<p>Trust responses should confirm that they will continue to engage with and support the regional scheduled care reform process, working with appropriate partners, to include further roll out of e-referral and e-triage arrangements.</p> <p>Actions should improve the efficiency and effectiveness of outpatients, diagnostics and treatment services in line with the Transformation, Reform and Modernisation agenda, which includes partnership working with ICPs.</p>	<p>Regional work has already taken place with regards to developing Guidance Banners on CCG between Primary and Secondary Care Service and this work will continue to develop.</p> <p>CCG has now been integrated with ECR and eTriage has been implemented across a majority of Specialities across the Trust and full implementation is expected by December 2018.</p> <p>95% of Referrals are being received electronically with a view to receipt referrals at 100%. The referral now becomes part of the patient's record, prompt receipt with traceability and quick turn around with triage outcome. This has, and will continue, to create better communication between Secondary Care back to Primary Care. Referrals are being triaged to the correct pathway efficiently and the Trust will be in a position to extract this data to improve on Service Development, Delivery and Quality.</p> <p>Further developments are expected in 2018 with the introduction of Advice Requests also via CCG from Primary to Secondary Care and return.</p>	<div style="border: 1px solid black; background-color: #90EE90; width: 20px; height: 20px; display: inline-block; margin: 0 auto;">G</div>

			<p>There are also well established and successful communication arrangements across a range of areas including Outpatient Reform Programme Board, Delivering Together Programme Board and the Unscheduled Network all of which engage with the LCG and primary care/GPs. The Trust and the Derry GP Federation were also successful in a bid to pilot the introduction of multi-disciplinary teams in primary care and robust communication arrangements will be put in place to take this forward.</p>	
5.	<p>Effective arrangements should be in place to ensure the regional priorities for Endometriosis and vaginal mesh services are implemented by Trusts.</p>	<p>Trust response should detail plans that complement the regional strategic direction for both endometriosis and vaginal mesh services.</p>	<p><u>Vaginal mesh</u> services are currently suspended as per CMO letter 3/8/18, HSS(MD) 13/2018 - Pause in Vaginal Mesh Surgery - Restriction of Use and High Vigilance Scrutiny Requirements</p> <p><u>Endometriosis</u> the British Society of Gynaecological Endoscopy (BSGE) and the Royal College of Obstetricians and Gynaecologists (RCOG) recommend that a dedicated endometriosis specialist nurse is required as part of the multi-disciplinary team for an accredited endometriosis centre in order to provide a safe and high quality service. The Trust has submitted an IPT to secure investment to ensure that this standard is met.</p>	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 30px; display: inline-block; text-align: center; vertical-align: middle;">G</div>

			<p><u>T&O:</u>Pilot of one stop / multi-professional (surgeons/AHP/Nursing) clinic in shoulder and foot and ankle pathways planned.</p> <p><u>Breast Clinic</u> - The Trust has recently trained and competency assessed a specialist nurse who attends the Triple Assessment Breast Clinics and is involved in the assessment of red flag breast patients. This has allowed additional patients to be appointed to these clinics which assist with the attainment of the 14-day breast target.</p> <p><u>Day case Laparoscopic Cholecystectomy</u> in OHPCC pilot commenced on 02.10.17 with 20 cases successfully completed by June 2018. The pilot is ongoing.</p> <p>A new vascular nurse for the Southern Sector has been appointed to commence on 20.08.18. The role will be an integral part of the service modernisation for the Vascular service to ensure the patient's quality of life is enhanced. The nurse will work closely with the wider multidisciplinary team and other teams such as ward and community teams. The nurse is expected to deliver service improvement within the wider context of the regional vascular service improvement agenda and priorities for change.</p>	
--	--	--	---	--

6.	<p>Effective arrangements should be in place to improve further the efficiency and effectiveness of elective care services (outpatients, diagnostics and inpatients/day case treatment) delivered by Trusts.</p>	<p>Trust responses should demonstrate the specific actions being taken in 2018/19, working with appropriate partners, to improve elective care efficiency and effectiveness including:</p> <ul style="list-style-type: none"> • Development of one stop 'see and treat' services, linked to unscheduled care services as appropriate • The rollout and uptake of e triage to help streamline the patient pathway • Application of Transforming Cancer Follow Up principles to transform review pathways • Maximisation of skill mix opportunities in the delivery of assessment, diagnostic and treatment services • Direct access diagnostic pathways to improve patient access to appropriate tests. 	<p>See and Treat</p> <ul style="list-style-type: none"> • A pilot of multi-professional (surgeon/AHP/Nursing) one stop clinics in shoulder and foot and ankle pathways is planned. • The Trust has recently trained and competency assessed a specialist nurse who attends the Triple Assessment Breast Clinics and is involved in the assessment of red flag breast patients. This has allowed additional patients to be appointed to these clinics which assist with the attainment of the 14-day breast target. • Work is currently ongoing in relation to see and treat for cardiology and gastroenterology. <p>E-Triage</p> <p>CCG has now been integrated with ECR and eTriage has been implemented across a majority of Specialities across the Trust and full implementation is expected by December 2018.</p> <p>95% of Referrals are being received electronically with a view to receipt referrals at 100%. The referral now becomes part of the patient's record, prompt receipt with traceability and quick turn around with triage outcome. This has, and will continue, to create better communication between</p>	<div style="background-color: yellow; border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">A</div>
----	--	---	--	--



			<p>Secondary Care back to Primary Care. Referrals are being triaged to the correct pathway efficiently and the Trust will be in a position to extract this data to improve on Service Development, Delivery and Quality.</p> <p>Transforming Cancer Follow Up The Trust will take the principles of TCFU into account when reviewing pathways.</p> <p>Skill Mix The Trust will continue promote this in areas such as endoscopy, radiography, advanced pharmacy roles and nurse specialists/practitioners for example, a breast consultant radiographer has been funded which will help to address issues around support of breast services, transformation investment will support the training of additional nurse endoscopists and pharmacy technicians, a specialist dietitian to undertake reviews of coeliac patients has been funded, physician assistants are in place in the South West Acute Hospital to support medical staff and further training of ANPs in ED is also underway.</p>	
7.	Effective arrangements should be in place to ensure the	Trust responses should demonstrate that all reasonable	The Trust has been actively pursuing recruitment to fill vacant posts across a range of professions	A

	<p>appropriate volume and case mix of staff are in place to deliver the agreed strategic priorities</p>	<p>steps have been taken to fill all vacant posts and where clinically appropriate maximise the use of available skill mix</p>	<p>where shortages and recruitment challenges are being experienced. This has included the use of international recruitment and participation in a regional international nurse recruitment programme as well as an active recruitment programme for pre-registration nurses in their final year of training</p> <p>The Trust is also pursuing alternative options to maximise use of available skill mix. Funding has been secured for an additional nurse endoscopist post and through transformation funding a further two nurse endoscopists will be trained. Funding was also secured for a consultant breast radiographer. Following a successful pilot, the Trust has secured recurrent funding for a specialist dietician to undertake reviews of patients with coeliac disease which will free up consultant gastroenterologist capacity. Within trauma and orthopaedics there have been challenges recruiting at upper limb sub-speciality level which are likely to be ongoing for the Trust as well as regionally. Engagement with international recruitment for middle tier/ non consultant grade doctors in T&O have been unsuccessful to date but will continue. A review of physician cover in T&O is ongoing as well as</p>	
--	---	--	--	--


			development of new roles in nursing for nurse practitioners and theatre aides to assist in throughput but also to address deficits due to inability to recruit doctors. In the South West Acute Hospital, physician assistants are in post to support medical staff and further training of ANPs in ED is taking place.	
--	--	--	---	--



MATERNITY & CHILD HEALTH (14)

R	A	G
	2	12

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to ensure that appropriate pre-conceptual advice and care is available to women at low and higher risk to ensure women are supported to be as healthy as possible at the time of conception to improve outcomes for mother and baby.	Trusts should work with the HSCB, PHA and other partners through the maternity strategy implementation group to develop population based approaches and pre-conceptual pathways for women who may become pregnant.	The Trust can confirm that it is working with the HSCB, PHA and other partners but notes that the regional maternity strategy Implementation group (MSIG) have not identified this as a priority currently as other initiatives are being worked through. There is a pre-conceptual care sub-group on which the Trust is represented by the lead midwife.	
2.	Effective arrangements should be in place to ensure that care is provided as close to home as possible with children only being transferred to the regional children's hospital for a tertiary service which is not provided locally.	Trust responses should describe arrangements for primary care to access senior decision makers and how same day and next day assessment is facilitated. Trusts should continue to work with the HSCB/PHA to develop and test models of care which reduce the reliance on in-patient and	The Trust operates a paediatric assessment unit which provides access to rapid assessment of patients and facilitates treatment and discharge of patients in the unit where appropriate rather than admitting to an acute ward. A consultant of the week model is also in place in both Altnagelvin and South West Acute Hospital which enables the consultant of the week to concentrate on acute admissions and respond to queries from	

		<p>secondary care paediatric services.</p> <p>Trust responses should demonstrate how they will work through the developing Child Health Partnership and the existing Critical Care Network to develop pathways of care and ensure they can safely provide a range of interventions including high flow oxygen for children in line with the regional pathway being developed.</p>	<p>GPs who are concerned and considering referring a child to hospital paediatric services.</p> <p>The Trust will work with the HSCB/PHA, through the establishment of the paediatric network to ensure that regional pathways are developed and adhered to.</p>	
3.	<p>Effective arrangements should be in place to ensure that required data is captured to monitor service activity, compliance with standards and to underpin quality improvement work.</p>	<p>Trust responses should demonstrate commitment to collecting data to evidence best practice and identify opportunities for further service improvement. Plans should include evidence of full utilisation of NIMATS and Badgernet. Assurance should be provided on the collection of data to facilitate the regional outcome focused dashboards developed for maternity and neonatal care under the Maternity Collaborative and Neonatal network.</p>	<p>The Trust can confirm that Badgernet and NIMATS are fully implemented and being utilised. The KPIs that are being monitored in this year which will provide an indication of quality and safety have been revised. The NNNI KPI dashboard includes:</p> <ul style="list-style-type: none"> • Birth location of Preterm infant deliveries < 27 weeks' gestation • Admission temperature of babies delivered under 32 weeks' gestation • Breast milk at discharge. • Sepsis Screening Completed • % of parents who were seen by a Senior Member of Staff within 24 hours after admission. 	G



4.	Effective arrangements are in place to support multidisciplinary learning and service improvement through regular multi-disciplinary morbidity and mortality review.	Trust responses should evidence how they are taking forward Departmental direction to implement a child death process which is based on multi-disciplinary mortality review. Trust responses should detail how the multi-disciplinary aspect of this is being developed.	<p>The Trust can confirm that regular multi-disciplinary morbidity and mortality reviews take place across each of its service areas as follows:</p> <p>Neonatal: Altnagelvin has monthly morbidity meetings and mortality meetings when required. South West Acute Hospital has quarterly joint morbidity/mortality meetings.</p> <p>Paediatrics: monthly Trust-wide paediatric morbidity meetings are held when required (ie following a child death). Trust-wide paediatric mortality meetings take place twice yearly. Learning is shared with staff.</p> <p>Obstetrics: regular Trust-wide meetings are held with obstetric, paediatric and where relevant anaesthetic staff.</p> <p>Gynaecology: meetings are less frequent due to lesser frequency of morbidity and mortality in this area.</p> <p>All child death reviews are also brought for discussion to these meetings. The Trust aim to improve the attendance at these meetings so that they are more multi-disciplinary focused and that there is evidence of the shared learning being cascaded throughout the departments</p>	
----	--	--	---	---

5.	<p>Effective arrangements should be in place to ensure that the agreed regional antenatal care pathway is delivered. This pathway, developed by the Maternity Strategy Implementation Group, is designed to promote a healthy pregnancy and improve outcomes for mothers and babies – including a reduction in low birth weight – through a range of actions including reducing smoking and high quality antenatal care.</p>	<p>Trust responses should demonstrate how they will implement the agreed regional care pathway for antenatal care for women with low risk pregnancies.</p> <p>Responses should evidence how they are taking forward antenatal group-based care and education.</p> <p>Responses should also evidence that Trusts are implementing UNICEF Baby Friendly Initiative Standards.</p>	<p>The regional Antenatal care pathway is actioned and is ongoing. One of the EITP work streams ‘Getting ready for baby’ is now being rolled out Trust-wide and is to become part of normal business. This project offers all first time mothers the opportunity to come together with other ladies at the same stage of pregnancy for group based education. Although this has been advocated for low risk pregnancies the group education sessions are being offered to all first time mothers in the Trust.</p> <p>In January 2017 the ‘Saving Babies Lives’ care bundle was introduced Trust-wide. This allows women to be identified at their booking if they should be on a consultant led or midwife led pathway.</p>	
6.	<p>Effective arrangements should be in place to ensure that women with more complex pregnancies are offered the best possible care in line with national evidence based guidelines.</p>	<p>Trusts should also demonstrate how they will deliver services to meet the needs of more complex pregnancies.</p> <p>Responses should evidence:</p> <ul style="list-style-type: none"> • Recent investment in ante-natal diabetic services. • Plans to implement the ‘Weigh to 	<ul style="list-style-type: none"> • A joint diabetic clinic for women with gestational and insulin dependent diabetes is in place in Altnagelvin Hospital. SWAH has a joint clinic for women with gestational diabetes while women who are insulin dependent are referred to the Altnagelvin Hospital clinic. A quality Improvement project is taking place in Altnagelvin this year to improve the pathway for women with 	

		<p>a Healthy Pregnancy' programme targeting women with a BMI of >40.</p> <ul style="list-style-type: none"> • Progress in implementing the NICE guidelines on multiple pregnancies, including the delivery of dedicated 'twin clinics'. • Plans to implement the regional care pathway for women with epilepsy. 	<p>gestational diabetes. This is a multidisciplinary project.</p> <ul style="list-style-type: none"> • The 'Weigh to a Healthy Pregnancy' programme continues across the Trust and is now accepting referrals of women with a BMI of 38 or above. • Dedicated 'twin clinics' are in place across the Trust. Women pregnant with monochorionic twins are cared for at Altnagelvin Hospital only. • The Trust will continue to work with Commissioners on the development and implementation of pathways for and epilepsy care. 	
7.	Effective arrangements should be in place to offer early pregnancy assessment pathways for women.	Trusts should continue to work with the HSCB/ PHA on the development and implementation of early pregnancy assessment pathways based on NICE guidelines.	<p>In South West Acute Hospital, an early pregnancy pathway has been introduced and agreed between GPs, Emergency Department and Obstetrics and Gynaecology staff to ensure compliance with the recommendation. A nurse led early pregnancy clinic, (EPC) is in place Monday-Friday 9-5.</p> <p>In Altnagelvin, an EPC is held Monday-Friday every afternoon, although it is medical led. There are plans to review and extend the hours of the EPC in Altnagelvin.</p>	G

8.	Effective arrangements should be in place to offer short stay assessment and ambulatory models of care in all paediatric units. These should be available during times of peak demand.	Trusts should provide direct access to senior decision makers to support primary care in the management of acutely unwell children. Trusts should have arrangements for same day and next day assessment of children where this is deemed appropriate.	Paediatric assessment units are in operation adjacent to the children's wards on both acute hospital sites. The Altnagelvin unit operates an extended day during periods of peak escalation and recruitment to all vacant posts is being actively pursued to enable these hours to be honoured every day. The South West Acute Hospital unit operates 4 days a week and it is planned to increase to 5 days up to 8pm in the first instance as a result of transformation funding to finance nursing hours.	G
9.	Effective arrangements should be in place to ensure that there is appropriate monitoring of transfers to the Rol that take place because of capacity constraints.	Trust should put in place effective processes to monitor the number and care pathway for in-utero and ex-utero transfers from NI to the Rol that take place due to lack of local neonatal capacity. Data collected should be collated regionally and reviewed jointly by the Maternity Collaborative and the Neonatal Network.	A regional 'in-utero transfer form' has been implemented and is available. It is to be completed when there are transfers between trusts and ROI hospitals. A copy of this form is sent to the CCaNNI Office for monitoring purposes. These figures are discussed and reviewed at the maternity collaborative and the neonatal network meetings.	G
10.	Effective arrangements should be in place to ensure that opportunities to offer early intervention and prevention of	Trust responses should evidence how recent investment in AHP services for neonatal units is being deployed and how they will ensure	The Trust can confirm that the additional AHP input has been deployed within NNICU and complements the nursing and medical developmental care already established within	G

	long term disability by enhanced therapy services in neonatal units are realised.	that the input will focus on neurodevelopment and nutritional support.	the NICU. The introduction of a dietician is beneficial in terms of monitoring growth and meeting the nutritional needs of the neonate.	
11.	Effective arrangements should be in place to care for women who have recurrent miscarriages	Trusts should continue to work with the PHA and HSCB to standardise and implement an agreed clinical pathway for women who have recurrent miscarriage.	An identified consultant within the WHSCT has slots available at his Gynaecology clinics to see women who have recurrent miscarriage (ie women who have 3 or more consecutive miscarriages). The Trust will continue to work with the PHA and HSCB to standardise and implement an agreed clinical pathway.	G
12.	Effective arrangements should be in place to ensure children and young people receive age appropriate care up to their 16th birthday.	Trust responses should demonstrate that their paediatric services can accommodate children up to their 16th birthday. Trust responses should also demonstrate how they ensure that children's care is supported by all specialties and support services required to provide high quality and safe care only transferring to the regional centre to access a tertiary service. Trusts should also describe how they will ensure that children aged	The Trust can confirm that both its children's wards now admit children up to their 16 th birthday. Altnagelvin moved to this position from February 2018. Age appropriate care is one of the recommendations of the Inquiry into Hyponatraemia Related Deaths (IHRD) report and a protocol is being developed for the Trust. A sub- group of Nursing Assistant Directors are tasked with identifying the areas within the Trust that need to do further work to ensure that this is totally achieved. There are other recommendations within the IHRD report (10-30) relating to clinical care of children, and there is a regional working group (with medical and nursing representatives from paediatrics) reporting to the DoH on these recommendations.	A

		up to their 16th birthday, who are admitted to hospital, are cared for in an age appropriate environment by staff with paediatric expertise with input from paediatricians where necessary.		
13.	Effective arrangements should be in place to ensure that mothers and babies are not separated unless there is a clinical reason to do so.	Trusts should demonstrate how antenatal, postnatal and neonatal services aim to prevent avoidable admissions to neonatal units and paediatric services. Whilst funding has not been identified, Trusts should continue to work with PHA and HSCB to scope out the requirement for transitional care and outreach services.	The Trust have an information system (Alamac) that allows staff in postnatal wards to record the number of babies that are receiving IV ab's or other indicators that may be classified as transitional care. These are babies that previously may have required an admission to Neonatal. Regional audits are being repeated on all postnatal wards, to capture the information on babies receiving care on the postnatal wards that fits with transitional care.	
14.	There would be an opportunity to enhance skill mix further with the appointment of additional maternity support workers to work alongside midwives to support mothers	Trusts should demonstrate plans to work with PHA and HSCB to scope out the requirement for additional maternity support workers and how they could be best utilised to support services.	The Trust continue to support staff undertaking their maternity support worker training and will need to recruit 3-4 staff per year over the next 2-3 years to achieve the skill mix required. This however will require some further funding. The Trust will work with PHA and HSCB to scope out this requirement.	

FAMILY AND CHILDCARE (13)


R	A	G
	2	11

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to implement the Managed Care Network for Children and Young People with Acute and High Intensity Care Needs as recommended by the independent review into CAMHS Inpatient Services	Trust responses should demonstrate plans to contribute to the development and establishment of a Managed Care Network for Acute CAMHS which includes Secure Care, Youth Justice and Forensic CAMHS to deliver a more consistent service across the region and equitable access to acute services.	Regional Managed Care Network meetings are now held regularly and attended by representatives from WHSCT CAMHS. HSCB funding (temporary) has been approved and IPTs are being finalised. Recruitment to Clinical Director and Coordinator is to commence.	G
2.	Effective arrangements should be in place to prevent the increasing threat of Child Sexual Exploitation (CSE) as identified by the Marshall Inquiry.	Trust responses should detail their reporting arrangements to the HSCB in relation to the regional action plan.	The Marshall regional action plan has been fully implemented within the Trust. Monthly operational meetings take place between the PSNI, Residential Care Managers and Community Fieldwork Managers. Information is shared at these meetings to ensure all appropriate actions are taken to safeguard children and young people identified as being at	G



			<p>risk of CSE. The Trust also holds quarterly operational meetings to review the practice in regards to CSE and attend strategic planning meetings with senior personnel from the PSNI and Juvenile Justice every six months. CSE continues to be a priority for the Trust.</p>	
3.	<p>Effective arrangements should be in place to safeguard children and promote their welfare in line with Co-operating to Safeguard Children (2017).</p>	<p>Trusts responses should demonstrate plans to</p> <ul style="list-style-type: none"> • provide effective safeguarding services • ensure robust HSC child protection processes are in place • ensure safeguarding policy and procedures are in place relating to referrals, assessment, service planning, case management and record keeping • monitor and audit effectiveness of policy, practice and service provision in achieving specified outcomes for children and young people. • to ensure access to an effective range of therapeutic supports based on assessed needs. 	<p>Within the last year the SBNI have revised and launched new child protection policy and procedures for Northern Ireland which have been implemented throughout the Trust. Through the monitoring of child protection case conferences, team health checks, case file audits and line management supervision the effectiveness of practice is continually monitored.</p>	<div style="border: 1px solid black; background-color: #92d050; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">G</div>

4.	<p>Effective arrangements should be in place to improve data collection in CAMHS services to capture need, demand activity, outcomes and service user experience.</p>	<p>Trust responses should demonstrate how they will use information to assess the effectiveness of CAMHS and evaluate outcomes, fully implement CAPA and ensure effective case management in line with NICE guidance.</p> <p>Trusts responses should demonstrate plans to strengthen NICE approved Psychological Therapies to include a skills analysis and workforce plan to identify gaps in the delivery of evidenced based therapies and skill mix requirements to deliver a range of therapeutic interventions.</p> <p>Trusts should demonstrate how the findings from the Sensemaker Audit on service user experience of CAMHS will drive any required service improvements.</p>	<p>Within the Western Trust, CAMHS are currently developing a strategy for Clinical Outcome Measurements which when implemented will be collated through a revised regional data template.</p> <p>The Trust is also in the process of implementing CAPA. Job plans are now complete, electronic diaries have been set up and a skills matrix has been completed which will inform future training/development across the service.</p> <p>CAMHS staff have availed of HSCB funded Psychological Therapy Training since 2015 and now have staff training in CBT, Family Therapy and Psychotherapy.</p> <p>Some of the actions which WHSCT CAMHS have taken forward as a result of the Sensemaker Audit include:</p> <ul style="list-style-type: none"> - Single Point of Entry had now been developed across CAMHS, ASD, Children's ID/LD and Community Paediatrics. - CAMHS in collaboration with VOYPIC and young people have developed an information leaflet and DVD for WHSCT CAMHS. - CAMHS have also developed an information booklet titled 'Think About These' which will provide information on supports available to 	<div style="background-color: #90EE90; width: 30px; height: 30px; display: inline-block; border: 1px solid black; margin: 0 auto;">G</div>
----	---	--	--	--

			families whilst they prepare for their appointment with CAMHS.	
5.	Effective arrangements should be in place to appropriately manage the increasing number of children with complex health care needs and challenging behaviour.	Trust responses should demonstrate how service provision will meet the needs of children with complex health care needs and challenging behaviour.	<p>The demand and complexity of children and young people presenting with complex healthcare needs and challenging behaviour continues to increase. The needs of each case are individually assessed, however the carer support required is increasing and the current level of demand has resulted in the Trust incurring an unfunded pressure in this area.</p> <p>A review is currently ongoing within Children's Disability Services to ensure current service provision is meeting the needs of the children and young people presenting to access services.</p> <p>The number of children with complex health care needs who have transitioned has demonstrated that there is a need for good governance and robust arrangements to be in place in respect of 'delegation of tasks' to those caring for these children. Women and Children's services are working closely with District Nursing/Adult Learning Disability and Physical Disability to seek alternative solutions so that there are no gaps in care as children reach the age of transition.</p>	A

6.	Effective arrangements should be in place to appropriately manage the increasing number of Looked After Children (LAC) entering the system.	<p>Trusts responses should demonstrate how:</p> <ul style="list-style-type: none"> • criteria will be set to ensure children become looked after where there is a clear indication that their long term outcomes will be improved or removal is required in order to safeguard the child/young person; • initiatives will be put in place to increase the number of placements and specify how these will be provided; • support will be provided to young (16/17 year olds), homeless individuals who are seeking to achieve a safe, stable return to a family; • Specialist Therapeutic Foster Carer placements in keeping with the needs of children and in line with regional criteria will be provided which will be monitored as part of the DSF process; • appropriate safeguarding measures will be put in place for 	<p>The Trust has introduced a Corporate Childrens Panel which is chaired by an Assistant Director and all Heads of Service attend. The Trust has recently reviewed all places in fostercare to ensure that all places are being effectively utilised. The Trust hopes to begin work with Kinship Care NI through the innovation fund to look at all kinship placements over 2 years with a view to assessing for the possibility of granting Residence Orders. The Trust has recently revamped its residential childcare provision which has meant that one children's home is adopting a 'no wrong door' approach, this will also assist with intensive support packages for children deemed to be on the edge of care. However due to demand, the looked after service continues to be under great pressure and the Trust continues to have difficulty in meeting the differing needs of children entering the fostercare arena.</p>	
----	---	---	--	---

