

WESTERN HEALTH AND SOCIAL CARE TRUST

ANNUAL QUALITY REPORT

2021
2022



Chief Executive's Foreword



This is the Western Trust's tenth Annual Quality Report. 2021/22 has again been one of the most challenging years the Western Trust has ever experienced as we have continued to navigate through the ongoing challenges of the COVID-19 Pandemic, and continued the plan to re-build services in line with the Department of Health priorities. Despite these unprecedented challenges we have strived to continually provide high quality and safe care to our patients and service users. This has meant that many difficult decisions have had to be made including the management of visiting for our patients in line with COVID 19 community transmission, the management of elective surgery and

outpatient appointments, and the continuation of the delivery of the COVID-19 vaccination programme.

I wish to commend our staff who have repeatedly shown remarkable commitment, professionalism and compassion over the last year considering the demands placed on them. Their ongoing efforts to maintain high quality services are evidenced throughout this report as compliance with key performance targets continues to be monitored, for example surgical site infections, falls in adult inpatient areas, pressure ulcers and cardiac arrests in hospital. The increased vigilance on all incidents reported and complaints made during the year identified risk at an early stage, ensured urgent actions were taken, safety messages were shared and learning was implemented quickly. These arrangements along with the continued delivery of a variety of quality improvement projects undertaken during the year helped maintain our focus on continually providing high quality and safe care.

Our commitment to involving and engaging with service users, carers and the public continues to remain a high priority for the Western Trust. Care Opinion, an online real time user feedback system which allows individuals who have been in contact with our services to share their experiences with us and allows staff to respond to users of our service directly to provide a mechanism to feed back any changes or improvements that are planned or have been made has grown significantly this year. The complaints team, and the Care Opinion team continue to work closely together to ensure that our service users and carers feedback is collated and disseminated as efficiently as possible to our services to ensure appropriate action is taken.

Training and support remains a high focus for our staff within the Western Trust. Training is both delivered on-line and in person to provide us with the flexibility to continue to improve our services and support our staff through COVID-19 and other challenges. We have seen many examples of achievements by staff individually and in teams this year through staff recognition awards, Quality Improvement initiatives, qualifications, professional awards and national recognition for excellence in care, some of which are included in this report. I wish to pass on my congratulations to all of them.

Every one of us has an important part to play in improving the quality of care to patients and service users be it directly or in a supporting role. This report outlines some of the improvements we have made in service delivery and also some areas where more needs to

be done. Improving the quality of care will continue to be a key priority for all of us as we modernise health and social care in our Trust.

I commend this report to you.

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WHAT IS THE ANNUAL QUALITY REPORT?

In 2011, the Department of Health and Social Services and Public Safety (DHSSPS) launched the Quality 2020: A 10 Year Strategy to 'Protect and Improve Quality in Health and Social Care in Northern Ireland'. One of the priority work streams within this strategy was to agree a standard set of indicators for Health and Social Care Trusts across the region on safety, quality and experience and detail compliance in an Annual Quality Report. In addition to regionally agreed indicators, each Trust is invited to include a compliance summary against their local priorities for safety, quality and experience, ensuring they reflect staff wellbeing. This is the Trust's tenth quality report.

The Quality Report aims to increase public accountability and drive quality improvement within Health and Social Care (HSC) organisations. It reviews the past annual performance against quality priorities and the goals that were set, identifies areas for further improvement, and includes the commitment to the local community about what activities and ambitions will be undertaken and monitored over the coming year. This report includes feedback from those who use our services and is shared with the local HSC organisations and the public. For the purpose of this report the Western Health & Social Care Trust will be referred to as the Trust.

The report is divided into the following sections in line with the Quality 2020 strategy:

- **Transforming the Culture;**
- **Strengthening the Workforce;**
- **Measuring the Improvement;**
- **Raising the Standards;**
- **Integrating the Care.**

Vision and Values

Our Aim is “to provide high quality patient, people centred services through highly valued and engaged staff”.

In support of “Health and Wellbeing 2026 - Delivering Together” the Trust aims to deliver the following outcomes:

- High quality and safe services,
- Services that are financially sustainable and effective,
- Delivery of contracted activity and performance targets and
- Supported by a skilled and effective workforce.

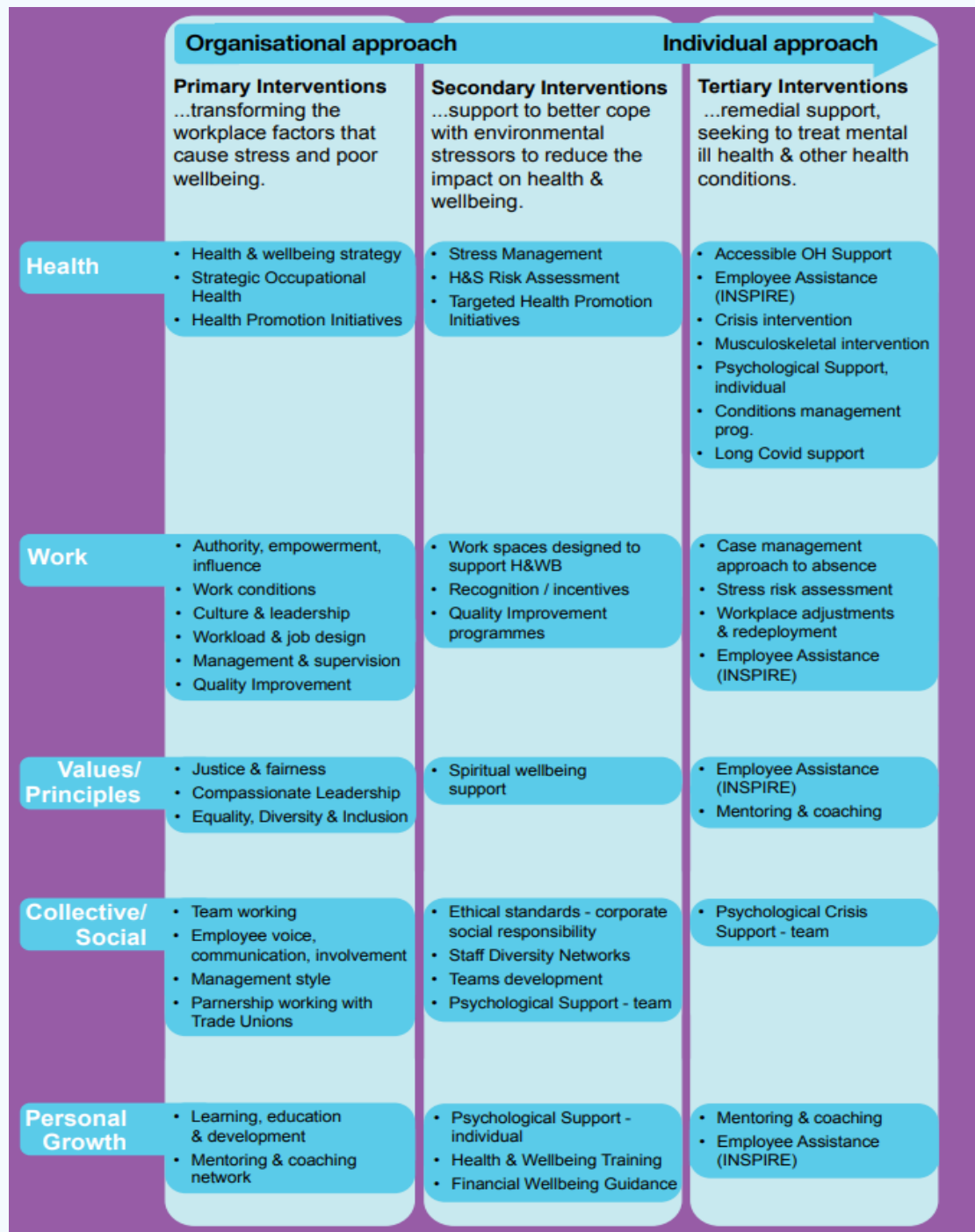


Theme 1

Transforming the Culture



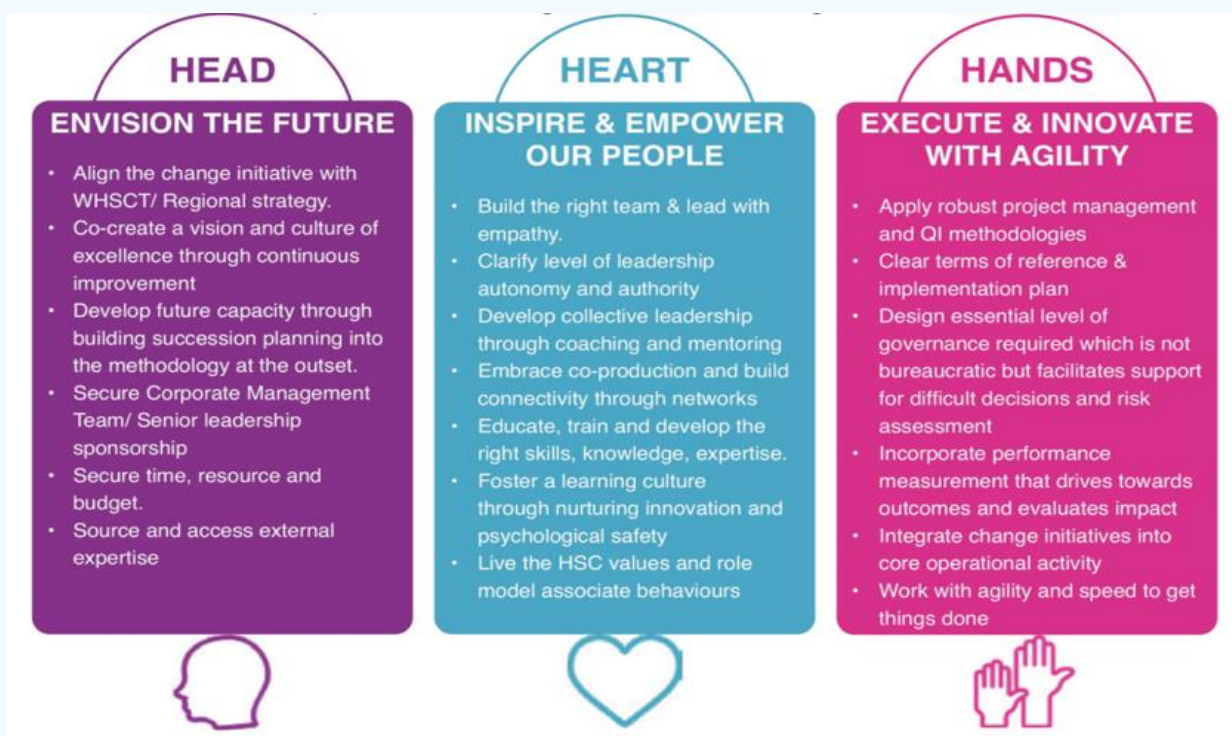
During 2021/22 the Trust approved its first **Wellbeing Framework** which was co-designed with a diverse range of stakeholders throughout the Trust. The Framework outlines five domains of well-being (Health, Work, Values / Principles, Collective / Social and Personal Growth) and incorporates primary, secondary and tertiary interventions. The component parts within each level are based on the recommendations by the Kings Fund, outcomes from local wellbeing surveys and the initiatives currently place within the Trust. The result is a holistic wellbeing framework which incorporates local needs bespoke to the Western Trust.



Organisation Development (OD) Framework

Following on from the launch of OD Framework in 2020/21 progress has been made in embedding the model below to support continual organisational change:

- Included as part of the Leader & Manager Framework in the 'Organisational Development and Change Management' module. Delivered to 30 leaders in Level 1 to date.
- Included as an OD tool in Team Support toolkit to be used as both a diagnostic and a resource tool.
- Delivered via ECHO network as a learning topic.



Organisation Development (OD) Steering Group

During 2021/22 the OD Steering Group was established and Terms of References agreed. The aim of the Trust's OD Steering Group is to "Help the Western Trust be fit for purpose and fit for the future" and provide direction, oversight and development of programmes to achieve the OD Strategic themes.

- **Looking after our people**
- **Belonging in the Western HSC Trust**
- **New ways of working**
- **Growing for the future**



The Ethnically Diverse Network provides a platform for Ethnically Diverse staff to raise and discuss issues and concerns and get support and advice. The network is a key point of contact for Ethnically Diverse staff in order to create a safe, welcoming and shared working environment that embraces good relations and diversity within the workforce. In May 2021 the Ethnically Diverse Staff Network developed and launched a survey aimed at capturing information from ethnic minority staff in the Western Trust. Based on key themes identified within the survey the ED Staff Network is in the process of establishing three sub

groups (Policy considerations, Training and Mentorship and Cultural Awareness) to establish a plan to begin to resolve issues identified.

Just and Learning Culture

Trust HR Representatives have been working with regional HSC colleagues to develop Just Culture principles which promote a culture of fairness, openness and learning. Just Culture principles have been introduced into Employee Relations processes and a Just Culture task and finish group has been established to embed principles more widely throughout Trust policies and practices.

During 2021/22 a regional review of the **Disciplinary Policy** was undertaken and the new policy has been shaped in line with HSC Values as these directly align to Just and Learning Culture principles. The new policy will be finalised in the first quarter of 2022/23 and this will be launched in the Trust with awareness raising training sessions being organised for managers.



Flexible/Agile Working Culture



In 2021 NHS England undertook a review of Section 33 of Agenda for Change Terms and Conditions of Service Handbook to update Flexible Working polices and processes. HSC Northern Ireland also committed to a review of Agenda for Change section 33 and undertook this work in 2021/22 in partnership with Trades Unions. It was agreed that terms and conditions would be amended in NI in line with NHS England with effect on 1st April 2022.

In preparation of the amended Terms and Conditions the Trust undertook an extensive review of the Flexible Working Policy. The Trust aims to develop an overarching document which provides detailed guidance on each of the flexible working options available along with guiding principles to ensure a fair, equitable and consistent approach to the consideration of flexible working and flexible retirement requests, taking account service and business needs. Other supporting guidance documents have also been developed such as Home & Hybrid Working Guidance, Guide to Working Longer – Flexible and Post Retirement Options and Retire and Return – Guidelines for the Re-employment of Retired Staff. A launch is planned for April 2022 with manager briefing sessions and virtual drop-in clinics scheduled in May 2022.

Team Brief

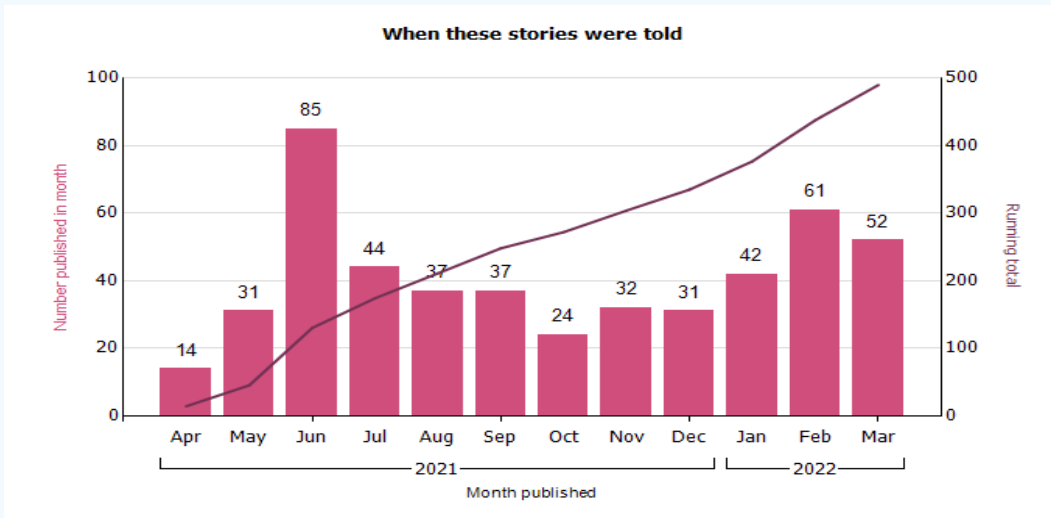
In October 2021 HR began the circulation of a monthly Team Brief publication with the aim of providing consistent information that teams can discuss together within team meetings. It is distributed via a wide range of channels on a monthly basis. The Team Brief contents vary depending on pertinent issues at the time. It includes a Chief Executive message and as Covid information has been critical there is a focus every month on safety, working safely together and ensuring any changes to guidance from the Chief Medical Officer's office. As the Team Brief continues to evolve it provides an opportunity to engage with teams directly on important issues such as appraisal, mandatory training, staff health and wellbeing and flexible working, etc.

PATIENT AND CLIENT EXPERIENCE

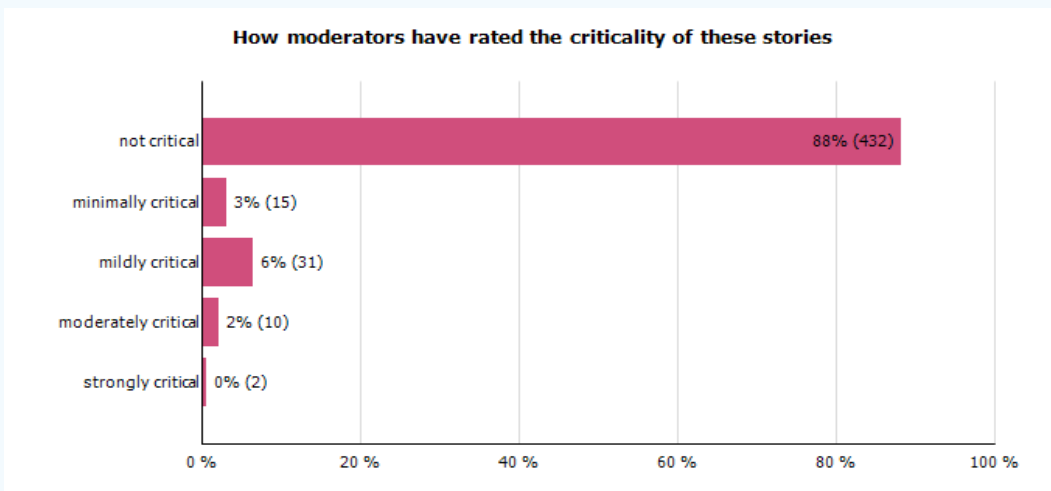
Care Opinion; 10,000 More Voices



From the 1st April 2021 to 31st March 2022 there were 490 stories posted on Care Opinion with public views of 39,209. Care Opinion continues to gather momentum as the public have another opportunity to share their experiences in a safe and simple matter to tell us what was good, how services made them feel and what improvements could be made



- Consistently the majority of feedback remains positive.
- 88% of stories rated independently by Care Opinion moderation team.
- Staff can use information in a number of ways including revalidation, reflection, clinical supervision and evidence of direct patient / client feedback. It helps boost staff and team morale particularly during these challenging times.
- It is also important for building public confidence by encouraging a culture of openness and transparency to respond directly to the feedback received and help improve practice to enhance the patient / User experience. This also helps and supports Quality Improvement and service development.



Non critical positive themes include staff professionalism, caring, quality of treatment and care received, efficiency, communication and clear information, kindness, compassion and reassurance.

All information was clearly explained. A change of antibiotics and reasons were explained and we were kept fully informed of any changes to her medications

I was feeling very frustrated with my hearing aid as I was unable to attach new tubing. It wouldn't fit into my ear. I called into Sensory Support to ask for support. A very kind worker named Catherine addressed my concerns and helped me solve my problem. She was really kind, went above and beyond and her patience was unbelievable!

Critical themes identified were around lack of communication, conflicting information, staff attitude and behaviour, long waits in ED, appointment bookings, lack of staff, waiting times in general.

I waited over 6 hours for an x-ray at Enniskillen hospital. The x-ray took 1 minute.

I really should have had, as a minimum, a recovery guidance leaflet. This was really very necessary as I am so eager to recover that I frequently try to do too much.

Definitely need an easier way to get to x ray. Mum's legs are not great and I had to link her from door (front) to corridor before leaving her standing against a wall to go and find a wheelchair. Never could she had shuffled all the way in time for appointment.

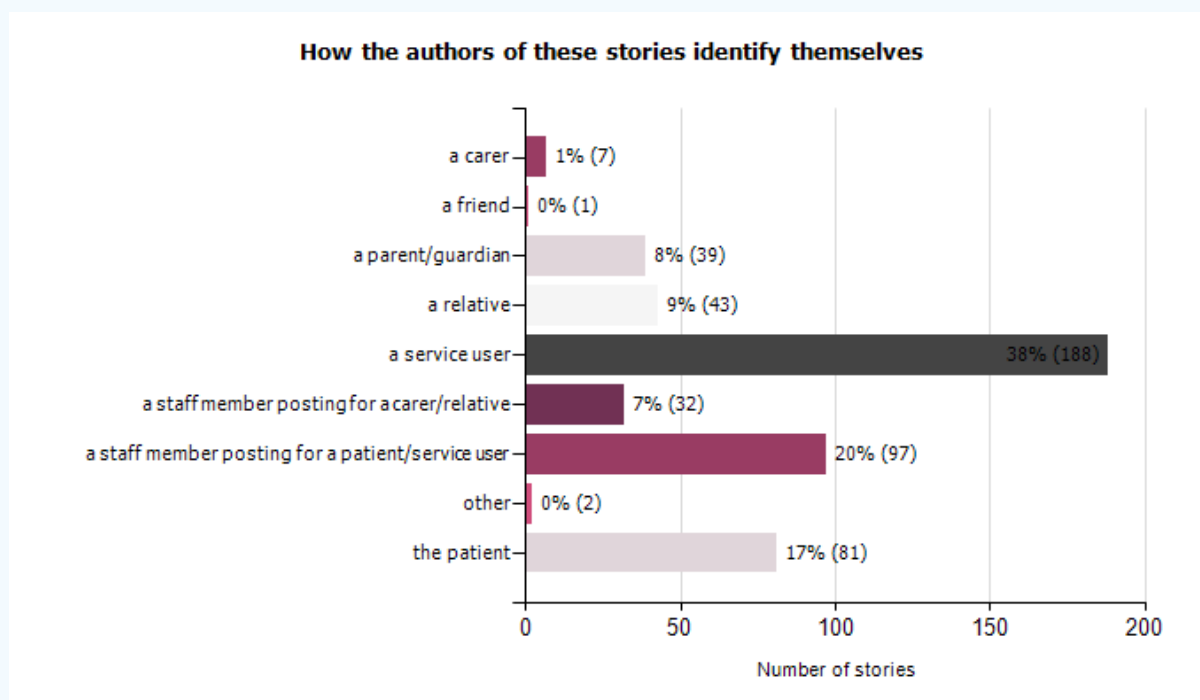
Themes around feelings and emotions included strongly positive, reassured, safe, informed, appreciative, thankful, safe, gratitude.

Thank you so much for the care I received from the radiology, ED and Ambulatory Care Ward. In particular, the HCA who worked one of the nights of my stay and several shifts after.

The nurses were all absolutely fantastic, from the care, medical expertise and all round kindness- we have never experienced a better level of care and attention at home.

Have been attending Altnagelvin Hospital for physiotherapy for the past month. Treatment from physiotherapist, who is so kind, energetic and enthusiastic, a really good and caring person

<https://www.careopinion.org.uk/vis/3huk6> All stories can be accessed via this link.



Services will respond to feedback within 7 days of publication and there will be changes identified and recorded as a response to online feedback.

Service	Stories	Responsiveness	Mean time to respond	Profile picture	Personal signature	Responses rated helpful	Changes planned	Changes made
Western Health & Social Care Trust	490	100% 490	6 days	64%	98%	95% 91/96	6	16
Provides 19 services (15 with stories)								
Adult Mental Health and Learning Disabilities	5	100% 5	5 days	100%	100%	50% 1/2		
Adult Services	8	100% 8	66 hours	63%	100%	100% 1/1		
Altnagelvin Area Hospital	170	100% 170	7 days	59%	99%	95% 52/55	2	6
Children's Services	8	100% 8	5 days	50%	100%	100% 1/1		
Covid-19 Vaccination centres	29	100% 29	7 days	61%	97%	100% 4/4		1
Grangewood	1	100% 1	4 days	100%	100%	0%		
Older People's Services	150	100% 150	5 days	89%	98%	100% 4/4	1	1
Omagh Primary Care Complex	39	100% 39	5 days	35%	96%	92% 11/12		1
Physical Disability Services	1	100% 1	12 days	100%	100%	100% 1/1		
Physical/Sensory Day Centres	3	100% 3	9 days	25%	100%	0%	1	
Roe Valley	1	100% 1	5 days	50%	50%	100% 1/1		
South West Acute Hospital	73	100% 73	6 days	58%	99%	95% 18/19	1	5
Tyrone and Fermanagh Hospital	3	100% 3	3 days	80%	100%	100% 2/2		
Urgent Care	2	100% 2	4 days	0%	50%	0%		1
Waterside Hospital	11	100% 11	8 days	19%	100%	0%	3	1

Examples of changes during this period include:

- Trial of new pain protocols in Trauma & Orthopaedics.
- Clear pathways between ED and Early Pregnancy services (EPC) and development of Nurse led EPC services Monday to Friday. Interpreting Services throughout ED.

- Review of wrist fracture information South West Acute Hospital fracture clinic with staff and physio team.
- Updated Paediatrics Appointment letters Omagh Hospital & Primary Care Complex.
- Urgent Care Transport arrangements between bases for collection of prescriptions by patients.

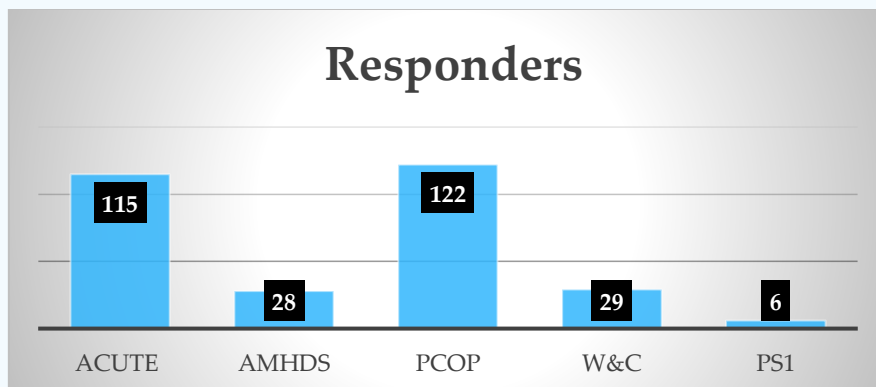
Please see further information below:

Date	Story Link	Issue raised / Location	Learning / Changes made
June 2021	https://www.careopinion.org.uk/857301	Pain Management T&O Altnagelvin (Acute)	In relation to pain relief – seeking more patient history and information sometimes is necessary and questions by staff may appear intrusive. However this does not excuse the manner in which you were addressed by a staff member. I am sure no offence was intended and I apologise that this caused you upset. Staff will be reminded that foot surgery is very painful and the importance of empathy. The nursing team are currently trialling new pain protocols developed by the anaesthetic and surgical doctors and are very aware of the need to ensure good post-operative pain relief. We will provide them with feedback on your experience. Your feedback with regards to Mr Wong, Gemma and ViJi were also shared with them. Again please accept my apologies for the upset caused. My team and I want our patients to have a good experience with our service (Lead Nurse)
June 2021	https://www.careopinion.org.uk/845095	Miscarriage ED (Acute / Women & Children)	The Trust has learnt lessons and changed processes over the past few years all of which are to ensure more support, information and resources to help at this critical time for women and their partners. This has included clear pathways between Emergency Departments and Early pregnancy services [EPC] and the development of Nurse led EPC services Monday to Friday. EPC guidelines are under review at present Thank you for sharing your difficult story, I will ensure it is shared with the Team and that we continue to look at experiences of miscarriage and pregnancy loss to improve our practice.(Head of Service Maternity)
June 2021	https://www.careopinion.org.uk/856282	Lack of information (PCOP) acute care at home	...I will speak to our staff at our delay safety briefings and highlight the importance of verbal information

			about service on admission.... (Ward sister)
June 2021	https://www.careopinion.org.uk/851111	Loud TV PCOP Waterside Hospital	I have checked with the IT department and unfortunately currently there are no headphones currently available that could link to the television for patients who wish to watch the television. I have also asked the staff to check with patients before they leave the rooms to ensure that volumes are not excessively loud and I will make further enquiries about any products that maybe are available for patients use which can help minimise noise reduction.(ward manager)
June 2021	https://www.careopinion.org.uk/845733	Seating in ED Altnagelvin (Acute)	I am sorry that the seating in the waiting area was uncomfortable and we have discussed this as a team. We will provide, where possible, alternative seating to patients in the waiting area. I hope that you mum has made a full recovery and any if you need to attend in the future you will have a better experience. I hope this response has provided you reassurance that our team work as hard as they can, to provide safe and effective care to all our patients.(Departmental manager)
July 2021	https://www.careopinion.org.uk/860883	Lack of after care information T&O SWAH (Acute) Fracture clinic in SWAH have reviewed the wrist fracture information leaflet and discussed this with the physiotherapy team Contains more information with regards to frequency and contains more information with regards to frequency and duration of exercise to reinforce verbal communication at clinic (Ward sister)
Sept 2021	https://www.careopinion.org.uk/875719	Interpreting services ED Altnagelvin (Acute)	Thank you for sharing your experience and acknowledging the ED nurse who tried to help you with the Interpreter Now service. Following on from this I contacted the Trust's Equality and Involvement Officer who will reissue Communication and information advising staff how to access and contact the service (PCE response)

Sept 2021	https://www.careopinion.org.uk/875719	Confusion Interpreter system ED (Acute)	Following on from this I contacted the Trust's Equality and Involvement Officer who will re issue information advising staff how to access the service (PCE)
Nov 2021	https://www.careopinion.org.uk/894827	Awaiting bed ED/ Ward (Acute)It is an ongoing issue but we are working within our capacity to improve this flow on each shift and where able additional beds within the hospital are now opened when staffing permits. (Ward Manager)
Nov 2021	https://www.careopinion.org.uk/894827	Delays awaiting bed in ED Altnagelvin (Acute)	As a department we are continuously working together with wards, bed management and senior management to improve patient flow within the department, to ensure a timely admission to a ward. It is an ongoing issue but we are working within our capacity to improve this flow on each individual shift, and were able additional beds within the hospital are now opened when staffing allows (ED Response)
Dec 2021		Prescription wait Urgent Care (Acute)	
Jan 2022		An avoidable fall (PCOP)	
Feb 2022		OPD SWAH child appointment	

Responder training has been facilitated by the Patient Client Experience (PCE) Lead via zoom due to ongoing Covid restrictions. To date there have been 300 responders trained (there is a subscription of 500 members per Trust that can be trained) including Band 8a, 7, 6, 5 across Directorates. Training dates are circulated via leads, Now magazine and Staff West.



