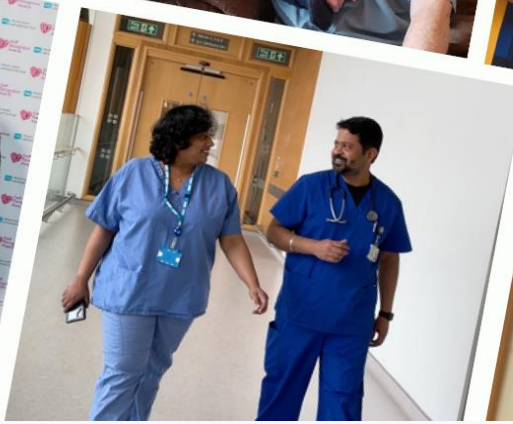


WESTERN HEALTH AND SOCIAL CARE TRUST

2022/23 ANNUAL QUALITY REPORT



Chief Executive's Foreword



This is the Western Trust's eleventh Annual Quality Report. 2022/23 continued to be a challenging year as the Western Trust set upon re-building services post the COVID-19 Pandemic, in line with the Department of Health priorities. Despite the challenges met, we have strived to continually provide high quality and safe care to our patients and service users.

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 continued to grow 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. Our Performance and Service Improvement Directorate have also been working tirelessly to further grow our service user and carer participation. Our Improvement through Involvement Committee also oversight this activity.

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 efficiently. We have seen many examples of achievements by staff individually and in teams this year through staff recognition awards, 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.

CONTENT

WHAT IS THE ANNUAL QUALITY REPORT?	Page 6
ABOUT THE WESTERN HEALTH & SOCIAL CARE TRUST	Page 6
THEME 1: TRANSFORMING THE CULTURE	
• Vision and Mission	Page 8
• Just and Learning Culture	Page 8
• Flexible/Agile Working Culture	Page 8
• Staff Equality, Diversity & Inclusion	Page 9
• Quality Improvement – Workforce Profile Dashboards	Page 9
• Patient and Client Experience	Page 10
• Personal and Public Involvement (PPI)	Page 13
• Complaints and Compliments	Page 14
• Learning From Incidents	Page 18
• Leadership Walkrounds	Page 23
• Quality Improvement	Page 24
THEME 2: STRENGTHENING THE WORKFORCE	
• Induction	Page 29
• Leadership Programmes	Page 29
• Learning & Development	Page 30
• Coaching and Mentoring	Page 30
• Supervision	Page 31
• Staff Achievements	Page 33
• Looking After Your Staff	Page 39
• Revalidation	Page 43
• Maximising Attendance	Page 44
• Mandatory Training	Page 45
• Staff Training	Page 45
THEME 3: MEASURING THE IMPROVEMENT	
• Reducing Healthcare Associated Infections:	
▪ Methicillin Resistant Staphylococcus Aureus (MRSA)	Page 52
▪ Clostridium Difficile Associated Disease	Page 52
▪ Healthcare-Associated Gram-Negative Bacteraemia	Page 53
▪ Hand Hygiene	Page 54
▪ Orthopaedic Post-Operative Surgical Site Infection (SSI) Surveillance	Page 55
▪ Caesarean Section Post-Operative SSI Surveillance	Page 56
▪ Critical Care Device-Associated Infection Surveillance	Page 56
▪ Breast SSI Surveillance	Page 56
▪ COVID-19 Infection Prevention & Control Response	Page 57
• Safer Surgery – WHO Surgical Safety Checklist	Page 57
• Maternity & Gynaecology Quality Improvement	Page 58

• Paediatric Quality Improvement	Page 61
• Falls	Page 63
• Pressure Ulcers	Page 75
• Preventing Venous Thromboembolism (VTE)	Page 81
• Medicines Management:	
▪ Medicines Reconciliation	Page 81
▪ Medicines Continuity of Supply	Page 82
▪ Pharmacy Patient Services and Procurement	Page 82
▪ Aseptics	Page 83
▪ Clinical Pharmacy	Page 84
▪ South West Acute Hospital and Omagh Hospital & PCC	Page 85
▪ Controlled Drugs	Page 85
▪ Insulin	Page 86
▪ Medication Incidents and Medication Safety	Page 86
▪ Quality Improvement within Pharmacy	Page 87
▪ Learning from the COVID-19 Pandemic	Page 87
▪ Omitted and Delayed Doses	Page 89
• Reducing Cardiac Arrest Rates in Hospital	Page 90

THEME 4: RAISING THE STANDARDS

• Mortality Ratio	Page 93
• Emergency re-admission within 30 days of discharge	Page 94
• Emergency Department:	
▪ 4 Hour & 12 Hour Standards	Page 95
▪ Unplanned Re-attendance	Page 96
▪ People who leave without being seen	Page 97
▪ Actions taken to improve the provision of emergency care	Page 97
• Sepsis	Page 97
• NICE Guidelines and Ensuring Compliance	Page 98
• National / Regional Audits	Page 98
• Access and Performance Targets	Page 101

THEME 5: INTEGRATING THE CARE

• Community Care – Supporting People in the Community:	
▪ Rectory Field	Page 112
▪ Post-Covid Syndrome Service	Page 112
▪ District Nursing Service	Page 112
▪ Prescribing of Palliative Medicines by District Nurses	Page 113
▪ Domiciliary Care Optimisation Project	Page 113
▪ Domiciliary Care Improvements	Page 114
▪ Loneliness Strategy	Page 115
▪ Social Work	Page 115
▪ Residential Care	Page 115
▪ Adult Integrated Care Project	Page 116

▪ Tissue Viability Service	Page 117
▪ AHP Services	Page 118
▪ Dromore/Trillick GP Practice	Page 119
• Mental Health:	
▪ Towards Zero Suicide Programme	Page 119
▪ Adult Psychological Therapy Service	Page 120
▪ Mental Health Improvement Board	Page 121
▪ WS10 – Length of Stay: ED to Admission to MH Inpatient Ward	Page 121
▪ Primary Care Liaison Community Mental Health Service	Page 122
• Social Care Indicators:	
▪ Children & Young People Potentially at Risk	Page 123
▪ Looked After Children	Page 123
▪ Young People Leaving Care	Page 123
▪ Adult Social Care Indicators	Page 124
▪ Direct Payments	Page 124
▪ Mental Health & Learning Disability Indicators	Page 125
▪ Mental Health	Page 125
▪ Learning Disability	Page 126

NEXT STEPS

Page 127

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 eleventh 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.**

ABOUT THE WESTERN HEALTH & SOCIAL CARE TRUST

The Trust is a statutory body which is responsible for the delivery of safe and effective health and social care services to a population of approximately 300,000 people across the western part of Northern Ireland, covering a geography that stretches from Limavady in the north to Fermanagh in the south. The Trust also provides a range of specialist acute services to the northern part of the Northern Trust and to north Donegal through specific commissioning arrangements. The Trust employs approximately 11,700 staff. The Trust provides services across 4,842 sq. km of geography and delivers services from a number of hospitals, community based settings and directly into individuals' homes.

- Acute hospital services are delivered in Altnagelvin Hospital and the South West Acute Hospital (SWAH).
- Omagh Hospital and Primary Care Complex (OHPCC) provides a range of rehabilitation and palliative care hospital services as well as locally based diagnostic, urgent care and community support services.
- Lakeview (a learning disability hospital), Grangewood (a mental health inpatient unit), and Waterside Hospital (a rehabilitation and mental health facility for older people) are all located in Gransha Park.
- The Tyrone and Fermanagh Hospital provides a range of acute mental health inpatient services for adults and older people.
- Social services and many other Trust services are delivered in community-based settings, often in partnership with organisations in the private, community and voluntary sectors.

Theme 1

Transforming the Culture



Vision and Mission

During 2022/23 the Trust reviewed its **vision** and **mission** to align it to how our staff feel about our organisation. Staff at all levels were involved in multiple forums throughout the year to develop the Trust's vision and mission statement. The Trust's new **vision** and **mission** below has been developed collectively between staff and senior management and will be launched at the Leadership Festival which took place in June 2023 and other events planned throughout the incoming year.

Our vision is about our people...

Working together to provide the best health and social care so that...

People who need us feel **cared for**
People who work with us feel **proud**
People who live in our communities **trust us**

Our mission is...

We are **West**. Caring Together. Committed to Better.

Just and Learning Culture

The Trust launched the **Just Culture Initiative in 2022** which aims to promote a culture of fairness, openness and learning when things don't go as planned. A Trust Working Group has been established with representatives across all services including Trade Union representatives. A Terms of Reference for the group has been developed with the following aim which is aligned to HSC/Trust values:

Achieve a culture of openness, honesty, compassion, excellence and working together in order to embed a just culture and human factors approach within the Western Trust.



Awareness and training sessions were completed across a wide variety of forums and policies were updated to support and enable the culture change. Policies updated and launched include the Disciplinary Policy, the Grievance Policy and the Attendance at Work Policy.

Flexible/Agile Working Culture



Changes to the flexible working Agenda for Change Terms & Conditions were implemented in Northern Ireland with effect from 1 April 2022. In line with these changes, WHSCT introduced a new Flexible Working policy which was applicable to all staff directly employed by the organisation.

To inform our approach a regional survey was circulated to all HSC staff in February 2022 and the approach was adapted to support improvements on the feedback received. Having developed resources and support tools for staff and managers, HR also ran a number of Briefing Sessions for managers to support with the implementation of the policy and understanding of the changes and new process.