		<p>extra-ordinary placements;</p> <ul style="list-style-type: none"> intensive edge of care interventions and family support will be provided to enable children to remain within their families where this is in the child's best interest. required volumes of service activity for 2018/19 will be delivered. 		
7.	Effective arrangements should be in place to ensure the stability of mainstream care placement arrangements for children in care	Trust responses should demonstrate a reduction in unplanned care placement moves for children in care and use of effective interventions to deescalate crisis and prevent moves for children in care, particularly into high end regional facilities	The Trust has a Placement under Pressure Panel to ensure that effective and timely supports are provided to ensure permanency within our foster care arena, we utilise our relationship with Extern to support placements in line with their assessed needs. The Trust has managed to decrease the number of fostering breakdowns over the last few years.	G
8.	Effective arrangements should be in place to appropriately manage the increasing number of unplanned/emergency placements where children are known to a Trust.	Trust responses should demonstrate plans to ensure that admissions to care are planned and children are provided with placements matched to their assessed need to provide stability and continuity.	The Trust has established a Corporate Children's Panel to replace the Children's Resource Panel; this panel approves all children's placements. A practice note was issued in May 2018 in relation to the kinship process which it is hoped will reduce unplanned emergency placements. The Family Group Conference Service continues to play a key role in respect of these placements.	G

9.	Effective arrangements should be in place to ensure a seamless care pathway for LAC which promotes stability and permanency for children.	Trust responses should demonstrate how effective arrangements are in place to ensure a stable care pathway for LAC (where placement moves are kept to an absolute minimum) and to deliver permanency for them within the quickest possible timeframe. Trusts should have effective arrangements and monitoring should be put in place to ensure LAC have plans for and can achieve permanence in line with the agreed policy. Trusts should also report on challenges to achieve these and plans to address these.	The Trust achieved 86% of children within the Looked After Service with no placement move within the year 2017/18. The Trust continues to review the stability and permanency of Looked After children as a priority, the Corporate Childrens Panel, the Permanency Panel, Placements under Pressure Panel and the Team Around the Family Model of Practice all contribute to ensuring a stable and permanent environment for children.	
10.	Effective arrangements should be in place to ensure that children's care plans explicitly state what is to be achieved by the admission to care, the child and young person's views about their care plan, what is expected from parents in order for the child to return home and the anticipated duration of the	Trust responses should demonstrate how robust assessments (in keeping with policy and procedures) will be undertaken for all children who are to return home, enabling the Trust to determine the feasibility of such a move and to identify any support required to maintain the placement and discharge any existing Care	The Trust has reviewed the Permanency Panel with emphasis on reviewing care plans to ensure that there is no drift in care planning. We adhere to the Regional Permanency Policy.	

	placement.	Order. This assessment should outline how the child/young person's views have been taken into account in agreeing the care plan.		
11.	Effective arrangements should be in place to manage an increasing number of children who are looked after, those who are placed in kinship and non-kinship foster care, in keeping with the provisions and entitlements of GEM	Trust responses should demonstrate how recent investments will ensure equitable access by all young people in foster care to avail of GEM.	The Trust continues to perform well in relation to GEM and will ensure that any additional funding is utilised to ensure that appropriate young people have access to GEM in line with eligibility and assessed need. As of 25.7.18 the Trust has 64 care leavers in the GEM Scheme.	G
12.	Effective arrangements should be in place to meet the increasing demand for Autism Services to include the creation of an integrated care system for Children, Young People with Developmental, Emotional and Mental Health services.	Trust responses should demonstrate plans to address autism waiting lists in line with the Autism Access Standard and support the development of an integrated service model to include assessment, early intervention, diagnostic and transitional services.	Within the WHSCT Children's ASD services, existing provision has been reviewed and aligned to ensure the most effective use of the resources available. The demand for autism assessment, support and intervention for children has increased significantly in recent years and this trend continues. During 2017/18 there was a 22% increase in referrals for Children's ASD Services and during the same period there was a 78% increase in the number of completed assessments for diagnosis. There was also a 77% increase in referrals for intervention reflecting a considerable growth in demand on the service overall.	A

			<p>The Children’s diagnostic assessment process is multi-disciplinary and in line with National Institute for Health and Care Excellence (NICE) guidelines. The time taken to complete the assessment process is variable and a diagnostic decision can be made when it is clinically appropriate to do so. Within Children’s services the Trust recently embarked upon a service improvement initiative with Community Paediatrics in relation to the diagnostic assessment process through sharing of the neurodevelopmental history for those children referred from this referral source.</p> <p>The Autism service is currently revising the Transitions protocol for children transitioning to adult autism services, in conjunction with the Trust's Transitions Protocol.</p>	
13.	<p>Effective arrangements should be in place to manage the increasing demand in CAMHS and the continued implementation of the stepped care model focusing on: improvement of the interfaces between acute and CAMHS community care including</p>	<p>Trusts should demonstrate plans to:</p> <ul style="list-style-type: none"> • Demonstrate the management of service demand • Improve interface arrangements between CAMHS acute and community care, secure care and with Youth Justice • Integrate CAMHS, Autism and 	<p>The WHSCT CAMHS Crisis Team became operational on the 12 March 2018 which promotes effective interfaces between acute services and CAMHS. The team is comprised of a Band 7 lead and 5 Band 6 clinicians, providing a CAMHS Crisis response service across the Trust area from 9am to 5pm. This development has been a key restructuring of the service in keeping with the stepped care model and the</p>	<div style="background-color: #92d050; width: 30px; height: 30px; display: inline-block; border: 1px solid black;">G</div>

	<p>secure care and Youth Justice; integration of CAMHS and children's neurodevelopmental (autism and ADHD) provision.</p>	<p>ADHD services to ensure effective access based on assessed needs to children, young people and their families</p> <ul style="list-style-type: none"> • Ensure implementation of the CAMHS Integrated Care Pathway (March 2018) 	<p>objective to provide a specialist tiered service to families based on their level of need.</p> <p>CAMHS have established a Single Point of Entry supported through the development of an ECR referral form for GP's to refer electronically.</p> <p>Single Point of Entry had now been developed across CAMHS, ASD, Children's ID/LD, Rise and Community Paediatrics which support multidisciplinary discussion and integrated decision making regarding children known to 2 or more services with more appropriate and timely referral on to the next appropriate service needed.</p> <p>The CAMHS Integrated Care Pathway Booklets and leaflets have now been developed and have become operational and WHSCT CAMHS have distributed these across their teams.</p> <p>The Childrens Disability review is ongoing</p>	
--	---	--	---	--

CARE OF THE ELDERLY (13)

R	A	G
	6	7

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to ensure the implementation of requirements contained in Adult Safeguarding and Protection in Partnership (2015).	Trust responses should demonstrate plans to promote the development of the Adult Protection Gateway model.	The WHSCT are on a journey to ensure an integrated approach to ASG practice which is underpinned by the principles of the Regional ASG policy. This is being achieved through development of the LASP and Trust ASG forum, training and development opportunities based on the Regional framework (core IO/DAPO training, multi-disciplinary practitioner forums, targeted training e.g. Safeguarding Service User finances with providers and staff) and development of an Adult Safeguarding Champions Peer Support Network. This highlights a whole systems approach with all key stakeholders to ensure consistent messages are shared around integration of the policy. There are also Quality improvement Initiatives ongoing such as use of Advice and resolution and a more personalised response to ASG concerns through Signs of Safety. The Adult Protection Gateway Model	G

			remains in place and continues to grow with recruitment in progress for Quality and Governance Support Officers to enhance monitoring, quality and safety with contracted providers (Care Homes) in line with the Policy. Whilst these measures are in place it needs to be highlighted that this is a journey for the Trust and work will continue to ensure the requirements of the policy are met and core principles embedded.	
2.	Effective arrangements should be in place to further develop ICP initiatives targeted at frail older people.	Trust responses should demonstrate plans that engage with the range of integrated care initiatives/projects designed to maintain older people in the community.	<p>There are a number of initiatives in place and being developed including:</p> <ul style="list-style-type: none"> • Extension of acute care at home • Development of falls service, with falls co-ordinator in post • Frailty pilot in Primary Care • Review of dementia pathway • NIAS falls pathway has been successful with OPALS • Extension of ESD Stroke service 	G
3.	Effective arrangements should be in place to provide a standardised model for the delivery of services to older people and individuals with dementia.	Trust responses should outline plans to work with ICPs to implement the New Stepped Care Model for Older People and for people with dementia.	The Trust is implementing the Stepped Care service model. Training on dementia continues to be provided to a wide range of primary care staff, voluntary and community groups. A number of GP practices and community groups are being supported to become dementia friendly. The Trust	G

			<p>has also supported a number of community groups to establish EDEN clubs for people with mild/moderate dementia.</p> <p>The Trust was involved in the development of the regional dementia care pathway. A business case is now being submitted to the DOH for the implementation of the pathway. The Trust is currently developing a costed proposal for the business case.</p> <p>Dementia and Memory Services are also a key theme within the Integrated Care Pathway for Frail Older People. In the context of this primary/secondary care local collaboration, links between Dementia and Frailty interventions will continue to be developed within a wider reform system of Effective Integrated Care.</p>	
4.	Effective arrangements should be in place to optimise capacity to meet the number of people with dementia which is projected to increase by 35% by 2025.	Trust responses should demonstrate plans to work within the regional strategic implementation arrangements to develop early intervention models and timely access to memory services.	The Trust was involved in the development of the regional dementia care pathway. The pathway aims to optimise capacity to meet the projected increase of numbers of people requiring memory assessment. A business case is now being submitted to the DOH for the implementation of the pathway. This will include a 3 to 5 year implementation plan.	A

			<p>The Trust is currently developing a costed proposal for the business case. This will take into account the projected increase in people with dementia.</p> <p>The dementia navigator service has been in place for some time and provides a highly responsive, individualised information and signposting service to people with a diagnosis of dementia. Recurrent funding has been secured in 2018 for the dementia navigator service, two service improvement leads, and a number of dementia companions for the acute hospitals</p>	
5.	<p>Effective arrangements should be in place to address the issue of delayed discharges from the acute sector and other institutional settings due to the non-availability of independent sector community based services especially domiciliary care.</p>	<p>Trust responses should demonstrate plans to ensure capacity within the community /domiciliary sector to accommodate timely hospital discharge.</p>	<p>The Trust has developed an IPT response which if supported will utilise the Trust's homecare reablement team rotas to support all hospital discharge pathways requiring care up to 6 weeks. This will provide a timely discharge pathway and a period of time during which long term care can either be brokered or arranged through which ever SDS option the service user wishes to avail of. The Trust has now completed the recruitment to all its reablement teams and will operationally deploy a mixed rota of core homecare and reablement to provide a locality sensitive model in more remote rural areas.</p>	<div style="background-color: yellow; border: 1px solid black; padding: 2px 5px; display: inline-block;">A</div>

6.	Effective arrangements should be in place to support services for carers that can be developed to maintain individuals to live as independently as possible in their own home.	Trust responses should demonstrate plans to expand and promote the assessment of needs and the availability and uptake of short breaks.	The Trust has developed its IPT response for the enhancement of intermediate care and will ensure the carer support funding made available through this initiative is targeted effectively to support carers during any initial crisis period utilising social work staff to ensure a full carers assessment is offered and a support plan established to ensure the carer is supported in their caring role as it continues.	A
7.	Effective arrangements should be in place to review existing day opportunities for older people to ensure that they meet current needs and expectations.	Trust responses should demonstrate plans to review existing day care provision to make best use of resources.	The Trust is currently reviewing its current configuration of day care services to consider how to make best use of resources which may involve the amalgamation of facilities where there are low levels of attendance. The facilities are also being assessed to ensure RQIA standards are being met. This is dependent on capital funding being available.	A
8.	Effective arrangements should be in place to support the full implementation of the regional model of reablement.	Trust responses should demonstrate a review of local progress with reablement, in line with the regional model and targets.	Reablement rotas in Lisnaskea, Belleek, Belcoo and Garrison have now all been recruited to and these will be operational by the end of Q2. The Trust's reablement model is delivering well against regional and national KPI's as evidenced in the National Audit of Intermediate Care 2017	G
9.	Effective arrangements should be in place to optimise recent	Trust responses should demonstrate plans to deliver the	The Trust is actively reviewing block rota utilisation across its In-House and Contracted service	G

	demography funding to meet domiciliary care demand and wider demographic demand.	recent investment in demography to meet the needs of the aging population.	provision. Improved utilisation will improve the timeliness of response to address assessed need. The Trust will also be reviewing the number of cases where 2 carers are currently allocated to provide care to ensure this is in keeping with the service users risk assessment. It is anticipated that this review will also yield additional capacity to be re-deployed against new or unmet need.	
10.	Effective arrangements should be in place to optimise capacity to support the numbers of people aged over 65 and over 85 which are projected to increase by 12% and 22% by 2022 respectively, to maintain healthy lifestyles.	Trust responses should demonstrate plans to actively promote a range of healthy ageing initiatives in areas such as promoting good nutrition, social inclusion and falls prevention.	A Falls co-ordinator has been appointed who is working across primary and secondary care towards establishment of a falls service. The PHA also provide funding to enable the development of health and wellbeing plans for older people aimed at reducing social isolation and in 2018/19 will also fund a programme aimed at re-connecting older people which will include programmes to promote physical activity and nutrition.	A
11.	Effective arrangements should be in place to support an appropriate balance of services between the statutory and independent sectors in relation to domiciliary and residential care.	Trust responses should demonstrate a commitment to remain engaged with both the current reform of statutory residential care, domiciliary care and the Reform of Adult Social Care. These projects are seeking the most appropriate balance and focus of statutory/independent	The Directorate is undertaking a review of its statutory residential care services to ensure the current facilities meet RQIA standards, but this will require extensive capital funding. The Excellence in Community Care project continues to move forward with the reform of adult social care.	A

		sector domiciliary and social care provision.		
12.	Effective arrangements should be in place to support the development of intermediate/step down care to relieve pressures on acute care and promote rehabilitation.	Trust responses should demonstrate review options for remodelling existing provision or developing new services to increase availability of these services.	The Trust's 6 residential support beds in one of its statutory residential homes were extended during 2017/18 as demand required and at one stage, 17 beds were being utilised to support hospital flows. The Trust will continue to provide this service during 2018/19. Negotiations are also on-going with an independent provider to replicate the service model in the southern sector of the Trust.	G
13.	Effective arrangements should be in place to ensure the promotion of personalisation through Self Directed Support to increase individual choice and facilitate responsive remodelling of service models.	Trust responses should demonstrate plans to deliver progress with the regional project implementation targets to optimise opportunities for services tailored to user needs and include the training and development needs of staff.	As detailed in the response to CPD at 5.2.	G

MENTAL HEALTH (10)

R	A	G
1	9	

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to improve the physical health care of people with serious mental illness	Trust responses should demonstrate how they will develop medical monitoring and physical health care support for people undergoing treatment for an eating disorder. The Trust should also demonstrate how they are supporting people with long term mental health conditions to support their physical health outcomes.	<p>Funding has been made available to enable the Trust to progress medical monitoring when patients are undergoing refeeding programmes, including:</p> <ul style="list-style-type: none"> • Undertaking tests (blood, BP, ECGs, other); • Reviewing results (basic results review - identification of abnormal results; maintain all results in appropriate database; communicating results to psychiatric, medical and primary care as appropriate; • Managing abnormal results. (Non-complex case management - undertaken in partnership with primary care and secondary care colleagues as appropriate). <p>This will also support the implementation of Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) and Junior MARSIPAN guidelines in medical wards.</p>	A

			The Trust is in discussions regionally to ascertain best practice model to roll out. When in place this will enhance the existing community Eating Disorders Team.	
2.	Effective arrangements should be in place to provide evidence of the impact on all mental health services.	Trust responses should demonstrate what measures are in place to ensure that an annual comprehensive analysis will be provided in line with the indicators set out in the new Mental Health Services Framework and that this will include an overview of presenting need, the volume of interventions provided, the outcomes achieved and the quality of people's experience of using the services.	<p>When the new Mental Health Services Framework is issued, the service will work closely with the Trust's performance management team to ensure that effective processes are in place to monitor and analyse the indicators included in the Framework.</p> <p>The 'You In Mind' (YIM) mental health care pathway was launched in October 2014. The document has been piloted and the Home Treatment Teams in the Trust were involved in this pilot. The responses have been returned to the PHA and the HSCB. A working group has been developed to progress the Personal Well Being Plan. Regional Informatics is revising the Service Framework II standards to support implementation and monitoring including regional coding. The Trust's Service Improvement Manager for adult mental health is involved in this work. The Trust has, in line with other Trusts, set up a local Trust YIM oversight group which will mirror the Regional Oversight Group.</p>	G

3.	Effective arrangements should be in place to ensure that people with mental health needs and their families receive the right services, at the right time by the right combination of professionals.	Trust responses should demonstrate what specific measures will be taken in 2018/19 to further embed the Regional Mental Health Care Pathway and to strengthen the provision of psychological care within the role and function of Community Mental Health Services.	<p>Funding has been confirmed to enable delivery of 10 day workshops to continue the work of embedding the Regional Health Care Pathway within the role and functions of Community Mental Health Teams. The Adult Mental Health Service alongside the CEC and service users has delivered training to 100 staff across trust.</p> <p>The trust Service improvement Manager along with the CIS Team, ICT Services, WHSCT is in the process of having the YIM “getting the most of your appointment” document onto all appointment letters sent out to Service Users of the Adult Mental health Service.</p>	G
4.	Effective arrangements should be in place to improve the effectiveness of Acute Inpatient Services through the provision of modern therapeutically focused inpatient care to safeguard those people who are experiencing acute mental health needs.	Trusts should participate proactively in the review of acute mental health care pathway to ensure regional consistency with best practice benchmarks and standards.	<p>The Trust has developed a plan to increase access to psychological approaches for service users and psychological formulation, training and reflective supervision for staff by proposing to recruit two psychologists for adult mental health acute inpatient/crisis services across the Trust.</p> <p>The Trust has representatives who attend regional meetings on MHACP and regional bed management. This is fed back through SPNG for team managers to disseminate information via a structured monthly timetable which includes crisis service development meetings, crisis service managers meeting, weekly staff meetings, clinical</p>	G

			microsystems which is our main driver, quality improvement which includes service user participation, reflective practice groups and mandatory training/journal clubs.	
5.	Effective arrangements should be in place to strengthen approaches to support people on their recovery journey in line with the principles and objectives of the Regional ImROC Programme.	Trusts should support the development of peer led self-sustaining relapse prevention groups and family carer support groups	<ul style="list-style-type: none"> • Recovery Colleges continue to be available widely within the Western Trust with increasing numbers. A variety of co-produced educational courses promoting well-being and recovery are offered to everyone and are delivered in a range of easily accessible facilities, i.e. libraries, community centres and art centres. • New courses are co-produced every term, the most recent being coaching skills for Health & Wellbeing, Asserting Yourself and Exploring your Options. • Recovery College provided training on the Recovery ethos to Mental Health Day Centres as part of the recommendations from the Day Care Review. • Another Recovery College Peer Trainer has recently graduated with an Advanced Diploma in Mental Health & Wellbeing Coaching provided by Mindwise & Kingston College. • The Recovery College took part in the “What Matters to You” day with a co-produced tree collecting feedback from students who attend 	G

			<p>the college. This proved invaluable and shaped the forthcoming term's curriculum in giving staff an insight into how important the Recovery College is and how we can continue to improve student experience.</p> <ul style="list-style-type: none"> • Another student from the Aspire Programme is now on placement with the Recovery College. This employability programme is a joint initiative with the Trust, Omagh Council and the Education Authority. • Following successful Recovery College Roadshows, this is now becoming an annual event with the Recovery College delivering a taster session of courses within the inpatient units both in the Northern and Southern Sectors of the Trust. • Since October 2017, the Ulster American Folk Park (UAFP) Wellness Camp bespoke programme has been delivered one day a month in partnership by multidisciplinary trust staff, service users and staff at the UAFP; supported by an "Awards for all Northern Ireland" Big Lottery £10K Grant. A core working group involving multidisciplinary members of the recovery mental health team, Trust recovery college staff, service users and the community partners of the Ulster American 	
--	--	--	--	--

			<p>Folk Park (part of the National Museums of NI) was formed to design the project. It consisted of an informal, fun programme of activities based on the NEF Five Ways to Wellbeing, Connect, Be Active, Take Notice, Keep Learning and Give within a valued community location. The project has seen consistent engagement of service users throughout who have fed back regarding the valued opportunity to engage in new learning experiences and build healthy relationships within a peer support model.</p> <ul style="list-style-type: none"> • WRAP courses continue to be offered and co-delivered with Peer Trainers through the Recovery College. • Core Groups of “experts by experience” continue to co-produce and co-deliver courses and offer input to services at a wider level by presenting at both Trust and Regional meetings. The Recovery College is a regular feature in the curriculum for second year Mental Health Nursing students at Magee Campus University of Ulster. A co-produced Resource Book for the Recovery College and Adult Mental Health facilities which is being funded by the PHA is currently in production • Adult Mental Health is currently recruiting a service user Consultant and two Peer Support 	
--	--	--	---	--

			<p>Workers.</p> <ul style="list-style-type: none"> • “CAWT Project I Recovery Co-ordinators covering the Derry/Donegal area and the Fermanagh/Cavan/Leitrim areas continue to work in close partnership with the Western Trust Recovery College. The Peer Educator posts have been recruited and are all awaiting pre-employment checks with the first due to start on 1st August 2018. Some initial workshops have run and focused on co-production in this early stage of the project with co-ordinators visiting Mental Health Teams in the cross borders areas to raise the profile of the project and engage staff. 	
6.	<p>Ensure the effective provision of community based Addiction services to address growing demand, including opiate substitute prescribing (Tier 3). Likewise, in-patient and residential rehabilitation services (Tier 4A & 4B) must be provided within a regional Network arrangement accessible by all Trusts.</p>	<p>Trusts should participate in the planned review of community based Addiction services, the outcome of which should be to ensure that a more effective service provision model is in place given increasing demand (this will include exploring the potential for service coordination regionally).</p> <p>A key focus will be the future design of opiate substitute prescribing services (encompassing appropriate</p>	<p>Trusts in NI are continuing to experience pressures within Addictions Services. Non-recurrent funding for 2018/19 has been identified by the HSCB which will be used in-year to address addiction service pressures for core and sub specialisms i.e, recruitment additional staff for both OST services and the main Addiction Tier 3 services. The Tier 3 services are also working to a regionally agreed Care Pathway regarding interfaces with Tier 2 and Tier 4A and 4B.</p> <p>The Trust continues to engage in the Regional Review of Tier 3 service provision and will continue</p>	<div style="background-color: #90EE90; border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 auto;">G</div>

		harm reduction measures). Additional investment, being deployed promptly, should be evidenced through increased service activity and reduced waiting times.	working within the regional network to provide safe and effective timely addiction services.	
7.	Effective arrangements should be in place to support the new Regional Mental Health Trauma Network.	Trust responses should demonstrate plans to support and participate in the development and implementation of the Network.	The Assistant Director for adult mental health and the clinical lead for adult psychological therapies have supported the development of the Regional Trauma Network (RTN) via membership of the RTN Implementation group and Care Pathway workshops. The Trust continues to support the training of staff on the MSc in CBT Trauma Care with an additional three members of staff being released to apply for 2018/2019. A Trust RTN implementation group is currently being coordinated with its initial meeting planned for September 2018. We are also currently finalising the Job Descriptions for 3 Trauma Therapist posts (1 B8A, 2 B7s) within the Trust.	G
8.	Effective arrangements should be in place to support the new Forensic Managed Care Network.	Trust responses should demonstrate plans to support the development and implementation of the Network including: <ul style="list-style-type: none"> • advancing training and 	<ul style="list-style-type: none"> • This is a new development within Forensic Services. The Trust is represented within the Network. The Trust will identify the training needs of the local Forensic Team and consider the recommended training that will be identified by the Forensic Network. 	G

		<p>education of the forensic workforce</p> <ul style="list-style-type: none"> • research and quality improvement, • improving interagency collaboration and learning from clinical practice 	<ul style="list-style-type: none"> • The CFMHT will continue adhere to the Regional Forensic Care pathway. • The CFMHT will be encouraged to participate in any Regional Audits and will develop services following the outcome and recommendations of the Audit. <p>The Network will serve as an opportunity for Regional Forensic Services to develop relationships and share experiences regionally.</p>	
9.	Effective arrangements should be in place to ensure that the workforce delivering mental health care is appropriately skilled	Trust responses should demonstrate the actions to be taken to implement the Mental Health Learning Together Framework. Details of Trusts' mental health workforce plans should also be provided.	The Multi-disciplinary forum continues to develop and implement its strategy as outlined for 2017/2018. The strategy remains closely aligned to the Learning Together Working Together framework	G
10.	Effective arrangements should be in place to enhance clinical and personal outcomes by improving access to evidence based NICE approved psychological therapies including increasing the range and scope of Talking Therapies in primary care.	Trust responses should demonstrate how the range and scope of psychological therapies will be strengthened, including releasing core mental health staff to avail of training opportunities to develop skills in various modalities of psychological therapies and improve psychological approaches	Actions to increase access to evidence based psychological therapies are ongoing and in line with those outlined for 2017/2018. In addition we have endeavoured to increase access through waiting list management strategies. Also we are currently exploring possible recruitment and retention strategies to increase numbers of qualified psychologists to deliver therapies and increase access. Furthermore additional funding is	G



		underpinning mental health treatment.	being utilised to endeavour to employ CBT and Psychology agency staff to meet increased demand for psychological therapies and increase access in a timely manner.	
--	--	---------------------------------------	--	--

LEARNING DISABILITY (6)

R	A	G	N/A
	1	4	1

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to increase the number of individuals availing of community based Day Opportunities.	Trust responses should demonstrate what specific actions will be taken to increase the number of Day Opportunity placements in partnership with community / voluntary / independent sector organisations to meet the needs of individuals already in services or coming through transition.	<p>The Trust is continuing to identify and invest in the development and provision of day opportunities and remains committed to ensuring individuals have access to mixed packages of care. The five year action plan completed as part of the review of day care and day opportunities will shape the necessary workings to facilitate the drive to create increased opportunities and the change of working practices in statutory, community and voluntary sectors.</p> <p>SDS has been a significant driver in bringing about an increase in the number of day opportunities, Trust staff will continue to support individuals who chose this model.</p> <p>Trust Community Access Workers are also providing an essential service to individuals choosing day opportunities, in many cases they are supporting individuals to access day</p>	G