PERSONAL & PUBLIC INVOLVEMENT (PPI)

Service user / carer involvement

The involvement of service users, carers, the public and staff remains a high priority in all levels and programmes of work across the Trust. We are committed to ensuring involvement is an integral part of the commissioning, planning, delivery and evaluation of all our services. We recognise the importance of involvement and co-production in helping to address health inequalities and effectively meet the needs of all.

The Trust has seen a successful and progressive year in terms of involvement. The Improvement through Involvement (ITI) Committee have continued to develop in strength over the past year. ITI committee remains steadfast in their purpose to embed involvement and co-production within all levels and programmes of work within the Trust. This year has seen the development and implementation of the ITI monitoring dashboard and OBA tool which has helped capture the qualitative and quantitative data from involvement projects both local and regional. It has also helped identify opportunities for shared learning and exchanging innovative practice across our stakeholder communities.

The first Integrated Involvement Plan has been completed with all actions within the plan delivered successfully. This has created an integrated process for governance and accountability for Involvement to strengthen the Trust's culture of service user/carer, staff and stakeholder Involvement. Working better together across all disciplines of involvement including PPI, Patient Client Experience (PCE), Quality Improvement (QI) and staff engagement has made way for the creation of the internal leads group, made up of involvement champions throughout the Trust. This platform has allowed for opportunities and tools for enhanced learning, leadership and personal development to build collaborative relationships and impactful involvement.

Public Health Agency (PHA) external monitoring processes

The Trust have been an integral part of the PHA's monitoring task and finish group over the past 12 months. The process has allowed for the development of a robust tool to capture a more standardised view of involvement data across all HSC organisations. The new tool was constructed from the learning and good practice of the Western Trust's dashboard monitoring process.

Strategic projects

No More Silo's involvement work continues to grow and develop. Following the very successful webinar in February 2021 a service user / carer reference group was established with representation from service users / carers and the community voluntary sector. Plans to integrate service user / carer representatives into the work streams will continue into 2022/23.

Pathfinder continues to keep a strong emphasis on ensuring the user's voice is heard and play a key role in developing and implementing new service and care pathways. Pathfinder provided a range of opportunities for involvement through the establishment of the Experts by Experience panel, involving local service user and carer voices to help shape the programme from a strategic view point. Pathfinder also published a 14-page page tiger report as part of Project ECHO to pull together the opinions, ideas and viewpoints of a range of stakeholders on the issue of Multi-morbidities: providing integrated care in a rural area.

Given the restraints with covid-19, there were limitations to areas of involvement work such as training and event opportunities. It is hoped we will reinvigorate these in the coming year.

COMPLAINTS AND COMPLIMENTS

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

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

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

Facts & Figures – 2021/22

524 formal complaints were received by the Trust. This is a 26% increase from the previous year (415).

98% of the formal complaints received were acknowledged within 2 working days.

2,512 written compliments were received during 2021/22 compared to 2,714 for the previous year.

*The timeliness of response times to formal complaints has been an ongoing concern throughout the year. Some of the delays can be attributed to receipt of a number of complex complaints – involving in many cases – more than one service area as well as time and resources required for thorough investigation and development of responses at service level. The exceptional challenges encountered due to the ongoing Covid-19 Pandemic had a complex and detrimental impact on response times for complaints.

Significant improvement work is ongoing within the complaints department to streamline processes for the complainant and for staff, to ensure that the highest quality resolutions and learning are delivered.

Response Times

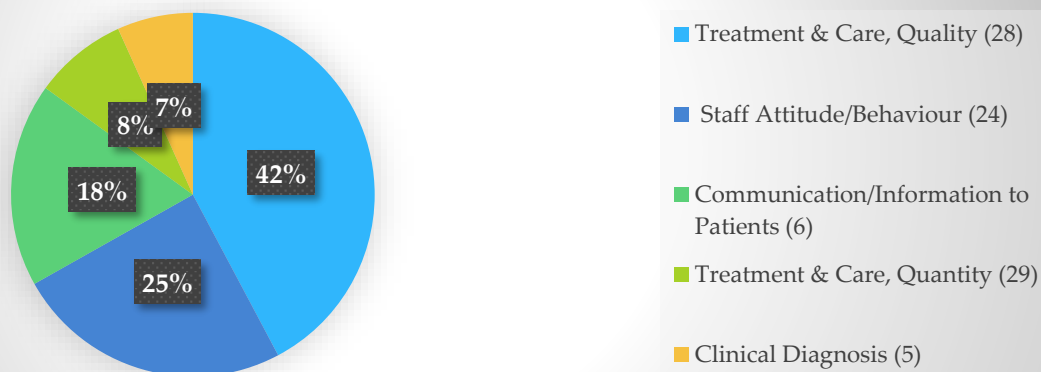
Out of the 524 formal complaints received, a total of 222 (**42%**) were responded to within 20 working days.

Complaints by Subject – Top 5

The top 5 categories of complaints received during 2021/22 are set out below:

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

Complaints by Subject (Primary) - Top (5)



Lessons Learned and Service Improvements

We welcome complaints so that we can learn lessons and improve our services. An action plan is completed, where appropriate, following the investigation of complaints.

Complaints trends and learning to help prevent recurrence are presented within the Assurance framework and Directorate Governance forums to support collaborative learning and sharing of same.

We use this information to feed back to patients and staff on changes and improvements made.

Complaints are discussed with staff concerned and often the issues are brought to staff meetings and other professional forums for discussion on how services can be improved. Following the investigation of complaints during 2021/22 the following comments were captured as part of the learning in relation to the Top 5 Complaint Subjects:

Complainant said: Before complainant's scheduled appointment, she received a phone call from the Macmillan Cancer Support Benefits Team. On the call, the Macmillan representative wanted to discuss the range of services Macmillan can provide patients following a cancer diagnosis. This call obviously came as a huge shock to the patient as up until this point, she had not been given a cancer diagnosis by her Consultant. Ultimately being told you have cancer from a non-medical practitioner via a telephone call makes it even worse. She hopes that no other patient has to experience this.

We did: The Breast Care Nursing Team identified key learning from this patient's experience, and, in doing so agreed and documented the process for timely referral to services including the Macmillan Cancer Support Benefits Team. All of which must take place after the patient has attended their appointment and received their results.

Complainant said: Complainant's daughter received a letter stating that she had an appointment to pick up her long awaited cardiac monitor. She immediately phoned the Cardiac Investigations Department and spoke with a staff member who advised her that she had been given a new appointment for a later date. No apology was given to her daughter for the Trust's' failure to advise of her new appointment details nor for the additional stress this caused. Has asked if staff could review the Cardiac Investigations Department's "appointment" policy and also advise if there is anything that can be done to expedite her daughter's monitor.

We did: Arrangements were put in place to ensure the patient's appointment letter is posted to them with more than 1 weeks' notice to appointment time. Process also put in place to contact patients if they do not attend their appointments to try and fill the slot for another patient.

Complainant said: Complainant raising concerns about the waiting time for her daughter to be assessed by the Autism Service after being referred by her Paediatrician.

We did: acknowledged and apologised for the delay. Provided an assurance that services are now fully operational again and is working to see all who are waiting on assessments. Also directed the complainant to community based services for support. Learning identified - to support young people and their families, the Children's Autism Service has introduced a Clinical Helpline so that families on the waiting list can speak directly to a Specialist Autism Clinician regarding any concerns.

Complainant said: Complainant has raised concerns regarding lack of support provided to her and her husband for her son's mental health challenges. They have described difficulties they experienced when seeking support from the Mental Health Crisis Team which resulted in an incident whereby the PSNI had to be called to parent's house as son became violent.

We did: Staff have taken on board comments and will learn from this, to engage closer with families on the discharge planning process. Staff recognised the need to engage fully with families around clinical decisions that impact, not only on the patient within the ward, but the entire family. It has highlighted to staff the importance of providing a carer's assessment to all family members who provide a significant level of care to their loved ones.

Complainant said: Complainant raising concerns about the treatment and care her son received when he was born. Child had a large burn on his lower abdomen however they have no information as to how this occurred.

We did: Investigation of the complaint concluded that there was no record of what was used to clean the abdomen but that it is recommended to use a 2% chlorhexidine solution which is washed off with sterile water. As learning from this complaint, nursing staff will ensure another sticker is added to the patient's notes to indicate that the Aseptic non touch technique was used when a catheter is inserted.

Complainant said: Concerns about the problems the family have faced in attempting to access support services, from Adult Core Services, for their mother's diminishing health and ever increasing social care needs.

We did: Primary Care Multi-Disciplinary Team Social Worker will ensure that staff provide clarity in relation to their roles to patients and family members during the initial appointment process and also specifically clarify the purpose of memory screening tools when utilised.

Learning from a Northern Ireland Ombudsman Case

If a complainant is not happy with the Trust's final response to their complaint they can request a further review by the Ombudsman.

A final report received from the NI Ombudsman's Office following their investigation into a complaint focussed on the following issues:

Was the care and treatment provided to the patient during an admission to Altnagelvin Hospital in 2018 appropriate and reasonable and in accordance with good medical practice?

The following recommendations were highlighted as part of their investigation:

- Carry out a random sampling audit of patients' records in the ward to ensure that clinical records contain relevant information in accordance with General Medical Council (GMC) Guidance;
- Raise awareness of the recognition and management of Sepsis among Junior Doctors joining on placements in accordance with NICE NG51 Guidance; and
- Arrange for a copy of the report to be shared and discussed with the doctors involved in the patient's care. They should be reminded that concerns in relation to Sepsis management are escalated without delay to senior clinical staff for appropriate action.

LEARNING FROM INCIDENTS

Facts & Figures

In the year 2021/22, 17,500 incidents were reported, an increase of 17% over the previous year.

Incident Reporting and Review

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

The increase is mainly due to Covid related incidents which would have increased from the previous year.

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

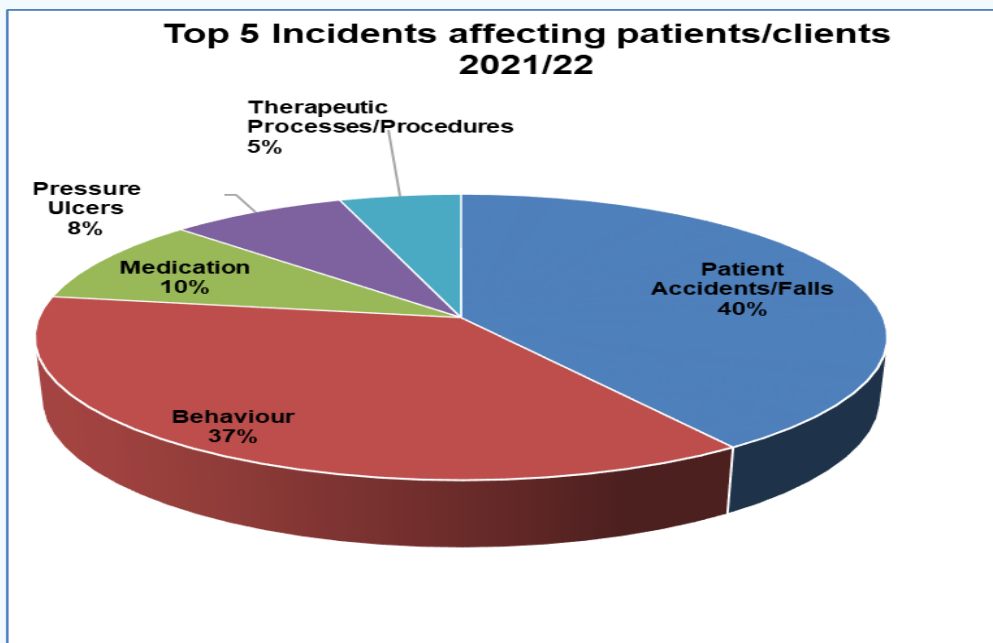
The Trust actively encourages the reporting of incidents and the open review of incidents by the staff involved. Incident training continued to be provided for staff during Covid through virtual online methods. Incidents are reviewed and learning is identified and shared at a number of forums including – Weekly Rapid Review Group (RRG); Corporate Safety Huddle; weekly ward meetings; Directorate Governance meetings; Ward Managers Governance meetings, Monthly Theatre meetings; Audit days.

The Trust shares learning primarily through a network of Governance forums and also through communications such as a staff newsletter called “Share to Learn” and a regular safety message to staff, ‘Lesson of the Week’, accessible through a prominent icon on the Trust’s intranet site. The Trust Rapid Review Group (RRG) meets weekly and identifies risks and directs any urgent actions from review of serious incidents reported in the previous week to ensure patient and staff safety is being managed appropriately. Since 2020 and as a response to a need for enhanced oversight and responsiveness to Covid related incidents, a Corporate Safety Huddle was also established to consider and escalate where necessary any serious incidents not covered at RRG but requiring urgent follow up. In 2021 it was agreed to make this forum permanent to ensure this important enhanced function continued.

The Risk Management Department continues to work to make reporting incidents easier for staff. To encourage the identification, investigation and reporting of incidents a DATIX Champions project has commenced in which each area will identify champions to encourage reporting, help identify triggers, guide their teams and display contact details and instructions on posters within their wards/departments.

Top 5 Reported Categories

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



Patient Accidents / Falls (40%)

The percentage share of Incidents relating to patient falls rose by 2% on the previous year. During the year learning from 22 of the most serious inpatient falls were identified and shared regionally to the Public Health Agency as well as within the Trust. The Trust encourages the reporting of all falls to determine if anything could have been done to prevent what can be a distressing experience for the victim regardless of the level of physical harm. Actions taken to reduce patient falls during 2021/22 are included in the Falls section of this report on pages 69-73.

Behaviour (37%)

The majority (54%) of all behaviour incidents related to patients/clients took place in two services; Adult Learning Disability and Adult Mental Health services. Subsequent to a RQIA review, the managers and professionals working in these areas have revised the governance systems for reviewing incidents to improve learning and sharing of the learning to reduce recurrence.

The Trust has been involved in drafting a regional Management of Violence and Aggression policy (previously the Zero Tolerance policy). The Regional MOVA Group continued to meet in 2021/22 and in March 2022 the final draft of the new regional policy was shared with the Minister and the Department of Health for consideration to go out for public consultation.

The Trust Management of Actual & Potential Aggression training team (MAPA) continued to provide education and training on the management of challenging behaviour and potential and actual violence to all staff groups within the Trust throughout the Covid pandemic. The team moved from the MAPA model of training to Safety Intervention which is an accredited model of training certified by the Restraint Reduction Network in April 2022. This training places a greater focus on de-escalation techniques. Face to face training continues to be delivered on a risk assessed basis with reduced numbers allowed. Since the commencement of this training in December 2018 to March 2022 a total of 4,026 staff have now been trained with annual refresher training ongoing.

The Trust Management of Violence and Aggression Group continued to meet in 2021/22. The group will support the implementation of the new Regional Guidance when issued on the Management of Violence and Aggression, including developing and implementing supporting procedures and guidelines. The Working Group provides a focal point for the discussion of all relevant matters and will work to review/produce procedures for use throughout the Trust. It will also monitor all security related incidents and ensure any issues with meeting standards are escalated as required.

Medication (10%)

Medication incidents are reviewed by the Medicines Governance Pharmacist as well as the relevant ward/department and are not closed until appropriate review is completed. The Trust Medicines Governance working group oversee this process. A Medicines Safety Pharmacist reviews all medication incidents and provides a report to the multi-disciplinary group where all incidents of concern along with trends are considered to ensure any issues are addressed and learning maximised. The group oversees the sharing of medication related learning from a number of sources. Learning has been shared on a monthly basis through the newsletter 'Meds Safety West' and a number of articles have been shared through Safety Lesson of the Week, including: Covid-19 Vaccine Reporting Guidance, IV Paracetamol, Insulin Safety Week 2021, Following the leader or when not to do, Safe use of need free connectors with glass prefilled syringes.

Pressure Ulcers (8%)

There has been a 4% decrease in pressure ulcer related incidents reported in 2021/22 than the previous year. The Trust's Tissue Viability Department is spearheading a 'Zero pressure ulcer in WHSCT plan'. Actions taken to reduce pressure ulcers during 2021/22 are included in the Pressure Ulcers section of this report on pages 77-78.

Therapeutic Processes and Procedures (5%)

This is a new reporting category introduced in 2019. Incidents of this nature did not feature in the top 5 category in the previous year. These incidents include Manual Handling Processes, Monitoring/ongoing patient assessment and patient restraint, Non-invasive treatments etc.

Examples of learning

The Trust Rapid Review Group (RRG) continued to meet weekly throughout 2021/22 to improve the identification and sharing of learning. During that period RRG reviewed and authorised the sharing of learning from SAls, Complaints, Claims, Coroner's Inquests and other sources of learning. Regional learning was identified and shared through regional learning alerts to the Strategic Planning & Performance Group

(SPPG) on 2 occasions regarding ward security and patient safety on Mental Health Wards.

The Trust continues to progress a Safety and Quality Management System Improvement Plan monitored by Trust Governance Committee and Trust Board. The plan aims to enhance the cultures of Safety & Quality and Openness at all levels to support appropriate identification, dissemination and application of learning with robust systems for assuring that this is the case. Actions include the approval in year of a temporary resource to support staff in the review of serious adverse incidents so that learning can be identified and shared as quickly as possible.

Local and Regional Learning from incidents reported

Synopsis – Patient admitted from Nursing home choked whilst eating dinner.

Staff were not made aware from the nursing home that the patient had any issues with choking. Staff were informed that the patient was on a normal diet and was given same.

Following urgent attention, the choking episode was resolved and follow up treatment and care commenced for the patient.

Learning –

- The importance of communication of vital information from nursing homes.
- Importance of dysphagia training for staff.

Action taken following incident review –

- Staff received dysphagia training.
- PHA were notified of this incident and learning communicated regarding the importance of including vital information on documentation from nursing home to hospital.

Synopsis – Failure to remove Fentanyl patch before commencing syringe driver in patient receiving end of life care.

GP and NI Hospice nurse specialist performed conversion of existing Fentanyl patch to syringe driver with morphine sulphate. Staff then omitted to remove patch before commencing syringe driver. NI Hospice specialist nurse noticed that the patient was exhibiting signs of opioid toxicity and called patients GP. GP administered naloxone to patient with good effect.

Learning –

- Clear process needed for removing old patch before changing patient to alternative route of medication.
- Take into consideration wash out period of opioid patches.
- Awareness that oxycodone is first choice for patients with renal insufficiency.
- Awareness that morphine sulphate should not be prescribed for patients with renal insufficiency due to reduced clearance causing accumulation and therefore increasing risk of opioid toxicity.

- Awareness that dose adjustments may be necessary when using the opioid conversion chart due to residual drug from patch in patient's system.

Action taken following incident review -

- Learning was shared with NI Hospice and RQIA.

Serious Adverse Incidents (SAIs)

The Trust is required to report incidents that meet the criteria of a “serious adverse incident” (SAI) to the Strategic Planning and Performance Group (SPPG) within the Department of Health (DoH), formerly Health & Social Care Board (HSCB). An SAI is an incident which meets one or more of a list of specific criteria e.g. unexpected / unexplained death or serious injury or an unexpected serious risk. They may also relate to risks to maintain business continuity or serious incidents of public interest or concern.

Each SAI is investigated and a report submitted to the SPPG and, where appropriate, the Regulation & Quality Improvement Authority (RQIA), for them to consider whether there are any issues that need to be addressed on a regional basis.

Patients/service users and/or their families are advised when an incident relevant to them is to be reviewed as a SAI to ensure they are involved in the review as appropriate. The Trust also has systems in place to ensure that learning from SAIs is taken forward.

Table of SAI deaths by Directorate

The Trust places the management of all incidents as a high priority. When an incident results in a death it is acknowledged that this is a particularly difficult process for everyone involved, not least the families and the staff directly involved in the incident, and therefore must be prioritised for completion in a sensitive but effective way. The Trust will continue to work with all stakeholders to identify and embed the learning from these reviews to ensure the risk of them happening to someone else is reduced as much as possible.

The following table illustrates the number of SAIs that involved a death in the year 2021/22 for the WHSCT.

SAI Criteria	Acute Hospital Services	Adult Mental Health & Disability Services	Primary Care and Older People Services	Women & Children's Services	Total
4.2.1. Serious injury or unexpected / unexplained death	8	2	2	1	13
4.2.2. Unexpected serious risk.	4	0	0	0	4
4.2.6. Suspected suicide of a service user.	0	17	3	1	21
Total	12	19	5	2	38

Some examples of Serious Adverse Incident (SAI) reviews completed during 2021/22 and improvements made include:

SAI Case 1 – Recognition of limping child

This SAI afforded the opportunity for multi-trust cooperation between WHSCT, NHSCT and BHSCT with valuable information provided by the family to identify and share the following learning.

Synopsis – Child presented to ED on several occasions after initial fall. Child was learning disabled. Attended fracture clinic several times and further attendances at ED. When pelvic x-ray carried out child had Slipped Upper Femoral Epiphysis (SUFE). Represents a delayed diagnosis of Chronic, Unstable SUFE.

SUFE is a hip condition that occurs in teens and pre-teens who are still growing. For reasons that are not well understood, the neck of the femur slips anteriorly from the femoral head. This causes pain and instability in the affected hip. The condition can occur abruptly after a fall (Acute) but more commonly develops over weeks or months without a history of injury (Chronic). Early diagnosis and surgical management provide the best chance of stabilizing the hip and avoiding complications. Complications include Avascular Necrosis (AVN), where the head of femur loses its blood supply and the bone erodes. This can lead to pain, arthritis and reduced mobility.

The review team could not be certain that on the initial presentation after a fall that SUFE was detectable but agree that it was probably present during the child's subsequent encounters.

Learning included –

The review provided for both local and regional learning which included the following information:

- There was a focus on localising symptoms & signs without clear evidence of considering the wider “Limping Child” spectrum.
- The need for continued Educational promotion of the “The Limping Child”.
- In Musculoskeletal (MSK) cases without clear diagnosis, X-rays should include complete joints above and below the site of injury.
- Understanding and skills in communicating with patients with learning difficulties have been a contributing factor. This should be an element in medical education and Continuing Medical Education (CME) for senior doctors.

Actions Taken –

- Hospital pathway has been developed.
- A lesson of the week was shared locally.

SAI Case 2 – Delay in recognising deteriorating patient

Synopsis – Patient was post op and returned to ward. Found collapsed with news score of 10. Transferred back to theatre and found to have intra-abdominal bleeding. Patient transferred to High Dependency Unit (HDU) and passed away.

Learning included –

- Reinforces the importance for staff of adhering to systems for recognising and responding to a deteriorating patient.
- The case highlights importance of completing and acting on patient risk assessments (e.g. Falls assessments, Surgical Risk tools).
- Highlights the need for availability of appropriate acuity care facilities for higher risk post-operative patients.
- Patient's condition warranted a more focused response which should have included prompt escalation to senior doctor, attendance of senior doctor (Staff Grade/Consultant), activation of major haemorrhage protocol, a plan for early return to theatre and earlier escalation to Critical Care/Anaesthesia with instigation of invasive monitoring and inotropic support.

Actions taken includes –

- Clinical teams highlight learning and appropriate escalation to staff involved & relevant clinical teams.
- Surgical/Anesthesia leads are reviewing recommendations from National Emergency Laparotomy Audit with trainee staff and clinical teams via Morbidity and Mortality processes.
- Actions are being taken to improve the accuracy of NEWS2 recording/calculation via ongoing education, training, auditing and feedback on learning i.e. incidents /SAIs.
- WHSCT are working to improve facilities for care of higher acuity post-operative patients. This work is ongoing via surgical services review project.
- WHSCT are engaging with the regional PACU project via the surgical services review project.
- Reinforce falls assessment and reassessment post fall. This information is shared across nursing Governance forums.

How the Organisation Learns

The Trust utilises the following systems for sharing learning from SAIs:

- Learning is shared with the relevant local area where the incident occurred and with staff involved following completion of SAI through their local Governance arrangements.
- Learning is shared directorate wide through a Governance report tabled at each Directorate Governance meeting quarterly.
- Learning is shared Trust wide (if appropriate) through Rapid Review Group (RRG). RRG is attended by representatives from all the service Directorates including the Directors who decide how best to share the learning which may include through specific forums/groups.
- The Trust will identify possible learning for sharing across the region to the SPPG from SAI reviews. RRG also decide if regional learning is required to be urgently shared during the SAI review and share it with SPPG using a Regional Learning Alert prior to SAI being completed. During the year to March 2022 the Trust issued 2 learning letters to the SPPG.
- Learning is also shared generally through a number of mediums including Safety Lesson of the Week (in Staff-west website); Share to Learn newsletter; Trust SAI Learning workshops.

Monitoring of shared learning is done through SAI Action Plans. Action plans are required to evidence how the learning has been shared and they are held open until evidence of completion is received.

Safety Messages

The Trust continues to publish a quality and safety newsletter, 'Share to Learn', to highlight Trust wide learning. Recognising that there is a limit to the immediacy of written communication and to the volume of content, the Trust continues to publish a 'Lesson of the week'. This sits on the Trust Intranet server and opens as a default on all desktop computers within the Trust.

The Trust Rapid Review Group meets weekly to review serious Incidents, Complaints and Inquests to improve the identification and sharing of learning and within this remit, will identify a safety lesson of the week. The following is a sample of topics shared from RRG as safety messages of the week: - Lab Requests – Patient Labels, Before You Use a Hoist, MRI Learning, Learning from SAI – Communicating Abnormal Results, Incident Reporting Relating to Swallowing.

During 2021/22 the Quality and Safety Team continued to provide a quarterly report for Directorate Governance Groups. This includes information on SAIs, incidents, complaints, litigation, health and safety, National Institute of Clinical Excellence (NICE) guidance, details on Regulation & Quality Improvement Agency (RQIA) reviews and other quality and safety indicators. This allows discussion and associated learning by the groups.

Covid-19 and Incident Management

The Covid-19 pandemic required escalation of the reporting and monitoring of not only Covid related incidents but other non-Covid incidents to ensure all aspects of quality and safety were continuing to be managed. With this need for increased vigilance in incident management the Trust made permanent a weekly Corporate Safety Huddle (previously set up a year earlier as a temporary measure to help manage safety during Covid-19 pandemic) to monitor incident reporting levels, review Covid related incidents, and provide overview of all incidents graded as high risk to ensure any urgent actions and/or learning is completed quickly. The group compliments the work of RRG and provides a rapid escalation route through that forum to give greater assurance on incident management. Covid and Vaccine Incidents can be raised daily where necessary through the Covid Command and Control structures to ensure rapid identification of risk and appropriate communication of issues to enable effective, fast decision making.

Learning from incidents contributed to a number of Covid 'safety messages of the week' shared with all staff including: - Reporting Work Acquired Covid-19, Covid-19 Reminders, Covid-19 Vaccine Reporting Guidance.

A covid-19 risk was maintained on the Corporate Risk Register to give oversight and assurance on the effective management of all related processes during the pandemic.

Leadership Walkrounds

Making care safer for patients/clients is a top priority for the Trust and leadership walk-rounds are held in facilities who have contact with patients, clients and service users. The Trust is committed to promoting a culture of safety where all staff can talk freely about safety or quality concerns and also how we might solve and learn from them. Directors and Non-Executive Directors conduct leadership walk-rounds for the purposes of making care safer and gathering information for learning on how we can improve. A total of 298 leadership walk-rounds have been carried out since they were introduced in April 2008.

As part of the reset of leadership walk-rounds for 2021/22, the Corporate Management Team (CMT) made the decision to recommence Director Led leadership walk-rounds focusing on increasing the visibility of senior leaders, reviewing safety, thanking staff for their ongoing efforts, encouraging vaccine uptake and generally listening to staff concerns. Unfortunately, the COVID Pandemic continued to impact on the programme of leadership walk-rounds. Throughout the year 8 leadership walk-rounds were held.

However in addition to this:-

- CMT carried out ad-hoc walk-rounds across the Trust,
- The Working Safely Together Group developed a schedule of senior leadership visits,
- Acute Services organised a programme of reset walk-rounds inviting Non-Executive Directors.

It is planned that the leadership walkround schedule should return to normal process in the new financial year. Initially walkrounds were held virtually with a view to moving to physical walkrounds by the Summer.

QUALITY IMPROVEMENT (QI)

QUALITY IMPROVEMENT TEAM | UPDATE

1. Quality Improvement Training Update

Q2020 Trained Staff

7952 staff (68%)
(improvement from 58%)
Online HSC learning, zoom sessions for support staff & managers Framework sessions



7952 Staff



LEVEL 2

249 staff in post trained, in the year 21/22. We trained 85 through Safety Quality West and 30 through Step West/First Steps. Some staff took part in the Scottish Improvement Coaching and Leadership Programme.

LEVEL 3

40 Staff
no additional level 3 QI trained staff this year due to the pausing of such training relating to ongoing Covid'19 pressures



We continue to build on the skills and knowledge of our level 2 & 3 trained staff through mentoring and coaching.

2. "What Matters To You"



Celebrated on 9 June 2021, encouraging staff to have these important conversations with colleagues and patients by completing a "What Matters to you" Bingo Card or Conversations Card and sharing photos on Social Media and the We Are West App.

3. QI Resources - QI HUB



The QI Hub was revamped and launched in May 2021. It is a helpful resource to find out more about QI methodology & tools, upcoming events and training programmes. It has a useful repository of completed QI Projects for potential scale & spread opportunities. The Hub receives on average **162 users** and **1900 hits per month**.

4. QI West Connect

A monthly (virtual) forum for Quality Improvers to connect and learn. It hosts guest speakers, 5 slides in 5 minutes and regional and local QI updates. In 2021/22 there were 12 sessions of QI Connect with over 200 improvers attending.



5. Regional and National Workstreams

We work in collaboration with others to support an infrastructure of quality, improvement and innovation across the HSC, both regionally & nationally.

Such as:

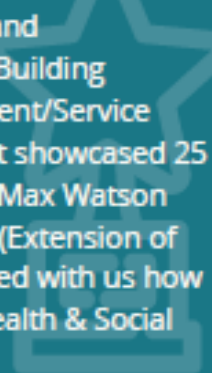
Health Improvement Alliance
Europe Workstreams: Equity, Climate Can't Wait & Population Health - Working Across Boundaries.

HSE & HSCQI Collaborative- 15 staff were part of a Human Factors Masterclass training through Trinity college, Dublin.

HSCQI-ongoing involvement and collaboration regionally in creating a Vision and Strategy document.

6. QI and Innovation Showcase Event

Held on 12 November 21 to Celebrate National Quality Day, this virtual event allowed staff to come together to share their improvement journey and innovations with others.

We presented five awards under the categories of 'Innovation and Transformation in Care', 'Integrating Care Across Boundaries', 'Building Reliable Care', 'Davin Corrigan Legacy Award for Improving Patient/Service User Safety and Engagement' and Best Poster Award. The Event showcased 25 projects and captured an audience of over 280 staff. Professor Max Watson Medical Director of NI Hospice UK and Director of Project Echo (Extension of Community Healthcare Outcomes) was Guest Speaker, he shared with us how ECHO enables a democracy for Quality & Support within our Health & Social Care systems. 