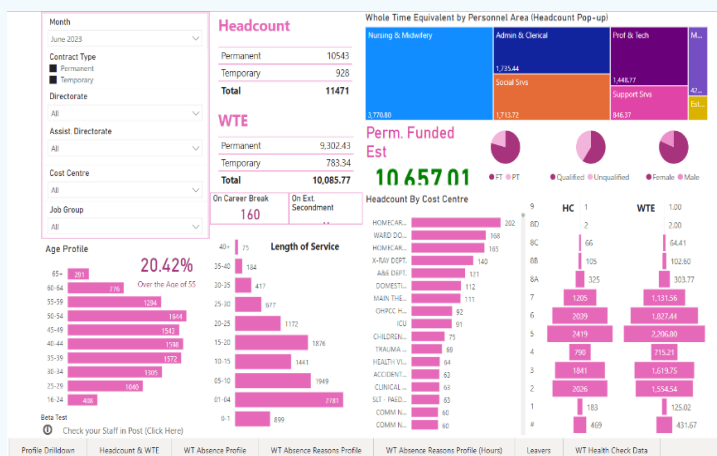
Since launching, flexible working requests have been received from staff across all directorates and all job families. Key findings from the report:

- ✚ **1508 applications** received from **1057 individuals**
- ✚ **79.64%** of all requests submitted by staff have been approved by managers – approval of at least one request for 986 employees who submitted applications
- ✚ Home & Hybrid working requests accounted for **45.15%** of all applications
- ✚ **41.7%** of requests were received from staff who have been employed by WHSCT for more than 15 years
- ✚ **52** applications were received from staff newly appointed to the Trust (< one year’s service). Prior to the new policy being implemented these staff would not have been eligible to apply.
- ✚ Equal Opportunities reporting found that **85%** of all requests submitted by staff with a disability were approved and **78.99%** of staff recorded as having a caring responsibility were also successful.

Staff Equality, Diversity & Inclusion

ETHNICALLY DIVERSE STAFF NETWORK The Ethnically Diverse Staff Network continued throughout 2022/23 and developed an action plan to support staff from ethnically diverse backgrounds working within the Trust. Derry City and Strabane Council hosted a Mayor’s reception for staff to celebrate diversity in health care and thank staff for their dedication to the WHSCT. The International Medical Peer Group ran throughout the year on an ad hoc basis to support medical colleagues who have relocated to work with the Trust. Through the Equality and Diversity campaign the Trust has continued to encourage staff to update their equality details.

Quality Improvement



Workforce Profile Dashboards

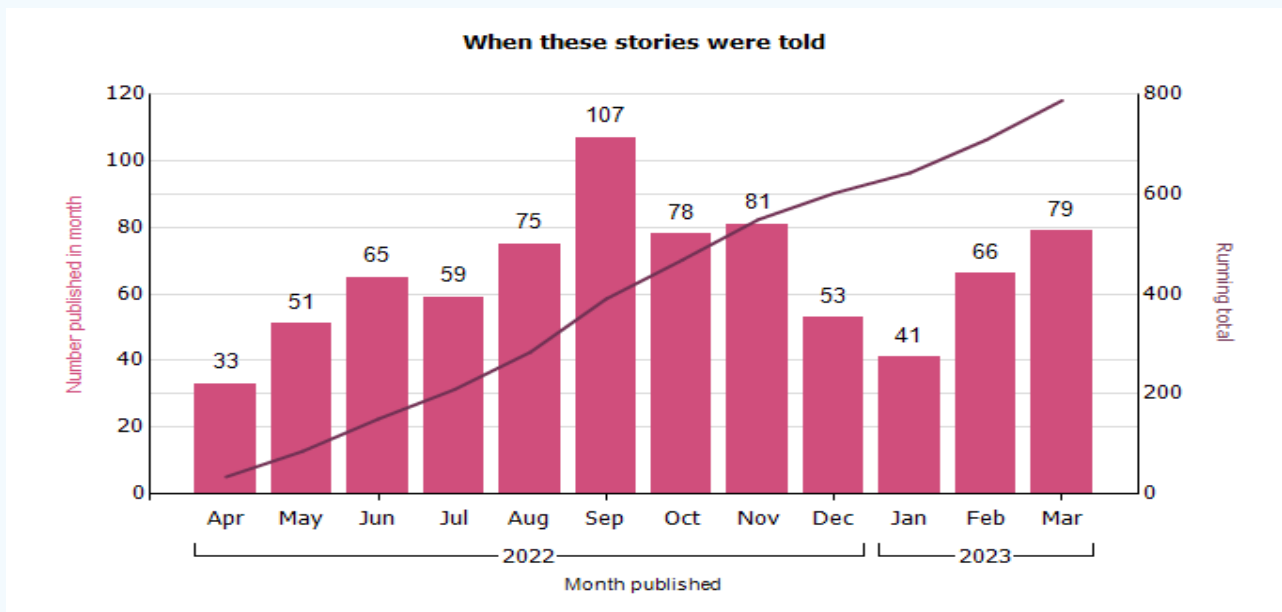
During 2022/23 the Trust’s Workforce Information Department developed and launched a new Workforce Profile Dashboard using Microsoft Power BI to replace monthly and quarterly reports in Microsoft Word and Excel documents. The Workforce Profile Dashboards now provide an ‘always-on’ solution making workforce information more accessible by streamlining its publication and distribution.

PATIENT AND CLIENT EXPERIENCE

Care Opinion; 10,000 More Voices

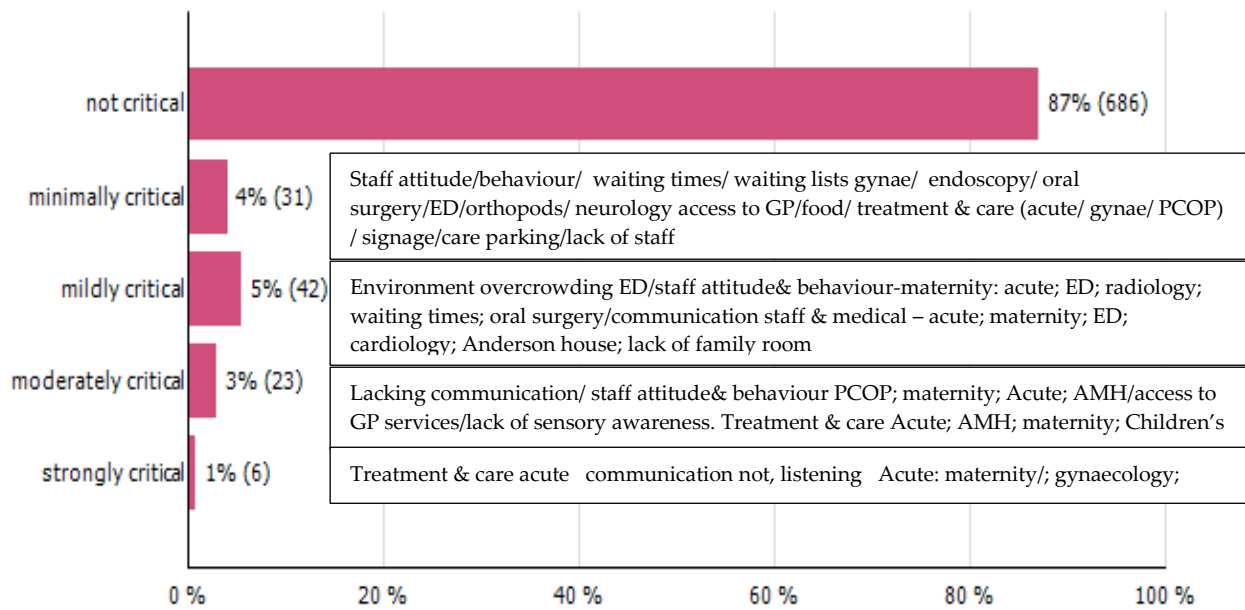


From 1st April 2022 to 31st March 2023 there were 788 stories posted on Care Opinion (compared to 490 stories for the previous year) with public views of 39,209. Care Opinion continues to gather momentum as the public have another opportunity to share their experiences in a safe and simple matter to tell us what was good, how services made them feel and what improvements could be made.

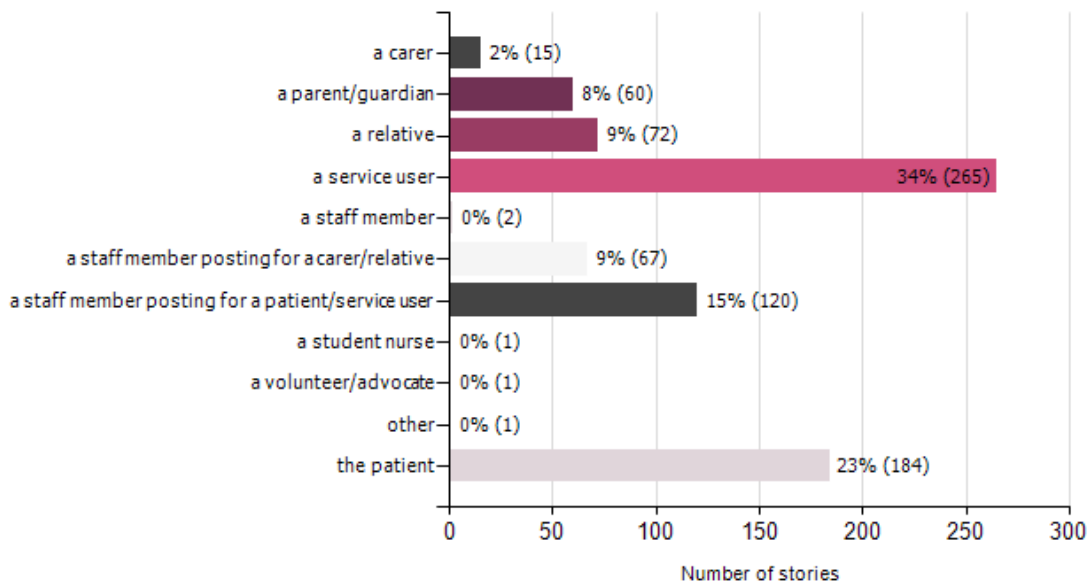


- Consistently the majority of feedback remains positive at 87% (686 stories).
- Staff can use information in a number of ways including revalidation, reflection, clinical supervision and evidence of direct patient / client feedback. It helps boost staff and team morale particularly during these challenging 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.