			<p>opportunities personal to their needs which bring them into the heart of their communities.</p> <p>The Trust continues to recognise the need to work in partnership with other providers i.e. Community Planning, Voluntary and Public sector organisations to explore ways of jointly creating and offering new day opportunities for individuals. The workings of the Regional Day Opportunities Group ensures and facilitates the opportunity for all Trusts to discuss with other government bodies the needs of individuals with a learning disability and provides a vital forum for the development of new opportunities to be discussed and taken forward. The Western Trust is an active participant in these meetings and will continue to work with all involved to bring about an increase in the number of individuals availing of community based Day Opportunities.</p>	
2.	Effective arrangements should be in place to complete the resettlement of people from learning disability hospitals to appropriate places in the community.	BHSCT, NHSCT and SEHSCT Trust responses should demonstrate what processes are in place to complete the person centred resettlement of individuals from learning disability hospitals into the community, with appropriate long term support, in line with recent investments.	The WHSCT has completed resettlement of hospital patients.	N/A

3.	<p>Effective arrangements should be in place to improve physical health care for people with a learning disability.</p>	<p>Trusts should continue to ensure key information gathered through the annual health check initiative is collated, analysed and shared.</p> <p>Trusts should participate in the evaluation of the “health passport” for people with a learning disability.</p> <p>Trusts should continue to support people with a learning disability to access mainstream health screening initiatives</p>	<p>Community Learning Disability Nursing Services have been remodelled in line with Strengthening the Commitment and the WHSCT Learning Disability Community Nursing Strategy 2016. Community nurses focus on health inequalities, working closely with primary care to promote annual screening and appropriate referrals for required investigations etc.</p> <p>There has been a reported increase in the number of annual health screenings completed in 2017/18 and systems are in place to identify those who have not attended for adults known to Adult Learning Disability Services. These individuals will be targeted for attendance in 2018/19.</p> <p>The roll out of the regional hospital passport has been progressed and there has been a reported increase in the number of adults availing of this in 2017/18.</p> <p>A range of easy read literature has been developed to support adults with learning disabilities access appropriate health services.</p>	
4.	<p>Effective arrangements should be in place to appropriately manage people with a learning disability developing dementia</p>	<p>Trust responses should demonstrate how short breaks/respite will be extended outside of the traditional model in</p>	<p>The Trust continues to assess the needs of people for short break provision. However there is a demand for continued investment across the programme and this includes short breaks for</p>	

	and other conditions associated with old age including short breaks/respite which are varied and flexible in nature.	order to meet the needs of families/carers including Dementia Memory Services and other appropriate services.	<p>people with dementia.</p> <p>The Trust will engage with the Regional Project to develop the model for learning disability services where this issue can be the subject of further discussions and training. Staff will continue to be encouraged to avail of dementia training and dementia champions will ensure the issue is considered proactively at service level.</p> <p>Information has been shared with HSCB regarding additionality required to provide more effective learning disability dementia services.</p> <p>The Regional Project is slow to make progress and is inhibiting progress at Trust level. The Trust promotes dementia training but needs further input from the region to fully implement the Regional Learning Disability Dementia Care Pathway.</p>	
5.	Effective arrangements should be in place for discharge once the patient has been declared medically fit for discharge.	Trust responses should outline clear protocols, processes and procedures to ensure timely discharge from hospital with appropriate support, where required.	This will be achieved for those who can return to their community placement. For other more complex cases, this may prove more difficult and therefore will require additional time resulting in a small percentage of patients missing the 7 and 28 day timeframes. Arrangements for these patients, who require new community placements to be developed, are also impacted by the limited number of community housing options available	G

			and difficulties provider organisations are experiencing with recruitment.	
6.	HSCB & PHA will work with people who use services, their families, Trusts and other stakeholders to develop a regionally consistent service model for people with a learning disability.	Trust responses should demonstrate plans to work collaboratively with service users and to develop a new NI service model for learning disability services.	The Trust is working with HSCB and DOH to progress this transformational project in 2018/19.	G

PHYSICAL DISABILITY (3)

R	A	G
	2	1

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to ensure the seamless transition of people with Physical and/ or Sensory Disability from children's services to adult services and from adult services to Older People's services.	Trust responses should demonstrate plans that ensure seamless transition for people with Physical and Sensory Disability who are approaching age thresholds for Adult services and Older People's services.	Following significant work undertaken, a Trust Transitions Protocol (June 2017) has been approved. In 2018/19, one child transitioned to adult services with a substantial care package £120k+. At present there are no other children identified to transition. Given that within children's services these children have a wraparound service for which an equivalent service is not available within adult services, it is anticipated that there will be significant pressures with children transitioning to adult services. There is therefore a need to ensure earlier intervention and joint working. Within Physical Disability, additional funding of £60k was applied in 2017/18. However, this is not sufficient to meet the financial requirements and additional funding has been identified as being required in 2018/19 which it is proposed to allocate via demographic monies.	A

2.	<p>Effective arrangements should be in place to develop a Physical and Sensory Disability structure/ network which facilitates regional, multi-agency strategic planning for the needs of people with Physical and/ or Sensory Disability.</p>	<p>Trust responses should demonstrate equitable access to Health and Social Care for people with Physical and Sensory Disability including:</p> <p>Access</p> <ul style="list-style-type: none"> • Trusts to ensure people with Sensory loss/ Disability are empowered to access HSC services (i.e. statutory HSC services and services provided by Community & Voluntary / Independent sectors). • Trusts should ensure communication with people with sensory loss is in an accessible format to include appointments, access to interpreting, signage and access to healthcare information <p>Buildings</p> <ul style="list-style-type: none"> • Trusts should ensure all HSC 	<p>Access</p> <p>The Trust is part of the Regional Sensory Support Network through which standardised approaches are being put in place to ensure that those people with Physical and/ or Sensory Disability are empowered to access HSC services. There is a Regional Physical and Sensory Group for statutory, community, voluntary and independent sector providers, as well as service users/ families/ carers in place which is represented from the Trust area. As part of the Regional Physical and Sensory Disability Strategy a regional action plan is being delivered by the Trust and the Trust is represented on Regional work-streams to complete this work. In addition, people are supported through Trust service user groups and engagement forums.</p> <p>The Trust has pathways and guidelines in place (i.e. Hearing Loss Pathway, Sight Loss Pathway, etc.) which are adhered to in order to ensure communication with people with sensory loss is in an accessible format to include appointments, access to interpreting, signage and access to healthcare information.</p> <p>Equipment</p> <p>In relation to equipment there is professional</p>	<div style="background-color: yellow; border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">A</div>
----	--	---	--	--

		<p>facilities have visual display units and hearing loops which are working and ensure HSC staff are fully trained in use.</p> <ul style="list-style-type: none"> • Signage in HSC facilities should meet HSC accessibility minimum standards. <p>Equipment</p> <ul style="list-style-type: none"> • Trusts should ensure equitable access to equipment (including adaptive/ assistive technologies) and accessible, age appropriate accommodation/ care facilities for people with Physical and/or Sensory Disability. 	<p>assessments completed to identify the needs of people with Physical and/or Sensory Disability. Regional procurement arrangements are being put in place for tendering of the following equipment, in the interim current arrangements are being adhered to in order to ensure timely and equitable access of equipment.</p> <ul style="list-style-type: none"> • Low vision • Lighting • Assistive alerting devices • Assistive listening devices • Daily living aids • Mobility aids <p>In relation to appropriate accommodation/ care facilities, people are currently in nursing home settings which meet their needs. The Trust continues to explore alternative appropriate accommodation/ care facilities which includes considering adaptive/ assistive technological solutions through the Regional Sensory Support Network and Trust service user forum, to enable people to be supported in their own communities.</p> <p>Buildings - The WHSCT is committed to ensuring equitable access to Health and Social Care for people with Physical and Sensory</p>	
--	--	--	--	--

			<p>Disability.</p> <p>All new healthcare buildings have hearing loops / VDU's installed and have signage which meets HSC accessibility minimum standards.</p> <p>The WHSCT has a large and varied estate, and buildings are selected for refurbishment and upgrade through a need for service development or condition, all refurbishment works are completed to best practice accessibility standards.</p>	
3.	Trusts and Arm's Length Bodies should have effective arrangements in place to ensure staff are trained to understand the disparate needs of people with Physical and/or Sensory Disability.	Trust responses should demonstrate plans to ensure all HSC staff including HSC provider staff in Community & Voluntary / Independent sectors receive mandatory disability training.	<p>The Trust has mandatory disability training in place which all staff must complete. The Trust has contractual arrangements with community, voluntary and independent sector providers which includes that staff must receive mandatory disability training, this is monitored through Trust contractual arrangements with the providers.</p> <p>In addition, the Trust has the following training in place for staff:</p> <p>Visual Awareness Training: continues to be offered Trust-wide in association with RNIB. This training provides staff with skills and knowledge to ensure that service users with a visual impairment receive a high level service.</p>	G

			<p>Deaf Awareness Training: delivered by the British Deaf Association (BDA) throughout the Trust, the training includes an Introduction to deafness/Hearing loss and provides information on Communication Methods used by Deaf/Hard of Hearing people and how to communicate clearly.</p> <p>Disability Awareness Training: delivered by Employers for Disability NI. The training covers Disability Discrimination Act (DDA) overview and case law with a brief overview of legislation followed by case study exercise using DDA cases. A variety of learning methods are used including an exercise on Language etiquette and Disability awareness training video clips. There is also an overview of five key disability areas; hearing loss, visual disability, learning difficulty and disability, physical disability and hidden disability, including mental health. Information is provided on the nature and extent of disability, as well as good practice in interacting with people with disabilities.</p> <p>Working with Interpreters (Foreign Language/Sign Language) Training: this training is offered Trust-wide on an on-going basis. The</p>	
--	--	--	---	--

			<p>training aims to improve the experience of patients/clients who do not have English as a first language or who have a hearing impairment. The Equality & Involvement Team also offers the training to specific teams/units, as per requests. The Working with Interpreters Training is supported by Trust Communication Support Guidelines, which contain information for staff on accessing Foreign Language and Sign Language Interpreters, and Written Translation.</p> <p>Sensory Awareness e-learning module: Available to all Trust staff, this training was developed in collaboration with Royal National Institute of Blind People (RNIB) and Action on Hearing Loss (AoHL) was available for all HSC staff</p> <p>‘Making a Difference E-learning programme - This E-learning programme was launched in the Western Health and Social Care Trust (WHST) in March 2018 as mandatory Equality, Good Relations and Human Rights Training for all WHST staff and managers. The programme was developed regionally by HSC Equality Leads and a number of Western Trust staff participated in the pilot of the programme in early 2017. ‘Making a Difference’ is an interactive programme</p>	
--	--	--	--	--

			<p>tailored specifically to the healthcare setting and aims to ensure that all staff realise the importance of their part in creating an inclusive and welcoming environment for all colleagues and service users.</p> <p>‘Making a Difference’ is supported by a regional Equality Training manual for staff which complements the programme. The programme is also complemented by a suite of HSC Discovering Diversity awareness modules, which all staff are also encouraged to complete.</p> <p>The aim of the ‘Making a Difference’ training is to show staff how they can make a difference by:</p> <ul style="list-style-type: none"> • Promoting positive attitudes to diversity • Ensuring they treat everyone with respect and dignity • Behaving in a way that is in keeping with HSC values and equality and human rights law. <p>The aim of this module is to support staff to make a difference in work through:</p> <ul style="list-style-type: none"> • Recognising, • Respecting and • Responding to the different needs of people 	
--	--	--	--	--

			<p>they come into contact with in work</p> <p>The programme can be accessed via the HSC Learning Portal and should be renewed by staff every 3 years.</p> <p>Disability Equality Training - Trust Disability Action plans include an undertaking to <i>co-design and deliver bespoke disability equality training for frontline staff in partnership with disabled people. The training</i> will include specific guidance on communication disability and autism. This will lead to increased staff awareness on disability equality and how to promote positive attitudes and participation in public life. The training that will reflect all disabilities (including hidden, autism, sensory) and will challenge negative stereotypes / attitudes about disabled people</p>	
--	--	--	--	--

SPECIALIST SERVICES (14)

R	A	G	N/A
	2	2	10

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	<p>Effective arrangements should be in place to ensure:</p> <ul style="list-style-type: none"> • New patients continue to access previously approved specialist drug therapies • Access to new NICE TAs and other NICE recommended therapies approved during 2018/19 	<p>Trust responses should demonstrate how they will engage with the HSCB to inform the projected requirements associated with the increase in the number of patients on existing treatment regimes across a range of conditions. Responses should also demonstrate how Trusts will deliver on the requirements of new NICE TAs in line with planned investments.</p>	<p>Rheumatology has had investment from the local commissioner to recruit a Rheumatology Consultant to meet the demand of referrals. A locum consultant commenced early June 2018 and is located in SWAH with 5 clinics per week. The Trust is working to complete an IPT to enable recruitment of occupational therapist/physiotherapist and nurse specialist support.</p> <p>There has been investment in the biologics and specialist medicine infusion unit. The unit has moved to Level 9 Tower Block, Altnagelvin increasing chair capacity to enable patients prescribed specialist drugs therapies to receive their treatments locally. Due to regional nursing shortfalls we are currently unable to fill all vacancies which will delay the transfer of Western Trust patients from the BHSCT to the</p>	<div style="border: 1px solid black; background-color: yellow; width: 30px; height: 30px; display: inline-block; margin: 0 auto;">A</div>

			<p>WHSCCT. The Trust will continue to work closely with the Commissioner in relation to this. Once nursing recruitment has been achieved patients will be repatriated to this hospital for ongoing treatment and extension of neurological therapies and IBD treatments commenced with appropriate governance arrangements in place. The rheumatology nurse specialists continue to commence or switch patients onto biologic therapies with rheumatology conditions in a timely manner</p>	
2.	<p>Effective arrangements should be in place to continue to progress the implementation of the Northern Ireland Rare Disease Plan working in partnership with the NI Rare Disease Partnership</p> <p>HSCB/PHA membership of the national Rare Disease Advisory Group ensuring that Northern Ireland is fully engaged in the planning and evaluation of highly specialist services</p>	<p>Belfast Trust should outline, by the end of September 2018, the key priorities for development to further support the delivery of the Northern Ireland Rare Disease Implementation Plan.</p> <p>This may cross reference to developments in progress in other specialist services areas as support of rare disease commissioning is common to other areas of work.</p> <p>The Belfast Trust is asked to bring forward options and proposals to</p>	N/A to WHSCCT	N/A



		<p>identify a clinical lead/leads for adult specialist services for consideration and agreement in 2018/19.</p> <p>The Belfast Trust is asked to bring forward options and proposals for interface with the Northern Ireland Rare Disease Partnership for consideration and discussion in 2018/19.</p>		
3.	<p>Effective arrangements should be in place to provide a specialist adult pulmonary hypertension service for Northern Ireland</p>	<p>Belfast and South Eastern Trusts are requested to agree and bring forward detailed proposals for a specialist adult pulmonary hypertension service for the population of Northern Ireland. This will take into account the recommendations of the National Peer Review of Pulmonary Hypertension Services, 2016/17.</p>	N/A to WHSCT	N/A
4.	<p>Effective arrangements should be in place for the provision of Paediatric Cardiac Services in line with the Ministerial decision on the establishment of an All-Island Network.</p> <p>A range of elective cardiac</p>	<p>Belfast Trust should demonstrate how it will work with the HSCB/PHA through the specialist paediatrics group and all-island structures to take forward the implementation of the service model for congenital cardiac services set out in the full</p>	N/A to WHSCT	N/A

	procedures, as well as emergency and urgent cases are now being accommodated in the ROI.	business case for the All-Island CHD Network. This should include local developments as well as developments planned on an all-island basis.		
5.	Effective arrangements should be in place to improve the resilience, sustainability and access to specialist paediatric services	<p>Belfast Trust should demonstrate arrangements which improve resilience, sustainability and access to specialist paediatric services including:</p> <ul style="list-style-type: none"> • Planned arrangements for the paediatric lead for rare disease by 30 September 2018. • Plans for a Paediatric Waiting List Office. This will ensure equity of access for patients waiting for tertiary services. • New arrangements for the management of children with hepatitis B in conjunction with Birmingham Children's Hospital. • A framework to support leads in paediatric cardiology, specialist paediatrics, paediatric network, NISTAR and the critical care and trauma networks in 	N/A to WHSCT	N/A

		improving communication and ensuring complementary service planning and delivery for the paediatric population.		
6.	Effective arrangements should be in place to deliver an Adult Infectious Diseases (ID) service specification and phased investment within available resources.	Belfast Trust should work with HSCB/PHA and DoH in developing a plan to improve the resilience and sustainability of the Adult Infectious Disease Service. By Autumn 2018, the Trust will have agreed with HSCB/PHA a service specification for Northern Ireland including both specialist care and the role and function of local DGH acute medicine in the management of ID conditions with a view to establishing the new model from April 2019.	N/A to WHSCT	N/A
7.	Effective arrangements should be in place to appropriately manage the service need of patients requiring specialist services.	Belfast Trust's response should demonstrate how the Trust will deliver the required volumes of service activity in light of the changing population need and demand for specialist services in 2018/19. Belfast Trust should also advise of	N/A to WHSCT	N/A

		any emerging vulnerabilities in specialist services including proposed contingency arrangements.		
8.	<p>Effective arrangements should be in place to progress the work of the Plastics & Burns Project Board which will provide strategic direction for the service and respond to the RQIA recommendations (2017)</p> <p>In particular, the project board will agree a service specification and develop options for the future configuration of plastics and burns services, including consideration of a single service/site model.</p>	<p>Belfast and South Eastern Trusts should continue to take forward actions in the RQIA review, reporting progress to the Plastics and Burns Project Board. The Trusts should input to project products, including:</p> <ul style="list-style-type: none"> • Needs assessment • Service profile • Service specification • Gap analysis 	N/A to WHSCT	N/A
9.	<p>Effective arrangements should be in place to deliver a sustainable scoliosis service.</p>	<p>Belfast Trust should demonstrate plans to:</p> <ul style="list-style-type: none"> • deliver a timely, accurate and effective monitoring of programme of activity and waiting lists consistent and 	N/A to WHSCT	N/A

		<p>compliant with extant DoH guidance</p> <ul style="list-style-type: none"> • ensure commissioned capacity is fully utilised (RVH, MPH and RBHSC) and is accessible, for appropriate cases, within the clinically recommended timescale. • deliver scoliosis surgery within ministerial targets detailing any short to medium term subvention required to fully deliver these. • submit a formal escalation plan for any projected breach outwith the specified clinically determined window for treatment detailing the process by which this will be addressed to secure treatment within the planned timescale. • detail proposed service models, level of investment to meet any gap in service, both in RVH and RBHSC, expected volumes to be delivered in 2018/19 from new investment by September 2018. 		
--	--	---	--	--

10.	Effective arrangements should be in place to ensure the continued progress with implementing the service specification for patients with Multiple Sclerosis (MS)	Trust responses should identify how the Trust will implement the key priorities from the specification namely; the provision of dedicated multidisciplinary clinics for patients with MS, the local presence of specialist MS nursing staff and the local provision of infusion delivered disease modifying therapies.	Negotiations have been ongoing with the neurologist in Belfast to enable the establishment of MS specific clinics. The impact of MS specific clinics would be to increase the waiting times for general neurology referrals. It is deemed the right thing to do however with current service gaps and extremely long waiting lists, a decision has yet to be reached. HSCB plan to visit the WHSCT with the aim of progressing to MS specific clinics.	
11.	Effective arrangements should be in place to ensure the transfer of the management of immunoglobulin therapies to Trust pharmacies from the Northern Ireland Blood and Transfusion service	Trust responses should identify how Trusts will ensure that arrangements are in place to manage the transfer of the management of these therapies by October 2018 to improve the governance arrangements in line with medicines management principles.	The Trust's Head of Pharmacy has met with RBTS, BHSCT & the HSCB to discuss this transfer which will take place on 1 October. Current immunoglobulin usage data has been provided to the Trust and a scoping exercise is being carried out in collaboration with clinicians who use the product. Pharmacy staff attended a regional training session at the end of August. Funding requirements for additional staffing resource have been calculated and shared with the HSCB and negotiations in relation to this are continuing.	
12.	Effective arrangements should be in place to improve the pathway for patients accessing	Belfast Trust's response should demonstrate plans to: <ul style="list-style-type: none"> • consider issues arising from the 	N/A to WHSCT	N/A

	<p>Gender Reassignment Services including:</p> <ul style="list-style-type: none"> • Setting out the arrangements for specialist surgery as part of the pathway • Improving referral and assessment of patients to improve the pathway and ensuring workforce issues are addressed. 	<p>HSCB's Gender Reassignment Surgery consultation with a view to outlining how the Trust will address and implement these in the future, as appropriate.</p> <ul style="list-style-type: none"> • develop options to ensure the continued delivery of the Regional Gender Identity Service including recruitment to fill key staff vacancies. 		
13.	<p>Effective arrangements should be in place to ensure the opening of the Phase 2B Critical Care Unit to accommodate the transfer of ICU/HDU capacity with the service to be fully operational in 2018/19.</p> <p>Work will continue to progress during 2018/9 on the current role, scope of responsibility and accountability arrangements offered by the Northern Ireland Critical Care Network and how it might best develop consistent with the vision set out in</p>	<p>Belfast Trust should demonstrate, via a project plan, how it will secure the balance of the Phase 2B staffing to deliver a full bed complement of 8 HDU and 17 ICU beds as well as the 2 ICU beds associated with trauma which will also transfer into Phase 2B.</p> <p>All Trusts should demonstrate full commitment to collaborate in the provision of safe, effective, clinically equitable access to ICU. The Northern Ireland Critical Care Network will support this with improvements in timely monitoring</p>	<p>NA to WHSCT</p> <p>The Trust has representation at all committees within CCaNNI, including the CCaNNI Board where progress on Phase 2b is discussed. Both Critical Care cares units at Altnagelvin and South West Acute Hospitals receive non-clinical transfers and repatriation to support the networks timely and effective access to critical</p>	<div style="border: 1px solid black; background-color: #92d050; width: 20px; height: 20px; display: inline-block; margin: 0 auto;">A</div>

	<i>Delivering Together.</i>	of bed availability, clear escalation protocols, timely discharge and staffing levels.	care services.	
14.	Effective arrangements should be in place to deliver a sustainable neuromuscular service for Northern Ireland.	Belfast Trust's response should detail proposals for a sustainable service model by December 2018 including a phased implementation approach.	N/A to WHSCT	N/A

CANCER SERVICES (13)

R	A	G	N/A
	3	6	4


ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to deliver cancer access targets	Trust responses should demonstrate plans to improve compliance against cancer access standards across all relevant services.	All patients on a 'Red Flag' suspect cancer pathway are tracked through the 31 and 62 day pathway by the dedicated MDT tracker. The Administration Manager, Cancer Services meets on a monthly basis with the Cancer General Manager and reviews individual breach reports for that month. The purpose of this is to identify any bottlenecks in the pathway to include process or service issues. Any identified issues are then addressed by the relevant manager or assistance is sought from the Macmillan Service Improvement Lead to address any bottlenecks in pathway etc. A Service Manager Forum has been set up in early 2018 to investigate any breaches and identify key learning. This group meet on a monthly basis.	G
2.	Effective arrangements should be in place to take forward	Trust responses should demonstrate how they will support	The Trust will respond as required when the review is available. It is noted that the WHSCT	N/A

	recommendations from the Review of Breast Assessment Service	the implementation of recommendations arising from the Review of Breast Assessment Services.	continues to have extreme difficulties in recruiting to breast posts and whilst meeting the current cancer targets, this remains a significant and worsening risk.	
3.	Effective arrangements should be in place to support the transformation of non-surgical oncology services, to include the development and delivery of local quality improvement projects.	Trust responses should demonstrate how they will support the review of non-surgical oncology to include the development and delivery of local quality improvement projects.	The Trust is participating in the Regional Transformation of Cancer Services to implement service improvement initiatives or prototypes to improve the patient journey and ensure processes and procedures are as efficient as possible. At a local level the Trust have established a SACT Weekly Capacity Group to maximise clinics and streamline processes.	G
4.	Effective arrangements should be in place to ensure implementation of the Regional Information System for Oncology & Haematology (RISOH) within haematology services.	Trust responses should demonstrate how they will fully implement the electronic patient record and electronic prescribing modules of RISOH within haematology services in line with the agreed regional project plan.	Training has been delivered with the secretarial teams. Issues around Haematology letters are being worked through at regional level. An alternative solution such as scanning letters into RISOH has been submitted to Project Board awaiting decision. The Trust is working with the HSCB in relation to this. As project nears completion the first go live date is January 2019. Training to commence late August/early September 2018 with the Consultant team in preparation for 'go live'. Chemo regimes are being finalised by the regional pharmacist.	A

5.	Effective arrangements should be in place to establish a regional coordination service for Metastatic Spinal Cord Compression.	Belfast Trust should demonstrate a commitment, working in partnership with all Trusts, to taking forward this service development on behalf of the region.	N/A to WHSCT	N/A
6.	Effective arrangements should be in place for the treatment of basal cell carcinoma to include Mohs surgery and the provision of radiation therapy.	<p>Belfast Trust should demonstrate plans to take forward an expansion of Mohs provision.</p> <p>NWCC to develop a regional radiation therapy service for Basal Cell Carcinoma (Superficial X-Ray).</p>	<p>As part of the radiotherapy development within the North West Cancer Centre (NWCC), capital funding was provided for the purchase of a superficial x-ray machine which is now housed in a dedicated suite within the NWCC.</p> <p>The Trust will work with the commissioners and CRG to bring forward a funding proposal which would allow for a dedicated resource to develop the policies and protocols to have the service operational to include referral criteria, pathways and associated clinical guidelines. It is also hoped that there will be opportunities for this service to be a regional one to ensure equity of access for patients across NI.</p>	A
7.	Effective arrangements should be in place for the developments within radiotherapy services.	Northern Ireland Cancer Centre (NICC) and NWCC to roll out delivery of DIBH across Northern Ireland to people with breast cancer who would benefit from this Radiotherapy technique.	A True Beam software upgrade is planned to take place in October which is required to be in place before DIBH can be delivered. Work has been established and will continue to develop in terms of planning and treatment protocols. Training is currently underway to deliver this safely.	A