Theme 2

Strengthening the Workforce



INDUCTION

The Trust's Employee Induction Programme is now delivered as an online programme with **688 new staff** having undertaken this training during 2021/22.

Inductions take place for all medical student and physician associate placements, and doctors in training rotations to include International Medical Graduates (IMG). Feedback from our stakeholders is positive on the quality of induction. All doctors in training complete regional mandatory training on Training Tracker and this is monitored to ensure compliance.

Induction, training and the provision of 80 Physician Associates clinical placements were provided in year 1&2 throughout a number of specialities across the Trust, plus work-shadowing opportunities for year 1.

LEADERSHIP PROGRAMMES

Post-Graduate Diploma in Health and Social Care Management



The Post-Graduate Diploma in Health and Social Care Management is an Ulster University validated programme facilitated by the Trusts Organisational Workforce Development team in collaboration with the HSC Leadership Centre. 19 Trust managers successfully completed the two year programme; 17 students achieving a Pass with *Distinction* and 2 students achieving a Pass with *Commendation*; ***congratulations to students who will graduate in October 2022.***



Graduation Ceremony held in June 2021 for Trust managers who successfully completed PG Diploma 🎓

Leader and Manager Framework

In 2021 the Organisation and Workforce Development (OWD) team started a process to move from the existing 'Manager Toolkit' to a new competency based framework called the 'WHSCT Leader and Manager Framework'. This framework aligns the NHS 9

Leadership Dimensions, and allows Leaders and Managers (including supervisors) across all bands access to the learning which is co-produced with subject matter experts. **Level 1** launched in November 2021 with 38 staff having successfully completed, **Level 2** launched in January 2022 with a 40 staff who have due to complete in quarter 1 of 2022 and **Level 3** design is underway with planned launch in Autumn 2022.

LEARNING AND DEVELOPMENT

During the past year the Trust's Organisation & Workforce Development Team have also delivered the following courses

Supporting Safety Toolkit	25 sessions covering 6 topics with 54 participants
Learning & Development Courses	25 Sessions covering 7 topics with 477 participants



Working Safely Together ECHO Network was established in 2020 to support the Trust's commitment to working safely together through COVID-19. The programme has been co-developed by our Safety Leads to explore key topics for education and discussion. It provided our Safety Leads with a network to engage and learn from each other with the objective of increasing safety throughout our Trust. In 2021/22 whilst continuing to support and educate staff to work safely through COVID-19 there was also a shift towards learning to work alongside COVID-19 and latterly in the year there is now a focus on safely rebuilding our services.



 10 ECHO sessions	 61 Average Participants	 17 Education Presentations
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Excellence in Organisation Development Award

The Trust was delighted to win a National Award in September 2021 from Healthcare People Management Association (HPMA) for Excellence in Organisational Development for its development of Echo Safety Network within the Trust.


COACHING AND MENTORING

Vocational Training

Personal Social Services (PSS) Funding - Registrations for Qualifications

	OCN NI Level 3 Diploma in HSC	Level 3 Diploma in Healthcare & Social Care Support	C&G's Level 4 Diploma in Adult Care	OCN NI Level 5 Diploma in Leadership & Management in H&SC (Adult Residential Management)	OCN NI Level 5 Diploma in Leadership & Management in H&SC (Adult Management)	Level 5 Leadership for Children's Care, Learning & Development (NWRC)
Adult Mental Health & Learning Disability	8	1	7	6	7	0
Primary Care and Older People	21	0	0	3	0	0
Women & Children's	0	0	0	0	0	3

Support Workers Fund – Registrations for Qualifications

	Level 2 Award in Healthcare & Social Care Support	Level 3 Award in Healthcare & Social Care Support	Level 3 Certificate in Healthcare & Social Care Support	Level 3 Diploma in Healthcare & Social Care Support
ACUTE	1	2	11	11

The support workers fund also continues to annually fund three places on the Open University module K102 Introducing Health and Social Care (Level 4) offered in conjunction with UNISON.

The WHSCT Vocational Training Centre was approved to deliver OCN NI Health and Social Care Qualifications and this commenced in January 2021 with the New Level 3 Diploma in H&SC and the Level 5 Diploma in Leadership and Management. It is intended that all our Qualifications will move to OCN NI, a local awarding organisation, in the next 12 to 18 months.

Additionally in 2021/22 the Level 4 Diploma in Adult Care qualification was introduced for employees within Primary Care and Older People's residential and day care facilities. The Trust also introduced the Level 5 Diploma in Leadership for Children's Care, Learning & Development qualification in partnership with the North West Regional College.

MedEdWest Educator Roles

Founded in 2014, the MedEdWest teaching fellowship is now in its 8th year. The programme started with a single fellow and the scheme has grown steadily recruiting at least 18 participants every academic year, which are representative of doctors from a variety of medical and surgical specialities. The teaching programmes which include simulation, are well embedded in the delivery of undergraduate and postgraduate education. This has since evolved to include clinical teaching fellow posts which will expand year-on-year from September 2022.

30 junior teaching fellows have also been recruited to MedWedWest since 2021. These roles are remunerated and provide near-peer teaching and education to the medical students.

Clinical Fellows roles are now in their 3rd year in MedEdWest and again they are extremely valued group of teaching facilitators which will expand year on year from September 2022. Currently there are 5. In addition, it is our plan for 4 additional, 50:50 clinical fellow posts (half clinical, half educational) from September 2022. If this model works these roles will also expand to 2025 and beyond.

These innovative cultures reportedly enhance the creation and implementation of new ideas and working methods in organisations. We harness the enthusiasm for education and learning by being slightly different to other education providers by offering additional opportunities and providing a truly positive experience here in the WHSCT at an early stage in doctors career. The fellows are remunerated to do PG/Diploma/Masters in Education to develop them in their role as clinical educators/leaders.

QUB C25

The QUB new C25 curriculum was introduced 2-years early. This change was a huge challenge for MedEdWest during the pandemic with little time to plan or negotiate funding from QUB/DOH to support this change. However, this has been very successful change with the Trust scoring very highly in the quality of education received by the students. The C25 will be fully implemented in 2025.

Corporate Social Responsibility (CSR) - Widening Participation

MedEdWest continues to provide the opportunity for Year 11 -13 students from schools in the Western Area who are considering a career as a doctor to avail of “The Access to Healthcare Virtual Clinical Work Experience Programme”. This programme provided an introduction to a number of fields of medicine and teach some key skills that are essential in the daily lives of every doctor, such as navigating complex ethical situations. The programme was an invaluable opportunity for all students interested in medicine as an alternative to face-to-face work experience that provided a strong grounding for their medical applications. The students who participate in this programme find it very valuable and provide great feedback.

SUPERVISION

Medical Supervision

All MedEdWest educational lead roles for UG and PG are funded and are integrated within the Trust E-job planning process and have an education appraisal.

As part of medical educator’s role, the GMC, in the Promoting Excellence document requires the role in education to be appraised. Continuing development as an Educator is required to maintain Recognition Status as a GMC Recognised Trainer. 20 hours of CPD related to developing as an Educator are required over 5 years. 10 hours should be obtained through NIMDTA or Trust courses, workshops or events. The other 10 hours are available through a variety of sources. MedEdWest facilitates a variety of online learning, workshops, events and courses for our educators to fulfil their CPD requirements for their development as an Educator.

Named Clinical Supervisor:

For every placement, the doctor in training must have a Named Clinical Supervisor. In some instances, this will be the same person as the educational supervisor. A Clinical Supervisor (CS) is a Trainer who is responsible for overseeing a specified trainee's clinical work throughout their placement in a clinical environment. Their role is to lead on providing day-to-day supervision of trainees, reviewing a trainee's progress and providing constructive feedback.

Named Educational Supervisor:

For every placement, the doctor in training must have a Named Educational Supervisor. In some instances, this will be the same person as the Clinical Supervisor. An Educational Supervisor is a Trainer who is responsible for the overall supervision and management of a trainee's trajectory of learning and educational progress during a placement or series of placements. He or she is responsible for the educational agreement and for bringing together all the relevant evidence to form a summative judgement at the end of the placement or series of placements. An Educational Supervisor may be based in a different department and occasionally in a different organisation to the trainee.

Nursing Supervision

The Trust's document "Policy & Procedures for Supervision in Nursing" indicates the need for registrants to have two formal clinical supervision sessions annually, which is in line with the Regional Clinical Supervision Policy. This can be provided on a one to one basis or in group format. Training for Clinical Supervisors is facilitated through the "Supervision Preparation Programme for Nurses and Midwives" via the Clinical Education Centre.

Significant work goes on throughout the year by Clinical Areas to support Nurses and Midwives to have two supervision sessions. The ongoing COVID-19 pandemic has had a negative impact on staffing availability due to ongoing surges resulting in less opportunities for staff to access and/or provide supervision sessions. As clinical supervision is a positive approach to offering support to new and experienced Nurses and Midwives, Lead Nurses are addressing this deficit by nominating additional staff to attend the "Supervision Preparation Programme".









For the period April 2021 to March 2022, 75% of staff have participated in two supervision sessions (a notable increase from the previous reporting year). Of note, staff continue to avail of informal supervision sessions to reflect on practice (e.g. debriefs, huddles or WHSCT Psychological support sessions) but these are not recorded as a formal clinical supervision session.

The WHSCT document "Policy & Procedures for Supervision in Nursing" is due for review in the coming months.

Supervision Performance Dashboard

Division	Staff who had 1 Session (Apr - Sep 2021)	Staff who had 2 Sessions (Apr 2021 - Mar 2022)	Progress
Acute Services			
ALT - Unscheduled Care	0%	73%	↑
Cancer Services	71%	70%	↓
Cardiology & Respiratory	0%	25%	↑
General & Specialist Medicine	80%	88%	↑
SWAH - Unscheduled Care	0%	0%	-
ALT - Critical Care	81%	0%	↓
ALT - General Surgery	0%	0%	-
ALT - Theatres / DPU Northern Sector	80%	0%	↓
Head & Neck Trauma / Patient Access	0%	86%	↑
SWAH - Surgery & Anaesthetics	33%	68%	↑
Trauma, Orthopaedics & Fractures	63%	40%	↓
Urology / OPD / Pre-Op Assessment	79%	91%	↑
<i>Directorate's Performance Rating</i>	41%	45%	↑
Women & Children's Services			
Gynae & Maternity	35%	86%	↑
Paediatrics & NNICU	41%	10%	↓
Public Health	57%	0%	↓
Children's Disability	100%	0%	↓
Children's Mental Health	0%	0%	-
<i>Directorate's Performance Rating</i>	47%	19%	↓
PCOPS			
Primary / Intermediate Care	98%	99%	↑
Secondary Care	79%	83%	↑
Professional Nursing - Governance/Safe & Effective	100%	0%	↓
Professional Nursing - Workforce Planning	11%	0%	↓
Professional Nursing - Research & Development	0%	0%	-
Mental Health	92%	91%	↓
<i>Directorate's Performance Rating</i>	63%	46%	↓
AMDHS			
Adult Mental Health	95%	99%	↑
Learning Disability	73%	100%	↑
Physical Disability	95%	99%	↑
<i>Directorate's Performance Rating</i>	88%	99%	↑
Medical			
IP&C	100%	0%	↓
<i>Directorate's Performance Rating</i>	100%	0%	↓
Planning & Performance			
Health Improvement / Smoking Cessation	100%	0%	↓
<i>Directorate's Performance Rating</i>	100%	0%	↓
Human Resources			
Occupational Health	0%	0%	-
Vocational Training	0%	0%	-
Management Development Team	0%	0%	-
Trade Union Representatives	0%	0%	-
<i>Directorate's Performance Rating</i>	0%	0%	-
TRUST'S PERFORMANCE RATING	62%	75%	↑

Supervision Performance Dashboard

Directorate	Staff who had 1 Session (Apr - Sep 2021)	Staff who had 2 Sessions (Apr 2021 - Mar 2022)	Progress
Acute Services	41%	45%	
Women & Children's Services	47%	19%	
PCOPS	63%	46%	
AMDHS	88%	99%	
Medical	100%	0%	
Planning & Performance	100%	0%	
Human Resources	0%	0%	
TRUST PERFORMANCE RATING	62%	75%	

Social Work Supervision

Individual Personal Development Plans, Operational and Professional Supervision, Peer and Group supervision and Annual Staff Appraisal are key elements of an integrated process that is designed to help the development of our social work and social care staff, enabling them to perform to their fullest potential as professional workers.

Supervisors of social care staff attend the **Introduction to Supervision** training course. This training had to be postponed during the challenges brought about by the pandemic and staff changes in the Social Services training team. The training is now being re-introduced and will be delivered in a blended format using virtual technology.

Supervisors of social workers attend the regional three day **Intermediate Supervision Training Programme** that is incrementally adapting to reflect the new Social Work Supervision policy that is rolling out across the region. In response to the Covid-19 pandemic, the training was transferred to a blended learning model with frontloaded self-directed learning followed by live online interactive sessions. This has continued with intention to move live sessions to face to face delivery. However, due to the changing Covid-19 rates and the need to ensure safety and social distancing, attempts at this has had to be redirected to virtual delivery, but will commence once safe to do so.

Feedback from participants continue to be positive, sharing of strengths in the blended format and opportunity to re-visit training content through pre-recorded teaching. Getting the most from supervision training supports the supervisee to understand the supervision process, promoting active and accountable engagement. Similar to the 'Introduction to supervision' training this was stood down during the pandemic and will transfer to using a virtual delivery format in the interim. Plans are in place for a collaborative project between the five Trusts to develop a regional E-learning programme aimed at the 'supervisee' that will include the aforementioned and reflect the new policy. In addition, regular development days are offered to social workers in their AYE year, to support them during their first year as employed social workers.

The Trust is rolling out the pilot implementation of the new Social Work Supervision Policy 2022, and a number of selected sites were nominated to take part and are drawing up their bespoke supervision structure. This will allow for a flexible approach to meeting supervision needs that support the social work staff to deliver effective and quality practice

in line with organisational objectives. Outcomes and learning will be gathered during 2022 and inform the final amendments to the policy.

For Managers there is a focus on developing the skills of **Coaching and Mentoring** that will enable them to facilitate staff as they progress through their career. Throughout the year staff had opportunities for training in supervision, coaching and mentoring, commensurate with their role within the organisation.

Allied Health Professionals (AHP) Supervision

Supervision is well embedded in AHP services with staff receiving a minimum of 4 sessions per year, in line with Regional AHP Supervision Policy.

Compliance is monitored within each AHP service and feedback sought using appropriate audit tools.

A review of the regional supervision training has been completed and the AHP education framework for supervision training has been redesigned. This hierarchal framework will support AHP staff at each stage of their career and enable effective supervision practice as set out in the updated Regional AHP Supervision Policy (NI) 2021.

Learning from the pandemic has escalated the use of a blended learning approach i.e. Tier one is available on an eLearning platform and tier two a mix of eLearning and face to face

STAFF ACHIEVEMENTS

Professional Awards

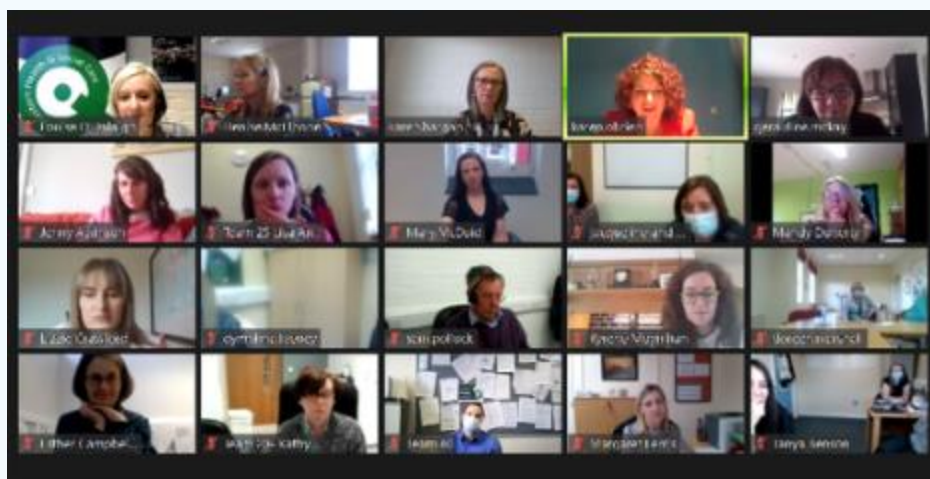
Trust staff were successful in obtaining a number of awards over the year such as:

Professional Awards

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

Safety Quality West (SQW) Cohort 3 Celebration Event

84 new quality improvers celebrated obtaining their Level 2 qualification in Quality Improvement at the virtual Safety Quality West Celebration (SQW) Event. The well received event showcased 30 QI projects that were carried out across the Trust by SQW Cohort 3 participants.



SQWC3 Poster Winners

The winners of the three poster awards at the SQWc3 Celebration Event were:



Best Visual Poster: Orlaith Morrow, Dr Ruth Whitaker & Yasmin Downey

Patient-Centred Poster: Melissa McLaughlin, Brendan Connolly and Dympna Feeney

QI Methodology Poster: Mairead Quinn, Esther Campbell and Marian Doherty

Staff Recognised in Queens Birthday Honours



Michelle Doherty, Cancer Services Nurse Specialist at the Western Trust, has been honoured in the Queen's Birthday Honours List 2021 with the award of an MBE.

Nominated for incredible service to cancer patients at the North-West Cancer Centre at Altnagelvin Hospital and indeed her stellar nursing career, Michelle insists that the award is testament to the great work being done by the entire team, often in the most difficult of circumstances.

Despite a career which has spanned four decades, Michelle admitted that the award has come as a huge surprise: "I really can't believe this has happened. I feel very honoured. I love being a nurse and I am blessed to have made it to over 40 years in the profession.

Dr Rose Sharkey, Respiratory Consultant at the Western Trust, has been honoured in the Queen's Birthday Honours List 2021 with the award of an OBE.

Nominated for her longstanding service to respiratory medicine Dr Sharkey and her team have been singled out for particular praise for their response during the COVID-19 pandemic.

Accepting the award on behalf of the entire Respiratory team at Altnagelvin Hospital, Dr Sharkey said: "I am both extremely honoured and humbled to receive this OBE, which I am proud to accept on behalf of the Respiratory team at Altnagelvin Hospital.

"It is truly their award as much as mine as this award recognises the excellent work of the team during the COVID-19 pandemic."



Social Work Forum - Lifetime Achievement Awards



The awards honoured the lifetime dedication to Social Work shown by two retiring colleagues, Ms Gloria McDaid, Sensory Service and Mr Eugene Gavin, Learning, Development and Governance and posthumously to Ms Nuala McLaughlin, a dear and treasured colleague who lost her life as a result of the pandemic. Nuala's children accepted the award on her behalf and launched the Nuala McLaughlin Love and Care Award for the social worker who shows love and care to a child who is looked after.

Prestigious UNICEF UK Gold Baby Friendly Status Award renewed

The Trust's Maternity and Health Visiting Services has had its prestigious UNICEF UK Gold Baby Friendly Award renewed. The accreditation was re-awarded to the team in the Southern Sector, which covers the Tyrone and Fermanagh area.

The Baby Friendly Initiative is designed to work through health professionals to ensure parents are supported to make fully informed choices about how they feed their babies.



“Healthcare Hero” at the British Heart Foundation UK’s Heart Hero Awards

Congratulations to Dr Connolly, Consultant Cardiologist who has been named as the “*Healthcare Hero*” at the British Heart Foundation UK’s Heart Hero Awards. Dr Connolly was awarded the prestigious accolade for her role in setting up and leading the transformational **Our Hearts Our Minds** Programme for cardiovascular health service in the Western Trust.



Respiratory Services named Asthma/COPD Project of the Year



The Trust’s Respiratory Services Team won the Asthma / COPD Project of the Year Award. The accolade was awarded to the Team for Optimising Respiratory Services in the Setting of COVID-19.

Dr Terence McManus, Respiratory Consultant accepted the award on behalf of the Respiratory Team with Dr Claire Baxter Consultant Respiratory Physician (Belfast Trust).

Excellence in Organisation Development for working safely together ECHO Network

The Trust is celebrating winning a prestigious national Healthcare People Management Award (HPMA) for Excellence in Organisation Development for its Working Safely Together Echo Network.

The annual HPMA Excellence in People Awards recognise and celebrate the work of Human Resources (HR), Organisational Development and workforce professionals across the UK.

This year’s award had particular significance due to the critical importance of HR management in dealing with the impacts of the COVID-19 pandemic and its role within the recovery of healthcare services across the UK.

Annual QI & Innovation Showcase Event

Over 200 QI enthusiasts and innovators came together for the Trusts annual QI and Innovation Showcase Event, hosted in November 2021. The event held to coincide with international World Quality Day incorporated the Davin Corrigan Legacy Award for improving service user / better safety through engagement.

There were five presentation categories with associated awards.



**Building Reliable Care Award / Best Poster Award -
The Fluid Vigilance**



**Team Transformation and innovation Award -
Head and Neck Radiotherapy Team**



**Integrating Care Across Boundaries – joint winners -
You in Mind and the Macular Service**



The Macular Service Team



**The Davin Corrigan Legacy Award for improving service
user / patient safety through engagement award –
The Virtual Intensive DBT Team**

Macmillan Professional Excellence Awards



The Macmillan Team based at the North West Cancer Centre has been honoured with a prestigious Macmillan Professionals Excellence Award, recognising the outstanding contribution they have made to cancer services.

The Head and Neck AHP/CNS Team based at the Altnagelvin Hospital has been awarded the Innovation Excellence Award which recognises individuals and teams who have introduced a new approach to service or product development and delivery for their inspirational work to support local people living with lung cancer.



'Key Worker of the Year' Derry Journal People of the Year Awards



Dr Mukesh Chugh, Altnagelvin Anaesthetist and Chair of the Trust's Ethnically Diverse Staff Network, was awarded a Derry Journal People of The Year Award during this year's awards ceremony held in October 2021.

Dr Chugh received the award for playing a pivotal role in encouraging multicultural and cross-community engagements and promoting the celebration of equality, identity and diversity within the Trust and within the wider community.

Doctors Hub Team highly commended in Belfast Telegraph IT Awards

The Doctors Hub achieved 'Highly Commended' in the **Best Use of Cloud Services Award** category at the Belfast Telegraph IT Awards, held during November. The team was brought together in March 2020 to assist with the workforce management and to provide enhanced support to frontline doctors working in Altnagelvin throughout the pandemic.



The Brain Charity outstanding Healthcare Professional Award 2021

Occupational Therapist, Carmel Greene has received The Brain Charity Outstanding Healthcare Professional Award for 2021. The Brain Charity are a UK charity and provide practical and emotional support for anyone with a neurological condition as well as friends and carers.



Western Trust Virtual Awards Ceremony 2021

Health & Social Care Work

The awards ceremony celebrated the innovation and commitment of Social Workers across the Western Trust and their unique role in which they seek to enhance the social wellbeing of the most vulnerable in our community.

The virtual awards ceremony recognised and showcased the work of Social Workers and highlighted the positive impact of the profession on individuals, families and communities in particularly over the challenges faced with the COVID-19 pandemic.

Social Workers were honoured by individual and team awards across various categories including: Children's Services, Adult Learning Disability Services, Primary Care & Older People's Services and Domiciliary Care Services.

Nursing, Midwifery and Allied Health Professional

Nurses, Midwives and Allied Health Professional staff were also collectively acknowledged at the virtual awards ceremony.

Each award was presented to a Nurse, Midwife, Allied Health Professional or Team that had demonstrated true dedication to their profession and to their patients. Each winner or highly commended award recipient stood out for making difference to the lives of others, whether it was inspiring their work of colleagues or supporting the people they care for.

LOOKING AFTER YOUR STAFF

TWIST West

Improving the Health and Wellbeing of Trust Staff

Introduction

One of the ambitions of the WHSCT is "A Great Place to Work" which focuses on staff wellbeing.

We recognise that our staff are our most valuable resource. Investment and development into staff wellbeing remains a priority for the Trust to support and maintain a healthy and engaged health promoting workplace.

The Health Improvement Equality Involvement team continues to promote and enhance provision of staff health and wellbeing through a range of services to maintain and improve wellbeing at work.

Key outcomes from 2021-22 include:

- Facilitate 4 TWIST West Forum meetings with representation from across the 9 directorates
- Manage and upload articles and health information to the Twist West staff wellbeing website: www.twistwest.org with 8681 visits to the TWIST West Website.
- Produce and disseminate regular Tranquil Tuesday staff wellbeing Newsletters - 48 circulated via email weekly to engage and communicate with staff
- Develop and coordinate an annual MENU of programmes provided opportunities for staff to attend health and wellbeing activities - 19 health and wellbeing activities to workforce with 333 staff attending
- Distributed 55 wellbeing packs to Western Trust Teams.
- Organised 1 Tea and talk session for our Wellbeing Champions
- Coordinate staff wellbeing packs and give-aways
- Update the database of health and wellbeing providers
- Utilise innovation and creativity with staff e.g. Western Trust Writers Project
- Produce the annual health improvement campaigns overview
- Developed new LGBTQIA+ Inclusivity and diversity staff project shared 6,500 inclusivity and diversity resources to colleagues across the Western Trust, developed 2 training courses on LGBT awareness. Created a new LGBTQIA+ staff reference group.
- Smoking Cessation helpline and support available to staff who wish to give up smoking. The stop smoking service helpline is 0800 9179 388
- Breastfeeding and returning to work support
- Chaplaincy team to provide dedicated support and resources for staff, patients and families

TWIST WEST WEBSITE: “The site has offered me personally invaluable positivity on difficult days and countless ways to help me deal with anxiety and stress.”

“Nice to know the info is there in the one place.”

TRANQUIL TUESDAYS: “It appears in front of me and in a busy job, sometimes I need that reminder. It’s short and has great tips on all sorts of recipes, ideas for out and about, stress relief, holistic information – great!”

“I do enjoy the Tranquil Tuesday every week, it does lift me and makes me think more positively.”

STAFF WELLBEING PACKS: “That was just great. It certainly lifted staff morale and the pack has loads of useful and lovely things in it. Something for everyone. Please pass on my thanks to all who made this happen.”

WELLBEING CHAMPIONS: stated they feel more supported and involved and have been sharing articles and creative ideas for inclusion on the Tranquil Tuesday Newsletter.

Engagement with staff through TWIST west survey evaluation to understand staff needs

A TWIST west survey was issued in May 2021 to gather information via email on the programmes and activities that Trust staff would like to see for staff health and wellbeing during 2021/2022. Focus groups were held with LGBTQ+ staff to ascertain their needs and staff with Long Covid were also consulted. In total 693 responses were gathered and these helped to shape programmes and the menu of activities available for staff health and wellbeing from June 2021 to March 2022.

Contact

For more information please contact Twist West Team, HIEI Department, Maple Villa B, Gransha Park, Derry/ Londonderry, BT47 6WJ
T: 028 71 865 127



REVALIDATION

Medical Staff

During 2021/2022 Appraisal & Revalidation (A&R) activities recommenced as the region emerged from pandemic. The Trust recommenced Appraisal & Revalidation activities with extended annual appraisal completion deadlines and taking account of continued surge related service pressures.

During 2021/2022 the Trust had an extraordinary high number of doctors due revalidation, partly as a result of pandemic related measures implemented by the GMC and the Chief Medical Officer (NI) during 2020/2021. The Trust Responsible Officer submitted a total of 125 recommendations and all recommendations were upheld by the General Medical Council. The table below provides a breakdown of recommendations submitted:

Revalidation Recommendation	Number submitted
Deferral	29
Non Engagement	0
Revalidate	96
Total	125

In relation to the theme of 'Strengthening the Workforce' there were 28 recommendations for 'Deferral' submitted to facilitate doctors in situations where not all key supporting information requirements were present, either as a result of personal circumstances or as a result of pandemic related pressures. Such deferrals can be regarded as being positive

recommendations as we continue to support our doctor's A&R activities during such extraordinary times.

The Trust A&R Team continue to support our doctors with appraisal and revalidation activities providing advice, guidance, supporting information and training.

During 2021/2022 the A&R Team facilitated a number of A&R online training sessions attended by 163 doctors. 107 attended for Appraiser training and 56 attended for Appraiser training. The provision of A&R training, for both the Appraiser and Appraiser, is key to the development and maintenance of the Trust A&R support structure.

Nursing Staff

Revalidation of Nursing & Midwifery Staff within the WHSCT

From April 2016 Revalidation became a mandatory requirement of the Nursing and Midwifery Council (NMC). It requires registrants complete a revalidation portfolio every three years to maintain their registration this will continue for the entirety of a nurse or midwives career. The revalidation process allows nursing staff to continually develop and reflect on their practice to ensure they practice safely and effectively.

The Trust has a Revalidation Policy for Nurses and Midwives that staff must be familiar with and adhere to.

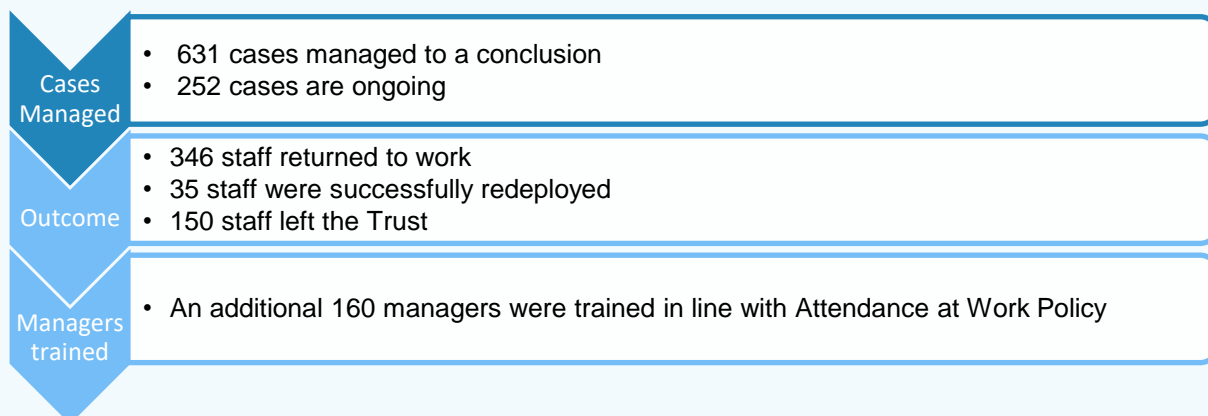
Revalidation is not a confirmation of Fitness to Practice nor is it an assessment of the quality of a nurses / midwives work. It is confirmation that a nurse or midwife has complied with the requirements of the revalidation process.

It is common practice that within the Trust revalidation is performed by a nurse or midwife's direct lead nursing manager. Process are in place for nurses / midwives who are not directly managed by a nurse / midwife to access a suitable staff member to ensure the revalidation process is adhered to.