How moderators have rated the criticality of these stories



How the authors of these stories identify themselves



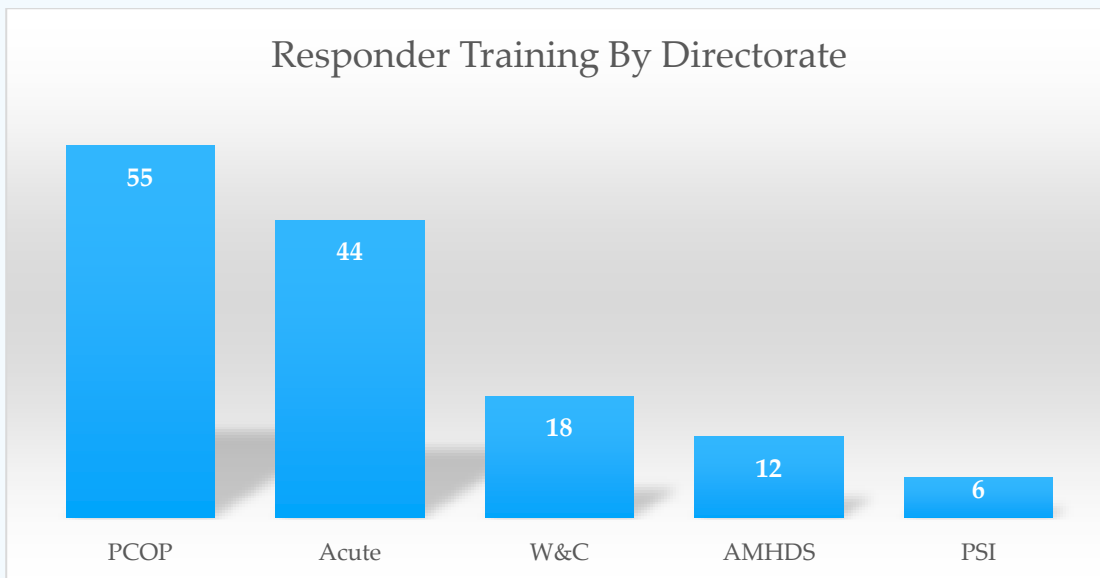
Services are asked to respond to feedback within 7 days of publication and there is always the aim that changes will be considered, identified and recorded as a response to online feedback.

Service	Stories	Responsiveness	Mean time to respond	Profile picture	Personal signature	Responses rated helpful	Changes planned	Changes made
Western Health & Social Care Trust Provides 29 services (17 with stories)	943	93% 874	11 days	45%	97%	98% 132/135	7	20
Adult Mental Health and Learning Disabilities	9	100% 9	65 hours	83%	100%	100% 1/1		
Adult Services	10	100% 10	4 days	67%	100%	100% 2/2		
Altnagelvin Area Hospital	431	94% 403	17 days	38%	97%	96% 75/78	4	13
Children's Services	8	88% 7	54 hours	36%	100%	100% 2/2		
Community Midwifery Services	11	100% 11	62 hours	13%	100%	100% 5/5		
Diabetes footcare pathway	1	100% 1	5 days	0%	100%	0%		
Older People's Services	200	99% 198	3 days	70%	96%	100% 11/11		1
Omagh Primary Care Complex	117	82% 96	7 days	39%	94%	100% 14/14		
Physical Disability Services	2	100% 2	20 days	0%	100%	100% 1/1		
Physical/Sensory Day Centres	2	100% 2	6 days	0%	100%	0%		
Post Covid Syndrome Service	12	92% 11	6 days	8%	92%	100% 3/3		1
Roe Valley	7	86% 6	8 days	0%	100%	0%		
South West Acute Hospital	142	91% 129	8 days	43%	98%	100% 24/24	3	5
Trust wide Neurology Services	2	0% 0		0%	0%	0%		
Tyrone and Fermanagh Hospital	2	100% 2	8 days	100%	100%	0%		
Urgent Care	3	100% 3	8 days	60%	80%	100% 1/1		
Waterside Hospital	12	92% 11	8 days	41%	100%	100% 3/3		

During this time period 27 stories have led to either change planned and/or made. Some examples of changes made are included below:

- Emergency Department Manager highlighted the paediatric flow guidance pathway chart to all staff in the Emergency Department, South West Acute Hospital following a poor experience of a mother and child that arrived to the Emergency Department <https://www.careopinion.org.uk/933636>
- This was a positive story however under the section entitled 'room for improvement' the author highlighted the importance of allergy information. The Emergency Department Manager, Altnagelvin Hospital also highlighted the importance of accurate allergy information in order to take this feedback forward [Well looked after at Altnagelvin A&E | Care Opinion](#)
- Radiology Service Manager highlighted the authors painful experience whilst in the Radiology Department following surgery to all Radiology staff in order to encourage staff reflection and learning from the patient experience <https://www.careopinion.org.uk/950281>

Responder training has been facilitated by the Patient Client Experience (PCE) Lead via zoom and now currently via MS teams or face to face upon request. To date there are 578 out of the 750 subscriptions including Band 8a, 7, 6, 5 & 3 across Directorates.



PERSONAL & PUBLIC INVOLVEMENT (PPI)

Service user / carer involvement

The Trust remains committed to the meaningful engagement and involvement of service users, carers, the public and staff within all levels and programmes of work. We continue to be 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 Trust has prioritised PPI within all aspects of work and has established a range of governance, management and reporting mechanisms to ensure compliance, accountability and transparency. This drive to embed and fully embrace PPI into culture and practice will ultimately help to improve working relationships and ensure a more effective, responsive, tailored approach to service delivery.

The Involvement Team have developed communication processes within each directorate to:

- Disseminate relevant PPI information (PPI training and involvement support clinics for HSC staff);
- Monthly involvement monitoring returns;
- Promotion of involvement related opportunities.

In addition, the Involvement Team are currently undertaking a scoping exercise to establish a baseline of involvement projects and service user / carer panels and to improve shared learning and partnership working across the Western Trust. This ensures that there are clear governance arrangements implemented to help embed PPI into policy and practice.

The Improvement through Involvement Committee continues to govern and lead on service user / carer involvement to fulfil the statutory PPI requirement and involvement related work within the Western Trust, share learning and improve involvement processes.

Strategic projects

As part of the overarching Emergency General Review, the Western Trust established a project board. This project board meets monthly and includes a service user / carer involvement sub-group to help support and maintain urgent and emergency care services, making changes to the existing provision. This process was created to allow for co-production and good practice involvement.

As Emergency General Surgery was temporarily suspended in December 2022, the Trust launched a public consultation in January 2023 to seek the views of patients, staff and the general public. From the onset, service user and carer representatives were invited to attend full project board meetings and PPI / Involvement remained a steady item on the agenda.

As part of the development of the consultation document, the service user representatives provided on-going review and feedback. To ensure access for all, an Easy Read version of the consultation document was also developed. The Western Trust facilitated seven public engagement events which were attended and supported by both the Western Trust Involvement Team and Public Health Agency colleagues. Staff supported attendees ensuring their voice was heard and questions answered.

The Involvement Team provided Service User and Carer Involvement training sessions for Western Trust staff. These sessions are detailed below:

- Give an understanding of Service User and Carer Involvement and how it can be easily implemented into your work;
- Explore the benefits of involvement for service users, carers, staff and the Trust;
- Provide information on different methods and levels of involvement.

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 – 2022/23

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

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

2,282 written compliments were received during 2022/23 compared to 2,518 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 the 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 impacts of COVID 19 are still being felt within complaints due to the additional pressures placed upon waiting lists as a result of same.

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 660 formal complaints received, a total of 125 (19%) were responded to within 20 working days.

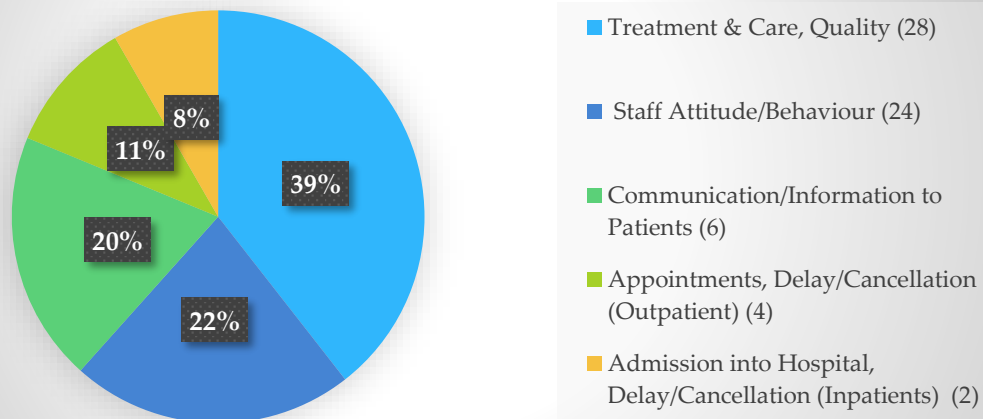
Of the 660 formal complaints received, a total of 67 (12%) were re-opened. This was a 25% decrease in re-opened complaints when compared to 2021/22.