		Belfast Trust response should confirm the establishment of a regional service to deliver SABR for Oligometastatic disease and people with lung cancer at NICC during 2018/19.		
8.	Effective arrangements should be in place to improve the patient experience of cancer services. Commissioners will take forward a further regional Cancer patient Experience Survey in June 2018.	Trust responses should demonstrate plans to take forward any actions arising from the findings of the 2018 survey, which will report in the Autumn 2018.	<p>The Trust received a positive response from the Cancer Patient Experience Survey in 2015 and also from local patient surveys completed at an MDT level. The Trust has recently participated in the 2018 CPES Survey with findings due back September 2018.</p> <p>The Trust will continue to liaise with primary care to improve early referral and access to services and will work closely with the Macmillan GP facilitators who are now in post.</p>	G
9.	Effective arrangements should be in place to establish a testing service for Lynch Syndrome in line with NICE Diagnostic guideline DG27.	Belfast Trust response should demonstrate a willingness to take forward the establishment of a regional testing service during 2018/19.	N/A to WHSCT	N/A
10.	Effective arrangements should be in place for the centralisation of partial nephrectomy, hemi	Belfast Trust response should demonstrate a commitment to taking forward the centralisation of this	N/A to WHSCT	N/A

	nephrectomy and pyeloplasty to the specialist urological centre in Belfast Trust.	surgery within the specialist team.		
11.	Effective arrangements should be in place to expand the clinical nurse specialist (CNS) workforce in Northern Ireland in line with national benchmarks and the agreed regional CNS development plan.	Trust responses should demonstrate the particular actions to be taken in 2018/19 to expand the CNS workforce, and in doing so, how this will increase opportunities to modernize care pathways and improve the patient experience of care.	The Trust continues to work with the Commissioners and PHA to deliver the Regional CNS Workforce Plan.	G
12.	Effective arrangements should be in place to take forward the expansion of non-medical prescribing of Systemic Anti-Cancer Therapy (SACT).	Trust responses should demonstrate how they will take forward plans for the expansion of non-medical prescribing of SACT.	<p>The Trust has an established systemic anti-cancer therapy (SACT) Group and meets on monthly basis. Membership of this group includes Oncologists, Haematologist, Management, Pharmacy and Nursing.</p> <p>This group continues to ensure the development and implementation of robust processes in regards to the introduction of new cancer drugs. The group also oversees service delivery and development within the chemotherapy unit e.g. nurse led initiatives, non-medical prescribing etc.</p> <p>Members of this group have been nominated to sit on the HSCB non-medical prescribing working group.</p>	G

13.	Effective arrangements should be in place to bring forward radiographer skills mix within breast assessment services.	Trust responses should demonstrate commitment to the development of advanced practitioner and consultant radiographer roles within breast assessment services.	Radiographer breast consultant is appointed and training continues. All formal qualifications have been attained and she is undergoing a period of mentorship. The progress is within the timeframes agreed in the IPT.	
-----	---	--	---	---

LONG TERM CONDITIONS

Stroke (7)

R	A	G	N/A
1	4	1	1

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to provide appropriate stroke services for younger people as 20% of all stroke occurs in people aged under 65	Trust responses should demonstrate plans to improve stroke services for younger stroke patients in line with the recommendations of the RQIA inspection report (2014) to include vocational rehabilitation.	The Moving On service, which employs a neuro occupational therapist in the northern sector of the Trust, remains part of the longer term pathway for stroke in the northern sector. There is a limited neuro OT service in the southern sector for vocational rehabilitation. There are numerous voluntary and independent sector services identified to support the younger person across the WHSCT, with onward referrals being made by any member of the community stroke rehabilitation team or the stroke specialist nurse for any patient with identified long term needs. Further investment from the IPT for ESD services may support the occupational therapists to extend their role in providing specialist neuro interventional supporting vocational rehabilitation in the southern sector of the Trust.	A

2.	Effective arrangements should be in place to ensure that all stroke patients are admitted directly to a stroke unit within 4 hours in line with NICE guidance	Trust responses should outline plans to review their operational protocols for admission and develop processes that ensure that more than 90% of acute stroke patients are admitted to a stroke unit as the ward of first admission.	The key issue is that when there are bed pressures, any empty stroke beds will be filled with a non-stroke patient. The outflow from the wards is restricted due to poorly resourced community stroke services. An IPT has been submitted to increase staffing levels in the community to establish an ESD service to support reducing length of stay with the aim of supporting direct admissions to Stroke unit. Monthly service improvement work is also being undertaken in both acute sites across departments involved in the acute stroke pathway to support improvement in direct admission to the stroke unit.	R
3.	Effective arrangements should be in place to provide appropriate specialist spasticity services for stroke survivors.	Trust responses should outline plans to work with the regional stroke network to develop a regional pathway for the management of spasticity after stroke.	There has been no regional progress in relation to the spasticity service and the current service remains unchanged, with no specialist spasticity service for stroke survivors.	A
4.	Effective arrangements should be in place to provide thrombolysis as a treatment for acute ischaemic stroke.	Trust responses should demonstrate initiatives to ensure at least 15% of acute ischemic stroke patients, attending each of its hospitals, receive thrombolysis and that those patients who receive thrombolysis do so within 60 minutes of arrival.	There is an effective thrombolysis service in both acute sites. The WHSCT lysed 21% of all ischaemic stroke patients admitted in 2017/18. Quarterly lysis review meetings remain on both acute sites 93% of those patients lysed received it within the 60min target	G

5.	Effective arrangements should be in place to provide mechanical thrombectomy for large vessel stroke as an effective intervention for selected stroke patients	The Belfast Trust response should demonstrate plans for the continued development of regional stroke mechanical thrombectomy services as per the NICE guidance.	This target is not applicable to the WHSCT. The WHSCT contact the RVH and transfer all appropriate patients who would have the potential of meeting the criteria for thrombectomy. In 2017 the WHSCT transferred a total of 16 patients with 10 patients receiving thrombectomy intervention. This service is only available Monday to Friday 8am to 5pm and therefore there will be occasions when patients who are suitable for thrombectomy are unable to access this service. The 'Reshaping of Stroke Services' consultation document proposes the extension of this service to a 24hour/ 7 day week service.	N/A
6.	Effective arrangements should be in place to provide weekend outpatient assessment for TIA patients with high risk TIA patients assessed within 24 hours of an event and commence appropriate treatments to prevent stroke.	Trust responses should demonstrate plans to provide ambulatory services for suspected high risk TIA patients seven days a week, in line with NICE guidance.	A low percentage of TIAs are referred at the weekend and the current Trust protocol is to admit for necessary investigation and assessment. All high risk patients continue to be admitted at the weekend across all Trusts. There is a proposed regional development through the Reshaping of Stroke Services to provide a regional centre for weekend high risk TIA assessment/investigation.	A
7.	Effective arrangements should be in place to facilitate, where	Trust responses should detail how ESD services for stroke patients will	The WHSCT has submitted an IPT to enhance the current Mon- Fri stroke CST to a 6 day	A

	<p>appropriate, early supported discharge (ESD) of acute stroke patients from hospital.</p>	<p>be made available seven days a week, able to respond within 24 hours of discharge and providing the required levels of therapy.</p>	<p>stroke ESD service. The 7th day support will be integrated through the proposed enhancement of the intermediate care and reablement services across the Trust,</p> <p>The ongoing delays in nursing home placements and care packages being available continues to have a direct impact on the more elderly patients with life changing effects from stroke. Regional work is ongoing in respect of this.</p>	
--	---	--	---	--

Diabetes (11)

R	A	G
	2	9

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be put in place to develop services for women with diabetes in pregnancy in Northern Ireland	Trusts responses should demonstrate plans to build capacity in clinical delivery through additional commitment of consultants, midwifery, nursing etc. (or combination of all).	The Trust received additional funding to enable additional resources to be recruited to assist with meeting the increasing number of women diagnosed with gestational diabetes. A QI project is taking place within the Trust involving all members of the MDT and service users to improve and find alternative and innovative ways to deal with this increase in demand.	G
2.	Effective arrangements should be put in place to implement the recommendations arising from the Northern Ireland Inpatient Audit 2016.	Trusts responses should demonstrate action plans to address the recommendations of the Inpatient Audit 2016.	Trust representatives are included in the inpatient work stream of the regional diabetes strategy. Standardised protocols have been agreed and will be implemented in Western Trust as per regional guidance. Criteria for inpatient referral to diabetes team will be standardised. Working groups have been established in liaison with PHA and Trust representatives to secure opportunity for ward staff to be released into the Diabetic inpatient team to improve quality of	G

			inpatient care and education of core staff at ward level to meet the requirements of acutely ill diabetic patients in hospital. Funding is to be released to trusts week of 30 th July 2018.	
3.	Effective arrangements should be put in place to develop a regional Diabetes Prevention Programme (DPP)	Trust responses should demonstrate plans to implement NICE PH38 with a particular focus on supporting behaviour change in high risk groups within community settings.	Transformation funding has been secured to support diabetes prevention programmes. Work is ongoing to aim to secure regional programme and standardisation in each Trust area. Existing diabetes prevention sessions will be replaced by the regional programme once this is clarified. The diabetes team are maintaining links with health improvement department to ensure that the central referral point is maintained and that current service is not lessened but that it will be enhanced eg links to social prescribing.	G
4.	Effective arrangements should be put in place to provide education and support for people recently diagnosed with diabetes.	Trust responses should demonstrate plans to expand access to Structured Diabetes Education (SDE) and the associated catch up programme for those requiring it.	Structured Diabetes Education remains a key element offered by the diabetes specialist team and staff have been directly involved in the subgroup undertaking the review of structured education for the regional board. There are various programmes offered to patients with diabetes in the Western Trust including CHOICE (for adults and children with Type 1 diabetes) and DESMOND (for type 2 diabetes). Diabetes CHAT sessions are also offered to patients, focussing on updates in treatment and refreshers in self-	G

			management. The standardised approach to education is supported by the diabetes team and we look forward to implementing the recommendations from the regional board.	
5.	Effective arrangements should be put in place to develop patient pathways for insulin pumps and Continuous Glucose Monitoring (CGM).	Trust responses should demonstrate plans to expand access to insulin pumps and CGM in-year.	Trust representatives are included in regional subgroup for insulin pump and CGM service. Funding is secured for replacement pumps and patients are updated when warranty period expires (4 years) The replacement numbers increase in March 2019 when warranty period expires and this will affect the number of new starts that can be offered. Although funding has been clarified for insulin pumps there has been no funding for additional staff resource. The staff resource is a significant limiting factor for this specialised part of the diabetes service. Paediatric teams have identified that the capacity for 2018/19 is 8 new starts. New starts for adult service will not be possible due to limited staff resource, and the existing pressures of young adults on pumps transferring from paediatrics to adult's team. Regional guidance is awaited on the role of pharmaceutical company support for insulin pump and CGM service.	G

6.	Effective arrangements should be put in place to ensure appropriate usage of Freestyle Libre.	Trust responses should demonstrate plans to complete the ABCD audit of Freestyle Libre in 2018/19.	Data collection for the LIBRE audit is included at time of Libre start. The detail on the ABCD audit is time consuming and clerical and professional teams of DSN and dietitians are all collating the data. Education on patterns, insulin adjustment and carbohydrates is key to ensure appropriate usage of the device and the Trust offer joint DSN + dietetic clinics to support this.	G
7.	Effective arrangements should be put in place to improve transition arrangements for transfer of care from paediatric to adult diabetes services.	Trust responses should demonstrate plans to use 'Ready Steady Go Hello' materials in transition planning.	One of the WHSCT diabetes consultants is co-chair of the regional transition work stream. Close links are maintained in the Western Trust with adult and paediatric teams and 'Ready Steady Go Hello' materials have already been secured and plans in place to start implementation.	G
8.	Effective arrangements should be put in place to provide education and support for children with diabetes.	Trust responses should demonstrate plans to ensure all children have updated "annual health plans" and promote the use of the communication booklets among parents for insulin injections and insulin pumps.	Paediatric diabetic nurse specialists continue to deliver education in schools and to provide/annually review care plans. The inclusion of the regional communication booklet to enable education, staff and parents to share information has been effective.	G
9.	Effective arrangements should be put in place to ensure children with diabetes are treated in age appropriate	Trust responses should demonstrate plans to accommodate children with diabetes up to their 16th birthday for in-patients and out	As of February 2017, all children up to their 16 th birthday are admitted to the children's wards on both hospital sites when they require an inpatient stay. They are all seen within the paediatric	G

	settings	services and confirm arrangements are in place for monitoring blood glucose and blood ketones.	outpatient settings in both hospitals.	
10.	Effective arrangements should be put in place to implement relevant areas of the Northern Ireland Diabetes Foot Care Pathway.	Trust responses should demonstrate plans to develop all areas of the agreed pathway including the vascular surgery interface.	<p>Funding has been received to support the implementation of the regional diabetes foot pathway (July 2018). The podiatry service has been redesigned and clinics are structured to support the risk categories within the pathway. The additional funding will support the ongoing development of the service, including diabetes foot clinic and to improve the low risk service in primary care.</p> <p>There are twice weekly arterial vascular outreach clinics on the Altnagelvin site (Monday & Thursday) where the Diabetic Foot Podiatrist has access to the arterial Vascular Consultant for advice or onward referral of the patient.</p>	G
11.	Effective arrangements should be put in place to develop new models of care for people with diabetes.	<p>Trusts responses should demonstrate plans to develop community diabetes capacity and address the needs of vulnerable groups.</p> <p>This will be supported through the 'New Models of Care' work stream</p>	Western Trust diabetes team has introduced new models of care since 2014 and continues to develop the MDT service with joint consultations, increased group education and virtual review options for patients eg DIASEND, email BG downloads. The network office continues the links with practices and reports from GP practices are used to identify at risk groups eg elderly, -	G

		which will be launched in 2018/19.	medication review to avoid hypoglycaemia and ensure individualised targets, , improving links with practice based pharmacists, promoting service to at risk non-attenders etc. The role of diabetes assistants/ diabetes support workers will be promoted.	
--	--	------------------------------------	--	--

Respiratory (4)

R	A	G
	1	3

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to deliver findings from the annual respiratory baseline assessment (subject to some alterations to targets agreed with DoH and limitations of recording mechanisms).	Trust responses should demonstrate that plans are in place to contribute to: <ul style="list-style-type: none"> • Maintenance of current service standards and, where applicable, meeting minimum standards as outlined in the baseline review undertaken in years 1 and 2 of the revised Respiratory Service Framework. • Development of services in line with Year 3 requirement arising from the baseline assessment (where not otherwise explicitly mentioned in this summary) 	The Respiratory Forum continues to meet quarterly. Maintenance of service standards continues in completing KPI's through Respiratory Service Framework. The PHA/HSCB Respiratory Forum meet twice yearly to review the KPI's and plan future audits.	G
2.	Effective arrangements should be in place to ensure local health economies deliver appropriate integrated pathways	Trust responses should demonstrate that plans are in place to contribute to:	<ul style="list-style-type: none"> • The paediatric respiratory nurses and consultants with a specialist interest in respiratory continue to work at delivering against the standards of the respiratory 	G

	<p>for adults and children across community, primary, secondary and tertiary care.</p>	<ul style="list-style-type: none"> • Ongoing implementation of the paediatric asthma pathway in remaining Trusts, including primary care elements • Working with colleagues in HSCB to develop effective counting and coding methodologies to record relevant service and patient level data • Completion of the implementation of recommendations from the RQIA Review of Community Services • Effective arrangements for managing the ‘local network’ for respiratory care through Integrated Care Partnerships amongst others, including senior level clinical and managerial leadership 	<p>framework. The demand for paediatric allergy services has grown and allergy services are now provided at Altnagelvin, Omagh and South West Acute Hospitals. This is predominantly an outpatient service.</p> <ul style="list-style-type: none"> • The Trust is engaging with the HSCB to develop effective counting and coding methodologies in respect of consultant and nurse-led activity within the respiratory service. • There has been no change with OT and Dietetics remaining within core services and standard referral process is accessible. Although there remains a long waiting time for OT assessments. Psychology is offered as an integral part of the pulmonary rehab programmes and referrals can also be processed on an individual basis. • There is no further development in the provision of a dedicated physiotherapy within the team. A Bid was submitted to the Transformation funding stream in 2017 to achieve a more integrated multidisciplinary skill mix but this has been unsuccessful to date. However, the Trust is proceeding to work within the development of a transformational proposal as part of the intermediate care model which is aiming to 	
--	--	---	--	--

			<p>increase the availability of AHP services of which CRT are to be included in this service enhancement.</p> <ul style="list-style-type: none"> • Local Respiratory Forum meetings take place co-chaired by the Trust's Assistant Director of Nursing and the Respiratory Service Manage. A respiratory consultant is also a member of this meeting. • WHSCT ICP multidisciplinary group developed. Regular meetings take place chaired by a respiratory consultant. Representation on the group includes the LCG, ICP, patient representatives and cross directorate attendees (Acute and PCOP). 	
3.	<p>Effective arrangements should be in place to:</p> <ul style="list-style-type: none"> • promote self-management, self-directed care and other suitable training programmes for patients. • reflect the concepts of co-design and co- production in improving and developing services in line with the Delivering Together agenda 	<p>Trust responses should demonstrate plans to deliver referral pathways to appropriate self-management programmes.</p>	<p>Community Respiratory Team continues to take direct referrals from G.P and respiratory consultants which results in earlier discharges from Acute Hospitals and less admissions.</p> <p>Pulmonary Rehabilitation programmes continue Trust Wide delivered by Respiratory Nurse Specialists and the Community Respiratory Team.</p>	G

4.	<p>Effective arrangements should be in place to support the development of networked services across Northern Ireland for the following:</p> <ul style="list-style-type: none"> • Interstitial Lung Disease (ILD) • Neuromuscular related respiratory disease (NMD) • Non-Invasive Ventilation (NIV) • Obstructive Sleep Apnoea (OSA) • Ambulatory Care Pathways in the Unscheduled Care Reform Programme • Home IV antibiotics service • Difficult asthma guidelines • Implementation of COPD, bronchiectasis and paediatric asthma audit recommendations 	<p>Trust responses should demonstrate plans to:</p> <ul style="list-style-type: none"> • Develop a network approach for ILD as a conduit for referral, treatment and advice across HSCTs and via standardised pathways • Progress one stop shop clinics between neurology and respiratory services to manage patients with specialist needs due to neuromuscular diseases across Northern Ireland including diagnostics in BHSCT and WHSCT. • Facilitate progress of the ongoing regional procurement exercise for Non Invasive Ventilation (NIV) methods • Continue to reduce waiting lists for sleep studies in BHSCT. • Facilitate respiratory teams to develop ambulatory care pathways for patients requiring 	<p>The temporary Interstitial Lung Disease (ILD) Nurse role continues with up to 4 clinics per week. This nurse also runs clinics for reviewing Non Invasive Ventilation patients.</p> <p>A Clinical Physiologist has been employed for one year to assist with changeover of new machines and help review patients on the waiting list.</p> <p>The Trust is making arrangements to have an ambulatory area as part of the respiratory ward when it is relocated as part of the Altnagelvin North Wing Development.</p> <p>There is also a project manager in post which has been extended for a year to ensure that the respiratory reform programme is progressed.</p>	<div style="border: 1px solid black; width: 30px; height: 30px; background-color: #f4a460; display: flex; align-items: center; justify-content: center; margin: 0 auto;">A</div>
----	--	---	--	--

		<p>same day respiratory care, where appropriate</p> <ul style="list-style-type: none"> • Participate in a regional task and finish group to standardise the Home Intravenous Anti biotic and Anti-Viral service for respiratory patients (OPAT) as required. • Deliver difficult asthma services for children, young people and adults to ensure the implementation of NICE TAs. 		
--	--	--	--	--

Pain Management (7)

R	A	G
	1	5

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	<p>Effective arrangements should be in place to enhance the skills and capacity of secondary care pain management teams and their scope for integrated working in line with Core Standards for Pain Management Services in the UK published by the Faculty of Pain Medicine at the Royal College of Anaesthetists in 2015.</p> <p>This needs to include capacity for a leadership role in educating and training practitioner colleagues in other secondary, primary and community care services.</p>	<p>Trust responses should demonstrate plans to:</p> <ul style="list-style-type: none"> • Support staff education and training for improved and integrated bio psychosocial management patients with persistent pain. • Contribute to the development and delivery of pain related public awareness, information and education projects through the Northern Ireland Pain Forum. • Transform services to ensure more patients with complex needs can be seen earlier to prevent or halt irreversible deterioration. 	<p>The Trust has continued to contribute to the Queen's University FO junior doctor training in relation to pain management.</p> <p>The Trust will continue to participate in the Regional Pain Forum.</p> <p>The Trust contributes to the delivery of public awareness programmes and discussions will be undertaken with Health Improvement to identify opportunities to extend awareness further.</p>	<div style="background-color: green; color: white; padding: 5px; width: 30px; margin: 0 auto;">G</div>

2.	Effective arrangements should be in place to ensure regional and local prescribing guidelines are followed and supported through regular medication reviews in line with NICE recommendations.	Trust responses should demonstrate plans to optimise prescribing practice, reduce the risk of side effects, misuse and addiction, as well as reducing prescribing costs by supporting services in secondary, primary and community care.	<p>The Trust is working with clinicians to ensure that regional local prescribing guidelines are followed. Plans include:</p> <ul style="list-style-type: none"> • Ensuring cost effective choices continue to be used • Carrying out OP prescribing audits <p>A new Trust pharmacist with responsibility for controlled drugs has just been appointed and his will be included in her work plan. She will link with chronic and acute pain services to take this work forward.</p>	A
3.	Effective arrangements should be in place to ensure patients have timely access to supported self-management options as part of a stepped care model, including those provided with the help of expert patients, peer and lay trainers.	<p>Trust responses should demonstrate plans for a range of supported self-management options in line with a stepped care model. Depending on local service configuration and priorities, this may include:</p> <ul style="list-style-type: none"> • reworking of existing contracts with voluntary providers of self-management programmes and local support groups, • reconfiguration of community and primary care services , 	<p>Patients in the Western area have access to the following programmes:</p> <ul style="list-style-type: none"> • Multi-disciplinary - Pain Management Programme • Physiotherapy led – Moving with Pain Programme • Community based – Manage the Challenge Programme <p>The Trust is participating in the PHA led regional scoping exercise regarding low staffing in relation to pain management. Initial indications are that the WHSCT has insufficient consultant input to deliver the pain management</p>	G

		<ul style="list-style-type: none"> • collaboration with other government agencies to booster condition management programmes (CMPs), and • increasing capacity of pain management programmes (PMP) provided by specialist pain management teams. 	service. The Trust will continue to engage with the HSCB in terms of further developments.	
4.	Effective arrangements should be in place to ensure patients are managed along regionally agreed integrated pathways to improve outcomes and patient experience.	Trust responses should demonstrate plans to support ICPs in developing integrated patient pathways including initial assessment for painful conditions of MSK conditions, fibromyalgia, endometriosis and other long term surgical and medical conditions.	The Trust has to date established a Care Pathways Reform Programme focused on the six ICP Priority areas of Frail Elderly, Respiratory, End of Life, Diabetes, Stroke and Cardiology. Service delivery across programmes of care in each of these areas is complemented by strategic multidisciplinary integrated care groups chaired by clinicians and incorporating all service provision stakeholders relevant to the patient group. Trust continues to deepen and develop further collaborative approaches to care within and between these pathways, in full partnership with ICP stakeholders. The Trust will continue to use this proven methodology to engage with ICPs in the development of additional integrated pathways. Locally work is commencing on the chronic pain referral pathway for the painful conditions,	G

			including MSK, fibromyalgia, chronic fatigue syndrome, endometriosis. Patients with these conditions already avail of the existing pain management programme but they are not condition specific. Further work will be progressed to identify patient-centred approaches to providing integrated care for these clinical priority areas and Trust will work closely with GPs in taking a connected view of how existing clinical services and knowledge can be mobilised to support patients with MSK conditions, fibromyalgia, endometriosis and other long term surgical and medical conditions.	
5.	Effective arrangements should be in place to ensure patients with persistent pain have equitable access to evidence based services, including interventional techniques like neuromodulation and radiofrequency ablation.	Trust responses should demonstrate plans to optimise patient flows by improving referral pathways for patients with painful conditions. This should include consideration of: <ul style="list-style-type: none"> • cross speciality triage criteria between primary care, core physiotherapy, ICATS, rheumatology, orthopaedics and pain management • the use of the Clinical 	The Trust has established a multi-disciplinary Pain Management Group which meets to discuss appropriate pathways for patients referred across various specialties.	G

		<p>Communication Gateway (CCG) and e triage</p> <ul style="list-style-type: none"> improved access to evidence base interventional pain management treatments as well as discontinuing treatment modalities that are no longer considered effective 		
6.	Effective arrangements need to be put in place to develop a medically led regional diagnostic service for patients with ME and related conditions supported by locally available management support services.	Trust responses should demonstrate a commitment to participate in the development of a sustainable and effective regional service model for diagnosis in partnership with service users and carers.	The WHSCT will continue to participate in the development of a sustainable and effective regional service model for diagnosis in partnership with service users and carers as required.	G
7.	Effective arrangements need to be put in place to deliver a sustainable regional multidisciplinary persistent pain management service for children and young people with complex needs.	Belfast Trust response should demonstrate plans to reconfigure existing resources, seek additional ones and support delivery of this service on a sustainable basis in line with multidisciplinary models of good practice.	N/A to WHSCT.	N/A