Should a nurse or midwife not revalidate for any reason, the Assistant Director for their service and the Assistant Director for Nursing Governance and Safe and Effective Care will be informed. The Nurse will generally be removed from the live NMC register and will need to begin a process to be accepted back onto the register, this may take several weeks.

The Senior Nursing and HR team will review the case and decide what further, if any, action should be taken.

MAXIMISING ATTENDANCE



MANDATORY TRAINING

We have continued efforts to improve Mandatory Training compliance in core training across the Trust. Despite the challenges posed by the continued response to COVID-19 pandemic **Table 1 (below)** shows increases in uptake of core mandatory training requirements. Further improvement is required across all areas and mandatory training continues to be highlighted regularly through various channels.

Table 1

	April 2021	April 2022
Induction	89%	90%
Q2020	58%	67%
Fire Safety	61%	62%
Information Governance	58%	70%
Equality	51%	53%
Moving & Handling	60%	61%

STAFF TRAINING

Medical Education & Training

MedEdWest is a dynamic innovative medical education department with a seamless undergraduate and postgraduate structure. MedEdWest delivers undergraduate (UG) medical education to Queen’s University Belfast (QUB) and Royal College of Surgeons Ireland (RCSI) 3-5 year medical students and postgraduate (PG) medical education for Doctors in Training for the Northern Ireland Medical and Dental Training Agency (NIMDTA).

The Western Trust continues its long-standing tradition of providing excellent education and training for medical students, doctors in training and continuing professional development for consultants and continues to cultivate the strong on-going relationships with Queen’s University Belfast, (QUB) and the Royal college of Surgeons Ireland (RSCI), the Northern Ireland Medical and Dental Training Agency (NIMDTA) and the General Medical Council (GMC). MedEdWest continues to develop new models in education and

training to meet the increasing demands in the delivery of undergraduate and postgraduate medical education and training.

With the announcement of the new graduate entry medical school (GEMS) in Ulster University's Magee campus and the training of Physician Associates under the umbrella of MedEdWest we have begun to cultivate a strong relationship with Ulster University to ensure medical education continues to thrive in this part of the region. The Graduate Entry Medical students will join the Trust in September 2022 and student numbers will increase year-on-year through to graduation in 2025 to "business as usual" from 2025 and beyond.

The MedEdWest structure model is referred to by other Trust medical education leads in the region as an aspirational model for their Trusts.

Serious Adverse Incidents (SAI) - Simulation and Virtual Reality

Healthcare simulation improves the safety, effectiveness and efficiency of healthcare services. It provides a means to "practice" critical thinking, clinical decision making, and psychomotor skills in a safe, controlled environment. The use of simulation and virtual reality provides a safe learning environment where mistakes can be made without any risk to patients. Simulation training and VR is the norm within the trust in the delivery of education to our medical students and doctors in training. MedEdWest continues to re-enact a number of Trust SAI's via Simulation i.e. tracheostomy, chest drains etc.

FirstSteps/StepWest Leadership and Quality Improvement Programme

MedEdWest are proud of our FirstSteps/StepWest programme. This programme develops skills in medical leadership and provides training in QI, with each trainee undertaking a quality improvement or patient safety initiative. Since its inception in September 2016, 111 trainee doctors have completed this programme. Cohort 6 (53 trainees) will complete the 2021/22 programme. This programme ends with an awards ceremony in June each year. A total of 164 trainee doctors have been trained in QI and leadership via MedEdWest.

Training Initiatives

- MedEdWest continues to support trainees, medical students with a number of planned events in relation to their Health and wellbeing including career events.
- Bleep/Prioritisation initiative to prepare/equip final year medical students and new F1 level trainees with the skills required for their first year in practice. This initiative was simulated in wards so students/trainees could benefit not only from gaining the practical skills of being an F1, but also as a way of introducing them to locations they may not previously have had experience in.
- Teach the Teacher (TTT) and Clinical Learning and Simulated Skills (CLASS) programme for Foundation year 1 & 2
- The MedEdWest continues to develop and deliver the E-Induction for Doctors in Training on the Pagetiger platform.
- MedEdWest Medics pagetiger - MedEdWest was responsive to this covid learning and MedEdWest Medics platform morphed from our successful covid pagetiger platform to hold all teaching and training resources. It is a one-stop shop for all trainees and medical staff facilitating both information sharing, training events and contact information. This will continue to evolve and grow to meet future requirements as and when they happen
- MDE App – students and doctors can access timetables, information, policies, courses and events and for booking MedEdWest facilities and equipment

- Provision of training events for medical staff to include Leadership, coaching and mentoring, Human Factors, simulation debriefing etc.

Year on year, MedEdWest are delivering better and more focused training within the WHSCT, the new ways of educating must be embraced and we will lead the way in training and assessing our medical students, PA's and doctors for the NHS of the future not of the past.

Reducing the Risk of Hyponatraemia

The Regional (and Trust approved) Policy for the Administration of intravenous fluids to children aged from birth (term) until their 16th birthday: Reducing the risk of harm due to hyponatraemia, was approved in September 2020. This policy has been developed by a cross Trust multidisciplinary group. Existing Trust policies have been adapted to provide a single core document for use across organisations. This provides clarity and a link for staff on their roles and responsibilities regarding training and competency assessment.

For medical staff this will be recorded as part of their appraisal if they are prescribing fluids and there is ongoing training provided on fluid management in children.

In accordance with the Hyponatraemia Competency Framework, Trust staff are required to complete the BMJ e-learning hyponatraemia module.

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

The Trust has established an IV Fluid Safety Oversight Group to provide leadership and oversight of Trust-wide improvement work associated with IV Fluid Management and Fluid Balance Monitoring via audits, Quality Improvement, education and training. The Trust is participating actively in the regional work to advance these aspects of IV Fluid Management also. Membership of the Oversight Group consists of senior clinical and professional staff across all service Directorates. Through the group the Trust has identified the staffing and other resources that will be required to execute the functions of clinical fluid safety teams.

The Trust Hyponatraemia Project Board continue to meet to review and update the IHRD (Inquiry into Hyponatraemia Related Deaths) action plan in line with local and regional processes.

Infection Prevention and Control (IP&C) Training

Induction and Mandatory Update Training

During 2021-22 Infection Prevention & Control (IP&C) Induction Training and Mandatory Update Training continued to be delivered via an e-learning programme. This was developed regionally for use by all health and social care organisations in Northern Ireland. The e-learning programme is hosted on the HSC Learning website.

Beginning in July 2021 the IP&C Team also delivered a series of virtual training sessions via Zoom. These sessions were aimed at staff with minimal or no patient / client contact or healthcare staff with patient contact who require role specific training, e.g. Support

Services, Hospital Sterilisation & Decontamination Unit (HSDU), Estates, Transport, Social Workers, Chaplains, etc.

Attendance at IP&C Training is required on a biennial basis. The attendance rate over the 24-month period ending March 2022 was 72%.

Aseptic Non-Touch Technique (ANTT) Training

ANTT is a technique to prevent micro-organisms from being introduced to sterile/susceptible body sites during invasive procedures, such as wound care or when handling or manipulating devices (urinary catheters, peripheral and central venous cannulas). An ANTT e-learning programme is available on the HSC Learning website. In 2021-22, a total of 255 staff completed this training.

COVID-19 Training

The IP&C Team launched a programme of COVID-19 Training sessions commencing in mid-September 2020. These continued throughout 2021-22 and were delivered via Zoom. The training covered topics including an explanation of COVID-19 and its symptoms, use of personal protective equipment (PPE), standard and transmission based precautions (e.g. hand hygiene, cleaning and decontamination, patient placement), screening procedures and information on the most recent national COVID-19 guidance for hospital and community settings. As of 31st March 2022, 72 sessions have taken place and a total of 1973 staff have attended.

PPE Safety Officer Training

The IP&C Team initiated a new development with the introduction of PPE Safety Officers. These staff receive bespoke training and support to enable a local ward/ department approach to providing key information and education on the safe and effective use of PPE. As of the end of March 2022, 288 PPE Safety Officers have been trained across the Trust.

COVID-19 RESPONSE

The IP&C Team continues to be significantly involved with the management of any suspected or confirmed cases of COVID-19, the continued development of COVID pathways, contact tracing and outbreak management, as well as the reset and rebuild of services. The IP&C Team also continued to support Independent Sector care homes in the event of any declared COVID-19 outbreaks.

Compliance with IP&C Standards of Practice

The IP&C Team continued to monitor staff compliance with hand hygiene, the use of PPE and other High Impact Intervention audits during the COVID-19 pandemic. Support and education is provided to individual staff at the time of auditing and results are communicated to ward/ department managers and senior managers for action. Audit results are also reported through directorate governance structures.

Haemovigilance Training

“Right Patient, Right Blood” requirements

The Trust promotes requirements of Better Blood Transfusion 3 - BBT3 - HSS (MD) 17/2011 and Blood Safety and Quality Regulations (BSQR, 2005). These standards require all staff involved in the blood transfusion process to have valid Haemovigilance training every 3 years (2 years if involved in blood collection) and valid competency assessment every 3 years (competency assessments are not required for staff who are

only involved in authorising - i.e. prescribing - blood components). The Haemovigilance Practitioners regularly ascertain compliance with this requirement (e.g. when reviewing Haemovigilance incidents and Sample errors).

Staff can update their knowledge in transfusion practice by completion of e-learning modules (www.learnbloodtransfusion.org.uk) or attendance at a face to face Haemovigilance training session delivered by a Haemovigilance Practitioner (face to face if a room that permits social-distancing is available or via Zoom).

The Haemovigilance Practitioners also provide training sessions for 'New Assessors' (face to face in a socially distanced environment) and 'Current Assessors' (face to face via Zoom). The 'Assessors' then undertake assessments in the clinical areas with staff who require competency assessments to be completed (face to face at ward level).

Other Training

The Haemovigilance Practitioners deliver ward-based training sessions as requested by the Clinical Area (face to face if a room is available that permits social-distancing or via Zoom) e.g. WHSCT Major Haemorrhage Protocol, Transfusion Associated Circulatory Overload (TACO) or Blood Collection and any other topics identified in response to learning from Haemovigilance incidents. The Haemovigilance Practitioners deliver training and competency assessment yearly for the 'new FY1' to ensure they meet "Right patient Right Blood" requirements.

Learning from the Covid-19 pandemic

During the COVID-19 pandemic, the Haemovigilance Practitioners realised that despite the challenging times it was still important to deliver training to promote safe transfusion practice and ensure appropriate use of Blood Components. Therefore, alternative training options were required. Haemovigilance training sessions are now available virtually (via Zoom) as well as face to face if a room is available that permits social-distancing. To create engagement from the attendees at the virtual training sessions, reading materials are shared in advance of the training session and all participants are encouraged to engage in participation throughout the training. The Haemovigilance Practitioners have also produced Blood Transfusion training videos that offers visual demonstration of key points of the blood transfusion process to strengthen learning. (Feedback from the videos has been very positive)

Theme 3

Measuring the Improvement

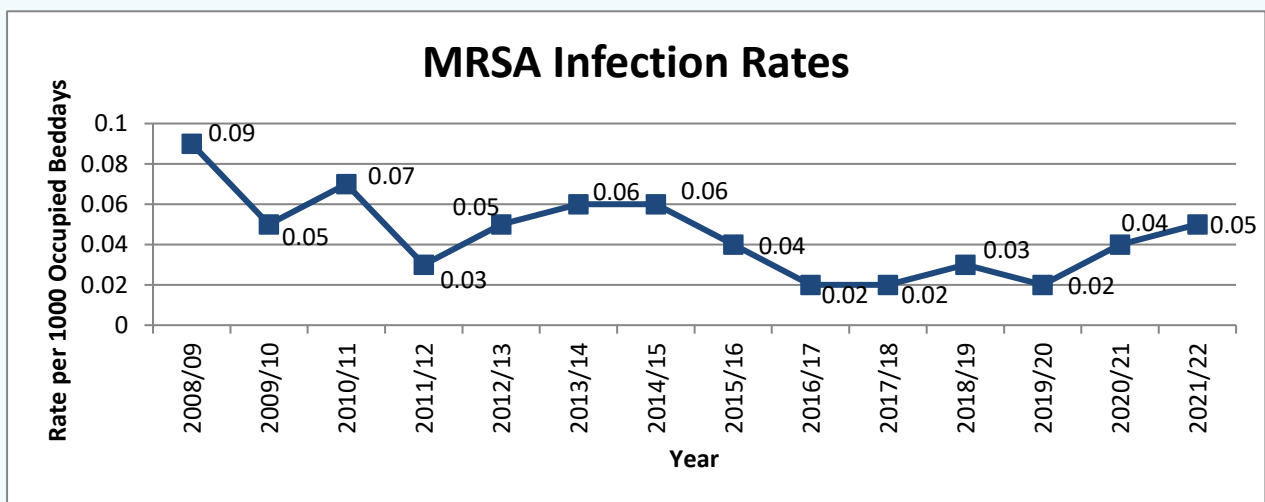


REDUCING HEALTHCARE ASSOCIATED INFECTIONS (HCAIs)

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

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

MRSA is an antibiotic resistant organism which can be carried on the skin and not cause illness. However, when a person becomes ill for other reasons they become more vulnerable to infections caused by MRSA. The organism can cause serious illness, particularly for frail or immune-compromised patients in hospital who have a wound, or require a central line or urinary catheter. MRSA bacteraemia risk factors are related to the ongoing level of colonisation and vascular line care.



Facts & Figures

Due to the COVID-19 pandemic the Department of Health NI did not set a reduction target for MRSA bacteraemia in 2021-22. The Western Trust reported a total of ten cases for the year. This was an increase of 43% compared to the previous year (seven cases). Five of the ten patients came to hospital with MRSA already in their blood stream.

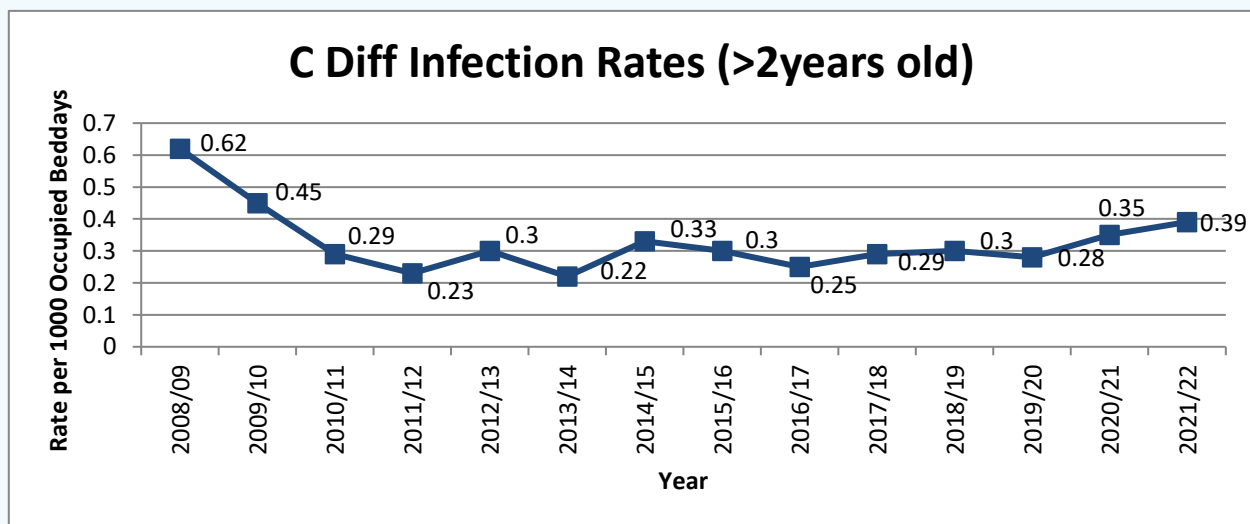
The infection rate for 2021-22 was 0.05 infections per 1000 occupied bed days.

Clostridium difficile (*C. difficile*) Associated Disease

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

the bowel, enabling *C. difficile* to multiply and produce toxins which can cause illness, including diarrhoea.

Within the Trust predisposing factors for *C. difficile* continue to be antimicrobial prescribing in primary and secondary care and the use of proton pump inhibitors (PPIs). In addition, independent audit of compliance with the *C. difficile* care bundle remains a challenge, in particular prudent antimicrobial prescribing and environmental decontamination. A number of improvement measures have been implemented to reduce the increased burden of both hospital and community-associated *C. difficile*.



Facts & Figures

Due to the COVID-19 pandemic the Department of Health NI did not set a reduction target for *C. difficile* in 2021-22. The Western Trust identified 80 cases for the year. This was an increase of 21% compared to the previous year's performance (66 cases). 32 of the 80 cases were community-associated.

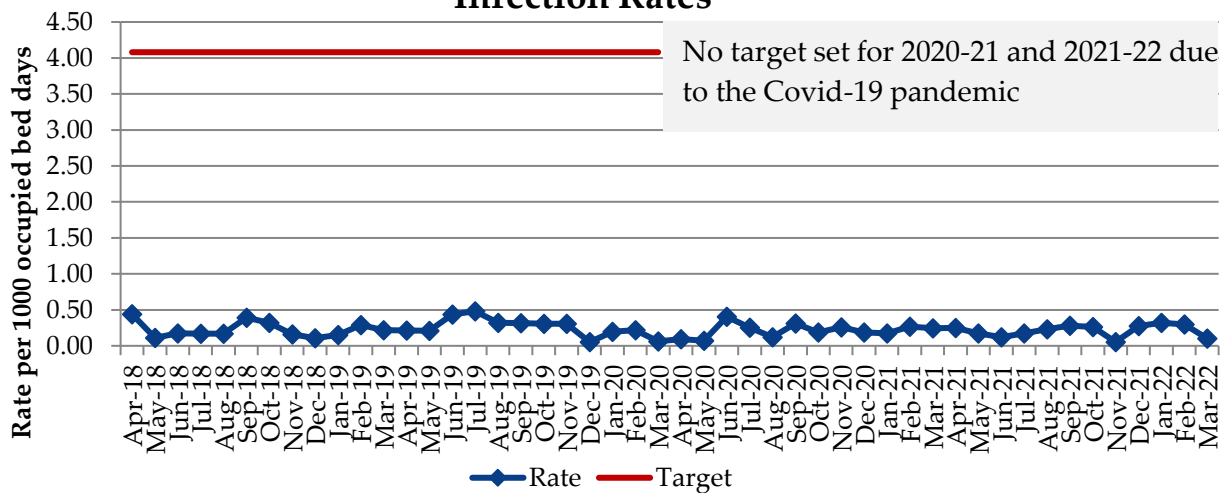
The infection rate for 2021-22 was 0.39 infections per 1000 occupied bed days.

Gram-Negative Bacteraemia (GNB)

There are many different types of gram-negative bacteria. Some live in the intestine harmlessly, while others may cause infections with differing levels of severity and mortality. One of the most serious infections that gram-negatives can cause is a bloodstream infection or bacteraemia. Gram-negative bacteria are the leading cause of healthcare-associated bacteraemias. Gram-negative bacteria can be resistant to antibiotics and in some cases will be multi-resistant rendering many available antibiotics unusable.

In April 2018 a new mandatory enhanced surveillance programme for GNBs was introduced. This included a reduction target for healthcare-associated GNBs. The specific bacteria to be monitored were *Escherichia coli*, *Klebsiella species* and *Pseudomonas species*. The surveillance programme is part of the Department of Health NI's response to the O'Neill Review's two ambitions for human health; namely reduction of healthcare-associated GNBs and reduction of inappropriate antimicrobial prescribing.

Healthcare-Associated Gram-Negative Bacteraemia Infection Rates



Facts & Figures

Due to the COVID-19 pandemic the Department of Health NI did not set a reduction target for healthcare-associated GNB in 2021-22. The Western Trust reported a total of 45 cases for the year. This was an increase of 13% compared to the previous year (40 cases).

The infection rate for 2021-22 was 0.21 infections per 1000 occupied bed days.

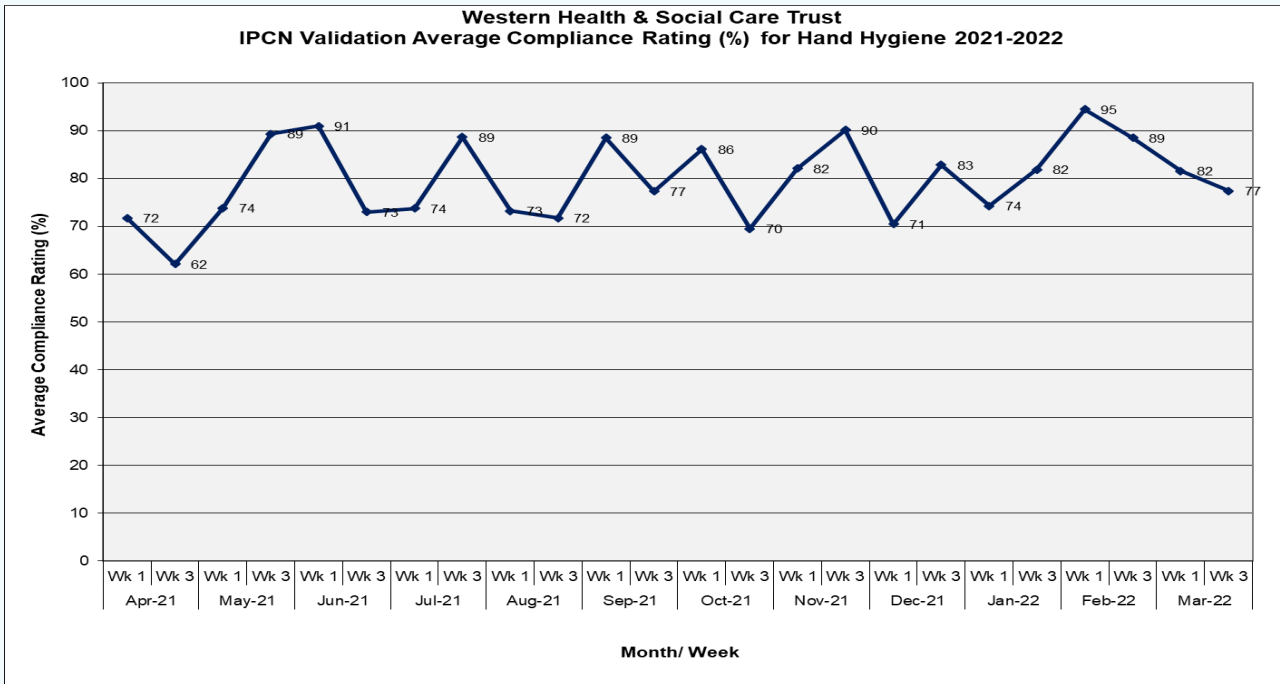
Hand Hygiene

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

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

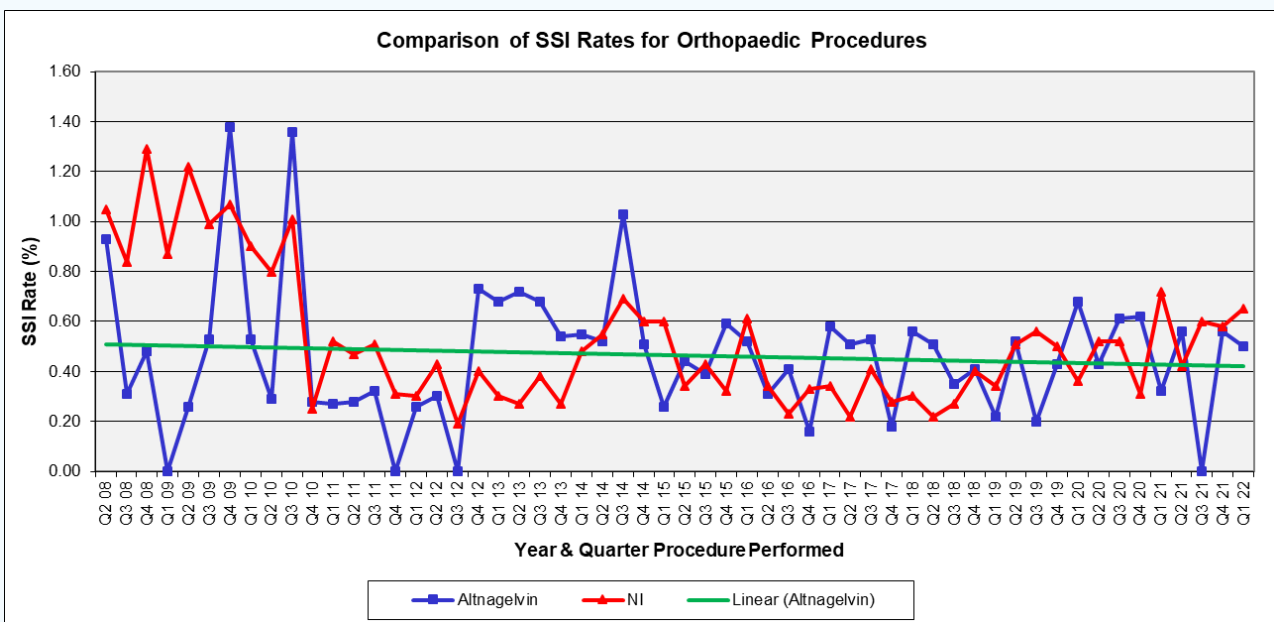
Self-reported hand hygiene audits are carried out by core ward / department staff on a regular basis and this is validated by peer / professional lead independent audits. The Infection Prevention & Control Nurses (IPCNs) also carry out ad hoc validation audits with the aim to achieve at least 95% compliance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

During 2021-22 average self-reported compliance was 100% and average IPCN validation compliance was 79%. The graph below outlines only the IPCN validation average compliance rating for hand hygiene and does not include peer / professional lead independent audit figures.



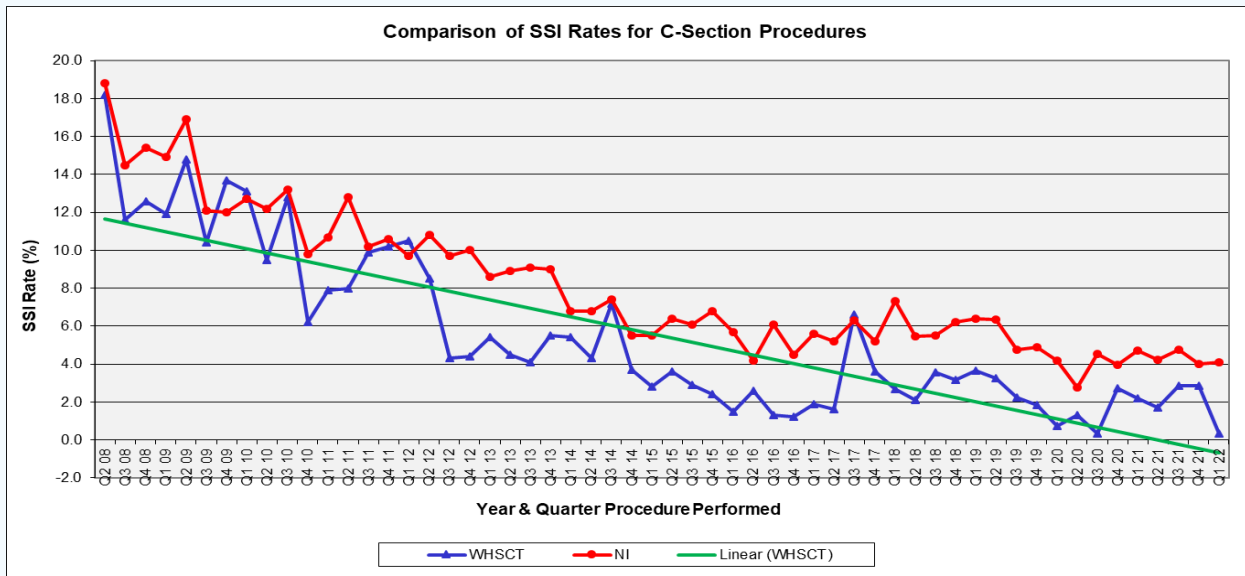
Orthopaedic Post-Operative Surgical Site Infection (SSI) Surveillance

Regional surveillance of orthopaedic post-operative infection has been continuous since July 2002. The Western Trust's SSI rate in orthopaedic surgery has routinely been below 1% since surveillance commenced. The IPCNs continue to work collaboratively with the multidisciplinary team in developing further improvement strategies regarding SSI prevention.



Caesarean Section Post-Operative SSI Surveillance

The Western Trust began contributing to the regional post-operative Caesarean section SSI surveillance programme in February 2008. The Trust performs well compared with the NI average and has seen a significant reduction in the SSI rate from 18% to less than 1%.



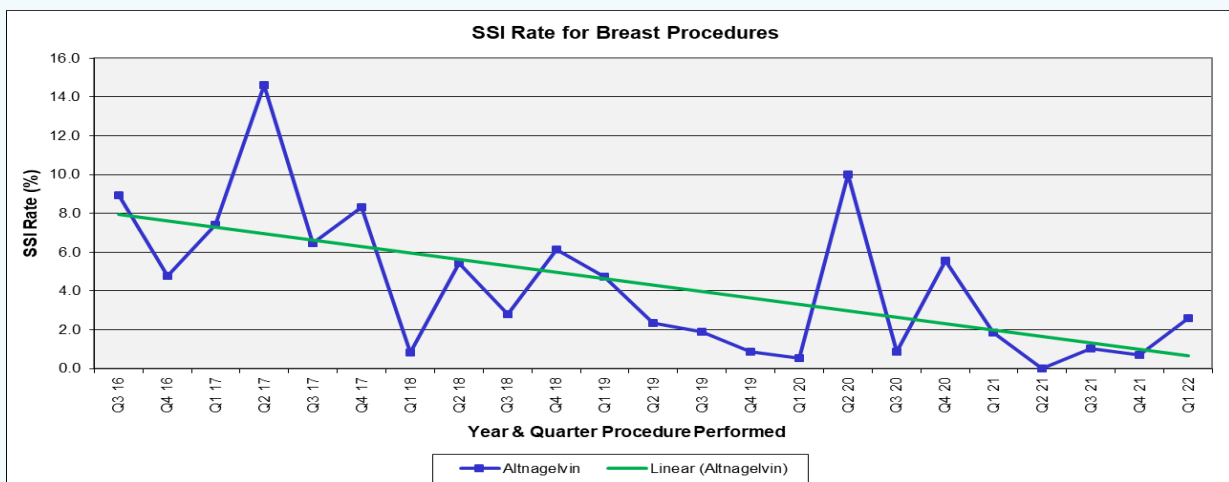
Critical Care Device-Associated Infection Surveillance

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

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

Breast SSI Surveillance

A pilot surveillance programme for breast SSI commenced in the Western Trust in July 2016. At the end of March 2022, the SSI rate was 2.60%. Work continues with the multidisciplinary team regarding surveillance of SSIs and the implementation of improvement measures.