Complaints by Subject – Top 5

The top 5 categories of complaints received during 2022/23 are set out below:

1. Treatment & Care (Quality)
2. Staff Attitude / Behaviour
3. Communication & Information to Patients
4. Appointments - delays and cancellations
5. Admission to hospital - delays and cancellations

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 2022/23 the following comments were captured as part of the learning:-

Complainant said: *"She said I would have to go home and reschedule the appointment as there was no 'qualified' staff in to do the test."*

We did: *Programme of training implemented for all staff to be trained in this area, to prevent recurrence*

Complainant said: *"My details and condition were read aloud in a very crowded area"*

We did: *Information Governance training refresh within the department. Suitable areas for patient conversation identified.*

Complainant said: I was left to wait for a long period of time in a lot of pain"

We did: All staff reminded to use visual observation and regular check in with patients waiting for long periods of time regarding pain thresholds and progression of ailment in which they are attending

Complainant said: "My appointment letter arrived with me on 9th and advised that my appointment was on 10th. I had no warning and no phone call. I have now been advised I must wait months for another appointment because of your poor practice"

We did: Posting procedures re-visited and 1st class post usage for urgent referrals re-iterated to all staff.

Complainant said: "I rang the ward repeatedly and could not get an answer or follow up in relation to my father. My father was palliative at this point "

We did: Procedures embedded identifying the most critical patients and communication protocols in relation to same.

Mobile phone now in operation to ensure this is assigned to a staff member to enable more calls to be answered when appropriate.

Complainant said: "the pregnancy tissue should have been placed in a container of a certain solution to be sent to Belfast for genetic testing, however, the tissue had been placed in a container of the wrong solution. As a result of this mistake the baby and pregnancy tissue could no longer be sent for genetic testing."

We did: Doctors Handover has been modified to include discussion of any patient that is for Surgical Management of Miscarriage

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:

Whether the care and treatment received by the patient was reasonable and in line with relevant standards and guidelines.

The following recommendations were highlighted as part of their investigation:

- The completion of an audit within this service area relating to treatment records;
- Completion of specific training for staff in relation to documented care plans and patient goals.

The Trust Action Plan has been completed.

LEARNING FROM INCIDENTS

Facts & Figures

In the year 2022/23, 19,030 incidents were reported, an increase of 9% over the previous year.

Incident Reporting and Review

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

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

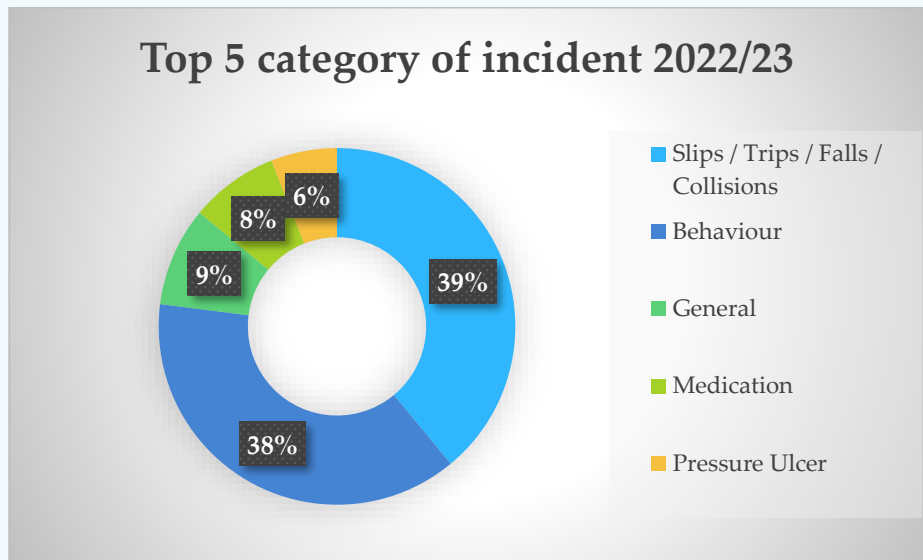
The Trust actively encourages the reporting of incidents and the open review of incidents by the staff involved. Incident training continues to be provided for staff both classroom based and virtual. Incidents are reviewed and learning is identified and shared at a number of forums including – Weekly 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 weekly safety message to staff, ‘Lesson of the Week’, which is accessible through a prominent icon on the Trust’s intranet site. The Trust Rapid Review Group (RRG) meets weekly and identifies any urgent learning from serious incidents for sharing across the Trust and/or regionally.

The Risk Management Department continues to work to make reporting incidents easier for staff, to encourage the identification, investigation and reporting of incidents. Work is currently underway to further develop “how to guides” for easy reference for staff. The Risk Management Team are also working to develop e-learning modules for incident reporting.

Top 5 Reported Categories

The top five categories of incidents reported within the 2022/23 period is detailed in the graph below:



Slips/Trips/ Falls (39%)

The percentage share of Incidents relating to slips, trips and falls fell by 1% on the previous year. 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.

Behaviour (38%)

The trust continue to see a reporting of incidents under this category. Again, staff are encouraged to report such incidents. The MOVA (Management of Violence and Aggression) group is a key working group, and provides a focal point for the discussion of all relevant matters. It works to review/produce procedures for use throughout the Trust. It also monitors all security related incidents and ensures that any issues with meeting standards are escalated as required.

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. 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.

Medication (8%)

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 provide oversight to 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 that learning is 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 the Trust's Safety Lesson of the Week.

Examples of learning

The Trust Rapid Review Group (RRG) continued to meet weekly throughout 2022/23 to improve the identification and sharing of learning. During that period the group reviewed and authorised learning from SAIs, Complaints, Claims, Coroner's Inquests and Incidents, and this was shared trust wide where appropriate.

Local and Regional Learning from incidents reported

- **Synopsis – Patient attended from ward for scan and became unwell awaiting return to ward after scan.**

Learning – Updated protocol shared at Safe and Effective Care Group and taken forward through intra trust Transfer Task and Finish Group.

Action taken following incident review –

- Recommendations to share learning with all teams involved.
- Case notes to accompany patients to Imaging.

- **Synopsis – Patient collapse**

Learning – Investigations highlighted learning relating to more documented evidence of discussion with patients and follow up when patients are leaving ward.

Action taken following incident review –

- Learning shared with the Trust Nursing & Midwifery Governance Committee.

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 & Performance Group (SPPG) within the Department of Health, 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 is 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 appropriately to reduce the probability of recurrence.

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 2022/23 for the Western Trust:

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	9	1	5	1	16
4.2.2. Unexpected serious risk.	3	0	0	1	4
4.2.6. Suspected suicide of a service user.	0	25	1	1	27
Total	12	26	6	3	47

Some examples of Serious Adverse Incident (SAI) reviews completed during 2022/23 and improvements made include:

SAI Case 1– choking incident

Synopsis – A choking incident occurred of a resident in an independent nursing home.

Learning included –

- Recommendation for ongoing adherence to Best Practice Guidance for Safety and Quality guidance letter (SQRSAI-2021-075)

Actions Taken –

- Regionally agreed posters and information cascaded to independent sector providers to inform practice and raise awareness.

SAI Case 2 – Oxygen

Synopsis – Patient attached to medical air outlet when should have been attached to oxygen outlet. Patient unharmed.

Learning included –

- Post discharge bedside checks now in place at agreed time and with a named responsible officer.
- Time of medical air checks now changed. Medical air checks now completed at start of shift and confirmed with shift lead.
- Training and awareness regarding the medical air and oxygen flow meters.

Actions taken includes –

- Re-training completed.

- Medical air and oxygen flow meters have been added to the ward safety briefings.

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 the SAI investigation through their local Governance arrangements.
- Learning is shared directorate wide through a Governance report tabled at each quarterly Directorate Governance meeting.
- Learning is shared Trust wide (if appropriate) through the 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.
- It is the responsibility of the Strategic Planning & Performance Group (SPPG) to share any regional learning from the final report across the region. 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 the SAI being completed.
- Learning is also shared generally through a number of mediums including the Safety Lesson of the Week (on the Staff-west website); Share to Learn newsletter; Trust SAI Learning workshops etc.

The monitoring of shared learning is done through the development of 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: - Patient call bells and buzzers, use of oxygen cylinders and falls-use of bedrails.

During 2022/23 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 for discussion and associated learning by the groups.

Leadership Walkrounds

Making care safer for patients/clients is a top priority for the Trust and leadership walkrounds are held in facilities who have contact with patients, clients and service users. The Trust is committed to promoting a culture of safety where all staff can talk freely about safety or quality concerns and also how we might solve and learn from them. Directors and Non-Executive Directors conduct leadership walkrounds for the purposes of making care safer and gathering information for learning on how we can improve. A total of 322 leadership walkrounds have been carried out since they were introduced in April 2008.

During the year 2022/23 a total of 25 leadership walkrounds were held compared to only 5 the previous year. Following on from the pandemic, the Trust continued with a series of second visits to facilities visited in previous years. As part of the rebuild of services the following processes were reinstated / introduced:-

- A leadership walkround programme involving Directors and Non-Executive Directors was re-established.
- Walkrounds were initially held virtually, moving to physical walkrounds by July 2022 (risk assessed).
- The leadership walkround schedule captured the majority of leadership walkrounds that had been cancelled / postponed in previous years due to the pandemic.
- Leadership walkround question proforma was reviewed to reflect rebuild.

The Assistant Director of Quality & Safety provided update training to Trust Board members in December 2022 and a number of actions were agreed i.e.:-

- Update existing guidance documentation
- Question proforma should be updated to reflect rebuild
- Review how the facilities visited are prioritised/selected
- More emphasis to be placed on learning from good practice
- Learning identified for sharing widely should go through Rapid Review Group up through Clinical & Social Care Governance Sub-Committee / Governance Committee as relevant.