Cardiovascular (5)

R	A	G
		5

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to further develop services for patients awaiting Transcatheter Aortic Valve Implantation (TAVI) in Northern Ireland.	<p>Belfast Trust should ensure a regular submission of monitoring data on regional patient numbers and waiting times for TAVI. They should also aim for inpatients waiting on TAVI to have their procedure completed within 7 working days of being deemed fit for the procedure.</p> <p>All Trusts should demonstrate plans to streamline investigations for patients awaiting TAVI within 28 working days.</p>	<p>N/A to WHSCT</p> <p>Belfast Trust carry out Transcatheter Aortic Valve Implantation (TAVI) procedure for patients referred. Depending on waiting lists patients are generally taken within 7 working days.</p>	G
2.	Effective arrangements should be in place to scope plans for a phased implementation of NICE CG95 (Chest pain of recent onset) through a regional	Trust responses should demonstrate plans that secure a phased implementation of NICE CG 95 (Chest Pain of recent onset) in NI which will see a move away from	The Western Trust is moving away from exercise stress testing to CT angiography on a phased basis.	G

	approach in partnership with cardiology and radiology regional leads.	exercise stress testing to CT angiography.		
3.	Effective arrangements should be in place to support the recent implementation of the Clinical Communication Gateways (CCGs) for direct access to Echo, Rapid Access Chest Pain Clinics, holter monitoring and blood pressure monitoring.	Trust responses should demonstrate plans to support direct referrals from GPs for these cardiac investigations and support the timely analysis and follow up of results.	Trust-wide there is rapid access chest pain clinics. All patients who are referred are phoned by a nurse triaged and generally given an appointment within 2 weeks. A new clinical lead has been appointed and will take up post in the Autumn and this will be a priority work area.	G
4.	Effective arrangements should be put in place to develop and test a new model of care within cardiac rehabilitation and heart failure in the Western Trust.	The Western Trust response should demonstrate plans to pilot a new model of care within cardiac rehabilitation and heart failure in the first instance with the potential over time to implement with other patient groups such as people at high risk of heart disease, patients with diabetes and patients with peripheral vascular disease, etc. All Trusts will share in the learning from the pilot outcomes.	This is a new model of service delivery. Recurrent funding has been secured and the Trust is progressing recruitment. Learning will be reported in 2019/20 when the new model is fully operational. It is hoped to have the service operational in September 2018. Priorities for this service will include direct access for GPs. A transformation proposal will also be taken forward in 2018/19 to deliver a preventive cardiology programme to individuals across the cardiovascular disease spectrum from those at risk of developing the disease to those with established disease.	G


5.	Effective arrangements should be put in place to develop new models of care for patients with heart failure in light of the NCEPOD report – Acute Heart Failure and the NICE CG 187.	All Trusts should demonstrate plans to actively participate in a task and finish group to consider the management of heart failure.	The Trust can confirm that the process has begun but staff are not in place as yet. The Trust will participate as required.	G
----	--	---	---	----------


SEXUAL HEALTH (11)

R	A	G
	2	9

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to ensure provision of clinical sexual health services in higher education settings, including services such as condom distribution, pregnancy testing, contraception advice and STI testing.	Trust responses should demonstrate actions that continue to refine and develop the Further Education model for delivering sexual health and wellbeing services/initiatives to youths under 25 years of age.	A Sexual Health Service is provided in the South West Regional College but due to GU staffing levels it has been difficult to provide a comprehensive GU service. Ongoing attempts to develop a more robust and integrated service with adequately trained staff is continuing.	A

2.	<p>Effective arrangements should be in place for safe and clinically governable SRH and GUM services to respond to patient need within 48 hours</p>	<p>Trust responses should demonstrate plans to improve patient access times and clinical governance arrangements by appointing the required clinical support staff particularly in the NHSCT and SHSCT areas.</p> <p>Trust responses should demonstrate actions to strengthen sexual health service provision for uncomplicated patients closer to home in collaboration with Primary Care Providers through partnership and collaborative working.</p>	<p>The WHSCT has re-instated a walk-in and wait service for three mornings a week. The number of patients turned away from services is being monitored to assess unmet need/demand. A triage system is in place so certain patients will be seen regardless of capacity (e.g. those presenting for PEP/Sexual Assault/U16).</p> <p>The majority of clinics now have doctor led cover to aid governance and offer more flexibility for complex patients on when they can be seen.</p> <p>A new express testing initiative has been set up during an evening clinic to provide testing for asymptomatic U25. It will provide rapid access and GC/CT results will be available by lunch time the following day</p> <p>A sexual health integrated workshop identified as a priority the need to appoint a sexual health advisor to follow up STI diagnosis and ongoing HIV management. This action will be taken forward by a project management team. A factor affecting the governance and follow up of patients within the WHSCT is the lack of a designated sexual health advisor in addition to current staff shortages. Despite rising testing numbers, STI diagnosis (some requiring TOC) and ongoing HIV</p>	<div style="border: 1px solid black; background-color: #90EE90; text-align: center; width: 30px; height: 30px; margin: 0 auto;">G</div>
----	---	---	--	---

			<p>management, there is no designated role to complete these tasks. An interim solution is being explored through the procurement of the Sxt.software system.</p> <p>Recruitment is underway for two Band 5 PHSN training posts which will ensure sustainability for the nursing workforce.</p> <p>Consultant staff within the clinic provide support for local GP services when required and teaching at local GP partnerships has been provided to update local practice for up to date sexual health testing and treatment policies.</p>	
3.	<p>Effective arrangements should be in place for patients to access telephone and online advice for clinical sexual health matters including family planning and sexually transmitted infections.</p>	<p>Trust responses should demonstrate plans to:</p> <ul style="list-style-type: none"> • Prioritise responses to patients seeking sexual health services and triage these according to need; this requires enough administrative support staff to respond to all telephone calls by patients within a clinically justifiable time frame • Support consolidation of electronic patient management systems across Northern 	<p>The WHSCT website has been updated to provide information on sexual health matters with links to evidence based information sites. WHSCT are in the process of updating their Web based software and this will allow the GU services to make changes to their web based design.</p> <p>Administrative support has been increased in the CASH dept. on a temporary basis to support the current work load and the implementation of Lillie Blythe. This has improved patient flow, access for clients and job satisfaction.</p>	

		<p>Ireland and exploration of online and postal testing services for uncomplicated sexual health, contraceptive and STI related needs of patients.</p>	<p>The Lillie Blythe Business Case for the Family Planning Module in CASH has been approved.</p> <p>WHSCT have now configured the standalone server to enable Lillie Blythe GUM module update.</p> <p>Whilst telephone access remains good a recent patient survey confirmed the significant demand for online booking and access to services. The WHSCT are now exploring the possibility of procuring the online booking and prescribing modules for Lillie Blythe.</p> <p>WHSCT fully supports the bid for SH24 and is hopeful for a positive outcome. Online and remote testing would be extremely beneficial for the rural geographical location of many residents of the WHSCT.</p>	
4.	<p>Effective arrangements should be in place for evidence-based promotion of sexual health and wellbeing for young people and adults, including HIV awareness, STI prevention, with a particular focus on those most at risk.</p>	<p>Trust responses should demonstrate plans to provide targeted sexual health promotion messages, focusing on those most at risk and explore the potential of social media and other technologies in collaboration with PHA.</p>	<p>The Western Trust is working in partnership with the PHA to co-ordinate and deliver a range of training, campaigns and awareness targeting sexual health messages including general sexual health training and World Aids Day and STI awareness campaigns targeting those most at risk.</p> <p>As mentioned in point 3, the service's website</p>	

			<p>has also been updated to provide links to relevant evidence based websites and include a section on “Frequently asked Questions”. This will again improve with the update of the Web software for WHSCT New health promotion literature promoting both sexual and reproductive health has been designed in collaboration with the Health Improvement Department.</p> <p>Within the clinic there is continued work towards health promotion and strategies to convey specific targeted messages. This could be greatly enhanced by the appointment of a Sexual Health Advisor as mentioned in Point 1.</p>	
5.	Effective arrangements should be in place for Trust Health promotion staff to support the whole schools model of Relationships & Sex Education (RSE) provided by the BHSCT Sexual Health team.	Trust responses should demonstrate plans to continue to provide support through their staff to those schools who receive whole school RSE training in their area as required.	The Western Trust is supporting the ongoing delivery of the Regional Relationship and Sexuality (RSE) Programme, providing support to participating schools and working in partnership with the BHSCT Sexual Health Team.	G
6.	Effective arrangements should be in place to support the sexual health needs of individuals with learning disabilities.	Trust responses should demonstrate plans to ensure uptake of learning disability sexual health training for all relevant staff.	All Family Planning and GUM staff received joint training from the Family Planning Association on how to address the sexual health needs of people with learning disabilities.	G

7.	Effective arrangements should be in place to provide integrated sexual health services to vulnerable parts of the population	Trust responses should demonstrate plans to develop the co-location of GUM and SRH service delivery in geographical areas of need, and to vulnerable populations e.g. in prisons and children's homes.	<p>A workshop took place in September 2018 to plan the ongoing work required towards the goal of integration of the services.</p> <p>The co-location of GUM and CASH services in Derry/Londonderry will be progressed this year. A business case has been completed to support the capital investment for building redesign.</p> <p>The workshop project team will take forward the necessary actions required for colocation and integration of in Fermanagh and West Tyrone.</p> <p>GUM services now provide a full range of contraceptive services, including LARC, for hard to reach vulnerable groups. Two medical staff are able to provide LARC and one member of nursing staff is currently being trained towards this goal.</p>	G
8.	Effective arrangements should be in place to ensure that HIV prevention clinics are established for high risk groups.	Belfast Trust response should confirm the timescales for implementing the HIV prevention clinics. The Trust response should also confirm that the patient pathway and eligibility criteria for accessing these clinics have been shared with relevant colleagues in other Trusts.	Currently all patients requesting/requiring PrEP are referred to Belfast as part of the risk reduction clinics. An ongoing referral strategy has been developed within the clinic to allow greater capacity for information giving / and referral to these services. Demand appears high for referral to Belfast but also for monitoring of those accessing and purchasing PrEP online. This is being reviewed and may result in a requirement	G

		The HSCB/PHA will work with the Trust to put in place formal arrangements to monitor and evaluate these clinics.	for additional investment to provide PrEP to patients attending services.	
9.	Effective arrangements should be in place between local and regional GUM services to support a two year prototype HIV high risk reduction clinic within the defined agreed eligibility criteria for the administration of PrEP as part of a clinically agreed risk reduction package for the assessed patient	Trust responses should demonstrate how they would support and monitor the effectiveness of the two weekly clinics which all Trusts will refer into for those identified as high risk and meeting agreed eligibility criteria including changes in testing behaviours; changes in STI and HIV diagnoses; assessing improved equality/equity of service with other parts of the UK; seeking improvement in the quality and experience of care; building capacity in prevention of HIV and other STIs; supporting and empowering GUM clinic staff.	An SOP has been created for referral to the risk reduction clinics in Belfast. SHAAPT coding is used to monitor those both accessing via Belfast and online. For those known to access PrEP online standard monitoring is offered to provide the ongoing standard of care required. Current monitoring of requests for access to PrEP within the WHSCT is ongoing, as those unable to access set clinical times in Belfast or who can't afford to purchase PrEP, receive a reduced equality of access to care due to geographical location.	A
10.	Effective arrangements need to be put in place to ensure sustainability of clinical sexual health services	Trust responses should demonstrate actions to identify staff training and replacement needs and communicate these to appropriate regional workforce planning colleagues.	Staff within the clinic have good training opportunities supported by WHSCT and significant advances in staff attaining BASHH and FSRH accredited training standards has been successfully progressing.	G

			Workforce planning is one of the top priorities identified from the sexual health workshop and this includes the appointment of a Health Advisor.	
11.	Effective arrangements should be in place to ensure all relevant staff are trained in sexual health issues, including core skills such as awareness, attitudes, information, communication skills, sexuality and relationships.	Trust responses should demonstrate actions to ensure the identification of staff who require training in sexual health promotion and deliver of training as required.	<p>In 2017/18 the Trust's Health Improvement Department worked in partnership with the Trust's GUM, CASH and LAC services to deliver two awareness sessions to promote the services and links.</p> <p>In 2018/19, this work will be continued with the support of PHA funding to enable the following:</p> <ul style="list-style-type: none"> • Development of leaflets to promote CASH and GUM services; • Development of a Pull Out Pen Service Directory; • Facilitation of a Traffic Light Sexual Behaviours Training Session for staff who work with young people. • Facilitation of a Consent Awareness Raising Session for professionals who work with young people. • Coordination and co-delivery general sexual health awareness training sessions in partnership with GUM colleagues. • Awareness raising of HIV for community voluntary and statutory partners. 	G

PALLIATIVE CARE SERVICES (7)


R	A	G
		7

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to ensure the full implementation of the key worker function.	Trust responses should demonstrate plans to implement the regionally agreed key worker function in line with the roll-out of Delivering Care.	<p>The Trust has introduced guidance for the role of the key worker in palliative and end of life community settings. This guidance sets out very clearly the aim of the key worker role, which is to ensure optimum quality of life in the last year of life and should support the person to remain in their preferred place of care. Access to guidance is available to all staff via the Trust's palliative and end of life SharePoint site hosted on the Trust's intranet.</p> <p>Targeted training has been developed and delivered to staff undertaking the role of key worker during 17/18 with ongoing evaluation. This is also being incorporated into existing education programmes - CEC, WHSCT, other providers</p> <p>The Trust is awaiting the Regional KPI's for keyworker implementation and will develop an action plan to deliver these.</p>	G

2.	Effective arrangements should be in place to embed Advance Care Planning within operational systems.	Trust responses should demonstrate plans to ensure that those with progressive conditions should be offered the opportunity to access and to record their individual wishes.	<p>The Trust has developed targeted training on advance care planning (ACP) using regionally agreed ACP educational resources through a rolling programme of delivery during 2017/18 which will continue to be delivered during 2018/19</p> <p>During 2017/18 the Trust has hosted a number of Masterclasses for GP and Primary care regarding ACP and other targeted raising awareness to different groups. This programme of education will continue during 2018/19.</p> <p>Supporting regional and local guidance and documentation available in palliative care information and resource SharePoint site. Made available to all care sectors.</p> <p>Introduction of Key information summary (KIS) to targeted GP practices with supporting information systems E.g. vision which includes advance care planning.</p> <p>Your life your choices – plan ahead NI – advance care planning awareness public and professional events held 2017 /2018</p>	G
3.	Effective arrangements should be in place to improve the	Trust responses should demonstrate plans to ensure that	Trust-wide raising awareness and implementation of tools to support identification	G

	<p>identification of palliative care patients in primary care – identification prototype.</p>	<p>practices taking part in the prototype are supported to hold regular MDT meetings [details of practices taking part in the prototype will be shared with Trusts].</p>	<p>e.g. ELCOS across core teams and all care settings through education and raising awareness sessions ELCOS is embedded on key documentation referral forms/ RMA referrals system / End of life care folders / share point site for palliative and end of life care/ KIS.</p> <p>9 GP practices signed up to regional identification pilot to take part in the prototype to hold regular MDT meetings/ primary care register etc.</p> <ul style="list-style-type: none"> • Rathmore, Belleek • Park Medical, Great James Street • Oakleaf, Gt James Street • Dunnamanagh Surgery • Dr Doherty, Clarendon Street • Foyle Family Practice, Bridge Street • Glendermott Medical, Waterside Health Centre • Eglinton Health Centre • Three Spires Surgery, Omagh <p>Funding will be used to backfill District nursing to facilitate Sister/Charge Nurse to regularly attend the Multi-disciplinary Meetings in GP Practices and also plan the work care that is required.</p>	
--	---	--	--	--

			Money will be put into bank cost centre and used for this purpose.	
4.	Effective arrangements should be in place to improve the education and training of the professional workforce in palliative care.	Trust responses should demonstrate plans to ensure to support staff to attend relevant courses to strengthen palliative care capacity.	<p>The Trust has a range of education and training opportunities available to the MDT professional / carer workforce. Based on KSF and core competency framework for palliative and end of life care and through training need assessment</p> <p>Trust delivered courses (rolling programmes)</p> <ul style="list-style-type: none"> • Final Journeys • Advance care planning • Link nurse programme • Trust carers programme • Advanced Communication skills training • Ward based education programmes Altnagelvin and SWAH <p>Ad hoc</p> <ul style="list-style-type: none"> • RCN Band 5 nurses end of life care • GP / primary care Masterclasses • Palliative and end of life Masterclasses / events <p>Foyle Hospice</p> <ul style="list-style-type: none"> • European Certificate for Essential Palliative Care Course 	G

			<p>Clinical education centre</p> <ul style="list-style-type: none"> • 1,3 and 6 day principles palliative care • Breaking bad news <p>Universities (UU and QUB)</p> <ul style="list-style-type: none"> • Specialist practice palliative care (post grad) • Non-medical prescribing <p>This money will fund a band 6 0.5wte Palliative care Nurse Facilitator to work alongside the GP Facilitators and Nurse band 7. Targeting all Trust staff and areas but also a focus on Nursing Homes within the area.</p>	
5.	Effective arrangements should be in place to increase the capacity of the out of hours rapid response nursing service across the region to provide full regional coverage of the Marie Curie led service.	Trust responses should demonstrate plans to ensure that current gaps in the service are addressed and that specific proposals are brought forward by the Belfast and South Eastern Trusts/Localities to describe how the service integrates with the generic out of hours district nursing services.	The Trust commissions and provides a range of services which currently work in partnership with General Practice and OOH to provide appropriate generalist support to patients in primary care settings during the OOH Period. The Trust will continue to engage with the commissioner to progress the provision of 24/7 community access to further enhance the overall model of service delivery. During 18/19 the Trust will progress the extension of the Marie Curie rapid response nursing service to ensure Trust-wide coverage.	

6.	Effective arrangements should be in place to implement a regional specialist palliative care out of hours advisory rota.	Trust responses should demonstrate plans to ensure commitment to working collectively and with voluntary partners to develop a sustainable regional rota for access to specialist palliative care advice out of hours.	<p>2018 / 2019 Trust engaging in planning for a model of in house specialist palliative care out of hours advisory rota between palliative care consultants – rota of 5 Consultants (Trust / Foyle Hospice) pilot for 6 months starting with inpatient facilities to extend to WUC.</p> <p>Funding secured from transformation monies.</p>	G
7.	Effective arrangements should be in place to enhance the Specialist palliative care workforce.	Trust responses should demonstrate plans to implement the recommendations of the review of the specialist palliative care workforce and work through their locality board to progress implementation.	<p>Funding has now been secured to fund the GP Facilitators permanently. Recruitment will be undertaken with immediate effect.</p> <p>Transformation Funding allocated to the Trust will be used to recruit 1 WTE Band 7 Social Worker. The Trust would propose to appoint 0.5 wte of each of the following AHP's to meet service need- Occupational Therapist/Physiotherapist/Speech and Language Therapist/Dietitian. Discussion and approval from PHA is required.</p>	G

Section 3.3 WESTERN TRUST RESPONSE TO LOCAL COMMISSIONING PLAN PRIORITIES (15)



R	A	G
2	3	10

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG												
W1	Effective arrangements should be in place to ensure that the volumes of activity to be delivered reflect commissioned services and investment.	Western Trust should state the volumes by service which it will deliver in addition to the 2017/18 Service and Budget Agreement which reflect the Full Year Effect of investments in 2017/18 and additional funding provided within this Commissioning Plan.	<p>The Trust will endeavour to maximise existing capacity to ensure that funded volumes of activity, including additional activity identified as part of 2017/18 investments, are delivered, however it is noted that in some areas workforce challenges and constraints in providing backfill for sick and maternity leave will impact on the ability of some service areas to deliver funded activity in full.</p> <p>The Trust will identify additional volumes associated with 2018/19 funding as part of the IPT process.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>POC</th> <th>Currency</th> <th>SBA 17/18</th> <th>Proposed Delivery 18/19</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Non-elective admissions</td> <td style="text-align: center;">36,747</td> <td style="text-align: center;">36,747</td> </tr> <tr> <td style="text-align: center;">1</td> <td>ED attendances</td> <td style="text-align: center;">118,478</td> <td style="text-align: center;">120,798</td> </tr> </tbody> </table>	POC	Currency	SBA 17/18	Proposed Delivery 18/19	1	Non-elective admissions	36,747	36,747	1	ED attendances	118,478	120,798	<div style="background-color: green; color: black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">G</div>
POC	Currency	SBA 17/18	Proposed Delivery 18/19													
1	Non-elective admissions	36,747	36,747													
1	ED attendances	118,478	120,798													

			1	Inpatients	10,956	10,956
			1	Day Cases	36,411	36,866
			1	New Outpatients	109,550	110,050
			1	Review Outpatients	140,986	142,036
			2	Obstetrics (births)	4,009	4,009
			2	Health Visiting (contacts)	119,948	119,948
			3	Interim SBA agreed following SAFRA exercise in 2015/16. Final SBA not yet agreed		
			4	Domiciliary Care Hours	1,520,059	1,676,160
			4	Residential and Home	517,115	517,115

				Care Occupied Bed Days		
			4	Community Nursing Contacts	192,188	192,188
			5	Hospital Occupied Bed Days	30,082	30,082
			5	Residential and Nursing Home Occupied Bed Days	30,296	30,296
			5	Domiciliary Care Hours Delivered	29,544	29,544
			6	Domiciliary Care Hours	99,473	99,473
			6	Residential and Nursing Home Care Occupied Bed	109,069	109,069

				Days				
			7	Domiciliary Care Hours	310,489	310,489		
			7	Residential and Nursing Home Care Occupied Bed Days	22,982	23,368		
W2	Effective arrangements should be in place to ensure unscheduled care services in the Western area are safe, sustainable and accessible.	Western Trust should provide an overview of plans to develop unscheduled care, including ambulatory and acute care at home. The Trust should contribute to the production and implementation of a Winter Resilience Plan.	As part of the transformation programme, the Trust is developing plans to further develop ambulatory and acute care at home services in the Omagh and Fermanagh areas of the Trust. The Trust continues to provide Acute Care at Home (AC@H) to patients in the Northern Sector of the Trust following a multi-disciplinary approach and avoiding an acute admission to hospital. The AC@H team has established links with colleagues in community teams and the acute hospital setting in order to provide a seamless service for our over 75 year old clients. The Trust has submitted an IPT for extension of AC@H to a Trust-wide service Altnagelvin's Ambulatory Care Unit has been fully functional since May 2018. It accepts Medical,					G

			<p>Cardiology, Surgical and ENT GP Referrals and Emergency Department referrals. It sees on average 30 patients per day with a discharge rate of 90%. In September 2018 it will accept ED Surgical Referrals also. The Trust has extended ACU to include surgical GP referrals as of May 2018.</p> <p>Limited transformation funding has been identified for 2018/19 which will be directed towards the development of ambulatory pathways in the South West Acute Hospital. The Trust will prepare a Winter Resilience Plan as required.</p>	
W3	Effective arrangements should be in place to support the need to develop modern, appropriate accommodation for emergency department, theatres and related services on the Altnagelvin site.	Western Trust's response should outline progress in relation to the business case for Altnagelvin Phase 5.2 which the LCG anticipates will be completed during 2018.	The Trust can confirm that work is ongoing to take forward completion of the business case for the Phase 5.2 development at Altnagelvin which is due for submission by the end of December 2018.	
W4	Effective arrangements should be in place to ensure appropriate daycase operating capacity.	Western Trust's response should provide an update on the progress of commissioning the two new Daycase Theatres at Altnagelvin which are due to open	<p>The Trust can confirm that the new theatres were handed over at the end of June 2018 and the first operating session is planned for 16th August 2018.</p> <p>Revenue funding for one of the new theatres is</p>	


		<p>in August 2018 and give an indication of daycase capacity which will be realised through the investment.</p> <p>It is anticipated that the new theatres will deliver much-needed daycase operating capacity.</p>	<p>dependent on funding through the orthopaedics consultants IPT and the Trust will continue to work with the Commissioner in relation to the revenue requirements associated with this. Six sessions in the second theatre are intended to enable extended days in main theatres to be ceased and are therefore funded from existing resources. The HSCB has indicated that the remaining four sessions could be funded to facilitate non-recurring initiatives. The new theatres will therefore provide 14 additional day case sessions per week (based on 42 weeks).</p> <p>The Trust notes that full implementation is very challenged due to recruitment difficulties and staff shortages which have resulted in substantial vacancies within existing theatre nursing and anaesthetic staffing complements and will make recruitment of the new posts very difficult. The service has been dependent on overtime to fill gaps and is now exploring the potential to recruit agency staff.</p>	
W5	The LCG recognises considerable pressure experienced in gastroenterology services in recent years due to medical vacancies. The	Western Trust's response should outline progress in relation to introducing a specialist dietician to undertake reviews of patients with Coeliac Disease, including plans to extend the service to the	Recurring funding has been secured for a specialist dietician to undertake reviews of patients with coeliac disease. This post had previously been in place non-recurringly and substantial progress has been made in establishing the service. The service will be delivered via outreach clinics at a number of locations	G



	<p>LCG has invested in specialist nurse training which has gone some way to shoring up capacity shortfall. The LCG is further committed to invest in specialist dietetics to undertake review of patients with Coeliac Disease, thereby allowing consultant gastroenterologists to focus on more chronic gastroenterology conditions.</p>	<p>Southern Sector in due course.</p>	<p>in the Trust area to maximise attendance at clinics. The majority of these clinics have now been set up.</p>	
W6	<p>The LCG has identified a considerable shortfall in capacity in Trauma and Orthopaedics services in the West. The LCG and HSCB plan three investments in 2018/19: establishment of fracture triage clinics; investment in allied health professionals to support consultants; and</p>	<p>Western Trust's response should outline progress in relation to putting these investments on the ground and an indication of the additional capacity which will be realised.</p>	<p>IPTs have been submitted to the HSCB in respect of fracture triage clinics and AHP support for orthopaedics and formal confirmation of funding is awaited. In the meantime the Trust has progressed implementation of the fracture triage clinics which have been operational since 21 May 2018 and has also had to proceed to recruit some of the hand therapy resource associated with the AHP IPT in advance of confirmed funding. The additional capacity associated with these investments has been identified in the IPTs.</p>	<div style="border: 1px solid black; background-color: yellow; width: 20px; height: 20px; display: inline-block; margin: 0 auto;">A</div>