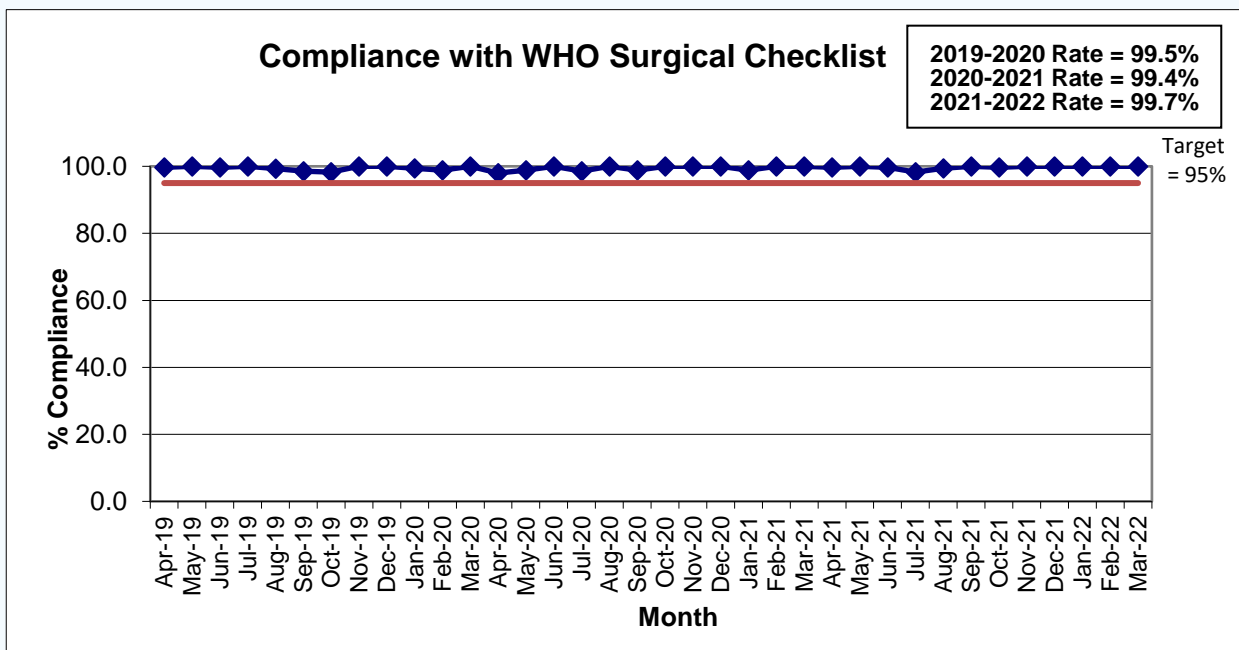


SAFER SURGERY

World Health Organisation (WHO) Surgical Safety Checklist

Evidence from around the world shows that patient safety is improved during surgery if a checklist is used to ensure that the operating team adhere to key safety checks before anaesthesia is administered, before the operation begins and after the operation is complete. The WHO Surgical Safety Checklist was developed to decrease errors and adverse events as well as to increase teamwork and communication in surgery. The WHO Surgical Safety Checklist has been adopted in all Trusts in Northern Ireland and is an important tool to reduce the number of errors and complications resulting from surgery.

Monthly data is collected from a random selection of 20 patient case notes within each Theatre speciality. Compliance measurement is based on the percentage of surgical safety checklists filed in patients' notes and the percentage of surgical safety checklists signed at each stage of the process. The compliance rate for 2021/22 was 99.7% and monthly compliance is displayed in the graph below.



MATERNITY QUALITY IMPROVEMENT

The yellow armband project has been implemented following new guidelines released by the Association of Anaesthetists. This states that all women who receive a spinal or epidural should be able to raise their leg up off the bed 4 hours after the procedure.

If a woman is not able to successfully raise a straight leg up off the bed in 4 hours, they should be reviewed by an anaesthetist as this could indicate nerve damage. If these are not detected early it could result in permanent damage or disability for women.

A yellow armband is placed on all women in labour ward to identify who has received an epidural or spinal. This ensures that midwives can easily identify women and ensure compliance. Audits will be carried out to monitor this.

Physiological Cardiotocography (CTG) has been implemented within the WHSCT in April 2022 to accurately interpret fetal wellbeing as per Regional & National Guidance.

The purpose of monitoring in labour is to detect babies who may be at risk of hypoxia. Significant observer variability was leading to an increase in unnecessary operative interventions, hypoxic injuries and perinatal deaths. Outcomes will be audited and reports shared within the Trust, regionally and nationally.

New Maternity theatre care plan. This project was implemented at Altnagelvin hospital to improve the standard of documentation being used pre-operative, in theatre and post-operative in recovery at Delivery Suite.

This booklet was adapted from the main theatre care plan to meet the specific needs of maternity and obstetric women. This document has standardised care and prevented unnecessary duplication.

The implementation of Mechanical induction of labour for Vaginal Birth after Caesarean Section, (VBAC) was introduced in Altnagelvin hospital in April 2022. This has already been successfully implemented within the SWAH.

A working group was set up by the newly appointed consultant midwife, who is taking the lead on implementing this QI project and she plans to audit the process in 6-12 months to measure the delivery outcomes for women and their baby. This new method of induction of labour is recommended by NICE (2022) and will offer more choice to women. The outcomes of the audit will be shared regionally at the consultant midwives' forum.

PMRT

An electronic perinatal mortality review tool (PMRT) is completed by a panel of obstetric and midwifery staff in the WHSCT to review the care of any baby who dies after 22 weeks of pregnancy, all stillbirths or neonatal deaths.

A new Governance Midwife has been appointed to the Trust who will take a lead role in the PMRT process.

A leaflet for these families has been produced and is being used in the WHSCT.

PMRTs are shared within the Trust, regionally and nationally to share learning and improve outcomes for women and their families.

POSTNATAL

Feedback from the Queens University, had indicated that students were feeling extremely stressed with the additional pressures of working in the health service during the Covid-19 Pandemic. A Welcome pack has been devised for student midwives by the postnatal manager and midwives to help alleviate the stress they were feeling. Feedback from students has been positive.

SKILLS PASSPORT FOR NEWLY QUALIFIED MIDWIVES

The Post Natal Ward Manager and the Clinical Practice Facilitator have also revised the current Annex T booklet (skills passport) to help newly qualified Band 5 midwifery staff achieve their clinical competencies. Timely progression to Band 6 with the implementation will be audited.

EARLY DETECTION & MANAGEMENT OF ANAEMIA IN PREGNANCY

Over the past year, a pilot of the regional (maternity collaborative) risk assessment pathway for iron deficiency anaemia has been carried out, in the community setting and antenatal clinics.

Following completion of the pilot and regional feedback, the final draft has been agreed and will be implemented early autumn, alongside training and revised guidelines and protocols.

The Western Trust has devised a regional audit tool which has been accepted by all Trusts. The purpose of this is for early detection and management of iron deficiency anaemia in pregnancy, to optimise a women's blood count prior to delivery of her baby and therefore reduce the maternal morbidity and mortality associated with anaemia and post-partum haemorrhage.

GYNAECOLOGY CLINICS

Medical notes at the end of a Consultant Gynaecology clinic were being sent back to the Gynaecology secretaries. Medical notes are now returned to medical records at the end of these clinics. This has made a significant reduction in administrative tasks for both Medical Records staff and Gynaecology secretariat.

To reduce the number of open episodes, all outcomes from Gynaecology clinics are now classified as Review, Discharge or Did Not Attend (DNA). If results from biopsies or tests require a review appointment, a new episode will be created to facilitate this. Open episodes are reported quarterly by the Trust.

Two Emergency Gynaecology clinics at Ward 43 now have a triage system included in their pathway to ensure appointments are utilised appropriately. Audits of attendances will be carried out.

Written Laboratory reports from Colposcopy clinics have been replaced with a shared email. This has improved communication, traceability and ensures timely appointments at Colposcopy.

Audits are carried out quarterly to monitor compliance of BCAPP.

NON-INVASIVE URINE SAMPLES



HIGH RATES OF CONTAMINATED SAMPLES

Rates of contaminated non-invasive (pad and clean catch) urine samples taken on the paediatric ward are very high. This makes diagnosing a true UTI difficult.

HOW CAN WE IMPROVE?

Avoid using pad urine samples when investigating for UTI. Use clean catch samples where possible. Spend a few minutes explaining to parents how to collect a clean catch urine sample, and why it is important.



CLEAN CATCH AS 1ST LINE

A clean catch urine sample is the recommended method for urine collection as per NICE guidelines. If a clean catch sample is unobtainable urine pads can be used. If using a pad, remember it should be checked for urine regularly - replace with a fresh pad if soiled, or if remains dry after 30 minutes.

PATIENT INFO LEAFLET

Provide parents/ carers with information about how to correctly collect a urine sample. It is important to emphasise that this may take some time, but the majority of children will pass urine within one hour of a feed or drink.



DOCUMENT SAMPLE TYPE

It is important to record how the urine was obtained on the sample being sent to the lab, as well as in the patient's notes - i.e clean catch sample, mid stream sample, catheter sample or pad sample. This helps with interpreting the result.

AIM FOR BETTER PATIENT CARE

Reduced contaminated urine samples will help us to appropriately diagnose and treat UTIs, as well as cut down on unnecessary antibiotics and investigations.



FALLS

Facts & Figures

In 2021/22, the Trust recorded 1705 falls of adult patients in hospital, an increase of 35 on the previous year.

Of the falls recorded, 17 led to a moderate and above injury (i.e. an injury that lasted more than one month such as a fracture and/or led to an extended hospital stay over 4 days or required surgery). These falls accounted for 1% of the total recorded.

Table 1 below illustrates the total number of inpatient falls, compliance with The Royal College of Physicians Falls Bundle, the rate of in-patient falls, and those that resulted in above moderate harm to the patient for 2021 – 2022 per 1000 bed days.

Year	Period	DULT INPATIENT ONLY			PART A ADULT INPATIENT ONLY			PART B ADULT INPATIENT ONLY			ADULT INPATIENT ONLY			Beddays	Rate per 1,000 beddays for No. of Falls	Rate per 1,000 beddays for No. of Falls resulting in harm (Moderate Major or Catastrophic)
		No. of Falls	Moderate to Major/Catastrophic Falls	No records audited achieving 95% compliance with bundle PART A	No. Records Audited PART A	Process Outcome PART A %	No records audited achieving 95% compliance with bundle PART B	No. Records Audited PART B	Process Outcome PART B %	No. Adult Inpatient Wards Spread	Total Number Adult Inpatient Wards	% Spread				
2021-22	YTD totals	1,705	17	2,694	2,838	95%	2,643	2,838	93%	39	39	100.0%	263,771	6.46	0.06	

Falls continue to remain the most frequently reported incidents within the Trust.

During 2021-2022 the number of falls reported onto the Trust incident reporting system increased significantly as a result of Independent Sector care homes reporting falls occurring in their facilities onto the Trust incident reporting system via the contracts department.

A total of 1832 fall incidents were reported from Independent Sector Nursing and Residential homes in 2021-2022 with 1282 being reported from Independent Sector Nursing homes and 550 from Independent Sector Residential homes.

Falls can have a very serious negative effect on a person's quality of life, causing fear, decreased mobility and social isolation.

Causes for falls are usually complex and multifactorial, and include a number of contributing factors such as environmental risks within the patient or resident's environment, medications, medical conditions, frailty, confusion as a result of delirium or dementia, infection and reduced levels of mobility in addition to human error.

The outcome of a patient or service user sustaining a fall can be catastrophic. Therefore, the Trust actively supports and aims to facilitate staff and the members of the community to enhance their skills and knowledge to reduce falls.

Actions taken to reduce the incidence of falls in 2021/22 have continued throughout the year, however it should be recognised that staffing challenges as a result of the COVID pandemic, including staff absence due to illness and difficulty with staff recruitment has delayed progress in many areas including falls work within the Trust.

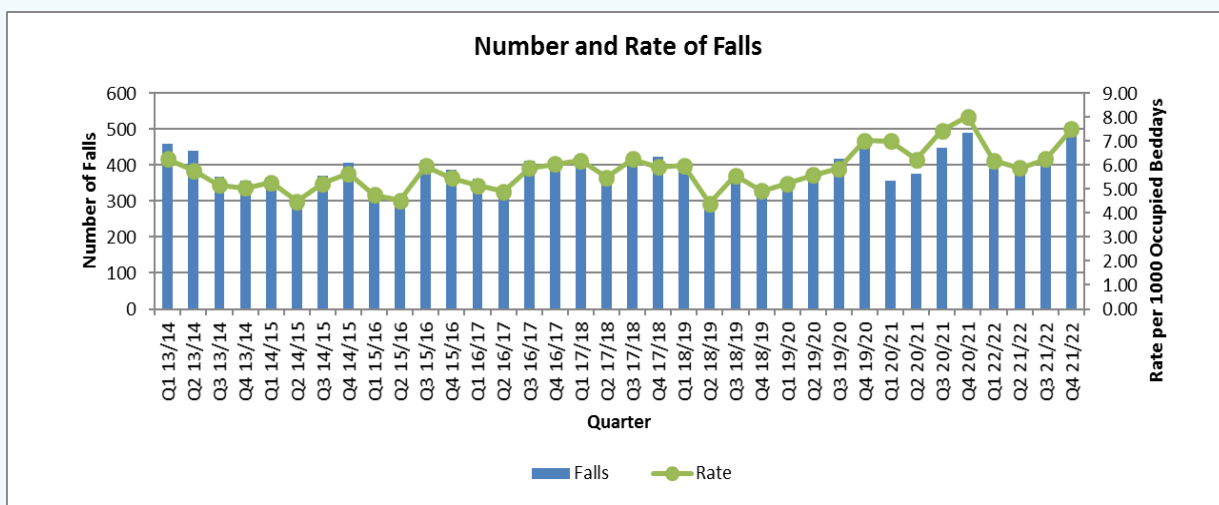
The pandemic has also created the perfect conditions for physical and psychological deconditioning to thrive and this is evidenced by the increasing numbers of people presenting to ED's following a fall.

Isolation, social distancing, restrictions on visitors and changes to the way care is delivered have all contributed to increased waiting lists for hospital appointments. As a result, many people, especially older people are not presenting to or accessing health care services in a timely manner. All of these different factors make it more difficult to prevent falls as current Trust services are reactive to falls and deconditioning after the person has had a fall.

On line Falls Awareness programmes continued to be delivered by the Clinical Education Centre via Zoom at no cost to staff. These awareness programmes were also opened to staff working in care homes in the Independent Sector and had a positive impact regarding the numbers of staff able to access Falls Prevention Training.

All learning from falls causing moderate and above harm in hospital inpatient settings continued to be shared regionally using the approved regional documentation.

Number and Rate of Falls in adult inpatient areas.



In 2021-22 the number of falls reported from inpatient settings was 1705, an increase of 35 when compared with the number of falls reported in hospital inpatient settings the previous year. This may be in part due to the ongoing COVID-19 pandemic or the positive reporting culture across the Trust.

COVID-19 caused many challenges that are now resulting in increasing numbers of people presenting at services with a history of falls. Many people attending emergency departments are attending when they are very ill, frail or in a crisis state having avoided attending ED, their GP and hospital appointments during the pandemic due to fear of COVID infection.

During the COVID pandemic, many older people were less active, socially isolated and lonely. Exercise classes were less accessible and as a result there have been reductions in strength, balance and physical activity which increases a person's risk of falls.

Many people within hospital and care home settings were confined to their rooms for infection control reasons which in turn contributes to deconditioning as people have less opportunities to mobilise within these environments.

Visiting restrictions preventing family / carers staying with or supervising patients may also have contributed to the increased incidence of falls reported.

It should also be noted that there is a positive reporting culture within the Trust.

Actions taken to reduce the incidence of falls in Hospital 2021/22

Again it should be recognised that the impact of the COVID-19 pandemic, has delayed progress in many areas including, falls work within the Trust.

Quarterly engagement meetings with the Regional Inpatient Falls Prevention Group led by the PHA have continued.

The regional group formed sets direction and informs strategy on falls prevention for adult inpatient wards. It provides advice, support and shares regional learning as well as leading on the development of regional tools / pathways when deemed appropriate, regarding falls prevention and management across Northern Ireland.

The Trust Slips, Trips and Falls Prevention Group also meet on a quarterly basis following the Regional meeting. Four sub groups had been established within this group to look at:

- Education and Learning
- Reduction of falls that result in moderate and above harm
- Assessment and Documentation of those at risk of falls
- Environment and Equipment issues.

These groups which were unfortunately put on hold due to the pandemic, have now been re-established. Each group has set out their Terms of Reference and objectives to be achieved within the next twelve to eighteen months.

Shared learning from falls is reviewed and continues to be disseminated through the Slips, Trips and Falls group.

The fall safe bundle continues to be implemented across all adult ward settings within the Trust. Compliance is audited as part of nursing KPI's. Compliance as of March 2022 was 95% for Bundle A and 93% for Bundle B, showing an improvement when compared with the previous year.

All inpatient falls graded as moderate or above harm are subject to a post fall review. This is undertaken by Ward Sisters / Charge Nurses and other relevant multidisciplinary staff with oversight from the lead nurse or service manager for the area. During 2021/22 the Falls Integrated Pathway Co-ordinator continued to support staff completing post fall

reviews by providing staff with feedback through the incident reporting system on areas to consider when investigating fall incidents for shared learning.

The Falls Integrated Pathway Co-ordinator has continued to deliver training to Nursing and Allied Health Professionals on request as part of staff induction programmes, in-service training programmes and through the Safe and Effective Care Forum.

Learning identified from inpatient fall incidents resulting in moderate or above harm is shared both locally within the Trust and regionally to the Public Health Agency. Work is ongoing regarding use of learning identified to inform action plans for improvement.

The rate of falls resulting in moderate, major or catastrophic harm per 1000 bed days in 2021-22 is 0.06, a reduction from 0.15 per thousand bed days in 2020-21. There was also a reduction in the rate of falls per 1000 bed bays from 7.19 in 2020-21 to 6.46 per thousand bed days in 2021-22.

Community / Nursing Home / Residential Fall prevention

This year as part of the Enhanced Clinical Care Framework (ECCF), collaborative work has been ongoing regionally with the Public Health Agency (PHA) to develop a falls pathway for care homes.

Within the Western Trust Area, the 5 Trust residential homes have supported this work piece with support from the falls integrated pathway co-ordinator, the consultant pharmacist for older people and the falls occupational therapist.

The PHA allocated £15,000 of funding to the Trust residential homes participating in the falls pathway for care homes work piece. This funding was used to purchase a range of equipment, including lifting equipment, hip protectors, moving and handling equipment and non-slip socks to support staff with preventing falls and reducing incidence of moderate harm in residential homes.

Within Seymour Gardens residential home there have been reductions in the incidence of falls as a result of a number of changes implemented within the home. These have included pilot testing of new falls risk assessment documentation, environmental changes and, changes in ways of working.

With the development of a regional guidance poster to prevent long lies post fall, there has also been a reduced demand for NIAS call outs to the home.

Where patients from care homes have been referred to the OPALS clinic for investigation of falls, a falls checklist for Nursing Homes continues to be used. This is used to support staff in care homes, identify measures they can put in place whilst the resident is on the waiting list for an appointment at clinic.

The falls checklist is also shared with the resident's social worker and can be used by the social worker when reviewing the resident's care plan in relation to risk of falls.

During 2021-22 care homes continued to experience pressures as a result of the COVID pandemic which impacted on staff availability to attend training provided by the Care

Home Support Team. In 2021-22, 49 people from care homes accessed falls training delivered by the Care Home Support Team via zoom.

The Trust's established Independent Sector Assurance Forum continues to process and monitor falls figures and outcomes reported through the Independent Sector.

The Fall's clinic and OPALS Rapid Access Clinics were stood down due to the pressures from the pandemic and have not reset yet. In 2021-22 this service experienced a number of challenges with recruitment of medical staff and staff absence.

Staff from the Falls Integrated Pathway supported two successful community events with over 100 people in attendance. The aim of increasing public awareness regarding falls prevention, providing information and advice was achieved. Several people attending these events had onward referrals made from the event.

These included referrals to the Healthy Living Centre, Stepping on Programmes for strength and balance exercises and falls prevention education and the council home safety officers for free home safety checks.

In one case, the person was referred to the Parkinson's disease clinic for follow up review of their medications, this person was reviewed within one week of the event, changes made to their medications and onward referral made to cardiology services for investigation of collapse episodes.

Some people attending these events were signposted to their GP practice in the first instance for assessment, others may have been advised regarding eyesight tests as it was found that many people had not visited their optician for vision assessments since before the pandemic.

Many people reported being on waiting lists for outpatient clinic appointments. One lady reported waiting 5+ years on a Neurology clinic appointment, several reported being on waiting lists for orthopaedic surgery for years waiting on either hip or knee replacements, others reported being on waiting lists for cataract surgery and no one had any indication of when they would be likely to be followed up on.

The Falls Occupational Therapy service standardised practice Trust-wide with the PARIS system fully integrated and in use for all patient record keeping.

There has been an increase in the number of urgent and complex referrals to the Falls Occupational Therapy (OT) service over the past year which has resulted in longer waiting times for initial appointments.

The Falls OT service continues to support the stepping on programme delivered by the healthy living centres at steering group level as well as presenting to participants on the stepping on programme.

A post fall action plan advice leaflet was produced in collaboration with the co-ordinator from the Stepping on Programme. This will be reproduced by the Trust Health Improvement Department for public use going forward.

Information packs regarding falls prevention resources for hospital, community and care homes continues to be shared.

The Stepping on Programme funded by the PHA and delivered by the Healthy Living Centres in partnership with staff from the Trust and the local councils delivered a new and very successful programme in the Limavady locality this year and plans are to deliver future programmes in this locality going forward.

Emergency Departments

In 2021/22 5907 people attended the Emergency departments (ED) in the Western Health and Social Care Trust following a fall. This is an increase of 1627 on the previous year.

This increase may be as a result of the COVID pandemic as people were reluctant to attend ED during the pandemic in 2020/21 due to fear of infection. Currently many people presenting to ED following a fall are unwell, frail and deconditioned as a result of isolation, decreased activity levels, social distancing, restrictions on visitors and changes to the way care is delivered.

2991 (50.6%) people attended Altnagelvin Emergency Department after a fall an increase of 323 on the previous year.

Of the 2991 attendances at Altnagelvin ED,
1287 (43%) patients were over 65 years of age and
1704 (57%) were under 65 years of age.

627 (21%) people were admitted to hospital from ED attendance following a fall in 2021/22.

Of the 627 people admitted,
480 (76.6%) were over 65 years of age and
147 (23.4%) were under 65 years of age.

133 people who lived in a care home presented to Altnagelvin following a fall, a slight reduction of 8 from the previous year.

130 (97.7%) of these patients were transported to hospital via ambulance.

97 (72.9%) of patients were discharged back to the nursing home following ED attendance.

33 (25.4%) were admitted to hospital with the majority of patients being admitted to the acute medical unit from ED.

2916 (49.4%) people presented to the Emergency Department in South West Acute Hospital following a fall, an increase of 484 on the previous year.

Of the 2916 attendances at SWAH ED,
1275 (43.7%) were over 65 years of age and
1641 (56.3%) were under 65 years of age.

438 (15%) people were admitted to South West Acute Hospital following a fall, of these 349 (78.7%) were over 65 years of age.

Within Trust Emergency Departments (ED) there were 83 falls reported in 2021-2022 which is similar to the number reported in 2020-2021.

The majority of these falls are unwitnessed.

55 of these falls occurred in Altnagelvin ED and 28 occurred in SWAH ED.

This can be attributed to a number of factors, including, patients being unwell at time of ED attendance, patients attending with mobility problems, confused patients in an unfamiliar environment, patients attempting to mobilise without assistance, space constraints within the Emergency Department as well as staff resources to meet the needs of the high numbers of patients within the ED.

Within ED's there are delays in transferring patients requiring admission to wards. Wards do not have beds available to meet the demand from ED in a timely manner due to a number of patients in hospital experiencing delays in securing the necessary care which includes care packages or nursing home care to plan for a safe discharge from hospital. This results in ED's being overcrowded with staffing and space challenged to meet the demand for services.

Currently within the waiting areas of the Emergency Department's there are a range of posters and information booklets available with information and advice on measures that people can take to reduce their risk of falls.

The information is aimed at increasing staff and public awareness of the incidence of falls presenting at ED as well as support services available to reduce risk of falls.

Next Steps:

Hospital Inpatient Settings

Continue work with Regional falls inpatient prevention group to develop a regional patient / carer information leaflet on preventing falls within inpatient settings.

Re-Establish the falls learning collaborative within the acute hospital setting to focus on improvement work in relation to falls within hospital inpatient settings.

Community Collaborative Work

Continue to increase public awareness regarding steps people can take to reduce their risk of falls. Provide members of the public with more information on actions they can take to reduce their risk of falls in addition to supporting people to access services available to support with falls prevention.

Further collaborative work with the Healthy Living Centres, the Council and Public Health Agency to test Quality Improvement measures with clients attending the Stepping On programme.

OPALS team to recommence the falls clinic to address current waiting lists.

Promote falls prevention messages with a focus on the importance of activity during falls awareness week in September as part of *Safetember* within the Trust.

The Falls OT will work collaboratively with the lead OT in learning disability to produce a patient information leaflet on falls prevention in an accessible format for people with learning disabilities.

Care Homes

To further progress regional work on the falls pathway for care homes which includes safer mobility as part of the enhanced clinical care framework work piece led by the frailty network.

The Care Home Support Team will return to face to face delivery of falls training within care homes, focusing initially on homes who have reported 50 or more falls in the past 12 months.

Task and Finish Groups

Progress work streams of the Trust Slips, Trips and Falls Prevention Committee subgroups.

Progress business cases for additional resources to support falls prevention using data from a range of sources including referrals to OPALS clinics, data from ED attendances and incident report data from hospital and care homes. The aim is to meet the needs of people currently on the waiting lists for assessment and follow up in a timely manner as well as ensuring improved access and provision of services.

Emergency Department

Use the data on ED attendances at Altnagelvin Hospital to inform the development of falls services and create public messages regarding falls prevention.

Falls improvement work with staff working in ED's to improve identification and communication regarding patients at risk of falls within the Emergency Department as well as across boundaries of care, wards and departments.

Encompass

Work collaboratively with encompass staff to ensure that falls prevention information and documentation is integrated into the Northern Ireland digital integrated care record.

PRESSURE ULCERS

Facts & Figures

In 2021/22, the Trust recorded 277 pressure ulcers compared to 386 for the previous year across the acute hospital adult sites, a decrease of 28.2% with 36 deemed avoidable from the 76 Stage 3 & 4 pressure ulcers investigated.

Reducing the Number of Pressure Ulcers

Pressure ulcers are recognised as an international patient safety problem, they increase morbidity and mortality. Pressure ulcers adversely affect patients' quality of life; many experience increased pain, social isolation, and increased risk of infection including sepsis and in some cases death. The treatment of pressure ulcers incurs significant cost to the health service including dressings, hospital admissions, antibiotic treatment, surgery, staff resources and litigation. Preventing pressure damage is therefore more cost effective than treatment. Risk assessment and subsequent provision of appropriate pressure prevention is instrumental in preventing pressure damage. However it is widely recognised that many

pressure ulcers are avoidable. This is a key performance indicator (Reported to the PHA) used to monitor the care given to patients within each Trust.

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



The 2019/20 Commissioning Plan pressure ulcer related associated quality and performance indicator reads as:

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

Figure 1 below illustrates the Trusts position on pressure ulcer development across the acute sectors since 2013 when data collection commenced. Hospital acquired pressure injury data reported for 2021/22 showed a decrease of 28.2% and specifically a decrease of 31% of avoidable pressure damage on the previous year.

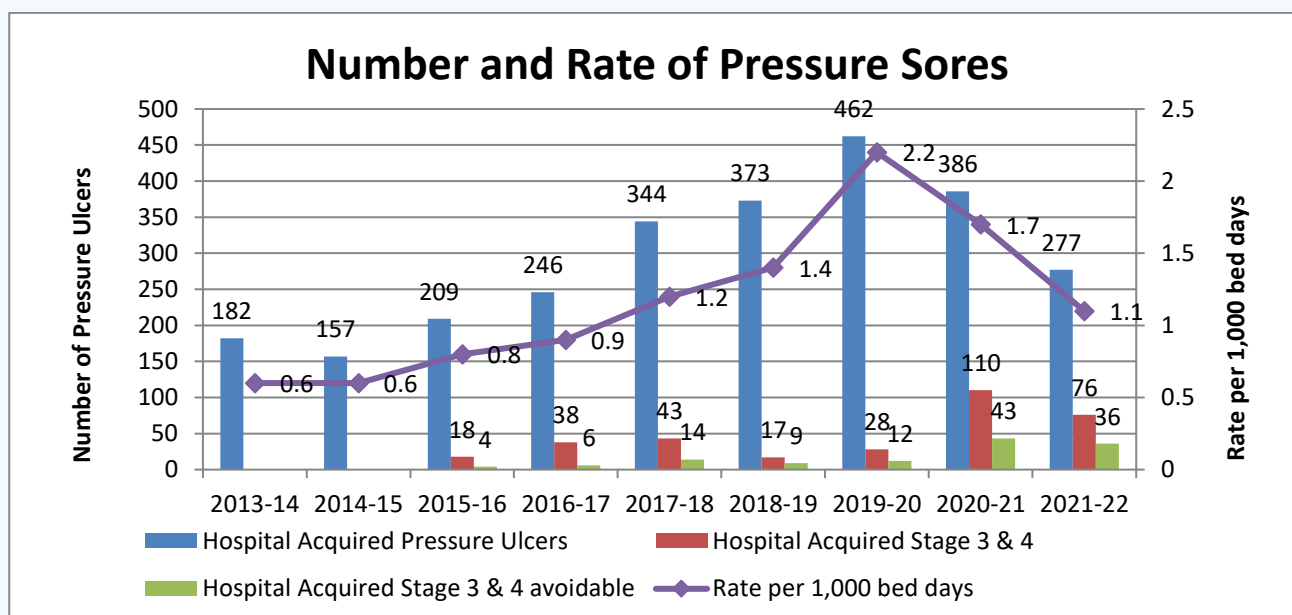
Pressure ulcer rates per 1000 bed days Year	Rate per 1000 bed days	Hospital acquired pressure ulcers	Percentage Increase / decrease	Hospital acquired Stage 3 and 4 pressure ulcers	Hospital acquired Stage 3 and 4 avoidable
2013-14	0.6	182	baseline	N/A	N/A
2014-15	0.6	157	-13.7	N/A	N/A
2015-16	0.8	209	+33.1	18	4
2016-17	0.9	246	+17.7	38	6
2017-18	1.2	344	+39.8	43	14
2018-19	1.4	373	+8.4	17	9
2019-20	2.2	462	+23.9	28	12
2020-21	1.7	386	-16.5	110	43
2021-22	1.1	277	-28.2	76	36

INCREASE OF 52% HOSPITAL ACCUIRED PRESSURE ULCERS OVERALL FROM 2013 - 2022

Figure 2: Skin Bundle Compliance:

2021/22	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: 95%	96%	96%	95%	91%
Overall PU Rate: 1.1 per 1000 bed days	0.93	1.14	1.14	0.98

Figure 3: Reports the number and rate of pressure injury development from 2013/14 - 2021/22



The statistics clearly illustrate that the number of patients developing pressure damage has reduced within the last two years including avoidable pressure damage within the last year. Outlined below are the numerous interventions the TVN team has implemented which has contributed to the decline in pressure ulcer development outlined below. The management of pressure ulcers forms a significant element of the role of the Tissue Viability Team.