Quality Improvement (QI) 2022/23 Update



Introduction

The WHSCT QI team continues to build the knowledge and skills for colleagues right across the Trust. Building the skill enables staff to use Improvement science methodology in their daily work making improvements in Quality & Safety for patients, clients and other colleagues. Despite the natural turnover of staff and challenging staffing challenges considerable improvement in the number of staff trained in QI methodology continues to steadily improve- a testament to the ongoing demand for staff to want to continually make improvements.



QI Trained Staff | 2022/23

Level 3

39 staff trained
as at 31 March 2023

Level 2

306 staff trained
as at 31 March 2023

95+ staff trained at Level 2
in year.

Level 1

74% of staff compliant with Q2020
as per N Ireland QI Attributes framework

Up 6% from 31 March 2022
position.

LOCAL QI Update

QI WEST CONNECT NEWSLETTER

Bi monthly newsletter, started in Oct 22 to support and inform readers on what is happening locally, regionally & nationally. Giving teams the opportunity to share their improvement project with others in encourage scale & spread of innovation and improvement ideas. Celebrating the success of various achievements and awards, publications and funding.

QI WEST CONNECT FORUM

12 sessions, 128 attendees, 14 on average per session, comprising guest speakers, tutorials, 5 slides 5 mins, offering a psychologically safe place for QI enthusiasts to share their improvements and innovations.



QI & INNOVATION SHOWCASE EVENT

Held virtually on 11th Nov 2022, we had over 100 colleagues in attendance, showcasing twelve projects across categories of *Transformation, Timely Access, Delivering Reliable Care & Davin Corrigan Legacy Award*, along with over 14 posters displayed during intervals. Positive feedback was received and we are planning to hold an in-person event in November 2023 to support to collaboration and networking opportunities.

Dr Helen Bevan, global expert for creating energy for large scale change in health care hosted a regional event on 10th Feb 2023 in the WHSCT. It was a hybrid event co-hosted by Louise O'Dalaigh, WHSCT QI Lead, feedback was very positive and those in attendance felt energised, empowered, enlightened and changed by the event. Helen provided a powerful framework for understanding, analysing and unleashing energy for change.

DR HELEN BEVAN- ENERGY FOR CHANGR





REGIONAL & NATIONAL UPDATE

HSCQI Regional Timely Access to Safe Care (TASC) Programme. Two teams represented the WHSCT with their improvement projects collaborating and co-innovating with other Trusts to progress with regional scale and spread. WHSCT Adult Psychological Therapies Team were successful in getting their QI project selected.

The QI Project on 'SAFER Flow Model for Timely Discharge' continues to evolve and has the potential to get selected at a later stage,

HEALTH IMPROVEMENT ALLIANCE EUROPE

Health Improvement Alliance Europe(HIAE): The WHSCT continues to engage and collaborate with the workstreams within HIAE's year 7 programme; Staff Wellbeing Collective Impact Group and the Creating, Leading and Sustaining a Culture of Quality workgroup.

HSCQI QUALITY STRATEGY

The HSCQI Regional Quality Strategy was Launched in Oct 2022. We continue through the QI leads regional network to support the actions to meet this strategy. The WHSCT 's developing local Quality Improvement Strategy aligns and supports the regional vision of inspiring and influencing Health & Social Care community to become Global Leaders in QI.

IHI CONFERENCE | JUNE 2022

IHI International Forum for Quality & Safety in Healthcare, Gothenburg Sweden Jun 2022: WHSCT QI lead attended this conference where the theme was "**creating tomorrow today**".

The conference provided an opportunity for networking, collaboration and sharing tools and inspiration to create meaningful change within our organisation. Feedback was provided through the regional forum to support sharing learning.

Service User Engagement

To encourage co-production in Improvement work, we started the ball rolling with a QI training programme which encouraged teams to include a service user as part of their teams as they worked through a QI Project. Staff and service users were trained together over seven 90 minute online sessions during the period September – December 2022.



Learning from Covid19



Due to the impact of the Pandemic Covid '19 we have experienced increased waiting times across all areas of Health & Social Care, given this Trust challenge and organisational priority we have continued to align the theme and focus of the in-house WHSCT QI training programme to Improving Access. This has enables colleagues to build their knowledge and skills using Quality improvement Methodologies focusing their efforts on areas of improvement that have significantly reduced waiting times across various service areas.

Theme 2

Strengthening the Workforce



The Trust's Employee Induction Programme "Onboarding" is delivered as an online programme with **203 new staff** having undertaken this training during 2022/23.

Medical Induction

Inductions take place for all medical students, physician associate placements, and doctors in training rotations to include International Medical Graduates (IMG) / New to Northern Ireland (N2NI) trainees with an extended speciality induction to meets individual requirements. 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 by MedEdWest to ensure compliance.

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 Trust's Organisation and Workforce Development team in collaboration with the HSC Leadership Centre. In June 2022 19 Trust managers successfully completed the two year programme; **17 students achieving a Pass with Distinction and 2 students achieving a Pass with Commendation.** There are currently a cohort of 10 Trust managers who have completed Year 1 and are entering Year 2 of the programme.



Congratulations to all students who graduated in October 2022! 🎓

Leader and Manager Framework



In 2021 Organisation and Workforce Development launched 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. In 2022/23 **84** managers successfully completed the Leader and Manager Framework across levels 1 and 2 (Bands 3 – 7). A further **111** managers are currently progressing through the course in 2023/24.

LEARNING AND DEVELOPMENT

During the past year the Trust's Organisation & Workforce Development Team have also delivered the following courses to **543** participants

Recruitment & Selection	364 participants
Introduction to Competency Based Interviews	51 participants
Appraisal	128 participants

COACHING AND MENTORING

Vocational Training

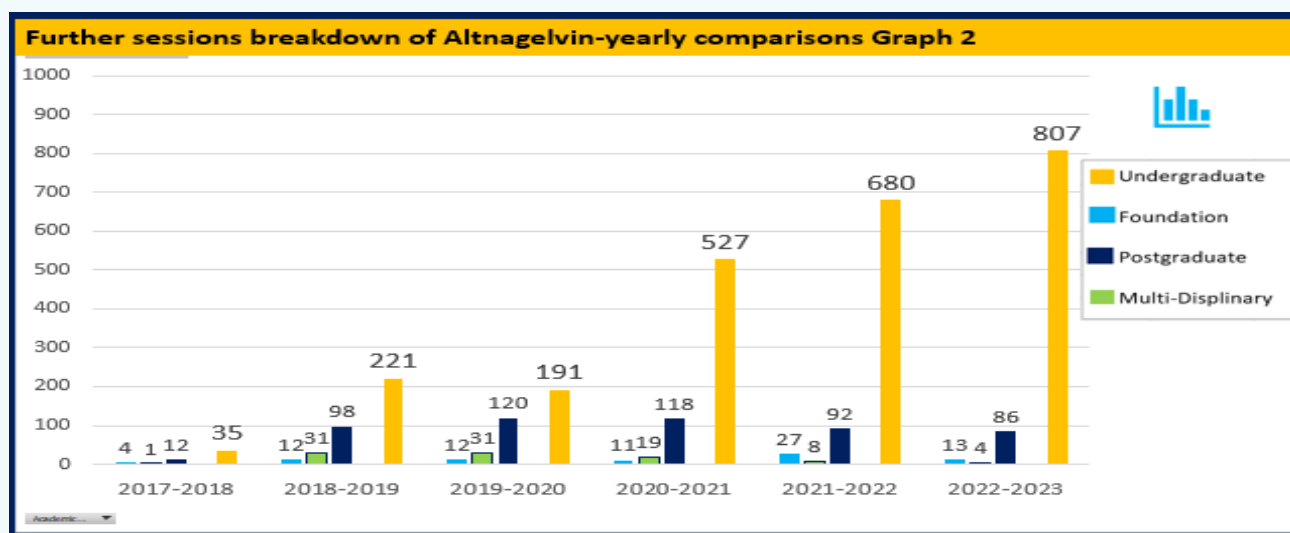
The Trust's Vocational Training Centre continue to deliver a range of health and social care qualifications at OCNNI Level 3 to Level 5 through PSS Funding. It also delivers health and social care support qualifications through the Staff Support fund which also funds places on the Open University module K102 Introducing Health and Social Care (Level 4) offered in conjunction with UNISON. During 2022/23 **104** students were upskilled by Vocational Training.

MedEdWest's Teach the Teacher

MedEdWest's increasingly popular "Teach the Teacher for Doctors & Dentists in Training" has included a leadership module to address the gap in teaching of this kind for DDiT to secure the teaching faculty of the future which has long been a vision of MedEdWest's continued strategy for growth and development. This has also been accredited by NIMDTA.

Simulation Teaching

MedEdWest have increased simulation teaching steadily over the last number of years due to investment in this type of teaching.



MedEdWest continues to cultivate strong relationships with stakeholders and commissioners and continues its long standing tradition of providing excellent education and training to the highest standards, which are quality reviewed.

SUPERVISION

Medical Supervision

Medical Education Roles & Supervision

Medical educators carry out a vital role in ensuring safe and effective care through good clinical supervision and in supporting and monitoring educational progress through educational supervision. All MedEdWest educational lead roles and training roles for UG and PG are reflected in job plans. The Trust currently has 180 GMC recognised trainers.

In addition, MedEdWest has:

- 9 senior teaching fellows
- 30 junior teaching fellows – Foundation doctors who supported 3-5 year medical students
- 6 Clinical fellows, who provide support to MedEd from EM & AMU
- 4 MedEdWest Teaching Clinical Fellow Educator posts that will be recruited in August 2023

Nursing Supervision

Nursing and Midwifery Clinical Supervision

Clinical Supervision encourages registrants to examine their practice, skills, knowledge, attitudes and values in a safe environment and is a key enabler in professional development for nursing and midwifery staff. Supervision gives an individual registrant the means to develop professional skills and judgements to assess the nurse / patient relationship and a commitment to achieve professional growth in order to improve the standards of service.