	<p>funding for two additional orthopaedic consultants leading to considerable additional capacity in orthopaedics and trauma care.</p>		<p>The Trust is finalising the business case for two additional orthopaedic consultants and notes that the costings are significantly higher than the indicated IPT funding of £2.2m. Discussion is ongoing internally in relation to this and further discussion is required with the HSCB in relation to the shortfall.</p>	
W7	<p>The LCG notes plans to invest in diagnostics for cardiology ECHO and for audiology which will increase capacity within these services.</p>	<p>Western Trust's response should indicate progress in relation to putting this additional capacity in place and anticipated additional capacity which will be realised.</p>	<p>Echoes – funding was allocated in 2017/18 for 0.5 Band 7 clinical physiologist to address an agreed reduction in the activity a clinical physiologist can deliver and an increase in demand. This investment permits an overall increase in capacity of 217 transthoracic echoes giving a new SBA of 8316. The Trust can confirm that this additional capacity is in place.</p> <p>Audiology – in line with the Adult Audiology Workforce Plan (June 2017) funding has been identified for an additional Band 4 associate audiologist post. This will ultimately enable capacity to be increased by 2100 tests per year once the postholder has completed the 2-year foundation degree programme. This post will be recruited once funding has been confirmed.</p>	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">G</div>

W8	Effective arrangements should be in place to appropriately manage the increasing number of older people over 75 years which is impacting on hospital demand, length of stay and delayed discharge.	Western Trust's response should outline plans to complete the establishment of 24-hour community nursing across the Western area, building on investment to date in district nursing, Rapid Response nursing and treatment rooms, and including the establishment of Clinical Intervention Centres in Enniskillen, Strabane and Limavady within the next two years.	<p>The Trust continues to progress with the reform of community nursing as part of the Transforming Your Care Acute Care in the Community project.</p> <p>Work is nearing completion in partnership with Marie Curie for the provision of an out of hours service to finalise a 24/7 community nursing service before the end of the year.</p> <p>Recurring funding has been secured for a Clinical Intervention Centre in Enniskillen, which is due to become operational before the end of 2017.</p> <p>The Trust will consider the establishment of clinical intervention centres in Strabane and Limavady over the next 2 years subject to availability of funding.</p>	G
W9	The LCG introduced out-of-hours palliative care nursing support in the Northern Sector two years ago and there is evidence of its benefit to patients and other HSC services. The LCG, with Transformation Funds, is in the position to roll-out the service in the Southern Sector.	Western Trust's response should consider how the service provided, with the support of Marie Curie and Western Urgent Care, can be rolled-out in the Southern Sector in line with plans to reorganise community nursing services.	The Trust commissions and provides a range of services which currently work in partnership with General Practice and OOH to provide appropriate generalist support to patients in primary care settings during the OOH Period. The Trust will continue to engage with the commissioner to progress the provision of 24/7 community access to further enhance the overall model of service delivery. During 18/19 the Trust will progress the extension of the Marie Curie rapid response nursing service to ensure Trust-wide coverage.	G

W 10	<p>Primary care talking therapies has proven a popular service among GPs and patients. Its successful roll out in the Northern Sector has exceeded initial expectations of patient numbers. Its delayed introduction in the Southern Sector has led to an inequity of service.</p>	<p>Western Trust's response should provide an update on plans to introduce talking therapies in the Southern Sector and an indication of shortfall in capacity in terms of triage and counselling which will be addressed with resources available within Transformation Funds.</p>	<p>The Primary Care Talking Therapies Hub is fully functional in the Northern Sector of the Trust. There continues to be an ever increasing demand from GPs for the Hub services in the Northern Sector over the past quarter. Referrals to the service have been in excess of 3000 in the last year and plans to roll out this service to the Southern Sector of the Trust are well advanced. Recruitment of a Hub Co-ordinator (Band 7) and Band 3 Admin support is underway. However further investment will be required to develop the same model in the Southern Sector. The patient experience and feedback has been excellent and the timeliness of the interventions have proved very positive in preventing the progression to steps 3,4 & 5 statutory services in many instances. This service is an effective front line approach in terms of professional advice, guidance and signposting for the Step 2 mental health presentations. However, there continues to be significant and growing pressures on the current budget allocation. Data would suggest that the Western Trust Hub is dealing with more referrals than any of its counterparts in any of the other Trusts in Northern Ireland. The Assistant Director of Mental Health Services is currently in discussions with the HSCB in relation to the current demand for service and funding deficit.</p>	<div style="border: 1px solid black; background-color: yellow; text-align: center; width: 30px; height: 30px; margin: 0 auto;">A</div>
------	--	---	---	--

W 11	<p>Monitoring of patients prescribed anti-psychotic drugs is undertaken inconsistently in the West. While initial monitoring is undertaken by the prescriber, ongoing monitoring is not rigorously undertaken either in primary or secondary care.</p>	<p>Western Trust's response should consider how it will collaborate with General Practice in ensuring blood monitoring required in line with guidance is undertaken.</p>	<p>The Trust has established a specific group for 'Physical Health Monitoring in Mental Health Patients' The group has met on two occasions to review current practice. The group has representatives from Psychiatry (DCD), G.P. Lead, Commissioner, ICP Lead and Pharmacy. The Trust also have regular interface meetings between DCD, GP practices and senior services managers locally to monitor issues that arise regarding service users. The Trust has currently a 0.5 WTE Pharmacist to assist with a-psychotic monitoring in the Grangewood Mental Health Inpatient Unit including high dose and combination antipsychotic monitoring.</p> <p>Inpatients to Trust acute mental health facilities receive baseline investigations consistent with the initial monitoring requirements. This was initiated as a response to the need for monitoring. Patients commenced on anti-psychotics in the Home Treatment Teams have blood and physical measurements completed at initiation of anti-psychotic medication. There continues to be an unmet need in relation to the ability of the community mental health teams to complete the initial and ongoing monitoring requirements. GPs have indicated that there are not funded to provide this service and have declined to carry out this work.</p>	
------	--	--	---	---

W 12	The introduction of Primary Care multi-disciplinary teams offers a significant opportunity to extend capacity within General Practice through access to AHP, mental health and social work resources in General Practice and to address patient issues earlier than at present.	Western Trust's response should demonstrate how it works closely with GP Federations in the Western area to ensure the successful implementation of teams.	The Western Trust worked collaboratively with both GP Federations in its area to develop bids for the introduction of primary care multi-disciplinary teams. The bid for the northern GP Federation was one of two successful bids. The Trust will continue to work collaboratively with the GP Federation to take forward implementation and working arrangements will be reflected in an agreed governance and accountability structure. Central to this will be the Delivering Together Project Board.	
W 13	The LCG notes ICPs' plans to continue work on outpatient reform with a focus on: fatty liver pathway, Haemochromatosis Venesection, DMARD monitoring, and NI roll out of primary care Joint injections service. ICPs are also planning a pilot of remote control of Atrial Fibrillation and focused work on development of portfolio opportunities for GPs in the West.	Western Trust's response should confirm its continued support for ICP plans and outline how the Trust will contribute to the work planned in 2018/19.	The ICP is an active participant in the Trust's Outpatient Reform Programme Board which is jointly chaired by the GP Associate Medical Director and the Acute Services Assistant Director which is the forum to ensure alignment between both outpatient reform programmes. The Trust continues to support ICP plans and work for 2018/19 includes:	

W 14	<p>Effective arrangements should be in place to appropriately manage the number of patients registered to Western GP practice as there are approximately 25,000 more patients registered with Western GP practices than live in the Western LCG area, some of whom may live in ROI.</p>	<p>Western Trust's response should demonstrate plans to keep under review requests for healthcare from residents of the Republic of Ireland and ensure these are from cross-border workers entitled to receive NI HSC services.</p>	<p>The Paying Patients Officer (PPO) staff visit patients on wards and obtain information from them to verify their entitlement to free healthcare. This can involve requesting them to complete questionnaire and provide relevant evidence and liaising with GP Practices. Procedures are in place to verify that patients claiming to be cross border workers are entitled to free healthcare. In addition the PPO generates regular inpatient BOXI reports from the Access to Healthcare tool which after various filters are applied identifies inpatients who require some level of further investigation to establish whether or not they are entitled to free healthcare including having them complete a questionnaire, seeking evidence of free entitlement and follow-up processes.</p> <p>*Note for information Access to Healthcare Pilot used an electronic solution to identify patients. This is a matching tool that enables the cross-references of information for patients held between the Trust PAS and the National Health Applications and Infrastructure System (NHAIS) which is the centralised GP Patient Register for Northern Ireland.</p>	
W 15	<p>The LCG remains committed to promoting the development of Primary Care Hubs in the Western</p>	<p>Western Trust's response should provide an update on progress on each of the hubs, including Enniskillen, Derry Cityside,</p>	<p>The Trust can provide the following update on progress:</p> <ul style="list-style-type: none"> • Enniskillen – refurbishment of the Erne Health 	

	<p>area. The Enniskillen hub will open during 2018 with additional Trust services being provided adjacent to GP services. Efforts to progress the business case for Lisnaskea hub continue and the LCG is also working closely with Derry City and Strabane District Council to realise a hub in Strabane as part of the Council masterplan project.</p>	<p>Lisnaskea and Strabane. Notably the Trust is asked to confirm its continued support for the council-led masterplan for Strabane Canal Basin which may include the Primary Care hub for the town.</p>	<p>Centre is completed and Trust staff are now located on the top floor and the GP practice on the ground floor.</p> <ul style="list-style-type: none"> • Lisnaskea – the business case is complete and queries raised by the Department of Health have been responded to. Discussions are currently ongoing with between the Trust, Department of Health and Department of Education with regard to the preferred site. • Derry Cityside – the business case is in the development stage. A schedule of accommodation has been completed and responses to further requests for information to inform the business case are being developed. A working group has been established to project manage this through the Trust’s Strategic Capital Development Directorate. • Strabane – currently in early stages of discussion. Trust is working closely with the Board. <p>The Trust will continue to work towards the enhancement of primary care infrastructure in line with the allocation of capital funding.</p>	
--	--	---	---	--

Section 4. Resource Utilisation

Section 4.1 Financial Strategy / Measures to Break Even

Introduction

This section provides details of the financial plan for the Western Trust for 2018/19. It sets out the strategic context and financial parameters within which the Trust will operate for 2018/19. The income and expenditure position is summarised and key areas of risk are highlighted.

Background

The Trust submitted an initial Financial Assessment for 2018/19 to the DoH which documented a forecast deficit of £58.8m. The Trust further submitted to the HSCB/DoH as part of the month five financial monitoring returns, a revised forecast deficit for 2018/19 of £24.4m after receiving an indicative allocation budget from HSCB on 29 June 2018 and in year non recurrent easement funding. It has been agreed with the HSCB/DOH that the Trust will report a forecast deficit of £24.4m in the Trust Delivery Plan.

The indicative allocation has confirmed three savings plan targets for 2018/19 as outlined below:

- General savings target of £11.7m;
- MORE pharmacy savings target of £1.863m;
- Community & Voluntary Sector target of £0.297m.

The HSCB has provided £6m easement funding against the above savings targets in year.

Following the Confidence and Supply Agreement, £100m has been made available to the Department of Health in 2018/19 to support the Transformation agenda launched by “Delivering Together: Health and Wellbeing 2026”. All Trusts are

required to work with local commissioners (HSCB and PHA) to ensure that normal business processes in relation to IPTs/Business cases are completed by 31 March 2019. In common with other Trusts, WHSCT has carried out a “sequencing” exercise to ensure a phased and managed implementation.

In addition to implementing Transformation projects in accordance with regional priorities being addressed by all Trusts, the WHSCT in partnership with the Londonderry/Derry GP Federation has been selected as one of two pilot sites for roll out of a Primary Care Multi-Disciplinary Team (PC MDT). The staffing implications of this are significant and being managed by close cross directorate working both within the Trust and across Trusts.

Deficit Position as at 1 April 2018

Appendix 1 documents the Trust’s opening deficit position at £58.8 and the following should be noted:

- Since 2014/15 the Trust has been experiencing additional costs primarily in relation to medical locums and Looked After Children which have impacted on the Trust’s ability to breakeven. In the 2015/16 financial year, the Trust worked with the HSCB through a support and accountability process called ‘SRaFA’ which reviewed these increasing costs in detail. Within this context the Trust has received in-year financial support for the past three years to enable it to reach a breakeven position or report an approved deficit. It should be noted that during 2018/19 these ongoing cost pressures have continued and have been factored into the forecast year-end deficit for 2018/19. The Trust has received confirmation that it would be allocated £52.9m recurrent / non recurrent funding to support the opening budget deficit of £58.8m.
- The Trust reported a number of cost pressures in the opening deficit to the HSCB on 5 March 2018 in relation emerging service cost pressures for medical and nursing agency costs, Looked After Children and medical and surgical consumable costs and the rental of equipment totalling £5.8m. There is still no

agreed budget solution for these pressures as part of the opening indicative allocation.

- The North West Cancer Centre opened in November 2016 and the indicative allocation confirmed recurrent funding of £6.6m for this service.
- The opening forecast deficit of £58.8m takes account of the FYE of a range of expenditure areas such as the North West Cancer Centre, Demographics, Emergency Departments in Altnagelvin & SWAH, Learning Disability placements, Looked After Children and domiciliary care packages/nursing home placements commissioned during the winter period. The indicative allocation has confirmed recurrent funding for a number of these service pressures.
- During 2015/16 safety concerns were raised about staffing levels in the Emergency Departments in Altnagelvin and SWAH hospitals. The Trust engaged with the HSCB/PHA regarding these concerns and there was agreement to enhance the nursing and medical complement within both hospitals. During 2016/17 the Trust progressed with the permanent recruitment of staff. The indicative allocation has funded this pressure non recurrently for 2018/19 (£4.8m) and the Acute Directorate has funded £1.4m from the 2017/18 demographics allocation recurrently. The Trust will continue to use the Demographics allocation annually to support a budget solution for this service pressure.

Financial Plan 2018/19

Indicative Revenue Resource Allocation

The Trust received an opening Revenue Resource Allocation letter on 29 June 2018 which along with an indicative allocation lists the areas of investment in 2018/19 as noted in Table 1 below:

Table 1	£'000
Indicative Allocations	
Opening Recurrent Baseline	532,697
Cost Pressures 2017/18	31,886
Inescapable Pressures 2018/19 – Non Pay	7,378
Inescapable Pressures 18/19 - Demographics	2,539
RCCE	10,990
TYC – prior years projects	1,363
Childrens Services	365
Learning Disability	630
Mental Health	285
Drugs	2,432
Other	1,537
Savings Target	(13,879)
Total	578,223

The HSCB advised at that time that a number of the income figures notified to the Trust would be indicative and they have made some assumptions to support financial reporting.

Based on the recent opening allocation and the indicative allocation assumptions confirmed by the HSCB and after reviewing our cost pressures the Trust has revised its forecast deficit to £24.4m, which is primarily made up of £13.5m of emerging cost pressures, £7.2m from the under-delivery of prior year's recurrent savings target and a savings gap in the 2018/19 plan of £3.7m.

The Trust received a further update confirming that the Trust would receive Winter Resilience FYE funding of £1.8m.

As part of the regional financial plan for 2018/19, the Trust has been issued with a total recurring savings plan target of £13.9m as outlined at Table 5.

Other Income

The Trust receives income from a range of other sources such as other Trusts, residential and nursing home client contributions, NIMDTA, SUMDE and the Republic of Ireland.

Financial Assumptions 2018/19

The financial assumptions used to inform the Trust's financial plan 2018/19 are outlined below:-

- Pay & Non Pay Pressures

The Trust has identified the following Pay/Non Pay pressures for 2018/19:

Table 2	£'000
Pay/Non Pay Pressures	TYE
Pay Award (To be confirmed by DoH)	tbc
Non Pay	4,437
National Living Wage (NLW)	2,921
Apprenticeship Levy	19

The forecast pay and non-pay pressures for 2018/19 are based on the following assumptions:-

- Pay Award – to be confirmed by DoH;
- Pay costs arising for AFC staff who will be due an increase up to the NLW rate of £7.83;

- Non pay inflation has been assumed at 3% across the relevant non-pay expenditure lines except for independent sector homes, domiciliary care and voluntary and independent healthcare providers;

- Service Developments

The Trust has identified the following service developments for 2018/19:

Table 3	£'000
Service Developments	TYE
RCCE – North West Cancer Centre	6,600
RCCE – Other	4,390
Demographics	2,737
Inescapable Pressures	2,634
ICP/Transformational Funding	1,363
Children’s Services	365
Mental Health	285
Learning Disability	630
Drugs	2,432
Winter Resilience for 2017/18	1,426
Other	1,537

Funding has been confirmed for all of the Service Developments outlined above as part of the Indicative Allocation received on 29 June 2018.

- New & Emerging Cost Pressures

The Financial Plan has taken into consideration the following unavoidable cost pressures which will emerge in 2018/19 to address risk, governance and safety issues:

Table 4	£'000
Cost Pressures	TYE
Looked After Children	3,000
Medical Agency Staffing	3,300
Medical/Surgical consumables and rental of equipment	1,500
Nursing Agency premium	1,020
Auto enrolment	3,300
Energy	200
Supporting People (Trust Contracts)	70
Nursing Graduates	770
Physical Disability / SDS / Direct Payments	1,288
Pay Award 2018/19	tbc
TOTAL	14,448

The rationale for the estimates is as follows:-

- **Looked After Children** – There has been a significant year on year increase in the number of Looked After Children within the Western Trust since 2015/16. This increase has been mainly driven by the introduction of Kinship Care standards, deprivation and the support provided to children when they leave the foster care system. The past three years have demonstrated an in-year cost increase in the region of £3m per annum. In March 2016 the number of Looked After Children was 555, in March 2017 it was 588, in March 2018 it was 627 and the forecast number for March 2019 is 687. This represents an increase of 132 children 23.8% from the baseline year of March 2015/16. The demand for social services contacts has a direct impact across both FIS and LAC. The growth in the numbers and the complexity of cases is continuing to present a challenge in finding suitable placements for Looked After Children resulting in frequent requests for private and expensive out of trust placements. This process is tightly managed by the Trust. The child protection register has increased from March 2016 from 290 children to 408 children as at March 2018, representing a 41% increase.

Indications are that this cost will continue to increase at this rate in 2018/19 and therefore the Trust would estimate a growth in the children's numbers of 60 with an in-year cost pressure of £3m. This is in line with the growth in 2017/18 being 39 at an in year cost of £2.0m tye and £2.9m fye. The Trust has received non-recurrent support of £6.4m in 2018/19 to address the base line service cost pressure.

- **Medical Agency** – The Trust has had an increasing reliance on Medical Agency staffing for many years. Up to 2017/18 there has been a significant year on year increase in the expenditure on Medical Locums. Despite the cost of medical locums in 2017/18 being maintained at the same level as 2016/17 (£17m), the latter months of 2017/18 have seen a significant increase due to a number of factors:
 - Impact of increased vacancies in a number of specialities. The Trust was allocated 4 additional F2 NIMDTA Junior Doctors in August 2017, however, NIMDTA where not able to supply the Trust with these doctors. The Trust filled these vacancies using medical agency at a premium cost.
 - Impact of increased vacancies of GP trainee posts from the NIMDTA. The Trust was allocated a budget of 4 GP training posts, 3 of these where filled using medical agency at a premium.
 - Junior Doctor banding pressures specifically in relation to Surgery within Altnagelvin Hospital. The Trust has experienced compliance issues in relation to the Junior Doctors rotas primarily within Altnagelvin Hospital in relation to the August 2017 intake. The Trust has explored all possible options and had no alternative but to increase the Junior Doctor banding to band 3 which is 100 % above the basic. If the supply of doctors reduces further in the August 2018 intake from NIMDTA this will have a further impact on the medical budget in year. We have not factored any further financial impact in at this stage.
 - Medical vacancies – the month 7 financial performance is reporting an increase in medical staffing vacancies which has resulted in the Trust having to appoint two additional agency doctors. The Trust has received a serious

adverse incident report which will require additional resources in Endoscopy. This will require additional medical staffing.

- Medical Job Planning – completion of the Trust’s Job Planning process is required by the Audit Committee during 2018/19 and this has and will continue to increase costs in medical expenditure.
 - Medical Staffing Obs & Gynae SWAH – For several years there has been a challenge in filling posts in the SWAH. About 4-5 years ago, following a safety alert letter regarding hospitals that provide maternity services, the Trust then allocated funding to increase the middle tier to 8 doctors, in addition to having 6 doctors on the lower tier. The Trust has for a number of years had the opportunity of doctors appointed from the International Recruitment of Medical Staff Project. Unfortunately a number of doctors have left which were recruited through this project to take up training posts in Northern Ireland or employment in other Trusts. The consequence of this is to leave substantial vacancies in the middle and junior tiers. The DoH has agreed with the Trust that we would commence a Pathfinder and the medical staffing issue will form part of this project. The Trust is currently using medical agency staffing at a premium cost above the contracted rates to fill all gaps in the tiers to maintain safe services.
 - In addition, the Trust has made cost avoidance and cash savings in relation to international medical recruitment and this cost benefit has been offset against increasing costs above.
- **Medical/Surgical consumables and rental of equipment** - The Trust has experienced an increase in expenditure during 2017/18 for medical and surgical consumables. This pressure is primarily due to price and volume issues within the Theatres, Emergency Departments and other service areas to maintain patient flow. The Trust also has increased expenditure on rental of respiratory equipment and mattresses, dressings and medical gases which are also linked to patient flow and safe and effective services being maintained. This pressure reflects the number of complex patients and comorbidity of the patients that is being treated in the Acute Hospitals and ageing population. There is also an increased use of single use equipment in line with patient’s safety guidelines.

- **Nursing Agency premium** - The Trust during 2017/18 has experienced an increasing reliance on expensive nursing agency providers to ensure the delivery of safe and effective care in line with normative staffing. The Trust has increased expenditure with off contract nursing agencies during 2017/18 and has recorded on average 2,300 hours monthly with off-contract agencies. The forecast premium expenditure is in the circa of £1m for 2018/19. This forecast is based on advice from professional nursing colleagues, the actual contract as at July 2018 and it is recognised that the workforce supply will take a minimum of three years to reach sustainable levels of qualified nurses. Despite the ongoing work to recruit staff internationally it would be prudent to estimate this pressure for next year based on all information available at this time on the supply issue in relation to the nursing profession.

- **Energy** – The WHSCT annual budget for 2018/19 heat light and power, water and sewage is in the circa of £8.1m. The utility services are currently subject to the Northern Ireland regional framework contracts, procured via BSO/PALs, the main exception being oil which is procured under the UK National Fuels framework agreement. Water and sewage are provided via Northern Ireland Water (NIW, directly). The projected price increase is exceptionally high for 2018/19 in the circa of 4.5%. The Trust is forecasting a budget deficit net of inflation of £200k.

- **International Nurse Recruitment** – The Trust is working collectively with other Trusts and the BSO in relation to the recruitment of nurses from overseas with a forecast cost in year of £215k for 2018/19 and confirmation of funding has been received.

- **Winter Resilience** – The Trust experienced a very difficult winter in 2017/18 and received £1.4m of recurrent funding to support the services put in place during this period. Unfortunately, due to the recruitment difficulties a number of the services that were put in place have not been able to secure professional staff due to staff shortages. If these staff shortages were resolved the fye cost of the services would be in the circa of £2.2m.

It is anticipated that the same difficulties will emerge in the winter of 2018/19 despite the additional resources to meet the additional demand of the winter periods in 2017/18. The Trust has developed a Winter Resilience Plan and the only funding confirmed is the funding available from 2017/18 totalling £1.8m.

- **European General Data Protection** - This change in policy will reduce the Trust's income in the circa of £40k and has the potential to increase costs as the Trust will be required to employ additional medical records staff (2.00wte - £44k) to address the potential increase in the requests received by the Trust.

- **Auto Enrolment** - There has been in the circa of **950 staff** that has been auto enrolled to the 2015 pension scheme with a full year effect cost in the circa of **£3.3m**. This cost pressure has not been included in the regional financial plan and is affecting all Trusts.

Savings Targets 2018/19

As part of the regional financial plan for 2018/19, the Trust has been issued with a savings plan target of £13.9m as outlined at Table 5 below:

Table 5 – Savings Targets 2018/19

Table 5	£,000
General	11,719
Pharmacy (MORE)	1,863
Community & Voluntary Sector	297
Total Savings Target	13,879

The Trust has been advised that its share of the regional general savings target, originally £43.5m, has been allocated to the Trust on the basis of contract share, adjusted for equity and efficiency. The Western Trust share is 27% compared to the LCG capitation share of 16.8% and the Trust business share of 15.8%.

The Trust has been allocated £1.863m (12%) of the regional £15m MORE savings target allocated to secondary care. We fully recognise the difficult financial climate for Health and Social Care and the continued need to focus on pharmacy and medicines optimisation efficiencies. However, the current regional plans assume full delivery against a challenging procurement work-plan, and a switching programme of high-cost medicine regimes across many specialties. High levels of commitment, clinical leadership and collaborative multidisciplinary working across medical, nursing, pharmacy and management is required to successfully deliver a detailed switching implementation change plan.

The Trust believes it can achieve its FYE target from 2019/20 and current expectations are that we would not be able to deliver the target of £1.863m in-year. The Trust is forecasting savings of £678k and has been given in year non recurrent support of £1.2m.