Tasks associated with the care of pressure ulcers include:

- Education of other healthcare key stakeholders in the prevention, identification and management of pressure ulcers
- Provision of advice and guidance to healthcare key stakeholders on the management of pressure ulcers
- Investigation of the provision of care prior to the development of stage 3, 4, deep tissue injuries and unstageable pressure ulcers, categorising as avoidable or unavoidable pressure ulcer damage
- Collation of data for reporting to the PHA

Actions taken during 2021/22 to reduce pressure ulcer development

Education:

- Tissue Viability Service hosted our quarterly Tissue Viability Link Nurse meetings, attended by 60-80 nurses across all sector of the Trust. Pressure ulcers are a standing item on the agenda at each meeting with time dedicated to discuss current issues around trends and management of Pressure Ulcers across the WHSCT.
- The November meeting was dedicated to pressure ulcers as this coincides with the annual STOP Pressure Ulcer Day. A predominant Scottish Podiatrist: Duncan Stang, who has extensive knowledge and experience in heel ulceration kindly presented on differentiating aetiologies versus pressure on the foot. Throughout the week, Tissue Viability Nurses actively engaged with and encouraged staff to discuss pressure ulcer prevention and management to raise awareness.
- Ward based specific training has been provided to areas on request with social distance and infection control measures adhered to at all times.
- Regionally agreed Pressure Ulcer Prevention leaflets are available to order for all wards/teams/departments for distribution to all patients at risk of pressure damage. Order codes are on the TVN SharePoint and have been disseminated to all staff. Copy of same included in ward wound care folder.
- Regionally agreed PHA endorsed online training is available for all staff to access. The tissue viability team regularly promotes this.
- The TVN Team regularly update our SharePoint site to reflect current best practice in relation to wound care, on this site there is a section dedicated to pressure ulcers.
- The TV Team has completed a Quality Improvement Project with IHI to introduce a new aSSKING Booklet in WD24 AAH to reduce the incidence of pressure ulcers.

Operational:

- The TVN Team has liaised with Risk Management on updating the DATIX system to streamline the process.
- The TVN Team continue to check DATIX reports pertaining to pressure ulcers daily. This allowed the team to respond to the handler and request clarity on obscure reports. This subsequently allows the TV nurse to identify and remove inaccurate DATIX reports i.e. Moisture Lesions in a timely manner to allow for learning.
- With regard to Stage 3, 4, Unstageable and DTI pressure ulcer development the Tissue Viability Team complete paper RCA deeming PU Avoidable/Unavoidable in a timely manner following wound assessment and update the Tissue Viability section on DATIX accordingly. This process completed feedback was given to the ward/department on the outcome of the RCA and highlighting areas for improvement and learning.
- The TV service implemented independent spot audits to quality assure the auditing process. An Avoidable RCA within the area triggers this process. Following an Avoidable RCA and failed audit the TV team will arrange a meeting with the Ward/Department Manager, Ward/Department Deputy Manager and Link Nurse to develop an action plan. This meeting will address the RCA, Audit and number of pressure ulcers compared to previous months. The ward is then responsible for implanting the action plan and to review and update the TV team monthly.
- The TV team implemented the aSSKING bundle into SWAH to improve compliance with the skin bundle.

- TV team re introduced the pressure ulcer safety cross to monitor PU incidents on the wards across the Trust.
- Mattress audits have been increased to monthly in line with current guidelines.
- The TV team has developed a pressure ulcer flowchart, this has been taken to Trust record keeping June 2021, and is now an endorsed document.
- The Tissue Viability Team regularly liaise with our lead nurse for governance, assistant director of nursing and director of nursing in the event of complex pressure ulceration which is deemed as high risk on the DATIX Matrix. These incidents are dealt with on an individual case by case and can lead to MDT round table meeting, which produces action as appropriate.

Actions planned for 2022/23

The Trust and the PHA have tasked the TV Team with reducing the incidence of avoidable pressure ulcers, as a result the Tissue Viability Team have developed an updated action plan as below.

Pressure Ulcer Prevention Plan WHSCT

Education:

- Compile an updated list of all Link Nurses (LN) for each department within the Trust to ensure they are on TV mailing list. Inform Ward Sisters of their responsibility to update this list as necessary. Discuss with AD and Senior Nurse the possibility of making TV's quarterly Link Nurse Meeting mandatory.
- Plan education sessions for all Directorates, these will cover PU prevention, assessment and management. Launch aSSKING bundle, Safety Cross and wound care folder at these sessions. This needs supported by all Senior Nurses, Practice Facilitators, AD's and Chief Nurse.
- Arrange additional two-day education programmes for any staff member who could not attend ward based training. This may be completed in conjunction with CEC on a biannual basis.
- Develop Link Nurse (LN) Questionnaire for feedback on areas their department is struggling/require guidance.
- Continue to provide workshops at link meeting for LN (based on questionnaire) to facilitate all link nurses to perform cascade training at ward level. Areas such TNP, staging pressure ulcers, documentation are possible topics for this training.
- Regionally agreed Pressure Ulcer Prevention leaflets are available to order for all wards / teams / departments. Order codes are on the TVN SharePoint and have been disseminated to all staff. Copy of same included in wound care folder. Despite these actions it has come to our attention that these leaflets have not been ordered or provided to the at risk patients.
- TV Service continues to promote the regionally agreed PHA endorsed online training to all staff. Pressure Ulcer Prevention training has been deemed mandatory in all other Trusts in Northern Ireland. The TV team is advocating this become mandatory in the WHSCT.
- TVN liaise with ward staff to offer training on learning identified through the Trust incident reporting database DATIX.

Operational:

- Monitor DATIX system daily for Stage 3 > to ensure timely follow up (Including referral to TVN) and to assess the validity of the PU.
- Liaise with the handler and Risk Management to remove any inappropriate DATIX reports.
- Inform the handler in a timely manner to investigate and close all Stage 2 reports.
- The Tissue Viability Nurse (TVN) service continues to conduct an independent investigation (RCA) to determine if the injury was avoidable for all reported stage 3, 4, unstageable and deep tissue injuries and provide feedback to the ward/department on areas for improvement. This can include an action plan, meeting with the ward/department manager and subsequent independent spot audits.
- The TV Service will continue to provide quarterly wound link meetings providing updates on all aspects of wound care, in line with COVID-19 guidelines.
- The TV Service will hold the Annual STOP Pressure Ulcer Day in November 2022 to educate staff on Pressure Ulcer Prevention and to update on our progress in reducing the incidence of pressure ulcers. Our very own Shelley Crawford (Clinical Lead OT Adult Mental Health and Learning Disabilities) has kindly agreed to be our keynote speaker, presenting on seating and its role in prevention and management of pressure ulcer development. It is envisioned that this meeting will be very interactive as the Tissue Viability Team plan on using props to highlight danger areas for pressure ulcer formation, assessment and management.
- Following on from the IHI project and collaboration with the PHA and all NI Trusts the new SSKIN booklet aims to be launched in Sept 2022.
- The TV service will continue independent spot audits to quality assure the auditing process. An Avoidable RCA in an area triggers this process. Following an Avoidable RCA and failed audit the TV team will arrange a meeting with the Ward/Department Manager, Ward/Department Deputy Manager and Link Nurse to develop an action plan. This meeting will address the RCA, Audit and number of pressure ulcers compared to previous months. The ward are then responsible for implementing the action plan and to review and update the TV team monthly.
- Trial Arjo SEM scanner in conjunction with manufactures in Ward 40 in May 2022.
- Launch Purpose T risk assessment tool; this will be carried out in conjunction with the PHA in January 2021. Prior to this launch CEC will support the Tissue Viability Team to provide education relating to the new tool.

The achieved action plan from April 2021 to March 2022 was only managed due to additional hours provided for a band 6 full-time temporary post. If these hours are rescinded, this will have a direct impact on the continued and proposed plan outlined above, as patient care must take priority.

Impact of COVID-19 on the Tissue Viability Service and Pressure Ulcer Prevention and Management:

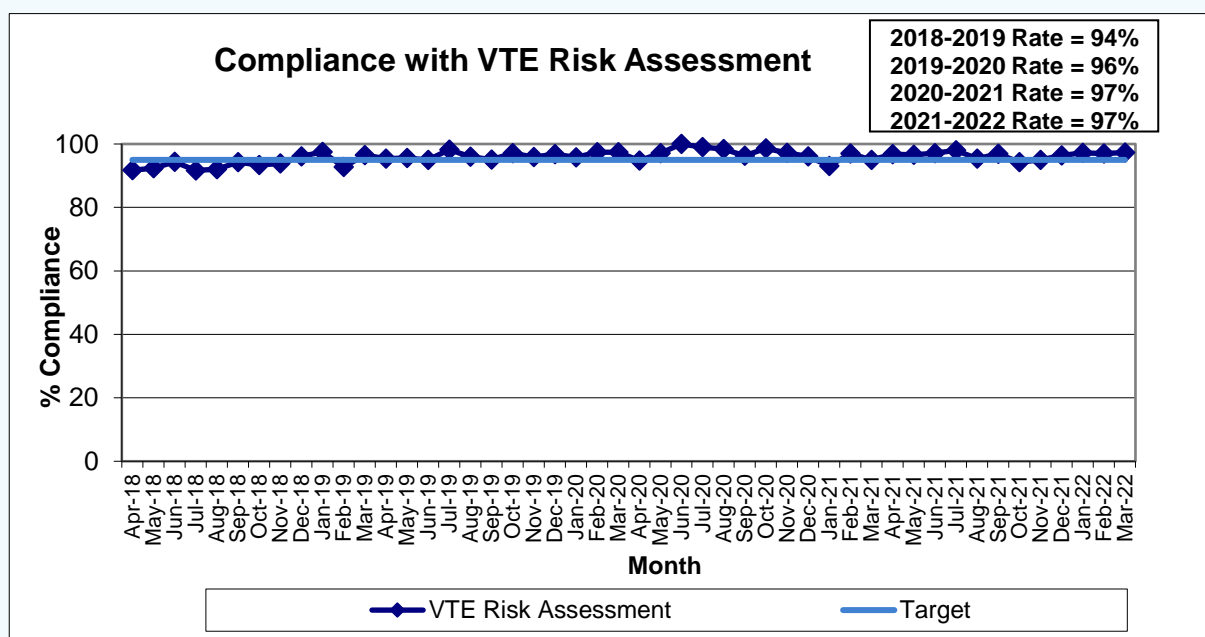
At the outset of COVID-19 in March 2020 the WHSCT's Tissue Viability (TV) Team redesigned the service to reduce face to face contact with patients and staff in both acute and primary care settings, and to allow for virtual / remote working. This redesign also allowed for triaging of complex wounds to decide on those that still required face to face assessment.

The TV team have continued to receive referrals relating to complex COVID-19 cases. Many of these patients had complex needs and deteriorating conditions which impacted on skin integrity coupled with newly recognised COVID-19 associated skin conditions. Many patients who were shielding chose to self-care in relation to their wounds. In the acute sector TV saw an increase of acutely unwell patient who obtained unavoidable pressure damage in particular due to proning in ICUs. A new source of referrals came to the fore; that of PPE and hand cleansing related skin damage within our cohort of staff. This type of damage represents pressure damage and will therefore be reported to the PHA accordingly. In conjunction with TV colleagues NI wide and with the support of the PHA regional guidelines on management have been produced, in response to these guidelines our team have been providing individual care plans for staff involved. With the current surge we are experiencing another peak in these referrals. Over the year there has been an alarming rise in the number of stage 3 and above avoidable pressure ulcers in the acute sector in particular, many of which have been attributed to staff pressures. As a result of COVID-19 a higher use of Agency staff, who in many instances are unfamiliar with our pressure ulcer prevention bundles coincided with this rise in more acutely ill patients.

PREVENTING VENOUS THROMBOEMBOLISM (VTE)

Patients may experience harm or may die as a consequence of venous thromboembolism - deep venous thrombosis (DVT) and pulmonary embolism (PE). These are recognised complications of medical care and treatment and are potentially preventable if patients are properly assessed and offered suitable preventative measures.

The Trust aimed to achieve 95% compliance with VTE risk assessment completed within 24hrs of admission across all adult inpatient hospital wards by March 2022. During 2021/22 data was collected on a monthly basis from a random selection of patient notes in adult inpatient wards. The compliance rate for 2021/22 was 97%. Monthly compliance is displayed in the graph below:



MEDICINES MANAGEMENT

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

Medicines Optimisation

The Trust reported a substantive level of compliance against the medicines management and medicines optimisation controls assurance standards.

A number of systems audits were carried out during the year to evidence this although there were some notable interruptions due to the Covid-19 pandemic.

These included:

- Medicines reconciliation activity (one week per month)
- Antimicrobial Review Kit (ARK) (audit of antimicrobial use) and HAPPI (Hospital Antimicrobial Prudent Prescribing Indicator) audits for Ward 1,2,3 and 8 in SWAH
- Internal monthly aseptics audits (Altnagelvin) to support MHRA Manufacturing License and Regional Pharmaceutical laboratory Service External Audit
- Internal audits
- Internal monthly process audits of wholesale dealing activity (SWAH)
- Completion of the Venous Thromboembolism (VTE) section of the kardex monthly audit
- Oxygen cylinder management at ward level
- Ward-based Controlled Drugs Medicines Management audits
- Internal Patient Services audits (Altnagelvin)
- Audit of 'Pharmaceutical Society of Northern Ireland' standards for registered pharmacy premises

Quality Improvement work included:

- QI Project for SQW Cohort 4: By 30/4/2022, aim to improve HAPPI audit score from 60 to >80% on Ward 3, SWAH (Safety Quality West – SQW - Project)



HAPPI Team: Improving Antibiotic Prescribing

Oonagh Donnelly, Dr James Irwin, Dr Adam Coleman.



Hospital Antimicrobial Prudent Prescribing Indicators.

Aim

By 30/04/2022, aim to improve HAPPI audit score from 60% to >80% on Ward 3, South West Acute Hospital.

Background

Our goal was to improve HAPPI audit score to >80% with overall aim of improving antibiotic prescribing.

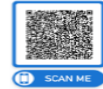
Why is this important?

Misuse and overuse of antimicrobials are the main Drivers in the development of **ANTIMICROBIAL RESISTANCE (AMR)**

Why is tackling AMR essential?

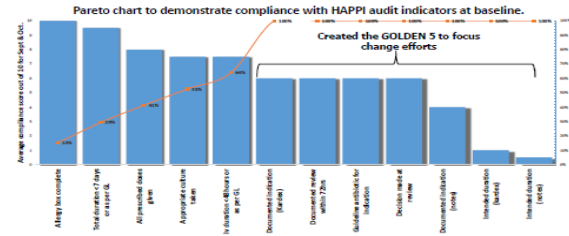
AMR is a global health and development threat¹. Currently estimated that 700,000 die annually from drug resistant strains of bacterial infections. It is estimated that unless action is taken, by 2050, the burden of deaths from AMR could rise to 10 million lives each year, at a cumulative cost to global economic output of 100 trillion \$².

What is AMR?

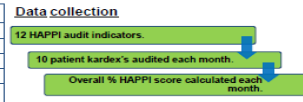


Method

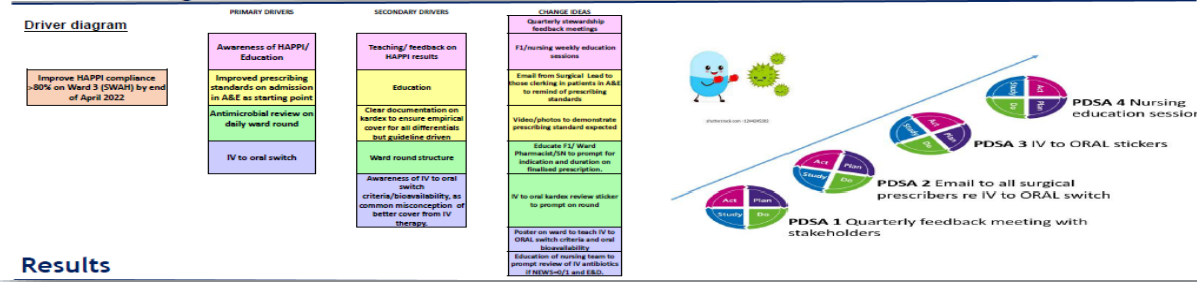
Baseline data



Golden 5	
1	IV TO ORAL switch
2	INDICATION notes and kardex
3	DURATION notes and kardex
4	DOCUMENTED REVIEW
5	GUIDELINE antibiotic for indication



Process Change



Results

- Hypoglycaemia at the weekend (SQW Project)
- Improving the safety of IV Fluids (SQW Project)

Introduction of Consultant Pharmacist-led asthma clinics (2 per week). The Consultant Respiratory Pharmacist won the NI Excellence in Pharmacy Award for this work as well as work during the Pandemic.

Our medicines optimisation service to older people continues to grow. During the year this included:

- Pharmacist input to the Frailty Service on both acute hospital sites with medication review for patients in the acute setting.
- Pharmacist-led Nursing Home Medication Reviews.
- Pharmacy technician-led Nursing Home Medication ordering service pilot.

New pharmacy services were provided to:

- Ambulatory Care Unit in Altnagelvin
- Same Day Assessment Unit in SWAH
- Pharmacist prescribing for discharge project in General surgery – Altnagelvin. This work contributed to improved patient flow.

Community Mental Health Pharmacist work across the Trust– Active and ongoing.

New Policies and Guidance

- Illicit Drug Management
- Drug treatment of Stoke

COVID-related medicines optimisation

- Antiviral / nMAB outpatient service for community-based high risk patients with COVID (cross Trust)
- Maintenance of up to date guidance for COVID treatments

Postnatal discharge prescription and VTE risk assessment review within Ward 46 (Altnagelvin).

Medicines Reconciliation

NICE standard: 95% of patients have their medicines reconciled by a pharmacist within 24 hours of admission.

Pharmacy collects this data for patients on wards that receive a clinical pharmacy service on the last Wednesday of each month.

Acute Hospital Site	Percentage of patient episodes that had medicines reconciliation completed within 24 hours of admission
Altnagelvin Hospital	60%
South West Acute Hospital	69%

A further breakdown of this data from the South West Acute Hospital puts the information into context. The table below also relates to wards with a dedicated pharmacy service.

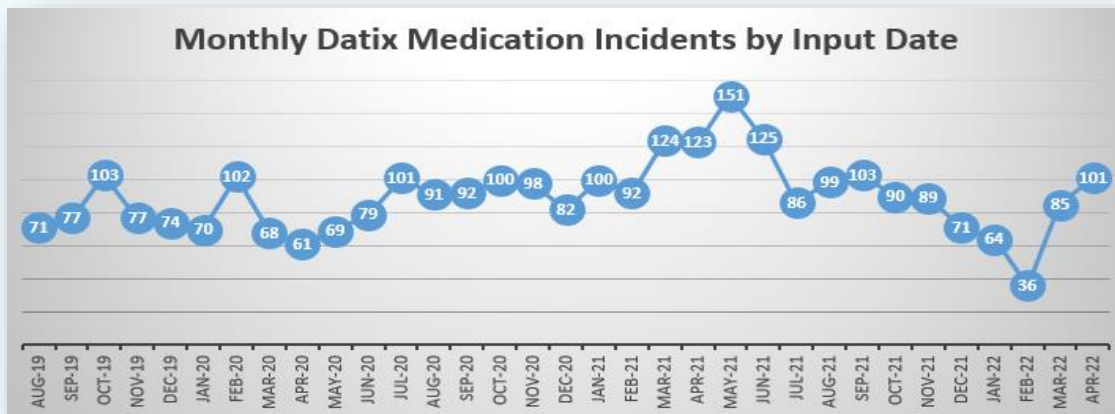
Number of patient episodes sampled across wards that have a clinical pharmacy service (partly or fully).	1079 patients
Number of patient episodes that had medicines reconciliation completed on admission.	1069 patients out of 1079 (99.1%)
Number of patient episodes that had medicines reconciliation completed within 24 hours of admission:	747 out of 1079 (69.2%)

These figures should be read within the context that not all wards receive a clinical pharmacy service. Over 80% of wards on each acute site receive a clinical pharmacy service during the week. The reduced number of medicines reconciliations carried out within 24 hours of admission is due to the 5-day provision of clinical pharmacy services and continued workforce issues due to COVID-19 pandemic.

Medication Incidents

Figure 1 illustrates the number of medication incidents reported during the year. This is an indicator of a good safety and learning culture. These incidents were reviewed monthly by the Trust Medicines Governance working group. Medication incidents help us to learn and these are shared with staff throughout the Trust via learning newsletters and training. They also provide learning opportunities to make changes to practice that perhaps make it easier to make the right decisions for patient safety every time.

Figure 1: Medication incidents reported and investigated during 2021/22



Insulin

Insulin continues to be a high-risk medicine and it is important to use it safely. Insulin incidents are reviewed at the Trusts Medicines Governance working group but also at the Insulin safety working group.

The Trust has a multi-disciplinary diabetes team that includes Consultants, Specialist Diabetes Pharmacists and Diabetes Nurses. The pharmacists are independent prescribers.

The Trust continued to be proactive in improving the safe use of insulin throughout the year. One such initiative was Insulin Safety Week which ran from 17th to 23rd May 2021. A multidisciplinary team promoted all aspects of insulin safety throughout the Trust particularly using social media platforms – Twitter, Instagram & Facebook – and internal communications including the Trust ‘WeAreWest’ app to promote the 5-day campaign. The work did not go unnoticed and the team reached the national final of the Insulin safety week 2021 Excellence Awards.

Western Health and Social Care Trust
17th—23rd May 2021

INSULIN SAFETY WEEK 2021

RIGHT PERSON
We can all EMPOWER people using insulin to help keep themselves safe

Good counselling when starting or changing an insulin can help a person get to **KNOW** their insulin

Always show the insulin to the person, and **CHECK** this is what they are expecting

Encourage the person to **ASK** questions if they are not sure

RIGHT INSULIN
Knowing your insulins can help prevent errors

There is more than one type of Humulin® Insulin, and they work very differently—but fortunately there are clues in the name

Humulin® S Soluble Short Acting	Humulin® I Isophane Intermediate Acting	Humulin® M3 MIXed Insulin 30% Soluble (S) 70% Isophane (I)

Western Trust @Weste... · 17/05/2021
#InsulinSafetyWeek2021 starts today (17-23 May).

The campaign aims to raise awareness of the importance of insulin safety in an effort to reduce insulin errors among health professionals.

Diabetes Specialist Nurse, @MaireadMcCl introduces us to the campaign.

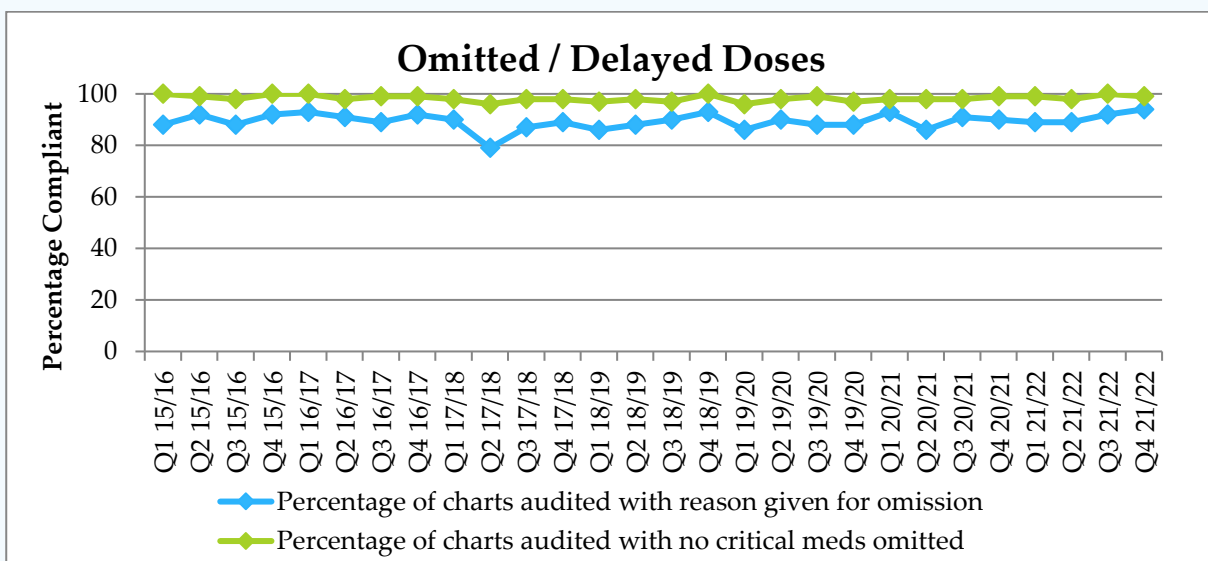
0:40 Mairead McClintock
Insulin Safety Week

1,358 views

OMITTED & DELAYED DOSES

Since the publication of the National Patient Safety Agency’s (NPSA’s) Rapid Response Report “Reducing harm from omitted and delayed medicines in hospital” in 2010, there has been a regional focus to promote good practice in reducing harm from omitted and delayed medicines. Within the WHSCT, data is collated on omitted medicines as part of a Nursing Key Performance Indicator (KPI) audit tool that was developed regionally. This captures information on the number of omitted medicines, the number of critical medicines omitted, the rationale for omission of critical medicines from a pre-defined list and the number of blank spaces (no reason provided).

Compliance with measuring omitted doses is measured quarterly. During 2021/22 data was collected on all adult inpatient wards from a random selection of 10 patient case notes. Compliance is displayed in the graph below:



The Trust is undergoing a process of resetting and reshaping post COVID-19. The WHSCT Omitted Doses group is undergoing change due to staff retirement and new staff in post. Moving forward, there have been appointments of Senior Lead Nurses in each Trust in Northern Ireland to promote excellence in professional practice and lead on clinical assurance. One aspect will include a review of KPIs (to include Omitted Medicines). The WHSCT Senior Lead Nurse will work with the regional team to revise relevant KPI proformas to ensure there is clear definition and high quality data that is consistent and reliable to enhance validity and reliability. This will enhance the work currently ongoing to reduce harm in the WHSCT from omitted medicines.

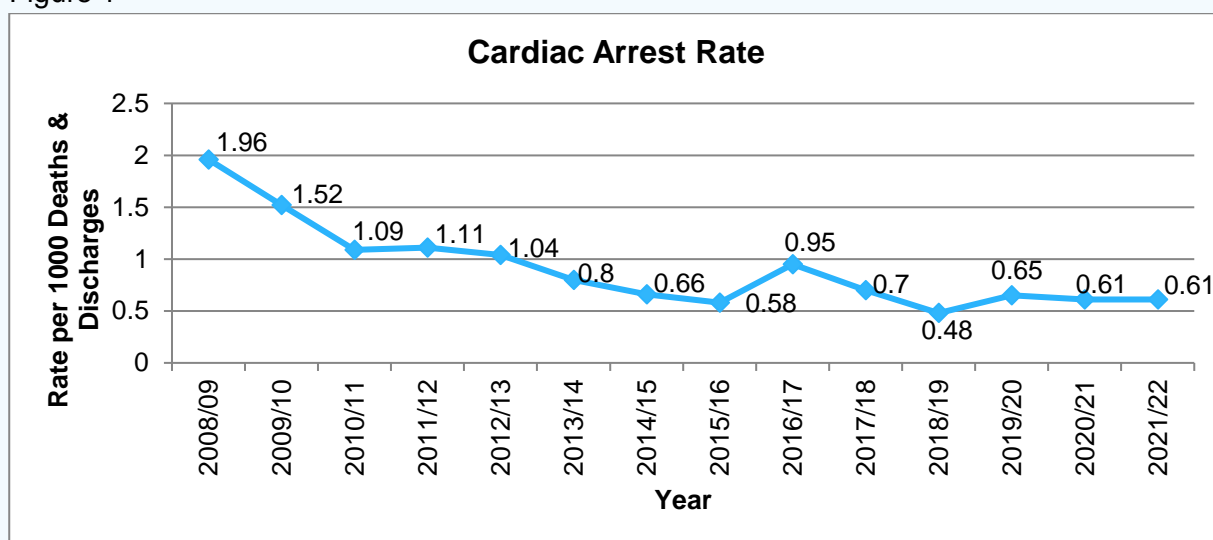
REDUCING CARDIAC ARREST RATES IN HOSPITALS

Low rates of arrest calls to general wards is an indicator and reassurance to the Trust and the general public that staff can effectively identify a deteriorating patient, provide appropriate treatment and prevent them suffering a cardiac arrest. Emphasis on identification and treatment of the deteriorating patient throughout the Trust is provided by the Resuscitation Team in their resuscitation courses.

At all Advanced Life Support (ALS), Advanced Paediatric Life Support (APLS), Immediate Life Support (ILS), Paediatric Immediate Life Support (PILS) and ALERT resuscitation courses delivered in the Trust there is a focus on deteriorating patients to empower staff to effectively assess patients, call for appropriate help early and treat them using their knowledge and skills alongside national guidelines and Trust protocols and policies. Flow charts indicating what training staff must attend have been developed, updated and adopted Trust wide to maintain staff knowledge and skills. To assist staff in assessment and management of the acutely ill patient and more intensive observation a Critical Care Outreach Team and Hospital at Night Team are in place. The Resuscitation service also facilitate drills at ward/department level to reinforce what has been taught in the classroom and also test staff responses in their own environment.

Figure 1 below details the Trust crash call rate to general wards (excluding Cardiology, Emergency Department, Critical Care and Theatres) for 2021/22 which was 0.61.

Figure 1



Within the Trust all cardiac arrest calls are audited to ensure compliance with national and local guidelines. Due to queries regarding confidentiality the input of data from all Trusts in Northern Ireland to the National Cardiac Arrest Audit (NCAA) has been suspended since 2019 until a solution has been confirmed. However, in the interim, NCAA has given the WHCST Resuscitation service access to the national reports to facilitate bench marking.

During 2020/21 specific flow charts for the management of a cardiac arrest in a suspected / confirmed Covid situation were devised and approved for use in both Acute and Primary Care settings and continue to be used as per current Resuscitation Council UK guidance. No issues with either a delay in starting resuscitation or with the donning of appropriate Personal Protective Equipment (PPE) have been identified. These flow charts will be continually reviewed and amended to reflect the emerging evidence and guidelines. The 2020/21 data will have been affected by the Covid-19 Pandemic as overall numbers of hospital admission and team visits were lower than usual and case mix and outcome will be affected compared to pre-Covid data.