Effective participation in supervision sessions is one way a registrant can demonstrate responsibility for their own professional improvement. Every registrant should have the opportunity to have two supervision sessions per year.

The Western Trust *Policy and procedures for supervision in nursing* clearly highlights the processes and procedures for supervision for registrants within the Trust.

Significant work goes on throughout the year to ensure registrants receive two sessions of supervision per year, however unfortunately this is not always possible. The Trust is currently rebuilding from the COVID-19 pandemic. There have been ongoing issues within nursing and midwifery staffing levels, with a number of unfilled vacancies and heavy reliance on bank and agency staff. This has meant that training and supervision may have needed to be cancelled to support areas with low staffing numbers on occasions. However the Trust is committed to stabilising the nursing and midwifery workforce and has been focused on agency reduction through the regional framework.

Ward / Department Managers / Sisters / Charge Nurses alongside Lead Nurses / Midwives are responsible for facilitating, implementing and maintaining supervision for nurses and midwives within their teams. Records of how many staff received one and two supervision sessions per year should be held at ward / department level and reviewed regularly to ensure compliance. This data must also be submitted onto the Professional Nursing SharePoint site. This data can be seen below.

The overall Trust performance for staff who had received two supervision sessions is 74%. These are formal supervision sessions but staff do avail of informal supervision that would not be recorded on the Professional Nursing SharePoint site such as debriefs, huddles and psychological support sessions offered by the Trust.

In August 2022, the Chief Executive of the Northern Ireland Practice and Education Council (NIPEC) issued a Reflective Supervision Framework that was endorsed for implementation by the Chief Nursing Officer, Midwifery Officer and Executive Directors of Nursing.

Reflective supervision will enable registrants to reflect on personal, professional and service provision topics to support improved safety, quality and person-centred practice for health and care services.

The WHSCT is in the process of developing a WHSCT Reflective Supervision Policy which aligns with the NIPEC Framework as well as developing a system to support organisational accountability for the implementation of Reflective Supervision.

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 was postponed during the challenges brought about by the pandemic and staff changes in the Social Services Learning Development and Governance team. The training is being re-introduced and will be delivered in a blended format using virtual technology at start of 2024.

Supervisors of social workers attend the regional 3 – 4 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 interactive sessions both in the room and online.

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 for supervisees' 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 a current collaborative project between the five Trusts is working on developing a regional E-learning programme aimed at the 'supervisee' that will include the aforementioned and reflect the new policy. Due to delays in the new policy being signed off the e-learning is anticipated to be launched in early start of 2024. In addition, regular development and support days are provided to social workers in their AYE year, to support them during their first year as employed social workers.

The Trust has rolled out the pilot implementation of the new Social Work Supervision Policy 2022, and a number of selected sites took part and drew up their bespoke supervision structure. This will allow for a flexible approach to meeting supervision needs that support

social work staff to deliver effective and quality practice in line with organisational objectives. Outcomes and learning has been collated and fed back to the regional group to inform tweaks to the policy. The new policy will be launched in September 2023 and implemented across all teams.

There is a focus on developing the skills of **Coaching and Mentoring** that will enable staff to avail of support to develop skills and knowledge as they progress through their career. Social Services Learning and Development Team is actively working on developing a 'Coaching Network' that Social Work and Social Care staff can avail of, which will be launched in September 2023.

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



On 4 April 2023 the Trust held its first face to face Staff Recognition Awards Ceremony since pre-COVID. This event followed a review of the various awards ceremonies held in the Trust bringing together the majority of these events into a Corporate Awards Ceremony including memorial awards for social work and nursing colleagues. There was also a user feedback award selected through reviews of Care Opinion and compliments received by the Trust.

The event was attended by more than 200 staff and guests, including award winners, colleagues and management from across the Trust. The event was also able to be viewed virtually at any time by staff.

The Trust received 347 applications/nominations with 52 Awards presented across the following categories

Supporting Our Services Champion Award **3 Highly Commended | 3 Winners**
Frontline Champion Award **2 Highly Commended | 3 Winners**
Rising Star Award **1 Highly Commended | 1 Winner**
Working Together Team Award **6 Highly Commended | 2 Winners**
Improvement, Innovation & Involvement Award **1 Highly Commended | 1 Winner**
Leading the Way Award **1 Highly Commended | 1 Winner**
Championing Our Health Award **1 Highly Commended | 1 Winner**
Lifetime Achievement Award **8 Highly Commended | 6 Winners**
Chair's Award **1 Winner**
10 Special Awards Presented

52
Awards
Presented

Awards Presentation

MedEdWest were proud to receive a nomination to be considered for an Award in Leadership - demonstrating accountability, selflessness, actively contributing to change, influencing decision making and motivating others - Category at the University of Ulster, School of Medicine Awards Ceremony. In addition a number of our educators and trainers also received nominations for education.

MedEdWest were proud that an abstract for one of our programmes that we developed and deliver was accepted as a European conference in June 2023.

Professional Awards

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

Mayor's Reception to Honour Dr Mukesh Chugh

Mayor of Derry City and Strabane District held a reception in April 2022 for Dr Mukesh Chugh, Consultant Anaesthetist in Altnagelvin Hospital and Chair of the Trust's Ethnically Diverse Staff Network.

Mayor Alderman Graham Warke said "Dr Chugh has been a passionate and dedicated advocate of diversity and a frontline hero throughout the pandemic."

Dr Chugh was presented with a crystal plaque in recognition of his contributions to community work and dedication to promoting cross community equality, identity and diversity.



Health & Social Care Awards / 2022



Congratulation to our HSCNI Award winners:-

Grainne Gormley, Consultant Pharmacist, winner of the Excellence in Pharmacy Award.

Dr Fearghal McNicholl, Consultant Haematologist, winner of the Health & Social Leader of the Year Award.

A special mention to Jennifer Sharkey, Mental Health Nurse and Suicide Liaison Officer for being highly commended in the Nurse of the Year category and to Cityside Supported Learning for receiving highly commended in the Supported Living Service of the Year category.

PAFTAs Awards Winners / 2022

Congratulation to Kathy McBride and the Paediatric Team at Altnagelvin for winning the award for 'Best Training Unit' in Northern Ireland. Kathy won the award for Best Paediatric Nurse in the province.



Safety Quality West (SQW) Cohort 4 Celebration Event / May 2022

There were over 130 people who attended the virtual SQW C4 Celebration Event.

The well received event showcased over 25 QI projects that were carried out across the Trust under the theme of 'Access'.

There were poster presentations for: Best Use of QI Methodology, Best Patient Centred Project and Best Visual QI Poster.





RCN Nurse of the Year, Health Care Support Worker Award

Nicola Doherty, Senior Nursing Assistant at the North West Cancer Centre was named joint winner in the RCN Nurse of the Year, Health Care Support Worker Award category at the RCN Northern Ireland Nurse of the Year Awards 2022. Nicola was nominated for her exceptional contribution to patient care.



CHKS Inspirational Leadership Award

Malcolm Wilkinson, Lead Clinical Specialist Radiographer received an accolade for inspirational leadership in the CHKS Awards 2022 for his work in the Radiotherapy Department at the NWCC Altnagelvin Hospital.

TWIST West / It's a Wonderful Word Awards

On Friday 21 October the Trust held its first Creative Writing Awards Event.

The winners for the POETRY CATEGORY were:

- 1st – Matricia – Fionnuala McCullagh, Pharmacist
- 2nd – The Therapist – Shane McCarney, Consultant Clinical Psychologist
- 3rd – Insert Emoji – Madalina McCrea, Consultant Anaesthetist
- 4th – Walks by a Misty Lake – Ciaran Magee, IMT2 Doctor

The winners for the SHORT STORY CATEGORY were:

- 1st – The Love of Her Life – Shauna Nolan, Senior Accountant
- 2nd – Following the Tracks – Joe Moly, ICU Nurse
- 3rd – It's a Wonderful Life - Sandy Nelson, ED Consultant
- 4th – Who Am I? – Michelle McElwee, Healthcare Assistant



QI & Innovation Showcase Event Award Winners

The Western Trust's Quality Improvement Team hosted the QI and Innovation Showcase Event in November 2022. The annual event was held to coincide with World Quality Week. The event provides the perfect opportunity to celebrate the projects dedicated to improving patient access and care or reducing inefficiencies within a service.

Project Award Winners:

Delivering Reliable Care (joint winners) - Improving Patients Preparation for Bronchoscopy and Improving Ceiling of Care Planning in Old Age Psychiatry

Timely Access & Poster Winner - Pelvic Health Pathway Redesign

Innovation / Transformation - One Stop Multidisciplinary Shoulder Clinic



Davin Corrigan Legacy Award

Aisling Corrigan and Dessie Corrigan are pictured at the Altnagelvin A&E Department presenting the 2022 Davin Corrigan Legacy Award to Josephine Friel (Substance Misuse Liaison Nurse) and Dr Colm Shahmohammadi. Colm and Josephine's Take Home Naloxone project was the winning entry in this year's Davin Corrigan Legacy Award, an annual competition that celebrates work within the Trust that promotes safety and coproduction.



Royal College of Psychiatrists Awards



Our Mental Health Team led by Dr Chris Sharkey, Consultant Psychiatrist and Lorna Akroyd, Principal Occupational Therapist were announced winners in the Royal College of Psychiatrist National Award for Quality Improvement Team of the Year 2022.

The multidisciplinary team led by Dr Chris Sharkey and Lorna Akroyd included core team members, Nadine Moore, Mark Mooney, Nuala Campbell, Michaela McAuley and Brian Toner. They were recognised for their quality improvement project in standardising the assessment process in adult mental health across the Western Trust.