The Trust has been issued with a further recurrent savings target for 2018/19 in relation to the Community & Voluntary Sector of £297k which represents a business share (15.8%) of the total target of £1.9m. The Western Trust has already completed an efficiency programme in the Community and Voluntary Sector, therefore we would believe that this target is not achievable against this sector of our business. The forecast gap in the Community and Voluntary sector target is £297k.

The Trust has agreed with the HSCB/DoH to the development of a Savings Plan totalling £3.5m. The Trust has identified in year natural slippage on service development and demographics funding to support meeting this target in year.

In recent years, it has proven exceptionally difficult to generate new recurrent savings particularly in the context of demographic growth, increased complexity and acuity and a growing reliance on high cost medical and nursing cover.

DoH has advised that the Trust should not implement high impact measures at this stage.

The financial monitoring of the Trust 2017/18 general savings target of £3.9m reported actual delivered savings from low impact measures of £2.3m, demographics slippage 2017/18 £0.8m and further general in-year slippage from allocations of £0.8m.

Some of the areas listed in the circular such as controls over vacancies and reducing avoidable expenditure on non-pay are already being utilised to contribute to the Trust's internal financial plan. It should also be noted that discretionary spend was yielded up in 2016/17 as a savings measure and therefore this area has no more scope to deliver further savings. In addition, it would be extremely difficult to reduce management costs further as the Trust has continuously reported the second lowest management costs percentage to income in the region.

The approach taken to developing these proposals is consistent with Circular HSS(F) 34/2001 – Contingency Planning to Achieve Financial Balance, which documents the process to be undertaken by the Trust when a forecast deficit position is predicted.

The forecast gap in the in year general savings target is £3.7m after receiving £6m easement funding and the development of low impact savings of £3.5m primarily made up of natural slippage in service development and demographics funding.

Financial Objectives

The Trust has a statutory obligation to financially breakeven in 2018/19 with the resources provided to the Trust primarily through the HSCB and other income sources. In line with Circulars HSS(F) 26/2001 and 34/2001 'Contingency Planning to achieve Financial Balance', the Trust must ensure that deficits are not allowed to develop and that where they do arise, contingency arrangements should be put in place to address the deficit.

The Trust has had ongoing discussions with the HSCB on the ability of the Trust to breakeven in 2018/19. The Trust is reporting a forecast deficit for 2018/19 of **£24.4m** details of which were discussed with the HSCB. The projected deficit can be summarised as follows:-

Table 6 – Forecast Deficit

Table 6	£'000
Residual Deficit – prior years c/f savings targets	7,200
Cost Pressures 2017/18 & 2018/19	13,500
Savings Plan Gap 2018/19	3,700
Total Forecast Deficit	24,400

It has been agreed with the DoH/HSCB that the Trust will report a £24.4m deficit in their Trust Delivery Plan and will embark on a 3 year financial recovery process.

The Trust has an underlying recurrent deficit in the circa of £67m and has been managing internal cost pressures and vacancy controls in the circa of £18m for a number of years. It was agreed that the Trust needs to quantify the financial gap that will be included within the financial recovery process. The underlying deficit has grown significantly over the last two years mainly due to the share of the regional savings targets and new emerging service cost pressures. The Trust has no authority to

implement high impact measures to address the recurrent service cost pressures or address the savings target gaps.

The DOH has agreed to the Trust developing a Financial Recovery Plan over a three year timescale commencing on 1 April 2019 with the objective of achieving financial breakeven in the 2021/22 Annual Accounts.

In addition, the Trust will ensure that the necessary financial management arrangements are in place to meet the other key financial objectives, these being:

- Delivery of the internal and external cash savings plans against the agreed plans;
- Progress the Trust's capital plans while remaining within the Capital Resource Limit set by the DoH;
- Achieve value for money in its use of resources employed by the Trust;
- Delivery against the prompt payment target.

Financial Assessment 2018/19

This revised position as outlined in Table 6 above is based on the recent opening allocation, further indicative allocation assumptions and further cost pressure support in year. The revised forecast of £24.4m and has been included in the Trust Delivery Plan.

The forecast deficit based on the assumptions used within this financial strategy is **£24.4m.**

Financial Planning Proformas

The DoH has prescribed the financial planning/monitoring proformas to be completed by the Trust to support its Financial Strategy.

CAPITAL INCOME ANALYSIS

The Trust has received an indicative opening Capital Resource Limit (CRL) letter from the DHSSPS on 30 March 2018, confirming both specific and general capital allocations for 2018/19, updated by a revised letter on 22 October 2018.

Table 7 – Capital Resource Allocation

Table 7	£'000
Altnagelvin Tower Block (Phase 5.1)	14,660
Theatres Altnagelvin	345
Cranny, Omagh	250
Combined Heat and Power Plants Altnagelvin & Omagh	1,617
R&D Commercial Income	(400)
R&D Commercial Income Spend	400
ICT	2,553
General Capital	8,909
Imaging Diagnostics	1,625
Total	29,959

It is anticipated that the Trust will contain capital expenditure within the CRL allocation of £29.959m, whilst bidding for additional CRL to cover emerging pressures.

Financial Risks

The Trust has identified a number of financial risks which are to be highlighted within the context of this Financial Strategy and these have been summarised in Table 8 below:

Table 8 – Financial Risks

	Risks	Comments
1.	QICR	One of the key components to enable the Trust to meet its financial plan is the ability to deliver against the 2018/19 QICR target of £2.5m to address the Trust's operational inefficiencies. All Directorates will be required to deliver against the QICR plan.
2.	New & Emerging Cost Pressures 2018/19	This Trust is experience new and emerging cost pressures as a result of safety issues facing the Trust. Funding needs to be secured to address these pressures or this will have an impact to the Trust ability to breakeven in 2018/19. Discussions are continuing with the DoH and HSCB to address this issue.
3.	Elective Care	The Trust is normally allocated non-recurring funding from HSCB to reduce or at least maintain waiting times for access to acute assessment and treatment. This plan has assumed that any waiting list activity will be fully funded.
4.	Recruitment & Retention Issues	The Trust has experienced a shortfall in the number of junior doctors being allocated to the Trust which has resulted in locum doctors being recruited to sustain services. The Trust has also experienced recruitment and retention issues in relation to Specialty Doctors which requires the Trust to use expensive medical agencies. An estimate has been provided in the Trust's overall financial plan for the costs anticipated however the risk is that if the shortfall is greater than anticipated, additional costs will be incurred which may further impact the financial plan.

		<p>The Trust is also experiencing a workforce shortage regionally and locally in relation to a number of professions including nurses and AHPs. The Trust is working collectively with other Trusts and BSO to recruit nurses from international countries to address the shortfall. This shortage is a risk to the Trust going forward in the delivery of core services and the transformation projects. The risk is currently being managed and monitored by service leads. This shortage is also affecting the budget position as the Trust is employing staff at a premium from agencies to maintain emergency services.</p>
5.	Absence Rate	<p>The baseline absence rate for 2017/18 is reporting 7.02% in the Trust's accounts as at 31 March 2018. The Trust has developed a plan under the QICR programme to address the Trust's operational inefficiencies as a result of sickness absence. If the Trust was able to reduce our absence rate this would support the workforce shortage issue as more contract hours would be available. Delivery of this target is required in-year to support the projected year end deficit.</p>
6.	Revenue Consequences of Capital Schemes	<p>Discussions will continue during 2018/19 with the HSCB/DHSSPS in relation to the recurrent revenue funding for the RCCE projects current in our plan.</p>
7.	Transformation Projects Recurrent Funding Risk 2019/20 and beyond	<p>The DOH has received £100m Confidence and Supply funding to support the implementation of a range of transformation projects. The HSCB has confirmed on 17 August 2018 that funding will be available for approved IPTs for 2018/19. However at this time no transformation funding can be confirmed for 2019/20 and hence commitment for 2019/20. The HSCB have confirmed that any recurrent tails in relation to transformation fund projects beyond 2019/20 must be met from reductions in, and re-prioritisation off, expenditure in other areas. The funding for all projects in</p>

		2018/19 is non-recurrent. The Trust has made a decision that all entry level posts will be made permanent. There should be limited risk to the Trust recurrent budget as the workforce assessment which has been completed both regionally and locally has given an assurance that the Trust should be able to absorb entry level post with normal turnover of staff.
--	--	---

OPENING RECURRENT DEFICIT POSITION – 1 APRIL 2018

	£'000	£'000
Opening Deficit FYE 1 April 2018		
Cost Pressures c/f (SRaFA)	4,795	
Cost Pressures 2016/17	21,040	
Cost Pressures 2017/18	30,013	
Reported to Trust Board/HSCB		55,848
Adjustments/Opportunities		
Recurrent Savings Delivered 2017/18	(1,008)	
Demographics – Acute ED pressure	(1,400)	
Four Seasons	(373)	
Little Hands Surestart	(217)	
Infusion Unit – Altnagelvin	75	
LD Crisis / Out of Hours	63	(2,860)
New Pressures 2018/19 – Advised to HSCB 5 March 2018		
Medical	1,700	
Medical & Surgical/Rental of Equipment	1,500	

Scottish Guilds Nursing	520	
European General Data Protection Regulations	84	3,804
LAC 2018/19		2,000
TOTAL		58,792

4.2 Workforce Strategy

The Trust Delivery Plan 2018/19 continues to be delivered in a time of severe financial pressures with increasing demands placed on all services. Pressures continue in addressing sickness absence, reducing agency and locum spend and addressing recruitment challenges. We recognise the need to develop job plans and roles and explore flexible working arrangements to respond to an ageing workforce and to also have clearly defined career pathways for all employees.

The HR Directorate will continue to provide advice and support to enable Directorates to achieve their strategic objectives and will dedicate resources to the implementation of service changes, transformation and reform initiatives, savings plans and to the work of QICR.

The Trust is fully committed to working in partnership across the HSC to shape the future of health and social care provision and to address the workforce issues that need to be fixed. We will therefore review our current workforce strategy to ensure that our action plans are aligned to the themes identified within the HSC Workforce Strategy. These 10 themes are:

1. Attracting, recruiting and retaining staff
2. Sufficient availability of high-quality training and development
3. Effective workforce planning
4. Multidisciplinary and inter-personal working and training
5. Building on, consolidating and promoting health and wellbeing
6. Improved workforce communication and engagement
7. Recognising the contribution of workforce
8. Work-life balance
9. Making it easier for the workforce to do their jobs
10. Improving workforce business intelligence

Maximising Attendance

Supporting a reduction in the Trust's absence levels across all Directorates remains a priority for 2018/19, with particular emphasis on achieving the target set by the Department of Health of reducing absence due to sickness by 5%.

The Trust was required to achieve a 5% reduction on 7.51% (position at 31 March 2017) which was a target of 7.13%. The Trust achieved the 5% reduction target and as at 31 March 2018 the cumulative absence rate was 7.02%.

The QICR team has worked together with HR Directorate Support teams to deliver on the Maximising Attendance project plan which includes development of a range of tools to facilitate effective management of absence across the Trust. This includes engagement with managers to develop the new Attendance at Work policy and associated Toolkit which was launched in October 2017. Attendance at Work training has been developed and is delivered jointly by Occupational Health and HR Directorate Support Teams. *501 Managers have been trained to date and 4 sessions per month are planned across both sectors of the Trust. A suite of reports has been further developed for the areas rolled out on e-Roster which enables managers to easily identify absence hotspots and absence trends over the past 2 years. A Maximising Attendance Best Practice Workshop was held in January 2018 and a further workshop is scheduled for October 2018. A series of engagement events are also being planned to support managers with maximising attendance in their areas. The project plan for 18/19 has been updated to reflect the shift in emphasis of the project.

Occupational Health continues to experience increases in the number of referrals as the emphasis on reducing absence is sustained. The Occupational Health team have developed new ways of working to ensure that patients are reviewed as quickly as possible by the most appropriate clinicians. There is planned quality improvement work within occupational health and work towards restructure of the occupational health service is on-going and will be completed in 2018/19.

The Trust's Absence Recording team continues to improve the recording and reporting of sickness absence.

All Managers within WHSCT now have access to record sickness absence on either E-Roster or HRPTS.

The Absence Team have now created reporting templates to send to managers on a monthly basis identifying staff on long-term sickness including half-pay/no pay absence. This new process has been developed following the noted increase in overpayments caused by delayed reporting of absence by managers.

The reporting template identifies to managers, staff who are recorded on the system as being absent from work in order to prompt managers to either extend sickness, where applicable or enter a Return to Work Interview date to close the absence. This falls in line with the new Attendance at Work Policy and Procedures.

A quarterly sickness absence report will also be sent to each Head of Service detailing sick leave of staff within their structure.

Sickness information will continue to be reported corporately through the monthly Yellow Pages report.

Work is also on-going across a range of work streams throughout the Trust including the development of Health Improvement and HR Hubs, Policy Design has been focusing on reviewing flexible working policies and will be developing a step down policy to support staff wishing to ease themselves into retirement. The Trust has established a Culture Group and Working Longer Group to support all staff in the workplace.

Appraisal and Development Review (ADR)

A total of 53% of non-medical Trust staff received an appraisal in 2016/17, representing an 18% improvement on the 2015/16 figures. We also exceeded the 5% improvement target by 13%. Training on the appraisal and development review process was provided either face-to-face or via webinar to support managers and clinicians in achieving the target. We continue to work toward achieving the target for annual appraisal of 80% for non-medical staff and 95% of medical staff.

A review of the Trust's Appraisal and Development Review process will take place during 2018/19 to incorporate up-to-date thinking and research, with a view to introducing a new process later in the year.

Seasonal Flu Campaign

The Trust has continued to promote the Seasonal Flu campaign and will do so again in 2018/19. Whilst the Trust acknowledges that the target was not achieved in 2017/2018 there has been an improvement from 25.74% in 2016/2017 to 27.4% of frontline staff vaccinated. In order to improve the uptake of staff being vaccinated the Trust has focused on widespread communication campaigns across the three hospital sites and held drop-in clinics with the support of 'Flu Fighters'.

In 2018/19, the Trust will undertake another extensive flu campaign and ensure that the vaccine is widely accessible to all staff. Plans will include working closely with the PHA to ensure effective education and communication, including roll out of the flu campaign, particularly to hard-to-reach staff groups. Designated "champions" will be identified and trained to encourage front line staff to avail of the vaccination.

Staff Survey

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

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

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

Workforce Plans

The Trust has developed a Workforce Strategy 2016-2021 which has detailed workforce information and identified workforce issues and plans within job families.

An Action Plan has been developed and key actions. Leads have been identified for these various projects and these continue to be monitored on a quarterly basis through HR SMT. However in light of the HSC Workforce Strategy 2026 Delivering for our People the Trust will review the strategy to ensure that it is aligned to all the themes and actions identified within the strategy.

The Trust will continue to support any regional or internal workforce planning initiatives by providing high quality workforce business intelligence information and will engage together in the development and delivery of these plans.

International Medical Recruitment Project

The Trust's International Medical Recruitment project has recruited 60 doctors to date across a range of specialties (35 are currently still in post). A further 35 doctors are progressing in the recruitment process. In addition 5 doctors have converted from locum rates to NHS contracts. A majority of doctors have taken extensions to their initial 1 year contracts and 5 have taken permanent contracts. Work on the project will continue during 2018/19 targeting areas of need and where locum spend is highest.

International Nurse Recruitment

International Nurse Recruitment is continuing and regionally 689 offers have been made across 5 separate campaigns, 134 of these are for the Western Trust. It is anticipated that the majority of nurses will commence their employment as Band 3 Nursing Auxiliary's and will progress to Band 5 when fully registered with the NMC.

Delays are experienced for the nurses completing our sections of the process, but particularly with the immigration legislation/procedures in the own countries.

TTM and HSC reviewed the recruitment practice and increased the shortlisting criteria to include nurses who have scored 6 – 6.5 in their International English Language Testing System (IELTS) before interview. This has increased the success rate at interview. Skype interviews are now being held at the TTM Offices in Belfast and these are a good success.

Section 4.3 Capital Investment Plan

In addressing the Estate Strategy for the Western Health and Social Care Trust, the Trust will initiate capital developments which derive from the current DOH Regional Strategy and service developments initiated by the Trust's main commissioners.

At the core of the management of its estates infrastructure over the next five years, the Trust will maintain a strategy which will ensure its estate remains safe, in compliance with existing and developing statutory standards, is relevant in terms of service delivery and is of a satisfactory maintenance standard. In this respect, the Trust will endeavour to secure, where available, additional backlog maintenance money specifically ring-fenced for fabric upgrade and for health and safety improvement.

The Trust will in the current financial year complete the implementation of a number of major construction projects and, subject to business case approvals and securing the necessary capital and revenue funding streams, continue to develop and implement over the next five years a series of estate developments in terms of the major strategic projects within the Trust geographical area particularly in relation to the Altnagelvin Hospital site together with a number of PCID, Social Care and Mental Health developments. In addition, the Trust will also undertake a number of minor capital developments, remedial work improvements and statutory standard measures to its existing infrastructure. It will also direct capital resources to the maintenance of essential medical and other equipment needs.

The Trust will engage with DOH in order to ensure the effective management of capital budgets within agreed timescales, post-approval monitoring and post-project evaluations in line with current departmental direction.

The Trust will also work in close collaboration with respect to the implementation of the Department's Asset Management Strategy and in particular identified surplus land disposals to agree timescales as identified within the Trust Property Asset Management Plan.

4.3.1 Priorities

The Trust will ensure infrastructural investment remains relevant to public service transformation and service requirements necessary as part of the response to the Bengoa Report and in line with departmental policies such as "Transforming Your Care", the Bamford Review and "Caring for People Beyond Tomorrow".

In particular, the Trust's Estate Strategy will take into account the capital implications of a number of proposed service changes within the Trust which include development priorities in relation to:

2018/19 Financial Year Completion

- Interim Theatre Capacity, Altnagelvin
- Cranny (Rathview) Facility within the Tyrone & Fermanagh site
- Altnagelvin Health and Wellbeing Campus incorporating the Macmillan Cancer Information Centre

2018/19 Financial Year Completion (defects & retentions only)

- North West Cancer Unit
- Omagh Hospital and Primary Care Complex

Next 5 Years

- Altnagelvin Tower Redevelopment Phase 5.1 (ongoing)
- Altnagelvin Tower Redevelopment Phase 5.2
- A&E Service Expansion
- Enhanced Theatre Capacity, Trust-wide
- Renal Service Expansion
- Critical Care Service Expansion

- PCID Developments including Lisnaskea, Derry/Londonderry City Side and Strabane (incl GP Out of Hours Services where appropriate).
- Acute Mental Health Facility, Southern Sector
- Upgrading/refurbishment of Trust-wide community health and social facilities
- Upgrading of medical / nursing residential accommodation

In working to achieve these objectives the Trust will also target available investment to improve the Trust's core estate in terms of statutory standards, fire-code compliance, physical condition together with energy and environmental standards. This is in order to progressively meet the Estate shortfall identified in central KE84 returns.

Through a periodic review and update of Trust Estate Control Plans, the Trust will, in accordance with DOH Policy, ensure that its buildings and land are developed to ensure both optimum and cost effective use in terms of the existing and developing services provided by the Trust. In this respect the Trust is currently reviewing and updating the Trust proposed Asset Management Plan and in this respect, the Trust will also work closely with DOH/CPD Health Projects with respect to reviewing its estates utilisation and developing plans for the disposal of redundant estate.

With respect to the Trust obligations in achieving DOH Fire-code Compliance targets, the Trust will continue to invest in upgrading its Estate to Fire-code or equivalent standards. In this regard the Trust will also endeavour to undertake the investment in areas, which reduce the degree of nugatory expenditure.

The Trust will continue to undertake consultations with the Northern Ireland Fire and Rescue Service in order to ensure that the Trust's investment programme minimises the Fire Safety Risks including those within the Altnagelvin Tower Block whilst directing the investment in a realistic way which takes into account the five year Capital Investment Programme.

All schemes will be subject to the requirements of the DOH Business Case approvals process as outlined within the Capital Investment Manual. The Trust will work closely with DOH and CPD Health Projects to secure early approval and development of Strategic Outline Cases for future phases of the Altnagelvin Strategic Redevelopment

and other priority schemes and take forward the necessary Business Cases in line with agreed profiling in consultation with DOH, HSCB, PHA and other key stakeholders. Where relevant Business Cases for developments previously approved but not commenced on site after a prolonged period of time will be reviewed and in consultation with DOH, updated with respect to service need and capital cost adjustments.

Section 4.4 Plans for Shift Left of Resources and Other Transformation Initiatives

In line with Health and Wellbeing: Delivering Together (2026) and following release of funding through the Confidence and Supply agreement, the Trust has received non-recurrent funding for a number of work streams to support Transformation and shift left.

The Trust has been selected as one of two pilot sites in the region to roll out a multi-disciplinary team across the Derry Federation of Family Practices representing an exciting opportunity to deliver a radically different approach to primary care – one based on multi-disciplinary teams embedded around general practice. This will support the move to more population based health management and individuals proactively managing their health, prevention and early intervention. The MDT model will be rolled out across 28 GP Practices serving a population of 203,267.

We will be taking forward a further range of projects under these 4 themes:

1. Build capacity in communities and in prevention

Children's Services

A range of proposals, largely in relation to “Looked After Children” (LAC), have been developed by Directors of Social Work, working together to ensure a regional approach to transformed LAC provision. Proposals include:

- Post-Permanence placement support team for LAC
- Increased capacity to recruit specialist foster parents

- Mother and baby Foster Placement Scheme for vulnerable mothers
- Work with women re: repeat removals of children from their care
- Regional clinical psychology support for LAC

Healthier Places

- The regional priorities include development of demonstration projects for the Healthier Places Programme and also to implement more effective models of community development.

MyAction

- This WHSCT led initiative has been identified as a regional priority.
- MyAction is a transformative programme designed to prevent Cardio Vascular Disease (CVD) and other chronic diseases. This programme *flips* care - from reactive, acute hospital based care, which treats the disease post-event, and has short term follow up with patients, to a personalised preventive service which aligns with the aims of “Delivering Together”. Its focus is on prevention and community support for those at higher/highest risk. A presentation on MyAction was delivered to Delivering Together Programme Board during 2017.

2. Provide more support in primary care

Primary Care Multi-Disciplinary Teams

The Department of Health invited all Trusts, in partnership with General Practice (GP) Federations, to apply to become a “*Primary Care Multi-Disciplinary Team (MDT) initial roll out site*”. In collaboration with the 2 GP Federations in the West, the Trust developed and submitted bids by the closing date of 29th June. The Trust were successful in one of these bids and have been selected to roll out a Primary Care MDT with the Derry Federation of Family Practices and will receive investment of up to £2.7m in 2018/19 and up to £5m in 19/20 to implement the new model.

The funding will support the establishment of a new model including enhanced resources such as:

- Practice Based Social Worker

- Increased Nursing & Health Visitor Capacity
- Practice based first contact Physiotherapist
- Practice based mental health support

It will also model new ways of addressing population needs through Healthcare analytics, specialist support, Training & Skills, and community seed funding. An initial implementation meeting was held between the Trust and the Derry Federation on 7th August to discuss plans for implementation.

GMS Reform

Significant components of this are being led by GP Federations with the Derry Federation of GP Practices receiving funding for 9 Advanced Nurse Practitioners.

3. Reform our community and hospital services

Integrated Care Partnerships

This programme is being led by the Integrated Care Teams in Health and Social Care Board and will build on work in recent years relating to Care Pathways for people living with long term conditions.

Service Reconfiguration

The components of this priority area include paediatric, stroke and cancer services. Trust staff have contributed to local priorities through existing regional fora. Developments in relation to stroke services will have to align with proposals emanating from the regional consultation on stroke services. The priority for the Trust is to increase our capacity for Early Supported Discharge.

“Service reconfiguration” also includes proposals relating to the development of Elective Care Centres and Elective pathway development, and work has commenced on the 2 prototype Elective care centre models, for Cataracts and Veins treatments.

Unscheduled Care

Priority areas include:

- In-hospital Flow – in particular establishing Control rooms; extension of 7 day working and roll out of OPATs within acute hospitals
- Acute Care at Home (ACAH) - Within the Western Trust our priority, is to establish a model in the Tyrone/Fermanagh area. The provision of ACAH is increasingly being seen as a component of an Integrated Intermediate Care provision referred to below.
- Ambulatory Care Services - the Western Trust proposal is to establish an ambulatory unit in South West Acute Hospital (SWAH) and to enhance provision in Altnagelvin particularly in relation to patients living with respiratory illness.
- RAID (Rapid Assessment Interface Discharge) is a mental health service based in acute hospital setting. The team specialises in understanding the link between people’s physical and mental health. It will support the assessment, diagnosis and management of people in hospital who might be suffering with mental health issues. The Western Trust proposal is to develop a team in both Altnagelvin and SWAH to ensure that people are linked to appropriate child, adult or older people’s mental health services.

Adult Social Care

- The single biggest proposal for the Trust in this area relates to Domiciliary Care. There are three work streams (workforce stabilisation, developing new models and developing a monitoring system). Trust staff are linking closely with regional colleagues on this programme. Our own reform proposals differ in parts from those of other Trusts to accommodate our Independent sector contracts and also our commitment to providing training apprenticeships and linking the domiciliary care service with carers support. The Trust has been allocated 1wte Band 8A post to work with regional counterparts to develop the model for Domiciliary Care.

Mental Health

- All Trusts have been advised that the regional priority within this theme is “Zero Suicide”. The other Mental Health priorities include: Primary Care

Talking Therapies Hubs as well as Drug, Alcohol and Substance Misuse and Prevention Programmes.

Dentistry and Oral Health

- The priorities within this area include hospital orthodontic services, provision of special care dentistry, and also dental health nurses working in nursing homes.

Medicines Optimisation

- The Western Trust priorities include Prescribing Pharmacists to support Junior Doctors, Paediatric Pharmacist and Cardiology Pharmacist for discharge prescriptions. In addition the Trust will support regional priorities including medicines safety and co-production and health literacy training.