In 2021/22, the survival to discharge following an in-hospital cardiac arrest in the WHSCT is 27% compared to the most recent reported NCAA data (2020/21) which reports a survival of 21.8%.

Theme 4

Raising the Standards



MORTALITY RATIO

The Trust provides care and treatment for many patients and sadly some of the very acutely ill die in hospital.

The Standardised Mortality Ratio (SMR) is an indicator of healthcare quality that measures whether the reported death rate is higher or lower than you would expect based on historic data and associated outcomes. Like other statistics, SMRs are not a perfect indicator of safety; if a hospital has a high SMR it cannot be said for certain that this reflects failings in the care provided by that hospital. However, it can be a warning sign that things may be going wrong and should act as a trigger for further investigation.

The Risk Adjusted Mortality Index (RAMI) 2019 is an SMR which takes case complexity into account, by comparing the actual number of deaths, with the predicted number of deaths, based on historic outcomes with similar characteristics, i.e. age, gender, primary diagnosis, procedures performed, and comorbid conditions.

- A RAMI index value of 100 means that the number of patients who died in hospital matches the number of predicted deaths, for a given period.
- A RAMI value lower than 100 means that fewer patients died in hospital than predicted for a given period.
- A RAMI value greater than 100 means that more patients died in hospital than predicted for a given period.

For comparative analysis the Trust RAMI score will be compared against a UK peer group (HES Acute Peer Group) and a NI Peer group (that includes the other four NI HSC Trusts).

Facts & Figures

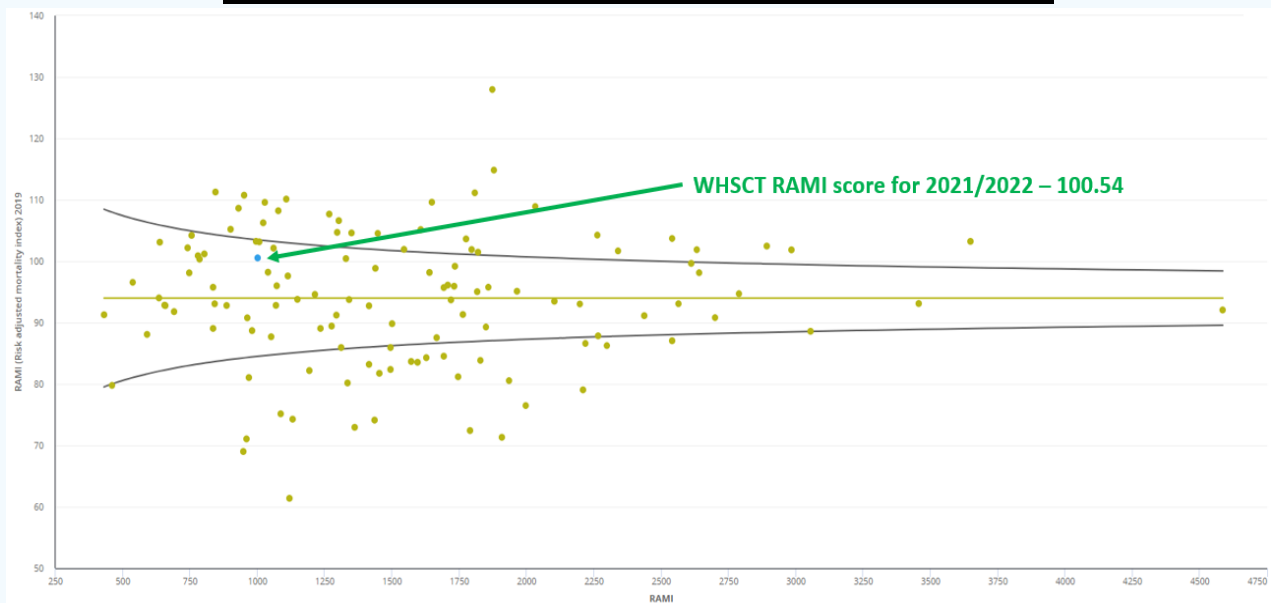
The table below provides details of the RAMI score for the Western Trust compared to the UK Peer and the NI Peer group for April 2021 to March 2022.

RAMI Score - 2021/2022			
Month	RAMI Score		
	WHSCT	NI Peer	UK Peer
April 2021	95.06	82.29	87.89
May 2021	105.85	82.46	90.57
June 2021	103.18	77.98	83.96
July 2021	85.33	91.43	89.96
August 2021	89.85	96.95	91.81
September 2021	112.75	98.71	91.80
October 2021	93.27	100.62	98.19
November 2021	120.57	100.04	96.08
December 2021	98.61	108.07	101.80
January 2022	93.88	99.98	104.47
February 2022	106.10	104.72	96.83
March 2022	102.25	99.92	95.35

The overall RAMI score of 100.54 indicates that the number of in-hospital deaths recorded for the Western Trust is almost exactly the same as the number of predicted deaths for the given period.

The UK Peer overall score was 94.0 and the NI peer overall score was 94.92, and although the Western Trust overall RAMI score was higher, at 100.54, it remained within the mid-range of UK Peer population, as demonstrated in the funnel plot below.

Risk Adjusted Mortality Index Funnel Chart for 2021/22



Please Note

Risk adjusted measures such as RAMI were not designed for pandemic activity such as that observed during 2021/2022, this is because this activity is not recorded in the reference data to which RAMI makes its adjustments. As a result, the present RAMI measure cannot accurately calculate an expected deaths figure for records with Covid-19 coding using the present methodology. Risk adjusted reporting in the CHKS report therefore excludes any activity with Covid-19 diagnoses codes in a primary or secondary position.

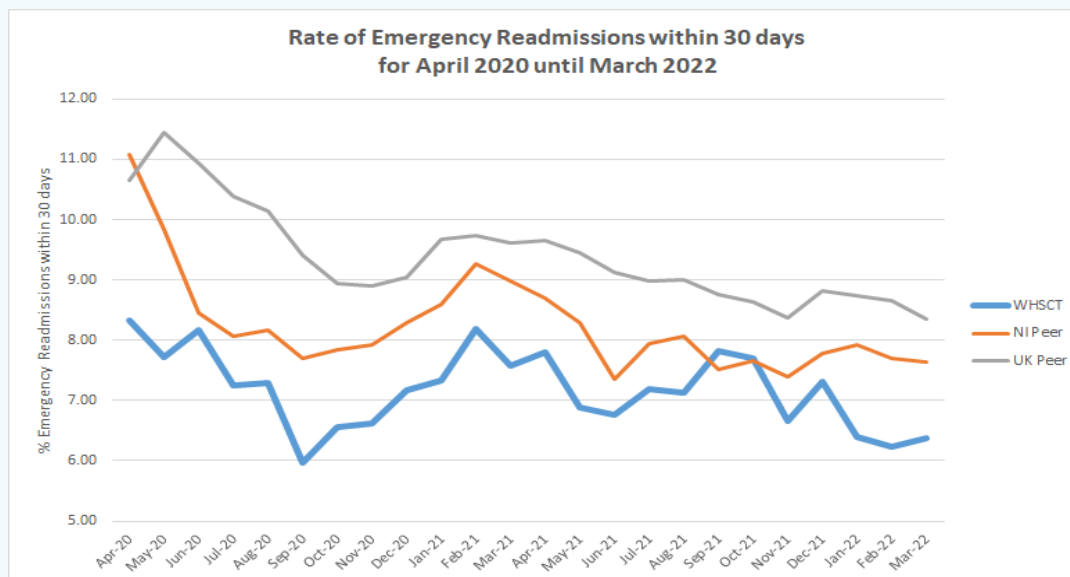
EMERGENCY READMISSION WITHIN 30 DAYS OF DISCHARGE

Readmission rate is one of a number of indicators used as a measure of quality of care. For the purposes of monitoring performance, the Trust has provided comparative data for the UK HES Acute Peer and a Northern Ireland (NI) peer (that includes the other four NI HSC Trusts).

The Trust Overall Emergency Readmission rate (within 30 days) for the period April 2020 until March 2022 was 7.12%, compared to 9.29% for the UK peer and 8.16% for the NI peer.

The graph below illustrates the monthly readmission rate for the Trust compared to the UK Peer and the NI Peer, for the period April 2020 until March 2022.

The Trust continues to perform well with an improving Emergency Readmission rate (within 30 days), comparing favourably against selected peer.



EMERGENCY DEPARTMENT (ED)

4 Hour and 12 Hour Standards

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

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

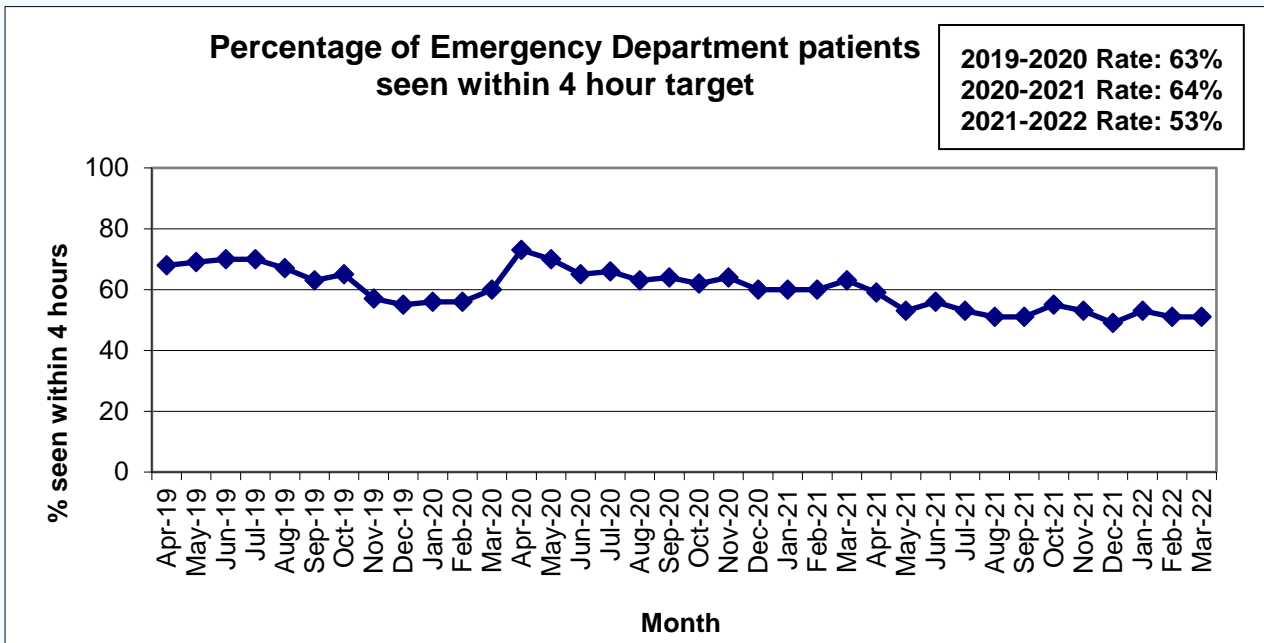
Facts & Figures

122,089 people attended ED during 2021/22. This was a 25% increase from the previous year.

53% of these patients were seen within the 4hr target which is a 11% decrease from the previous year.

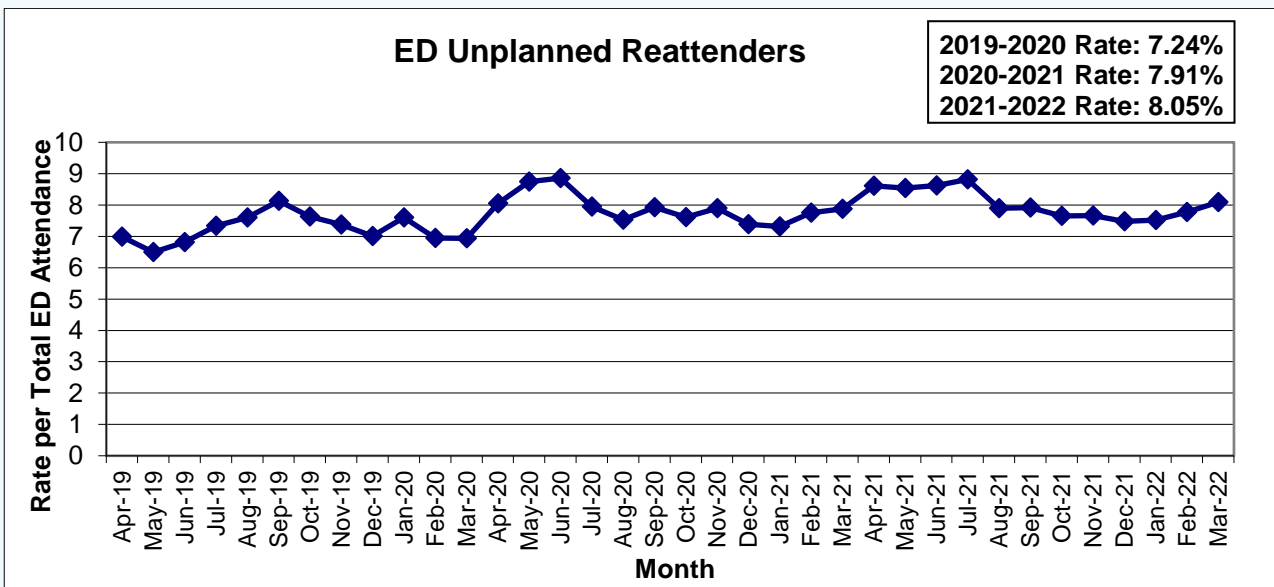
10.98% of these patients waited longer than 12hrs which is an increase of 4.26% from the previous year.

8.05% of these patients were unplanned re-attenders.



Unplanned Re-attendance 2021/22

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



People who leave without being seen

	Total Number of Attendances 2020/21	Percentage of patients who did not wait to be seen
Western Trust	122,089	5.5%

Actions Taken to Improve the Trust's Provision of ED

In March 2021, we opened a significant modular extension to the Emergency Department in Altnagelvin Hospital, providing a new 50 seater waiting area and a new Minors Unit, alongside a dedicated area for handover of patients from the ambulance crew to the ED staff.

The department continues to operate COVID and non COVID pathways which, given the continued high number of patients delayed in the department awaiting admission, presents capacity challenges on a daily basis. Operating this pathway, often with small numbers, significantly impairs capacity for other patients and prevents us from operating a minor stream which in the past was one of the key enablers to 4hour performance.

Exit block remains a significant challenge within the department and currently we are trying alternative approaches to create capacity early in the day to provide assessment capacity for new patients.

The Emergency Department in South West Acute Hospital has expanded into the footprint, adjacent to the main Emergency Department. Area 3 provides an ambulatory lower acuity injury and illness assessment area. Ambulatory medical/surgical patients can also be treated within Area 3. In Area 3 there is capacity to accommodate 5 treatment spaces and a separate waiting area. The 2 Emergency Nurse Practitioner (ENP) rooms previously utilised for minor injuries have been subsumed into the main Emergency Department to provide 2 additional clinical spaces now fully utilised by higher acuity patients. With the expanded Emergency Department footprint this has helped to maintain the percentage of patients seen, treated and discharged within 4 hours with this stream of patients being seen, treated and discharged within 4 hours in the main.

The Trust has begun some early work to look at bed modelling including capacity demand with Performance & Service Improvement colleagues. This work will look at each specialty with delayed discharge information including IHAP, both in and out of the data set.

The directorate has completed and submitted an IPT relating to ED nurse staffing to attaining normative staffing levels. The Recruitment process has initiated for the permanent appointment of the Band 8a department lead.

South West Acute Hospital has recruited a Practice Educator in the Emergency Department which has assisted with training & development and recruitment & retention of nursing staff.

System support – The directorate is working to establish an oversight / systems control process in advance of the winter.

Ambulatory Care Unit (ACU)

The Ambulatory Care Unit reopened on the 2nd Floor of the Altnagelvin Tower Block in a newly refurbished department. This area can accommodate 13 assessment spaces and is in line with the regional No More Silos project in redirecting patients away from the Emergency Department who do not require hospital admissions. The Trust continues to

expand medical ambulatory pathways across a number of specialities including neurology and plans for a frailty pathway is being progressed.

Surgical Assessment has also recommenced and work will be undertaken to increase throughput and redirect patients from ED.

Sepsis Improvement Work

The ongoing challenges caused by COVID-19 have impacted the Sepsis Improvement Work. However, we have recognised the importance of maintaining the awareness of early identification of sepsis among our staff. Sepsis identification and initial management is now embedded within our resuscitation training programmes including Intermediate Life Support, Advanced Life Support and Acute Life Threatening Events Recognition and Treatment (ALERT). For the coming year, the focus will be on implementing the strategies for improvement which had commenced from the Institute for Healthcare Improvement (IHI) Regional Learning Set.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) GUIDELINES AND ENSURING COMPLIANCE

The Department of Health re-instated the process for endorsement of NICE Clinical Guidelines in June 2021 which had been suspended due to the impact of the pandemic. (The process for endorsement of Technology Appraisals had been previously re-instated in June 2020 but endorsement of Public Health Guidelines remained suspended.)

National Institute for Health & Care Excellence (NICE) brought together existing recommendations on managing COVID-19 and new recommendations on therapeutics into one COVID-19 rapid guideline (NG191) which they continued to update during the year as new information and the latest evidence based practice emerged. These updates were brought into effect immediately on publication without the need for endorsement by Department of Health (DoH) as outlined in circular HSC(SQSD)12/20. The Trust's Clinical Advisory Group continued to review updates to NG191 and ensured that changes to support decision making and service delivery were communicated widely to reflect best practice and safe care to patients.

Two workshops took place during 2021/22 to strengthen the governance arrangements for the management of NICE Guidelines. It was agreed that the Directorate who could address the majority of the recommendations should lead on implementation of a NICE guideline with input from other Directorates as necessary. A process flowchart has been developed and accepted in principle which aims to improve accountability, oversight and management of any risks associated with gaps identified.

Compliance with NICE Guidelines continues to be shared with Directorates and monitored by the Quality & Standards Sub-Committee which reports to Trust Governance on a quarterly basis.

NATIONAL / REGIONAL AUDITS

Trust Participation in National/Regional Audits

Our Trust proactively participates in national and regional audits, allowing us an opportunity to benchmark our services against other hospitals providing similar services using recognised standards and evidence based practice for example from Royal Colleges, NICE guidelines and Clinical Outcome Review Programmes. Findings from these audits highlight areas of good practice, i.e. where services provided are in line with recognised standards, as well as reveal where improvements are needed. Examples of a national audit and a regional audit that the Trust participated in which were published during the 2021/22 year are outlined below:

British Thoracic Society (BTS), Smoking Cessation National Audit 2021, Southern Sector

Background

Smoking is the number one modifiable risk factor for years of life lost. Part of “The NHS Long Term Plan” is for 100% of patients who smoke to be offered NHS-funded tobacco treatment services.

This is a British Thoracic Society national audit to review smoking cessation services across the UK and highlight good practice and areas for improvement.

Audit Aims & Objectives

Smoking cessation is one of the cornerstones of the BTS strategic plan which focusses on improvements in respiratory care. It is intended that the audit will help hospitals to recognise service deficiencies and provide both impetus and justification for healthcare providers to create an environment that is more conducive to helping smokers quit.

Criteria

The standards that will be used are based on the following evidence-based documents:

- NICE Smoking Cessation in Secondary Care: Acute, maternity and mental health services November 2013 (PH48).
- NICE Smoking Cessation: Supporting people to stop smoking 2013 (QS43).
- BTS recommendations for hospital smoking cessation services for commissioners and healthcare professionals 2012 (BTS).
- Department of Health ‘Tobacco control plan: delivery plan 2017 to 2022’ guidance.

Summary Results

The intervention may have had a positive impact in promoting healthcare workers in South West Acute Hospital in supporting patients who want to stop smoking, as there is progress in identifying and offering smoking cessation services to patients who smoke compared to 2019. In 2021, 99% of the patients’ smoking status is documented in either the medical or nursing notes. This is in comparison to 77% nationally in 2019, and 77.6% in 2021.

In 2019, there were no documentations regarding referral to hospital smoking cessation service as such, so it cannot be ascertained whether patients were referred to smoking cessation service. There is definite improvement in that regard in 2021, where 12 out of 20 (60%) smokers were recorded as being offered on site smoking cessation services. Nicotine

replacement therapy being offered in South West Acute Hospital has improved from 50% in 2019 to 55% in 2021. In the UK, it was 31% in 2019 and 40.2% in 2021. However, the current performance in South West Acute Hospital is still short of the BTS target of 90% (by 2023/24) for support of all smokers with a referral to an on-site specialist stop smoking service and offering Nicotine Replacement Therapy (NRT) to all patients who smoke.

Although 60% of the patients who smoke were asked if they would like to be referred to the smoking cessation services, the number of patients who did not want a referral remains high at 9 out of 12. The number could potentially be reduced by ensuring that health professionals are equipped with the knowledge, confidence and skills required to deliver an effective brief intervention to patients who smoke.

The data shows that the referral rate to the in-site smoking cessation service in South West Acute Hospital is very poor as only 10% of smokers accessed the service. The trust boards need to be held accountable to continually enhance and develop the smoking cessation service, so that it will reach all the smokers and offer support in line with the NHS long-term plan.

The possible reasons for low percentage of NRT prescribed and successful referral to smoking cessation services could be due to the ambiguity in which the treatments and services are offered to the patients by the healthcare staff. The ambiguity likely affects both ways where the healthcare staff are unsure of which specific healthcare professionals should be prescribing the NRTs and where and how the patients are to be referred to for smoking cessation. As for the patients, due to the uncertainty of the healthcare professionals, they themselves would not be able to make informed decisions regarding smoking cessation without clear explanations provided by their doctors.

Areas of good practice

- Documenting forms of non-cigarette smoking.
- Documenting vaping status.
- Clearly documented evidence that they were asked if they wanted to stop smoking.
- Documented evidence that they were referred to smoking cessation services.
- Increase number of patients prescribed NRT.

Areas where improvement is required

The Smoking Cessation Team would like to see:

- A change within the Western Trust to embed the treatment of tobacco addiction into all the medical teams' every day practice.
- The implementation of elements of the Cure project (a project currently being run in Greater Manchester link attached [The CURE Project – Curing Tobacco Addiction in Greater Manchester](#)). This is a treatment programme to help smokers with their tobacco addiction and quit smoking. This would provide a more supportive approach to smokers, treating smoking as an addiction and offering all inpatients who smoke immediate and comprehensive medical treatment to help them to stop smoking during their admission, with ongoing support post-discharge.
- All Staff having access to Brief Intervention Training on Smoking Cessation, to provide them with the necessary knowledge and skills to support smokers in their care.
- A prescription for NRT on admission.

- A referral generated (for all smokers) to the Smoking Cessation Team. The potential in the future for electronic prescribing could see a referral generated to the Smoking Cessation Team, were NRT is prescribed on discharge.

Action Plan

- Implement specific questions in nursing booklets, such as non-cigarette smoking including vaping, desire to stop smoking and to assess smoker's wishes to be referred to smoking cessation services. Nursing staff should be enforced to document them clearly. This should be done through Brief Intervention Training.
- Define clear distinct roles for health professionals. Assign roles for example, for who should prescribe NRT, or who and how patients will be referred to smoking cessation service.
- Give brief intervention training to all healthcare staff regularly including nurses, junior Doctors and pharmacists.
- Remind healthcare staff regularly especially of the 'As' of smoking cessation and what support is available; through staff emails, posters and social media.

Retrospective regional audit to identify adult patients using agreed proforma with palliative care needs admitted to hospital (South West Acute Hospital and Altnagelvin Area Hospital) on 1st May 2019

Background:

This retrospective regional study was to identify using NY screening tool, patients who potentially were in the last year of life and had palliative care needs who were admitted to hospital following ED attendance on the 1st May 2019.

Aims & Objectives:

To take part in Regional Retrospective Audit to provide a baseline of information on identification of ED patients with unrecognised palliative care needs.

Criteria:

The 4 key priorities of the Palliative Care in Partnership programme N.I are:

- 1) **Identification:** To improve the early identification of people who could benefit from a palliative care approach (regardless of their condition) ensuring their information is captured, recorded and shared to co-ordinate supportive care for the person.
- 2) **Keyworker:** To ensure everyone identified as being in their possible last year of life has an allocated keyworker who is appropriately trained and that operational processes and communication is in place 24/7 across care settings.
- 3) **Advance care planning:** To ensure everyone identified as likely to benefit from a palliative care approach has the opportunity to discuss and document an Advance Care Planning Summary which will facilitate the sharing of their preferences for care across settings (via a Key Information Summary).
- 4) **Generalist & Specialist Palliative Care Services:** To continue to improve the provision of generalist and specialist palliative care services in all care settings across Northern Ireland.

Conclusions:

The results show that there are areas of improvement required to identify patients who have life limiting conditions earlier across all care settings.

Recommendations:

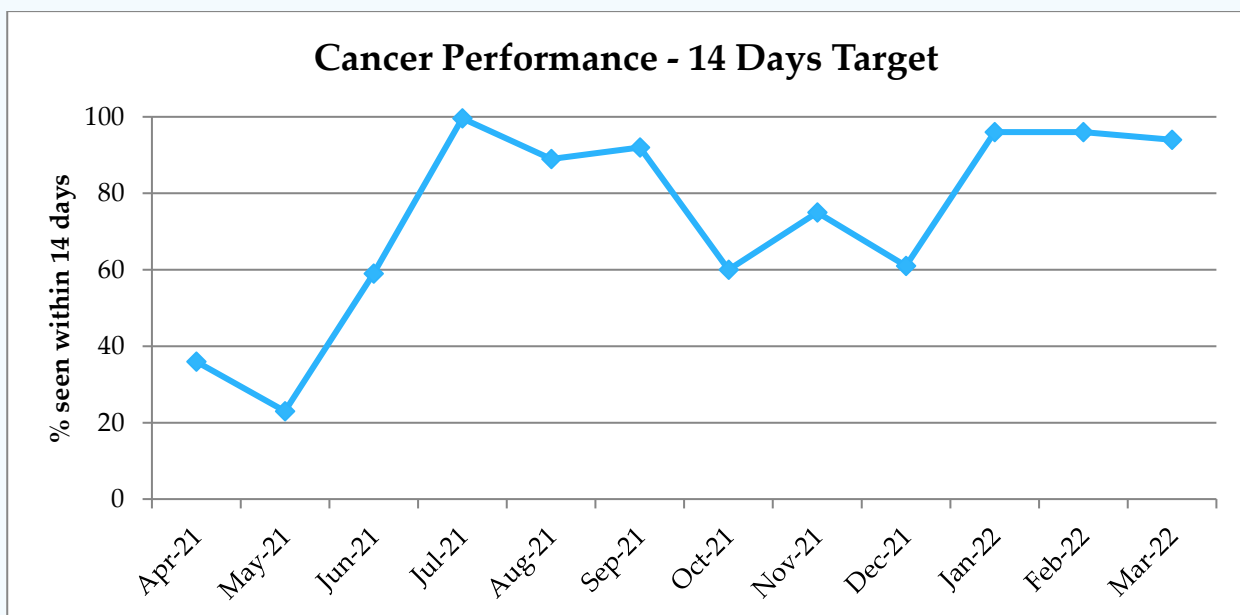
- Routine use of tools to encourage earlier identification e.g. NY screening tool, SPICT, Gold Standards frameworks, End of Life operational system (ELCOS) – AnticiPal.
- Strengthening communication flow and support systems to share key information – e.g. key information summary and alert system on Electronic Care Record (ECR) and discharge documentation / letters.
- Earlier referral to generalist palliative care services (keyworker) and specialist palliative care services.
- Scoping of patient pathways across primary and secondary care to identify areas for improvement.
- Re audit 2023.

ACCESS TARGETS

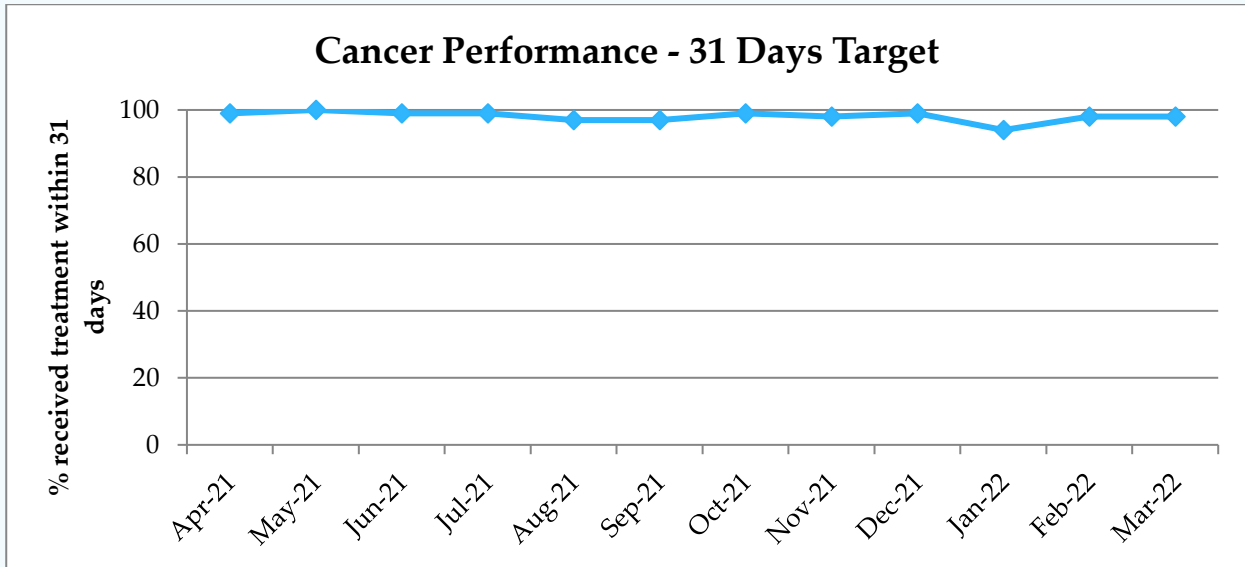
The Trust retained its customary strong performance against cancer targets. Despite some difficult months, the service has recovered its performance against the 14-day breast target, which increased to 94% by March 2022. Performance against the 31-day target has remained high throughout the year, and was at 98% at the end of March 2022. Delivery against the 62-day pathway has been challenged throughout the year particularly with the impacts of the pandemic, and the limited access to surgery, endoscopy, TP Biopsy and oncology services, but it continued to deliver better than the regional average. Performance in relation to these 3 cancer pathways are included below:

Cancer Services

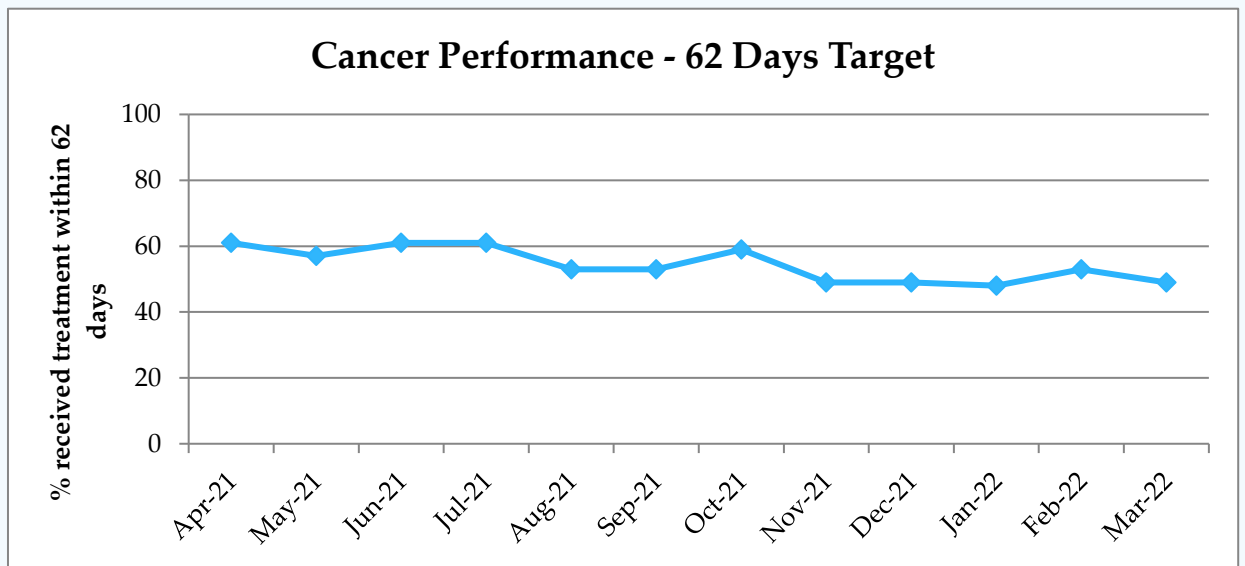
14 day Breast target 2021/22 – 71% urgent suspected breast cancer referrals seen within 14 days



31 day target 2021/22 – 98% of patients diagnosed with cancer who received their first definitive treatment within 31 days of a decision to treat.