TRUST wins Silver Environment Award

The Trust achieved a Silver award in the 2022 Northern Ireland Environmental Benchmarking Survey which is an annual event that scores organisations on the measures they take to improve their environmental impacts. The Trust has been successfully winning awards in this survey for over 10 years.



Advancing Healthcare Awards NI 2022

Congratulation to our Allied Health Professionals on their success at the Advancing Health Care Awards Northern Ireland.

Christina Crawford, Occupational Therapist won the Rising Star Award.

The Award for Outstanding Leadership was won by a joint dietitian led project including Siobhan McCaffrey, Team Leader, Dietetics based at the South West Acute Hospital on direct ordering of 'Oral nutritional supplements'.

Also congratulations to our finalists in the award for Service Improvement, Gillian McKittrick, Treatment Review Specialist Radiographer; Malcolm Wilkinson, Lead Clinical Specialist Radiographer and Team from the North West Cancer Centre, Altnagelvin Hospital for their work in rehabilitation services for breast and prostate radiotherapy patients.



Chairman Awarded CBE



Many congratulations to our Chair, Sam Pollock who was awarded a CBE for public services to Northern Ireland in the 2023 New Year's Honours.

Sam started his career back in 1971 and served for almost 50 years in Criminal Justice. More recently he had been the Chair of the Western Trust Board, before retiring in April 2023.

Also congratulations to Heather Pratt for being awarded an MBE for Services to Education. Heather is Chair of the Board of Governors at Rossmar Special School, Limavady and a valued member of nursing staff at Altnagelvin hospital

Rapid Response Nursing Team Honoured by Mayor

A civic reception was hosted by the Mayor, Mrs Sandra Duffy at the Guildhall, Derry/Londonderry in March 2023 for the Community Rapid Response Nursing Team in recognition of all their continued hard work over the city and district.

Their dedication and enduring commitment to excellence in practice was commended and a heartfelt gratitude was extended by the Mayor to all the team on behalf of everyone across the Northwest.



LOOKING AFTER YOUR STAFF



The Trust's **Health and Wellbeing Fund** considered 224 applications with 108 successful applications progressed. There were two Trustwide schemes developed which provided a physical activity programme and outdoor improvements through the installation of picnic benches for staff. 50% of the applications received were for team building and support initiatives. The Organisation and Workforce Development team designed and aligned a new team support model to the 58 applications to deliver sessions on the themes **Learn, Connect and Support**. These sessions commenced at the end of 2022/23 with three teams complete to date and the remaining sessions scheduled for delivery in 2023/24.

Occupational Health Service Modernisation

The Occupational Health (OH) service, fundamental in supporting the health and wellbeing of Trust staff, developed considerably during 2022/23 with the appointments of an Occupational Health Head of Service and a Lead Consultant Clinical Psychologist. Since then, there has been steady progress with implementation of the Occupational Health

Modernisation Programme which includes establishment of a psychological support service within Occupational Health, development of a range of additional supports for managers, a fast-track OH pathway to support stabilisation in critical services and progress with digitisation of the service. Service improvements have enabled a reduction in waiting times to six weeks for Occupational Health assessment.

TWIST West

Improving the Health and Wellbeing of Trust Staff

Introduction

The Western Trust strives to be a *Great Place to Work* with a focus on staff wellbeing. Investment and development into supporting staff well-being remains a priority within the Western Trust. The Wellbeing Framework, HSC Healthier Workplaces Network, the Staff Wellbeing Forum, communications with staff, cross-department and regional engagement forums help to support and guide the development and implementation of staff wellbeing initiatives within the Western Trust.

The Staff Wellbeing Team within the HIEI Department continue to promote and enhance provision of staff health and wellbeing through a range of services to maintain and improve wellbeing at work.

In 2022, the *We Are With You* Staff Wellbeing Project commenced; involving the recruitment of 2 full-time Wellbeing Advocates and a full-time Communications Officer alongside a wellbeing framework and action plan to increase wellbeing opportunities within the workplace. This additional support is funded by NHS Charities.

Key outcomes from 2022/23 include:

- **TWIST West Forum**
 - Facilitated quarterly meetings with representation from across the 9 directorates.
- **TWIST West Staff Wellbeing Website** www.twistwest.org
 - Updated weekly with current staff wellbeing information.
- **Tranquil Tuesdays Staff Wellbeing Newsletter**
 - 48 newsletters produced and circulated with Staff. Staff invited weekly to contribute to newsletter content.
- **Staff Wellbeing Menu of Programmes**
 - Menu ran from April 2022 to March 2023, offering a range of sessions and events focusing on different wellbeing areas, staff attendance at sessions was high. Staff survey responses and feedback guided the programmes included in the Wellbeing Menu.
 - 2006 staff engagements | attending wellbeing events during April 2022 – 2023.
- **Let's Talk Menopause Café's**
 - Commenced in October 2022 and have continued once monthly into 2023. These events have been well attended with the addition of online information sessions added to the Wellbeing Menu.

- **Online Menopause Information Event**
 - Held in March 2023 | 70 participants.
- **Compliment a Colleague Feature**
 - 200 staff applications, prize awarded to each nominee and staff member featured in newsletter each week.
- **Health Champions**
 - Recruitment of 60 Health Champions.
 - Database of Health Champions created.
 - Regular wellbeing communications sent to Health Champions.
 - Tea and Talk organised for 3 main Trust sites.
- **Staff Giveaways**
 - Coordinated staff wellbeing giveaways to include theatre tickets, concert tickets, shopping vouchers, poetry competitions, call-out for newsletter contributions.
- **Databases**
 - Database of health and wellbeing providers maintained.
 - Database of staff wellbeing programmes created and maintained.
 - Database of Health Champions maintained.
 - Database of Western Trust Managers maintained.
- **Innovative and Creative Ways of Working**
 - The Staff Wellbeing Team engaged with staff via Health Champion Network, regular communications, staff wellbeing activities and events, staff information sessions, Trust Communications, the staff wellbeing website and the staff wellbeing newsletter.
 - New staff wellbeing events have been added to the staff wellbeing menu in response to suggestions made via the Staff Wellbeing Fund applications.
 - In collaboration with staff – we have developed new features for our Newsletter such as suggested competitions, 20 Questions Feature, Spiritual Thought of the Month, Staff Stories Feature and more.
- **Health Improvement Campaigns**
 - Events and information sharing focused on monthly health campaigns.
- **Smoking Cessation Support for Staff**
 - Brief Intervention Sessions commenced in 2022.
 - Helpline and support information feature on website and promoted via newsletter.
- **Breastfeeding Support**
 - Breastfeeding Policy and returning to work support featured on website and newsletter.
 - Breastfeed packs advertised and distributed to staff.
- **Chaplaincy Support for Staff**
 - Chaplaincy Team and contacts featured on website and newsletter.
 - Chaplaincy section added to newsletter.

Feedback

ONE MONTH SAMPLE – MARCH

Breakdown of wellbeing events attended by Western Trust Staff in March 2023.

Soccer	162	Introduction to Emergency First Aid	9
Aromatherapy class	12	Yoga	168
Mindfulness sessions	68	Zumba	59
Menopause Events	92	Financial Wellbeing Event	29
Step into your Power	7	Multi Sports	37
Team Wellbeing Event	18	Total Staff Attended	661

TWIST WEST WEBSITE:

We have a website dedicated to Staff Wellbeing | TWIST West Website. This website is updated regularly with current health and wellbeing information, featuring weekly staff stories and contributions.

TRANQUIL TUESDAYS:

The Tranquil Tuesdays Staff Newsletter is circulated to staff via email on a weekly basis, highlighting health information, staff wellbeing events, stories, photos, features and more. Staff are encouraged to contribute to the website and newsletter content each week. 929 staff members completed a recent survey to help shape the further development of our Staff Newsletter.

“Keeps you up to date on what is going on and upcoming events within the trust. It brightens my day seeing the pet of the week and the recipes give me some cooking inspiration!”

HEALTH CHAMPIONS:

60 Health Champions recruited, added to database, receive regular wellbeing communications, supported to run wellbeing events. 3 tea and talks and health champion information event planned for April 2023.

Contact

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



REVALIDATION

Medical Staff

During 2022/23 the Trust Responsible Officer submitted a total of 85 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	20
Non Engagement	1
Revalidate	64
Total	85

In relation to the theme of 'Strengthening the Workforce' there were 20 recommendations for 'Deferral' submitted to facilitate doctors in situations where not all key supporting information requirements were present. Such deferrals can be regarded as being positive recommendations as the Trust continues to support our doctor's Appraisal & Revalidation activities.

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

During 2022/23 the Appraisal & Revalidation Team facilitated a number of Appraisal & Revalidation online training sessions attended by 83 doctors. 65 attended for Appraisee training and 18 attended for Appraiser training. The provision of Appraisal & Revalidation training, for both the Appraisee and Appraiser, is key to the development and maintenance of the Trust Appraisal & Revalidation support structure.

In addition the Appraisal & Revalidation Team has developed an online Regional Appraisal System user training program for new doctors and as a refresher program for doctors already using the system.

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) for all registered nurses and midwives. This requires registrants to complete a revalidation portfolio every three years in order to maintain their registration. The revalidation process allows nursing and midwifery staff to continually develop and reflect on their practice to ensure they practice safely and effectively.

The Trust's Revalidation Policy for Nurses and Midwives is available to all nursing and midwifery staff to support and guide them in regards to the revalidation process. The NMC website offers all guidance, resources and templates to support nurses and midwives to revalidate.

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

All nurses and midwives have to declare that they have received confirmation from an appropriate person in support of their revalidation application. The preferred option is for the nurse or midwife to obtain confirmation from their line manager wherever possible and in most cases this individual will be registered with the NMC. However not all nursing or midwifery staff are directly managed by a nurse or midwife and the NMC has a guidance document (Information for confirmers) for other potential confirmers.