Nursing

- Some of the components originally within this area have been defined within the framework of the Integrated Intermediate Care proposal. Integrated Intermediate Care provision describes provision in relation to: crisis response; bed based rehabilitation; home based rehabilitation and reablement. It will include and integrate a range of previously separate services with strong nursing input including: Acute Care at Home, Community Respiratory Team, Rapid Response Nursing, Palliative Nursing, Discharge to Assess. The community based components of dementia care provision will be integrated into the framework as will initiatives relating to “frailty”.

4. Elective Care Waiting Lists

DoH have allocated £30m in 18/19 to this area and all Trust have submitted bids. Trust have been asked to focus on In-house Waiting List Initiatives only at this point, prioritising Red Flag and Urgent patients, particularly those waiting longest. The bid also includes some work on reducing AHP waiting lists, although that has been limited at this point.

5. Organise ourselves to deliver

Workforce

Professional leads from across the Trust have fed into components of this work stream. It includes developments relating to nursing, midwifery, Allied Health Professionals (AHP), medical staff, pharmacists as well as staff health and well-being and leadership strategy implementation.

Technology and Innovation

Trusts will be resourced to develop models of eHealth, telecare and innovation in relation to the use of technology to improve access, support shared care and secure transformation.

Quality Improvement

This area includes reference to the Western Trust Flow Coaching Academy programme.

The Flow Coaching Academy programme aims to develop a learning network of Flow Coaching Academies (FCAs) across the UK. The Academies provide training to build team coaching skills and improvement science at care pathway level in order to improve patient flow through the health and care system.

The programme is supported by the Health Foundation and intends to be sustainable through a social franchise model. The Western Trust was successful in its application to join the academy in 2018, which consists of an initial 3 year programme. This will involve running a FCA for Northern Ireland in Year 2 and 3.

Throughout 18/19, the Outpatient Reform will continue across 11 specialities; the focus of this reforms programme will be on reducing review appointments where it is appropriate to do so and continuing with the GP led elective care reform in 4 clinical areas of dermatology, gastroenterology, general surgery and rheumatology and this work will continue throughout the western trust area.

Work to develop long term condition pathways for the ICP clinical priority areas (Frail Elderly; Cardiology, Diabetes etc) will continue in 18/19 and indications are that the

Trust will receive permanent funding to support work in the following areas; community respiratory team, stroke (orthopist access and vascular visual assessment) GP training sessions for palliative and end of life care, frail elderly hospital pharmacist; diabetes strategy implementation. We are awaiting clarification on a resource to support the chest pain assessment clinic.

Section 5. Governance

In order to reflect national guidance, Trust Board decided to adopt an integrated approach to governance and risk management, thus providing a co-ordinated source of information and assurance to Board members on all aspects of governance including financial, organisational and clinical and social care. Committee structures have been developed to reflect this approach. The terms of reference of the Committee were last reviewed in June 2017 and were approved without amendment.

The Board applies the principles of good practice in corporate governance and continues to further strengthen its governance arrangements by undertaking continuous assessment of its compliance with corporate governance best practice. A Trust Board workshop was held on 29th March 2018 to review the reporting arrangements, membership and papers which come to Governance Committee work and a briefing paper has been developed for consideration by the Board. Internal Audit undertook an audit of Board Effectiveness as part of the 2016/17 audit programme and this concluded that overall there is an adequate and effective system of governance, risk management and control.

Managing Risk

The Trust Risk Management Strategy was reviewed in March 2014 and was approved as a Trust policy by Trust Board. The Trust's Risk Management Strategy was reviewed in March 2014 and was approved as a policy by Trust Board. The Policy was due for review in March 2017 however due to the advice from the Corporate Management Directorate; Department of Health regarding the expiry of the Licence for the AS/NZ standard the existing Trust Policy has remained in place and will be reviewed in 2018 in line with the regional approach to Risk Management. The Policy clarifies the leadership and accountability arrangements for ensuring that appropriate systems are in place throughout the organisation to manage and control risks to the achievement of Trust objectives. It clarifies individual staff responsibilities on reporting and managing risks. Paragraph 9 of the document has a statement on Risk Appetite and guidance for managers when considering action plans for new and emerging risk. Appendix 4 of the Policy is the Risk Register

flowchart, which provides guidance on how and when risks should be escalated to senior managers for their attention.

Following workshops with the Corporate Management Team and Governance Committee a revised Corporate Risk Register process was approved by Governance Committee in December 2016 which gives more clarity and provides for further de-escalation mechanisms where the risk can be more appropriately managed if necessary. Each risk was reviewed in detail and the register reduced to 26 risks presently from 37 in November 2016. In October 2017 Trust Board held a workshop to review all risks on the Corporate Risk Register and to review progress on de-escalated risks which had been delegated to sub-committees/working groups for monitoring. At the workshop there were further amendments proposed to how information is displayed on the Corporate Risk Register and Assurance Framework.

The Corporate Risk Register (CRR) is tabled along with the Assurance Framework (AF) at every Operational CMT, Trust Board and Governance Committee. Any proposed new Corporate Risk or material amendment to the register is tabled at Operational CMT for approval in principle and then tabled for final approval at the following month's Trust Board if that Trust Board is a least one month before the next Corporate Governance Committee. Otherwise it will be tabled at Governance Committee for approval and the updated CRR & AF tabled at the next Trust Board (and Risk Management Sub Committee) for noting. A summary table showing how the Corporate Risks are managed over time is also tabled at every Governance Committee (and preceding CMT). This has proved very effective in assisting in identifying those risks in most need of review and update.

Directorate Risk Registers are a standing item on all Directorate Governance meetings. Current risks are reviewed and new risks for inclusion on the Directorate Risk Register are considered at these meetings. Directors are required to report on a quarterly basis to Governance Committee on significant risks within their area of responsibility. Directorate Risk Register process is supported by the Directorate Risk Register Working Group which has been established to support the Risk Management Sub- Committee to ensure effective risk register management at Directorate level.

The Trust actively encourages the reporting of incidents and risks and staff have embraced the learning culture by participating in incident reviews which focus on the lessons for improvement for the organisation as a whole. To support this process the incident reporting system has been upgraded to ensure it is more user-friendly for staff to encourage reporting and effective review. Datix now includes an automatic feedback to reporters when an incident review is complete with learning and actions identified. An Incident Form specifically for Medics has been developed to encourage and increase participation in Incident reporting and review. The 'MediForm' is a shorter version of the on line reporting form to be completed by medical staff. The form is currently being piloted in a number of areas. Learning from Serious Adverse Incidents (SAIs) and Litigation cases are now being added to Datix and are reportable across directorate and service areas as required.

Following the 'limited assurance' audit report of the Management of Acute Falls an action plan is in place and actions identified for Risk Management have been completed. The work is being monitored by the 'Slips Trips and Falls' Working Group. This Trust developed a system to facilitate completion of a Post Falls Review on Datix to ensure an efficient and fully reportable process which allows learning to be shared regionally through the PHA and locally through the Datix system. A Falls Learning Review group has been established to ensure learning from serious falls are appropriately captured and shared.

Incidents and Claims Dashboards highlighting trends are considered by the Governance Committee quarterly. At the Trust Board Workshop in March 2018 members considered possible amendments to the information that is provided and this will be trialled at the June 18 meeting. The Quality and Safety quarterly report for Directorate Governance Groups provides detail of learning on SAIs and litigation for discussion, action and further sharing by the groups. Regional learning from Serious Adverse Incidents, including Safety Quality Alerts issued from the HSCB and PHA, is disseminated and monitored by the Quality and Safety Team. The Trust continues to publish a Quality and Safety Newsletter 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 also publishes a 'Lesson of the Week'. This sits on

the Trust Intranet server and opens as a default on all desktop computers within the Trust.

To support Directorates in managing risk, Quality and Safety staff provide on-going training on all aspects of risk management. Training is being revised and updated on root cause analysis (RCA) methodology for senior clinicians and managers undertaking serious adverse incident (SAI) investigations. In March 2018 the Trust secured funding from the PHA and held a 2 day training session by an external provider for Senior Clinical Staff (possible SAI chairs), on RCA SAI investigation.

Work is ongoing in ensuring Trust Mortality & Morbidity (M&M) meetings have access to the relevant Risk Management information including incidents reports and associated learning. M&M chairs are being trained on how to retrieve relevant reports directly from Datix for review at M&M Meetings. The Child death notification process is managed through Risk Management working with M&M leads to ensure both Datix and the M&M system support timely review and notification.

Assurance

The Board Assurance Framework which was developed in accordance with the Department of Health (DOH) guidance 'An Assurance Framework: a Practical Guide for Boards of DOH Arm's Length Bodies', is updated on an annual basis and submitted to Governance Committee for approval.

Internal Audit undertook an audit of Board Effectiveness as part of the 2016/17 audit programme and this concluded that overall there is an adequate and effective system of governance, risk management and control. The Trust Board members concur with the findings of the Internal Auditors that the Trust Board is effective and is conducting its business in accordance with best practice.

The Risk Register / Assurance Framework provide the Governance Committee with evidence based assurances on the way in which it manages risk in the Organisation at a strategic level. Directorates are required to identify and document gaps in controls and assurances for all risks on the Corporate Risk Register.

The Assurance Framework and Mid-Year Assurance and Governance Statement provide the DOH with assurance on governance and risk management related issues.

Directorates also provide quarterly Governance Reports, under the themes of the regional Quality 20/20 strategy, to provide assurance to Governance Committee members.

Quality Improvement Plans / Strategy

Improving the quality of clinical and social care is a key component of clinical and social care governance. The Trust will continue to ensure good progress on Quality Improvement Plans, which focus on key priority areas that will lead to improved quality services and better outcomes for patients and clients.

The main aim of the Trust Quality & Safety Programme has been to implement a range of evidence-based improvement plans agreed as regional priorities. The Medical Directorate Quality & Safety Team continues to focus on the reduction of the risk of thrombosis for patients admitted to hospital (Venous Thrombus Embolism prevention), as well as safety and improvement work in relation to stroke, World Health Organisation (WHO) surgical checklist, National Early Warning Scores (NEWs), falls, malnutrition universal screening tool, absent without leave in mental health hospitals, reducing admitted and delayed medication doses and pressure ulcer prevention. The Trust will continue to work with the Northern Ireland Safety Forum on new and on-going Collaborative Groups for example normalising childbirth, safety initiatives in mental health and paediatrics and a regional approach to identifying and managing sepsis.

The Quality Improvement Plan for 2018/19 will include the core commissioning quality improvement plan priorities and other areas of quality improvement identified by the Trust.

In order to progress with building staff quality improvement knowledge and capability, the Trust has been encouraging and facilitating a range of training opportunities. This supports the Regional Quality 2020 Strategy Attributes Framework for 'Supporting Leadership for Quality Improvement and Safety'. The

Trust worked towards training 30% of staff during 2017/18 in level one of the framework. The focus during 2018/19 will be the development and provision of a level 2 programme. The Quality Improvement Steering Group oversees training and Trust events to promote and enable a culture within the Trust which reflects the desire and need to continuously improve the quality of services we provide.

The sixth Trust Annual Quality Report will be produced for 2017/18 based on the regionally agreed minimum dataset.

Robust Standards

Trusts are required to have appropriate clinical and social care governance arrangements in place to ensure satisfactory progress is made towards full implementation of best practice guidance and alerts. A Standards Triage Group, Chaired by the Associate Medical Director, reviews all quality and safety related guidance and ensure that appropriate leads are nominated to take forward associated action. The Governance Team has developed a data base for recording the dissemination of these standards and providing an alert to the nominated lead if a response deadline has passed. The Quality and Standards Sub Committee monitors progress against the specific standards which require a Trust response and action and provides exception reports to the Trust's Governance Committee.

Leads have also been identified for Service Frameworks, who link with professionals or commissioning leads within the HSCB/PHA.

Medical Revalidation

During 2017/2018 the Trust continued to support doctors through Appraisal and Revalidation developing and delivering on Colleague & Patient Feedback, Appraisal Training, Essential Training Days, Policies & Guidance documentation and local support, all essential for the continued engagement of doctors as required under legislation and by the GMC. During the year:

- The Trust Responsible Officer made 33 revalidation recommendations and all recommendations were upheld by the GMC;

- 100 doctors attended in-house appraisal training with further sessions already planned for April and November 2018;
- More than 96 doctors attended mandatory training sessions facilitated by the Essential Training days held in May 2017.

During 2017/2018 the Trust, engaging with all other relevant organisations, continued to lead on the development of a Regional Medical Appraisal System for doctors. The proposed system will be based on the existing Western Trust Medical Appraisal System and has the support of the Medical Leaders Forum (NI). To support this development the Regional Appraisal System User Group and the Regional Appraisal System Administrative User Group were set up. Test versions of the system have been made available to all relevant organisations for feedback and first implementation is planned for autumn 2018. Post implementation, the user groups will continue to meet facilitating the development of regional standards, the sharing of experience and good practice and the continued development of the regional system to meet user and legislative requirements.

The Trust continues to meet regularly with the GMC Employer Liaison Adviser for Northern Ireland regarding a range of topics, including Appraisal & Revalidation. These meetings provide the opportunity to discuss general and individual appraisal and revalidation matters on how best to manage and support our doctors.

Section 6. Promoting Well-being, PPI and Patient Experience

6.1 Promoting Well-being

In general, the health of the public has been improving over time. Social, economic, environmental and service improvements have meant that people are living longer than before. However the poorer health status of disadvantaged communities illustrates the health inequalities associated with poverty and social exclusion. There is a widening gap in health status between the least deprived and most deprived communities.

The Trust continues to be committed to the promotion of health and wellbeing through working collaboratively across sectors and communities to inform and deliver programmes of care. Its work is informed by the six key themes of the Making Life Better Public Health Framework and the Delivering Together Health Strategy prioritising work to reduce the health inequalities in the Western Trust area, working to ensure early interventions and service user involvement in the improvement of Health and wellbeing services.

WHSCT maintains its commitment to targeting the health inequalities experienced by disadvantaged communities through poverty and social exclusion. To alleviate our health and equalities by our most deprived communities we will work in partnership with our service users and clients and carers and coproduce effective outcomes focused solutions. It will seek to actively engage with people and disadvantaged communities through its work in support of the Community Planning agenda; its continued support for the Neighbourhood Renewal Communities; and the development of networks and actions targeting the Travelling Communities. This year we will have a renewed emphasis on coproducing with our local BME communities projects to ensure health and well-being for these communities The Trust will continue its work in prevention of ill health to support the healthy population remain healthy and well.

In support of the reform agenda the Trust will continue to engage all sectors, including communities, developing and strengthening important partnerships across

the West which are providing essential infrastructure to assist in reducing health inequalities and improve health and social wellbeing. The WHSCT will continue to leverage additional resources for example, Department for Communities (DfC), Department of Environment, and Rural Affairs (DAERA) INTERREG V, Big Lottery and others. These will facilitate a shift in new ways of working, seeking opportunities for co-operation leading to coproduction in planning and delivery of services based on local needs. Furthermore, the ongoing work with existing key community networks is vital in terms of ensuring inclusion in consultations and decision making, building social capital and securing positive outcomes for patients and clients.

The Trust will strengthen its community support. It will work with local providers to support the work of volunteers and actively engage at the local level with our vulnerable service users, older people, those with a learning disability, and our carers. We will work in partnership with other sectors and communities to increase the ability and opportunity of our communities and service users to obtain, understand and use healthcare information to take control of their own health and make better use of our health and social care services.

The Trust is committed in working in partnership with local community/ voluntary, funders and other statutory agencies to develop and deliver evidenced based interventions to mitigate the impact of attempted and completed on the individual, family and community.

Within the Context of Delivering Together , and with the child and young person in focus the Trust will work in partnership across all sectors to deliver evidence based early interventions targeting early years and families endeavouring to give every child the best start in life.

The Trust will continue to promote the health and wellbeing of its staff through its Investing In Your Health Programmes.

Further information is available in the WHSCT's Directorate Delivery Plans which have been written in consultation with our key partners in line with current health and wellbeing strategies. As in previous years a number of specific strategies and frameworks will be addressed including, Smoking, Obesity, Sexual Health and

Teenage Pregnancy, Suicide Prevention, and Mental Health and Wellbeing. These aim to maximise and make the best use of available resources in making a real difference to people's health and wellbeing. Performance management will be provided through Health Improvement monitoring returns evidencing impact and delivery against outcomes.

6.2 PPI

The Western Trust remains committed to service user, carer and public involvement and ensuring that there are no circumstances under which proposals for material change or withdrawal of service can proceed without effective involvement. The Personal and Public Involvement (PPI) Plan 2018-2021 is under development with the driving emphasis of embedding PPI and co-production ethos in the development of services and quality improvement projects through all directorates. PPI is the active and effective involvement of service users, carers and the public in Health and Social Care (HSC) services. PPI operates on a number of levels within the Trust, ranging from one-to-one discussions about care and treatment with service users, carers and their advocates through to involvement in policy development, service design, redesign and elevation. In line with the new Ministerial target that:

'By March 2019 the HSC should ensure that the Co-production model is adopted when designing and delivering transformational change. This will include integrating PPI, co-production, patient experience into a single organisational plan.'

The Trust will ensure that PPI and Patient and Client Experience are integrated to support the development of the co-production ethos throughout the Trust's service delivery.

The Trust will co-produce with the Adult Learning Disability Advisory Group an effective model of engagement for Adults living with a learning Disability and their carers.

The Trust will increase its resources for PPI/ Co-production by the appointment of two posts: a band 6 User Involvement Advisor and a Senior PPI Officer .

The Trust continues to be represented on Regional PPI Forum, established by the Public Health Agency (PHA), by both service users and staff. The Trust is supported by the Trust PPI Steering Group which is co-chaired by a service user and a member of the Trust Board. The Equality and Involvement Team have increased representation on the Trust PPI Forum by service users during the reporting period. All PPI Forum members receive an induction from Equality and Involvement staff and are reimbursed for out of pocket expenses in accordance with the Reimbursement Guidelines.

In line with its commitment to embedding PPI and the co-production model, the Trust will continue to provide opportunities to highlight Personal and Public Involvement (PPI/co-production) work, share learning and celebrate and showcase good practice in relation to PPI within the Trust. The Trust demonstrates good practice via our Annual PPI Report, Monitoring and Verification Visit from the PHA and Annual PPI Engagement Event. Trust staff can access the Regional HSC Engage and Involve E-learning Programme and can access information on PPI via the staff intranet. Support is also offered by the Equality and Involvement Team.

Engagement and Consultation is an intrinsic element within the Trust's approach to Personal and Public Involvement and the Trust's Equality Scheme. The Trust's Equality Scheme and Consultation Scheme sets out arrangements for consulting in accordance with the principles contained in the Equality Commission Northern Ireland (ECNI) Guidance "Section 75 of the NI Act 1998". In taking forward engagement and consultation, the Trust shall continue to further embed community development approaches to support local involvement and innovation in the future delivery of services including working in partnership with other key stakeholders to encourage and support the development of social enterprise models.

During 2018-2019 the Trust will also:

- Develop a new PPI Strategy and Action Plan for 2018 – 2021
- Implement the ALD hub and spoke model of engagement.
- Continue to involve and engage patients, service users, carers and representative groups in establishing priorities and plans and supporting the

evaluation of health and social care delivery to provide learning and continuous improvement.

- Support the ethos of coproduction.
- Support the Reform agenda and ensure Users and Public are supported and involved in having a voice as part of changing and improving services.
- Support enhanced recording and reporting of involvement activities which will focus on improvements made as a result of user involvement.
- Continue to support user involvement through reimbursement of out of pocket expenses for service users, carers and stakeholders involved in service improvement.
- Develop a new TOR for the Trust's PPI Steering Group which will strengthen the role of the Group and increase the numbers of Service users and carers with developed decision making processes and involvement at levels 4 and 5 assured.
- Produce a Trust PPI Annual Report and host PPI 'Engagement' events for staff, users and public.
- Seek to support improvements in PPI practice in line with recommendations from Annual PHA Monitoring and Verification visit.
- Encourage sharing of good practice, increasing links with other HSC organisations and implement both Regional and National PPI models of good practice.
- Support the recommendations from PPI research: PPI and its impact: Monitoring, measuring and evaluating the impact of PPI in Health and Social Care in Northern Ireland.

Equality & Human Rights Considerations - The Trust is committed to the discharge of its Section 75 obligations in all parts of our organisation and to ensuring the effective implementation of our Equality Scheme. In carrying out our functions relating to Northern Ireland we are required to have due regard to the need to promote equality of opportunity between:

- Persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation

- Men and women generally
- Persons with a disability and persons without
- Persons with dependents and persons without

The Trust is also mindful of the Human Rights Act, which was enacted in October 2000, and we also consider our duties under Section 49a of the Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (NI) Order 2006) to have due regard to:

- The need to promote positive attitudes towards disabled people; and
- Encourage participation of disabled people in public life.

Through the applications of our Equality Scheme, specifically through the methodologies of Equality Screening, Equality Impact Assessment (EQIA) the Trust will seek to promote and further its equality duties.

6.3 Patient Experience

Patient experience and service user voices are acknowledged as having a “key role to play” in tracking quality of care and shaping service improvements (The Kings Fund 2016). Improving the quality of the healthcare experience is included as an outcome indicator in Programme for Government (PfG) (2016-2021) which recognises that a good healthcare experience lies at the heart of a high quality service.

As part of the 10,000 Voices initiatives, over 13,000 stories have been collected regionally to date. Therefore 10,000 Voices has been re-launched as **10,000 More Voices**. The work is commissioned and funded by the Health and Social Care Board and the Public Health Agency to provide a more person centred approach to improving health and social care experience and to shape how services are planned for the future. 10,000 More Voices is based on a partnership and co- production approach. People who use and deliver services are the key people who can provide feedback about their health and social care experiences received within the Trust

and this information can be used to inform future planning and service improvements.

The key themes of treatment and care which contribute to a positive experience for patients and carers on their experiences of a range of services are as follows:

- Receiving care and treatment in a timely manner
- Being treated and looked after by caring and compassionate staff
- Having confidence and feeling safe with staff
- Having access to timely, accurate information
- Advice on follow up treatment and aftercare

Key areas include:

1. Unscheduled Care -Local Actions:

- Review of pathways for treatment
- Additional staffing levels, and staff support
- Meals and drinks provision continue to be monitored by departmental staff
- Sharing of stories for staff induction/education and training
- Provision of adequate and timely pain relief.
- Additional triage room
- All staff to keep patients/ carers/ family informed of progress
- Staff introductions / embedding of # hello my name is

2. Experience of care in relation to Discharge from hospital - Emerging Themes:

Having a good plan in place for discharge, this includes the following:

- 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 report and Trust report to follow

3. Experience of Care in Relation to Bereavement - Emerging Themes:

- Communication with patient and family- listening: consistency; breaking bad news; managing expectations
- Communication between professionals- need to work in a collaborative manner with primary care
- Information- distribution of printed information/ sign posting in a timely manner when needed
- Environment – stories highlight dying inappropriately in ward bays due to lack of side rooms; facilities for relatives; transferring of dying patients; place of death
- Support for those bereaved
- Safe and effective care; advanced care planning; coordinated care; symptom management; value of good care/ clinical skills; person centred care.
- Creating a supportive experience; 5 Patient and Client Standards
- Staff support following personal bereavement
- Regional report and Trust report to follow

4. Experience of Care in Relation to Delirium - Emerging themes:

- Providing information and explanation
- Importance of family presence
- Appreciating the effects that an episode of delirium can have on the patient/ family and carers

5. Adult Safeguarding - Emerging Themes:

- Communicate the purpose of adult safeguarding to Service User / carers.
- Provide written information for reflection
- Consider alternative approaches to investigation that result in Service User desired change / action.
- Building resilience of Service User in protection plans
- Opportunity for post investigation support / therapeutic intervention for Service User / families in closure stage of safeguarding process.
- Regional Report and Trust report to follow.

6. Hospital Eye Care Services Experiences - Local actions:

- Reception desk re-opened.
- A review of current patient information leaflets sent out from eye department with input from RNIB.
- Hello my name is. Badges ordered for all staff.
- Developing WHSCT webpage for Ophthalmology services to include educational and information materials for patients and relatives
- Name boards for Clinic 6 Altnagelvin in yellow background, with black to identify clinician in each room
- A cataract pathway being devised
- Expansion of accommodation in Clinic 6 Altnagelvin – patient feedback in design process to be included.
- Availability of Volunteers to assist those who wish to use the self-check in.
- RNIB engaged with signage team and giving feedback to Estates design team.
- WHSCT promotional video as part of regional launch in September - 6 top tips for health care staff when communicating with blind/ partially sighted people.
- 2 Staff and a service user from WHSCT will feature on the regional communication card.

7. Reduce noise at night.

Noise management can be difficult to manage on the Altnagelvin site given the 24 hour admission process and multiple bedded bays in the tower block.

- Lights are to be dimmed by 11pm following the medication round
- Internal transfers of patients between wards to occur up to 10pm – other moves are when the patient is a direct admission.
- In the areas where there is 100% single rooms such as SWAH and parts of the new build in Altnagelvin noise is not as challenging.
- Patients who tend to be disruptive or requiring one to one care are, as far as possible, cared for in a single room or appropriate area where they can be closely observed in order to minimise disturbance to other patients.

8. Mixed Gender Accommodation

A policy on Mixed Gender Accommodation is available on the Western Trust Intranet. Breaches are reported through Western Trust Nursing & Midwifery Governance Meeting. A regional priority for 2018/19 will be to undertake an improvement project in relation to Mixed Gender Accommodation. Part of this project will involve a thematic review which has been approved by the Quality, Safety and Experience team (QSE). It is anticipated that the review will be completed by end March 2019.

9. Family Presence Visiting Policy

This reinforces the Trusts commitment of participation, engagement and working in partnership with relatives and carers. The policy highlights the principles of how relatives and friends can support relatives while they are in hospital, this will also be displayed on banners at hospital entrances and individual ward posters.