62 day target 2021/22 - 54% of patients urgently referred with a suspected cancer who began their first definitive treatment within 62 days.



Theme 5

Integrating the Care



COMMUNITY CARE – SUPPORTING PEOPLE IN THE COMMUNITY

Hospital @ Home Service Test

In December 2020, with support from the Medical team in the South West Acute Hospital, Pharmacy and the Rapid Response Nursing team, a test of a hospital at home service was established in the Fermanagh locality. This service test initially involved working with 4 Care Homes in Enniskillen including Millcroft Care Home, The County Care Home, Meadow View Care Home and The Graan Abbey Nursing Home. During the COVID pandemic the aim was to assess and treat residents in these Care Homes thus avoiding the need to attend ED and an admission to hospital.

In July 2021 the Trust received non-recurring funding to appoint a dedicated Hospital @ Home Team. The team is led by Dr Mark Roberts, Consultant Integrated Care (Fermanagh & West Tyrone) and is supported by a multi-disciplinary team including Medical, Nursing, Pharmacy and Physiotherapy staff. This service, which was developed in the middle of the COVID-19 pandemic, has received a high level of support from the public as it seeks to provide an additional strand of support to the Trust's Hospitals and Care Homes. Since December 20 to 30 May 2022, the service has treated 229 patients. This includes supporting 84 people to remain in their Nursing or Residential Home setting, avoiding attendance at ED and hospital admission. Of the total patients treated, 85% (173 patients) avoided a hospital admission and the median length of service stay in 2021/2022 was 5.5 days. This service has saved at least 1384 hospital bed days based on an average length of stay of 8 days in hospital. The average length of stay in Medical ward, South West Acute Hospital is 10.1 days and in Ward 7, care of the elderly it is 22.9 days. (*Activity based on 1 January 2021 to 31 December 2021, source: WHSCT Information Services*).

This service has been earmarked as a central element in the future regional model for Intermediate Care as outlined in the Review of Emergency and Unscheduled care as well as the 'Enhancing Clinical Care into Care Homes.

Integrated Care Virtual Pilot

Since October 2021 the Primary Care & Older People's (PCOPS) Directorate has piloted an innovative approach to narrowing the gap between general practitioner and hospital doctors in Fermanagh and West Tyrone. This pilot has been the idea of Dr Mark Roberts, Clinical Lead for Integrated Care in the Southern Sector of the Trust. A small project team lead by Dr Roberts with involvement from GPs and practice managers have co-designed a service that aims to enhance the care of our target population: older patients with multiple comorbidities in a locality of the Trust that struggles with recruitment and retention of medical staff.

The Integrated Care Virtual calls have been set up on the Zoom platform with GP practices in the Southern Sector of the Trust to create an opportunity to discuss older people with multiple comorbidities, in a partnership, shared decision way and done in real time through virtual, secure discussion rooms operating as a 'drop-in' service four times per week. There are currently 5 GP practices both urban and rural involved in the initiative and a further 7 practices have been invited to avail of the service. To date 35 patients have been discussed in these integrated care call sessions, approximately 1/3 of this patient group have had changes to their medication and around 1/3 have had an advanced care plan developed.

This service combines and strengthens existing resources and clinician expertise, reduces practitioner isolation and promotes patient centred decision making that is timely and effective. It promotes working together to deliver out of hospital care in line with the unscheduled care programme of work. Some unedited written feedback from our GP colleagues who are using this service so far has included:

'Ease and speed of accessibility to the expertise of a secondary care specialist enhanced my on the ground live management plans for complex patients. Things I had not considered but where beneficial to patient care were brought to my attention & incorporated into plans = win win for Dr and patient.'

'Most importantly in my personal opinion there was a sense of collective clinical ownership of patient care between the GP & consultant. Sometimes patients with multiple co-morbidities can become somewhat homeless. This gave them a home.'

'Very helpful to discuss complex cases with Consultant colleagues especially if trying to avoid admission/referral and you just need some advice'.

Recently, the Trust's Communications team has helped to develop a video with Dr Roberts which outlines the service and this is being shared with GP practices.

Social Work Services

The PCOPS Directorate's Northern Sector Social Work Team has developed a draft standard operating protocol to improve governance oversight in relation to unallocated referrals. This will be further developed in line with the Trusts guidance for developing or reviewing policies, procedures, guidelines & protocols, with a view to roll out across Older People Community Social Work Teams in the Southern Sector.

Community Heads of Service rolled out awareness sessions for PCOP Community and Hospital Social Work Teams on the Regional Access Criteria for Domiciliary Care. The aim of the sessions was to revisit and raise awareness of the Access criteria circular to ensure a standardisation of practice and approach to the assessment of need and eligibility that will ensure fairer access to services across PCOP Community & Hospital Teams Trust wide. This work will underpin the implementation of resource allocation panels.

The first cohort of Social Work Managers and Service Managers commenced the bespoke leadership course in February 2022. The second cohort will begin in September 2022. By December 2022 all PCOP Band 7 and 8a social work managers will have completed the course. The course covers a range of key areas to inform the leadership role and provide opportunities to develop staff with a view to succession planning. Feedback from the first cohort of staff is overwhelming positive.

A Quality Improvement project commenced on the 14 September 2021 and concluded 27 May 2022. This included service user involvement in the form of a questionnaire. The aim of the project was to increase the number of reviews for enhanced care placements in two identified Nursing Homes. A draft enhanced care assessment document was developed and this has evolved into a checklist to support staff during the review process. The change ideas implemented to date have had a positive influence on providing a more robust assessment and review process for Enhanced Care, this is clearly demonstrated as we move towards a shift in our data and in our practice. PDSA cycles show that there was a shift in thinking within the system which started to show an improvement in Enhanced Care reviews. Work is underway through the Enhanced Care Practice subgroup to further

develop practice in relation to enhanced care provision/placements in Residential, Nursing and supported living accommodation.

Neighbourhood District Nursing Service

Both Neighbourhood District Nursing Teams in Limavady successfully extended their hours of service from 8am-8pm. Feedback from patients and families via Care Opinion regarding this service development are extremely positive. Feedback from staff and the GPs continues to be very positive. Anecdotal evidence also indicates that the service has been successful in preventing hospital admissions.

The Neighbourhood District Nurse Team Leads in Limavady met with GPs, Multi-Disciplinary Team (MDT) practitioners and Practice Managers from all 4 Limavady practices. The purpose of the meeting was to re-establish links with MDT practitioners. It was agreed to further develop the initial community profile which was drafted by the Limavady Neighbourhood District Nursing Teams.

The Neighbourhood District Nursing Coach commenced work with the 6 District Nursing Teams and District Nurse Team Leads based in Shantallow Health Centre. Team coaching sessions take place on a fortnightly basis. The initial focus of the sessions is on addressing concerns within the teams and scoping team values and goals.

Following the implementation of the PARIS system in 2019, a data cleansing exercise has been commenced to close all open referrals which have been actioned. This piece of work needs to be completed before the PARIS activity contact card can be implemented to support the data collected required to populate the regionally agreed NDN OBA scorecard.

An audit of existing ICT devices has been undertaken to identify the number of laptops that require replacing as they no longer work and to scope the number of laptops that need to be purchased for those staff without an ICT device.

Quality Improvement projects are an integral element for the implementation of Neighbourhood District Nursing and the District Nursing Framework. Community Nursing Service Managers and Neighbourhood District Nursing Coach continue to support the development and testing of regionally agreed Quality Indicators for Pressure Ulcers, MUST and Palliative Care have commenced. In addition, the DN and Podiatry Teams based in Limavady have submitted an application to take part in the Cohort 4 of Safety Quality West. The focus of the QI Proposal is to support better outcomes for patients experiencing lower limb lymphoedema.

Sleep Programme for Older Adults

The Older People's Mental Health Service commissioned and organised three sleep training courses earlier in the year, two for older people's mental health staff and one for staff working in community groups and healthy living centres. The training helped staff understand the principles of good sleep, the impact of sleep problems on the older people they work with and how to manage these.

Using the knowledge and skills from this course a number of staff within the community mental health team in the Northern Sector designed and delivered a series of sleep workshops for patients. Based on the positive evaluation more sleep workshops are planned for the New Year.

Community Digital Mental Health Hubs for Older People's Mental Health Clinics

In association with mPower Connecting Communities Fund, Older People's Mental Health Services enabled people to safely and reliably avail of virtual video appointments.

The Community Digital Mental Health Hub is a pilot 'test of change' that will provide a digital space within local community facilities helping to reduce the requirement for travel across the Western Trust area. The pilot will facilitate the provision of older people's mental health, dementia diagnosis and review clinics.

The virtual clinics include dementia diagnosis appointments and review appointments for both dementia and mental health patients. These clinics are held across 3 sites 4 days per week during the day and in the evenings. Based on the prevalence of patients on the service's waiting lists, the community clinics were placed in Enniskillen town, Omagh town and Claudy/Dungiven surrounding areas. Supporting these clinics is a meet and greet service provided by the Dementia Companions.

Post-COVID Syndrome Service

The Post COVID Syndrome (PCS) service was established following the need to put in place timely, effective and equitable arrangements for the assessment of people who continue to experience longer-term physical, mental and cognitive effects as a result of COVID-19 infection.

There are various strands to the non-recurrent funding, which include multidisciplinary assessment clinics, pulmonary rehabilitation, critical care and psychology input.

The Multidisciplinary team consists of Occupational Therapists, physiotherapist, respiratory nurse, speech and language therapist, dietician and admin. Vacant posts include a GP Service Improvement post, clinical physiology post and a consultant clinical psychologist. Psychology support is being provided from the Acute Psychology team in the interim.

Multidisciplinary assessments have commenced and are working towards setting up pulmonary rehabilitation and educational classes for patients in the late summer. User involvement is key in shaping and developing the service going forward and this has been used in the development of the PCS service leaflet and over the coming months in the development of a toolkit of resources for patients to self-manage their symptoms.

Collaborative Working between Occupational Therapy and Community Nursing

Occupational Therapy led on the review, approval and implementation of a Collaborative working protocol for Occupational Therapy Services and Community Nursing. This protocol provides clear professional guidance for Occupational Therapy and Nursing staff regarding the provision of equipment and the associated professional responsibilities with regard to hand over, demonstration and completion of MHRA's. The protocol provides a clear referral pathway for services referrers. As an extension to this protocol, a further working group has been established in collaboration with Occupational Therapy, District Nursing, Tissue viability and Podiatry to develop a collaborative protocol with regard to Pressure Ulcer Management.

Occupational Therapy Service: Green Therapy Project: Adult Mental Health

The green therapy project explores the therapeutic benefits of disconnecting from busy lives and technology, and spending time in nature. Nature based activity is shown to

enhance the mental wellbeing of participants and our community partner and setting promotes community integration and social inclusion.

Features:

- The project is also underpinned by the PHA 5 Ways to Wellbeing philosophy and the OT Remotivation model.
- Participants are service users with serious mental illness who struggle with motivation and structure to day.
- Participants will be supported to progress to volunteer roles and other projects at the House.
- Plans are in place to incorporate several visits to locations of interest and arrange inspirational speakers.
- Plans are in place to strengthen our links with previous participants by several gatherings throughout the year.

Service users provided the following feedback:

“I came here after a bad time but it was the right time because I’ll grow with the seeds I’ve planted. I see things starting and developing like nature.”

“I’m a person who puts my name in for everything but goes to nothing, but I’ll drive 14 miles on a Friday to Green Therapy.”

Podiatry Think Glucose

Podiatrists may see people living with diabetes on a regular basis depending on their risk of ulceration and level of podiatric need. It became apparent that these same patients some of which were poorly controlled were not attending regularly for their Multi-Disciplinary Team (MDT) diabetes care. A QI project was put in place with the aim of:

- Checking the individual’s HbA1c on NIECR
- If not within the right parameters to ensure that the patient was referred on to the diabetes team

This QI initiative has continued throughout the pandemic and provided vital support to the multi-disciplinary team.

Paramedic Science – Practice Placements with Community Nursing

The new BSc Paramedic Science programme commenced in September 2021 at the University of Ulster in Magee.

The largest proportion of clinical placement education will continue within the Northern Ireland Ambulance Service (NIAS) and clinical competencies will be taught and signed off by paramedic practice educators working within NIAS and by paramedics teaching within the UU.

WHSCCT placements will continue within clinical areas previously provided to NIAS staff in training e.g. Theatres; Emergency Department; Coronary Care Unit; Paediatrics and Obs & Gynae

In addition, the students require placements in other community settings e.g. Community teams, mental health acute and community learning disability settings and Primary Care. The first cohort of 5 students have been facilitated by Trust community nursing managers in conjunction with the trust AHP lead - students gained valuable experience with community district nursing and treatment room teams.

A Paramedic Practice Educator for the WHSCT has now been appointed to develop a practice placement model and ensure a robust governance arrangement are in place in conjunction with the trust AHP lead.

District Nursing Service

From the 14th April 2021, both Neighbourhood District Nursing Teams in Limavady have extended their working hours, the service now operates 8am – 8pm seven days a week, 52 weeks a year. Feedback from patients, their families/carers and GPs has been extremely positive and is reflected through online forums such as Care Opinion and compliments.

The District Nursing Service continues to promote Care Opinion in all 4 localities and Team Leads have received Care Opinion responder training. To date the District Nursing Service has received 24 stories, all of which have been positive. These stories from patients and their families has boosted morale for district nursing staff and gave them a sense of achievement in their role.

In June 2021 to mid-September 2021, the Neighbourhood District Nursing Coach facilitated sessions with staff based in the Cityside locality to support the implementation of the Neighbourhood District Nursing principles. This provided an opportunity for staff to develop their team values and purpose statement, to enhance the standard of care provided and to promote a person centred approach.

District nurses in Cityside also ran a week long campaign in Shantallow Health Centre during International Men's Health Week, promoting health initiatives and health screening aimed specifically at men.

In April and October 2021, the District Nursing Service continued to support the roll out of the COVID19 vaccination to all housebound patients across the Trust. The programme in April required staff to vaccinate patients with the Astra Zeneca vaccine, while the booster programme required staff to administer the Pfizer vaccine which brought with it additional logistical challenges for the teams. Both programmes were successfully delivered within a 6 week period to 1600 housebound patients across the WHSCT.

As with every other year, the District Nursing Teams across the Trust ran a very successful Flu campaign for patients in their own homes administering approx. 4,000 vaccines.

The District Nursing Service continues to promote their keyworker role in palliative care. Staff participated in the development of a quality improvement project to introduce the 'Just in Case' Box to encourage the timely introduction of anticipatory prescribing for End of Life Medication. This initiative also includes the development of a revised keyworker information leaflet for patients and their families.

District nursing where instrumental in providing education, undertaking nursing assessments of patients and audits in a number of Care Homes to ensure a high quality of care was provided in order to meet RQIA standards following failure to comply notices.

Following the introduction of additional ICT equipment and mobile phones, the District Nursing Teams have become more confident and competent using ICT systems and mobile devices to support innovative ways of working. i.e. recording of assessments on PARIS ensures that staff have access to the most up to date assessment. Access to ICT equipment has also enabled staff to review PARIS referrals at weekends/bank holiday, access Elms to request community equipment thus supporting delivery of safe patient care at the right time by the right person.

Throughout the year the regional District Nursing Quality Indicators Working Group met to discuss and agree the following quality indicators. These indicators were developed using a quality improvement approach.

- Malnutrition Universal Screening Tool (MUST)
- Palliative Care
- Pressure Ulcers
- New District Nursing Referral Criteria

MUST

To support the implementation of the new MUST indicator, 29 staff attended specific MUST training for community nurses.

Palliative Care

District Nursing staff now attend a weekly palliative care discharge meeting which is a multidisciplinary meeting between primary and secondary care,

District Nursing Referral Criteria

A Standard Operation Procedure was drafted to support the successful implementation of the new District Nursing referral criteria.

The regional OBA scorecard continued to be completed on a quarterly basis and was submitted to the HSCB & PHA. An agreed measure was evidence of Person Centred Care in the nursing notes. Approval was secured from the AD PCOP and Nursing Governance to introduce PACE to community nursing. Following this 4 teams across the Trust have implemented PACE (recording care) using a quality improvement approach.

Following on from the successful implementation of a QI project in Limavady 20/21, the District Nursing Team in partnership with Community Podiatry successfully secured a place on SQW. Their project was to improve the outcomes for patients experiencing lower lymphoedema.

Community Nursing Service Managers continued to participate in a number of regional working groups which are aligned with the District Nursing Framework 2018-2026. The career pathway group drafted the Band 8b (Nurse Consultant) and Band 8a (Advanced Nurse Practitioner) and Band 6 (senior community staff nurse) regional job descriptions. These job descriptions/job specifications have been agreed and adopted for use in all.

Following a second Delivering Care Phase 3 consultation process to support the implementation of the District Nursing Framework 2018-2026 within the Trust, a response document was drafted to address submissions made.

Education

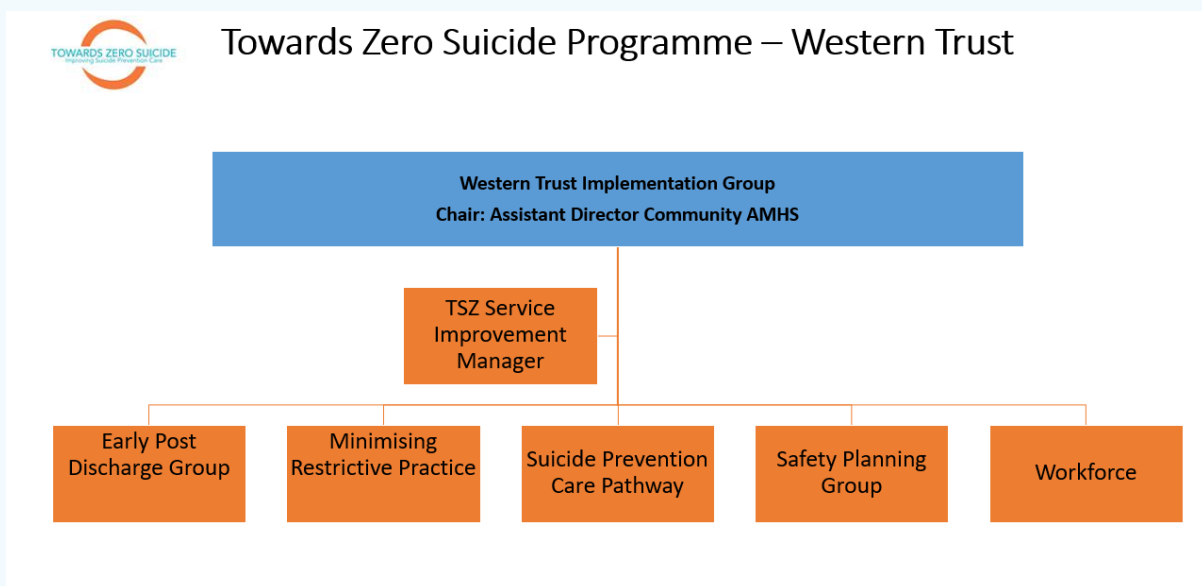
- The Trust seconded 8 staff to complete their Specialist Practice in District Nursing at Ulster University.
- 3 staff also completed their V300 independent prescribing over the course of the year.
- We have supported 3 Senior Nursing Assistants, who commenced their first year on the Open University Degree in Nursing.
- In recognition of the dedication demonstrated by District Nursing Teams across the WHSCT, THE District Nursing Service received the WHSCT Recognition Award for Commitment to Care 2021/22.

MENTAL HEALTH

Mental Health services within the trust continue with the implementation of 'You In Mind' documentation across community services. This has improved consistency in patient assessments. Services remain engaged in the regional roll out of associated materials and integration with the encompass digital platform.

Mental health liaison services have been mainstreamed following confirmation of recurrent funding and together with the rest of acute mental health services are participating in the regional review of MH Crisis services.

The Towards Zero Suicide collaborative work continues.



Collaborative working between mental health services and the emergency departments continues, with an agreed mental health care pathway now in operation and the CRISP (Crisis Resources, Information and Support Providers) cards developed. These are shared at the point of triage to ensure that even those who do not wish to have a formal assessment will have some relevant, local, information to take home. There is an associated, co-delivered, training programme to share information on the CRISP resources and to build understanding, thereby improving care and reducing stigma.

SOCIAL WORK / SOCIAL CARE

Children & Young People Potentially at Risk

It is essential that children and young people identified as potentially at risk are seen by a social worker and receive a timely response for assessment. Regional child protection procedures require that children identified as being at risk are seen within 24 hours and as a Trust we continue to meet this target consistently.

Looked After Children

Children who become looked after by Health and Social Care Trust's must have their living arrangements and care plan reviewed within agreed timescales in order to ensure that the care they are receiving is safe, effective and tailored to meet their individual needs and requirements. This must also preserve and maintain their rights under the United Nations Convention on the Rights of the Child and Article 8 of the European Convention on Human Rights (ECHR), enshrined by the Human Rights Act 1998.

Every looked after child needs certainty about their future living arrangements and through Permanency Planning the Trust aims to provide every looked after child with a safe, stable environment in which to grow up. A sense of urgency should exist for every child who is not in a permanent home. Coming out of the challenges brought by the pandemic, we have improved on that target from last year.

Permanency planning starts at first admission to care and continues throughout the lifetime of the child or young person's case until permanency is achieved.

Facts & Figures

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

83% of looked after children had their living arrangements and care plan reviewed within regionally agreed timescales.

100 % of all looked after children in care for more than 3 months have a Permanency Panel Recommendation

Young People Leaving Care

Research tells us that young people who leave care do not always achieve the same levels in education, training, and employment as other young people in the community.

The transition from children to adult for those who have a disability is best assisted by a transition plan. Although vast majority remain in education until the term after their 19th birthday, therefore no children known to WHSCT left school whilst known to disability services as a child. As part of good practice all children have a transition plan within school first discussed when 14, then reviewed regularly at 16 and 17 years old. Young people are supported throughout the transition process by social workers and transition officers.

Facts & Figures

86% of young people known to leaving and aftercare services are engaged in education, training and employment.

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

Adult Social Care Indicators

There are many people in the community who are vulnerable due to their situation and/or characteristics. Those who are most at risk of abuse, neglect and/or exploitation should have adult protection plans in place following investigation.

There is a significant population of carers within the region. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities. Improvements have been put in place to increase the number of carer assessments being offered, and between 2020/21 and 2021/22 the overall figure increased by 39%.

Facts & Figures

88% of adults referred for investigation and identified as at risk of abuse, neglect or exploitation during the year had an adult protection plan.

1863 adult carers were offered individual care assessments during 2021/22.

Direct Payments

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

Direct payments provide service users and their family an element of choice in determining the care they receive. Direct payments received increased by 9 % since last year.

Facts & Figures

1661 adults received direct payments during 2020/2021

19 carers received direct payments during 2021/22

Mental Health & Learning Disability Indicators

The ultimate goal of this Trust is to improve the quality of life for those with mental health and learning disabilities. This is done by providing a range of services that will support personal choice; moving away from a service-led to needs-led approach and challenging and changing mind-sets that may affect the individual's potential to become an integral and valued member of their community.

Sustainable integration into the community of individuals with mental health and learning disabilities, who no longer require assessment and treatment in a hospital setting, is a priority for all Health and Social Care Trusts.

Facts & Figures

The Trust, in common with other Trusts has continued to face difficulties in effecting appropriate accommodation and community support options, especially for individuals with complex health and/or behavioural needs due to lack of suitable accommodation within Northern Ireland. Eight service users were placed outside Northern Ireland and the impact of such physically distant placements on individual and families is considerable.

Mental Health

Sometimes it is necessary, for the protection of an individual, and to prevent harm to themselves or others, to detain people in hospital for assessment under the Mental Health Order.

Applications can be made by an Approved Social Worker or by the persons nearest relative. Good practice says that it is preferable that applications for assessment should not be a burden born by families, in order to preserve on-going relationships and not to threaten necessary support during and after detention in hospital. These actions are always considered alongside an individual's human rights, particularly Article 5 and Article 8 of the European Convention of Human Rights.

Facts & Figures

100% of applications for assessment were made by Approved Social Workers during 2021/22.

Learning Disability

Following from the data of children with a learning disability transitioning to adult services and the importance of having a transition plan when leaving school. **97%** of adults that transitioned across to Adult Learning Disability services, had a transition plan in place when leaving school. The 3% that did not related to cases in the NS where, for a number of reasons, plans were not complete when these adults left school.

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

Facts & Figures

0% of adults with a learning disability had an annual health check due to the impact of the pandemic on SC and Health services. These recommenced in May 2022 and we anticipate to see an improvement in the next reporting period.

NEXT STEPS

In 2022/23 we will focus on quality in the Trust using improvement science to move forward with our key priorities of Transformation, Financial Recovery, Quality and Safety of Care, Pathfinder project, and the Rebuild of Services following the COVID19 emergency.

Transformation

Quality Improvement Team: The QI team will continue to promote improvement within the Trust using QI methodologies through provision of QI training programmes, QI West Connect Forum and participation in regional and national QI work streams.

Improvement and Involvement: A No More Silos service user / carer reference group was established with representation from service users / carers and the community voluntary sector. The group meets regularly and supports the work of the No More Silos project board. Plans to integrate service user / carer representatives into the No More Silos work streams will continue into 2022/23.

Post-COVID Syndrome Service: Multidisciplinary assessments have commenced and staff are working towards setting up pulmonary rehabilitation and educational classes for patients in late summer 2022. User involvement will be key in shaping and developing the service going forward including the development of a toolkit of resources for patients to self-manage their symptoms.

Financial Recovery

Working Together, Delivering Value: The Trust will continue to implement the 3-year Recovery Plan. Working Together, Delivering Value is the Trust's strategic programme of recovery, spanning three years which is focussed on reforming and improving services to deliver improved value and support financial recovery.

Quality and Safety of Care

Governance Review: Forty of the forty-nine recommendations have been completed as at March 2022. The remaining recommendations will be progressed and monitored through a clear action plan via the Safety Quality Management System during 2022/23.

Incident Reporting: The Risk Management Team will continue to encourage the identification, investigation and reporting of incidents via the DATIX Champions project. This project aims to identify champions to encourage reporting, help identify triggers, guide their teams and display contact details and instructions on posters within their wards/departments.

Serious Adverse Incidents: The Trust will embed a permanent SAI support team with effective systems to support continued improvement in identifying and embedding learning.

Complaints: The Trust will continue the roll out of DATIX web among all Directorates in order to support improvement within response times to complainants

Reducing Avoidable Pressure Ulcers: The Pressure Ulcer Prevention Plan will continue to be implemented throughout 2022/23. Actions will include:

- Education sessions for all Directorates.
- Development of a Link Nurse questionnaire to obtain feedback from staff.
- Continue to promote training programmes.
- Annual STOP Pressure Ulcer Day to be held in November 2022 to educate staff on Pressure Ulcer Prevention.

Falls Prevention: In order to reduce the incidence of falls within the Trust, a number of actions are planned for implementation during 2022/23 including:

- Continue work with the regional falls inpatient prevention group to develop a regional patient / carer information leaflet on preventing falls in inpatient settings.
- Continue to increase public awareness regarding steps people can take to reduce their risk of falls by providing information and supporting people to access services available to support with falls prevention.
- The OPALS team will recommence the falls clinic to address current waiting lists.
- Promote falls prevention messages with a focus on the importance of activity during falls awareness week in September 2022 as part of *Safetember* within the Trust.
- A patient information leaflet on falls prevention will be developed in an accessible format for people with learning disabilities.
- The Trust will work collaboratively with Encompass staff to ensure that falls prevention information and documentation is integrated into the Northern Ireland digital integrated care record.

Improvements within ED:

- The Trust will undertake work to look at bed modelling including capacity demand within each specialty to include delayed discharge information.
- The Trust will also work to establish an oversight / systems control process in advance of the winter.
- Continue to expand medical ambulatory pathways across a number of specialities including neurology and progress plans for implementation of a frailty pathway.
- Surgical Assessment has recommenced and work will be undertaken to increase throughput and redirect patients from ED.
- The focus of Sepsis Improvement work will be to implement the strategies for improvement which had commenced from the Institute for Healthcare Improvement (IHI) Regional Learning Set.

Pathfinder Project

We will continue to focus on our Pathfinder initiative which is committed to working in partnership with many stakeholders to build a shared consensus of the population health needs and actions in the Fermanagh and West Tyrone area to 2029. Pathfinder continues to focus upon effective models of care for those with multi-morbidities and those with mental health illness. This work is increasingly aligned with the wider development of new models of planning, commissioning and delivering integrated care. Pathfinder continues to reflect a commitment to co-production in all its processes to deliver on integrated care.

Rebuild of Services following the COVID19 emergency

During 2022/23 Trust Board will continue to focus on the continuing COVID-19 response and oversight of the rebuilding of services.