It is the responsibility of each registrant to ensure they keep their revalidation up to date and meet timeframes / dates outlined by the NMC. A failure to not revalidate on time will lead to a registrant being removed from the live register by the NMC. In the WHSCT, if a registrant lapses in error, the Assistant Director (AD) professionally responsible for the registrant and the AD for Nursing Governance, Safe & Effective Care should be informed, this will also be focused on within the Nursing and Midwifery Accountability & Assurance meetings. If there are any concerns regarding a particular registrant this will be discussed between the AD's and a plan initiated for supporting / managing the registrant.

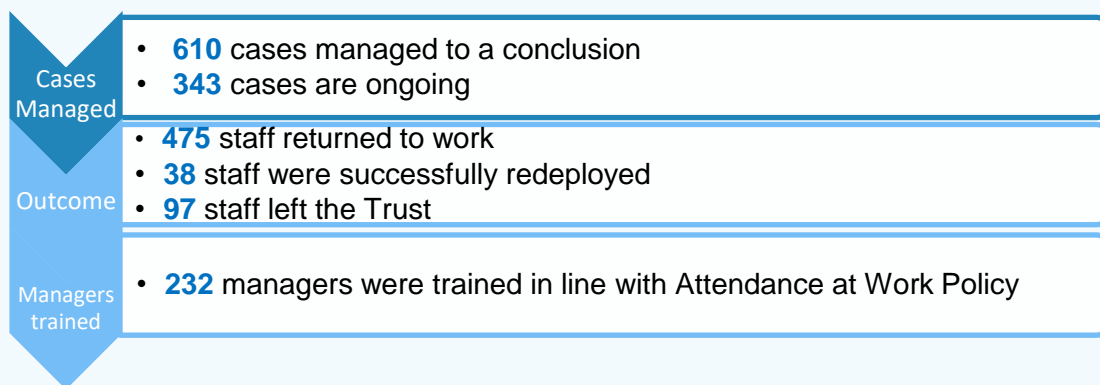
A registrant who is not live on the NMC register cannot work as a nurse or midwife within the Trust until they have been re-instated by the NMC. It is the responsibility of the registrant to apply for re-admission if he / she wants to come back on to the register. The registrant will be afforded the choice of either requesting annual / unpaid leave until such time as their registration has been re-instated, or continuing to remain at work at a pre-registrant job level (band 4). In situations where the registrant chooses to remain at work, the line manager should seek approval from their AD to temporarily downgrade the registrant until such time as their registration becomes current once more. The Trust has taken this decision to avoid registrants getting into financial difficulty. Supporting staff is a key focus of the Trust and is embedded within the Trust values. Guidance for managers and information for registrants is available in the WHSCT Regulation and Professional Registration Policy 2023.

To avoid the situation where a registrant's revalidation has lapsed, managers are encouraged to keep a register at a local level of revalidation / registration dates to minimise the occurrence of registrations lapsing. Some clinical areas in the Trust use the Trust E-roster system that has a function to alert managers to upcoming revalidation due dates for registrants. However not all staff within the Trust are on E-Roster.

MAXIMISING ATTENDANCE

Supporting Attendance through Staff Wellbeing

In 2022/23 dedicated attention continued on supporting improved attendance at work with **232** managers trained in the Attendance at Work Policy and Procedures. Targeted workshops were facilitated this year in PCOP and AMHLD Directorates and bespoke "Managing your People" training sessions were delivered for a number of areas within the Acute Directorate. Additionally temporary amendments were made to the Attendance at Work Policy to improve workforce stability in critical areas and services were supported through the implementation of the changes to Covid-19 arrangements from 1 October 2022.



MANDATORY TRAINING

We have continued efforts to improve Mandatory Training compliance in core training across the Trust. The trend analysis at yearly comparisons show significant improvement across Moving & Handling, Q2020, Fire Safety, Information Governance and Equality, with Onboarding remaining the same in the yearly comparison. Further improvement is required across all areas and mandatory training continues to be highlighted regularly through various channels.

	April 2021	April 2022	April 2023
Onboarding (Induction)	89%	90%	90%
Quality 2020	58%	67%	77%
Fire Safety	61%	62%	72%
Information Governance	58%	70%	80%
Equality	51%	53%	69%
Moving & Handling	60%	61%	70%

STAFF TRAINING

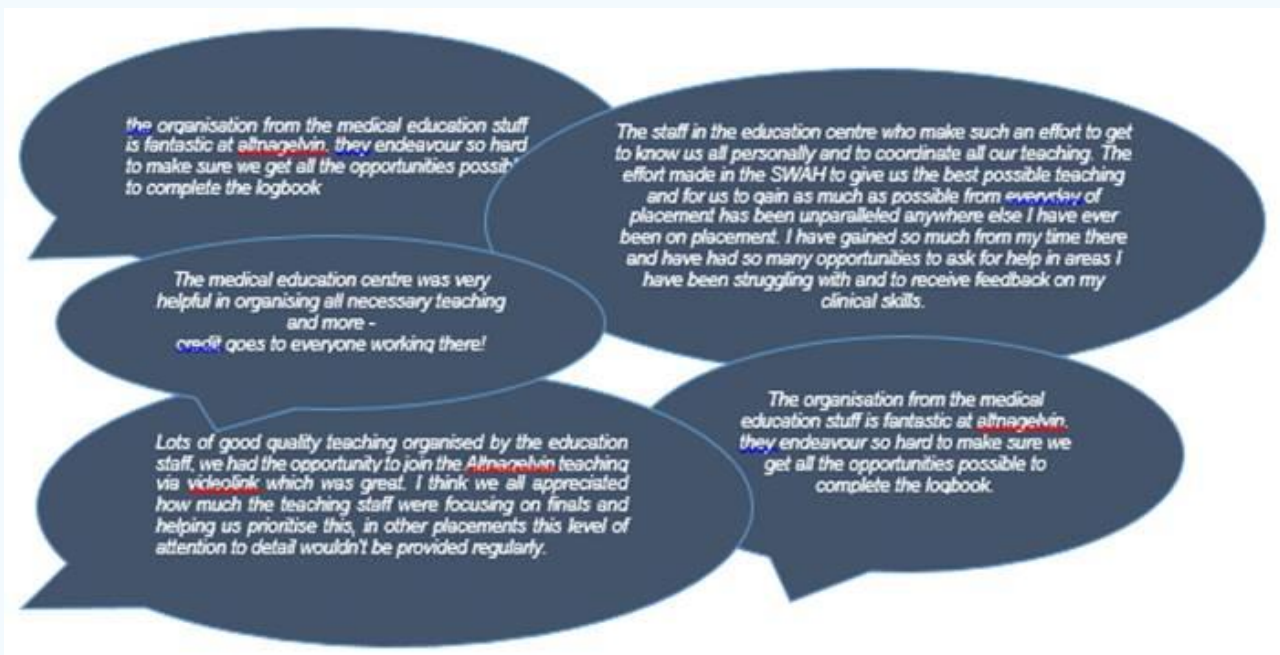
Medical Education & Training

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. Year on year, we are delivering better and more focused training within the Trust, 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. Our continued growth, innovation and vision translates to consistently frantic but creative education centres.



In April 2022, MedEdWest conducted the first User Experience Survey to gauge effectiveness and value of service provision to all users. This is now an annual collation of service user feedback.

MedEdWest will continue to react to feedback on service provision to continue good practice and value of service and improve where necessary. We also get great feedback through formal evaluation surveys with our partner educational institutions:



Adverse Incidents (SAI) / Clinical Incidents - Simulation and Virtual Reality

The use of healthcare simulation and virtual reality provides a safe learning environment where mistakes can be made without any risk to patients. It provides a means to “practice” critical thinking, clinical decision making, and psychomotor skills in a safe, controlled environment and improves the safety, effectiveness and efficiency of healthcare services. Simulation training and VR is the norm within the trust in the delivery of medical education to our medical students, physician associates and doctors in training. MedEdWest continues to re-enact a number of Trust SAI’s/clinical incidents via Simulation for improved learning outcomes

PPI

MedEdWest continues to involve patients in the delivery of education and training e.g. VV teaching and involve real patients in student mock exams and also for medical student final year exams. Feedback has been well received and patients love being involved.

QI/Leadership

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 a total of 164 trainee doctors have been trained in QI and leadership via MedEdWest.

MedEdWest is now over a year into a process management project to create team capacity at this time of service change and associated impacts. All improvement and process development learned has been used to improve service provision and streamline team processes. The quality improvement and process management work has created capacity to address service changes and quality and value of service for users.

Medical Education Big Room was created to provide team members with a space to socialise and network with each other to share learning from the process management project. It takes place weekly with all team members engaged. It is an embedded learning culture, with everyone leading and championing change and improvements

Medical Education grand rounds

This type of teaching is aimed at delivering more distinctive case presentations in contrast to the typical topic presentations that many doctors are familiar with. This more personal style leads to greater engagement with doctors and senior medical staff.

Multidisciplinary Learning

Working in healthcare is multi professional and encouraging this ethos in our undergraduate and postgraduate training programmes is vital. Joint education with other professionals builds strong teams and cohesive/collaborative working.

MedEdWest has a long established collaborative teaching history with the Reserve Army, Company 204, Northern Irish Field Hospital, to deliver education and simulation.

Acute care teaching was provided to medical staff from across the region. Learning from those who attend conflict zones to provide healthcare to personnel is an extremely valuable learning tool. Warfare has had a huge impact on medicine and public health. Many key developments in healthcare have their origins in the battlefield which continues today. These types of collaboration lead to provision of trauma care best practice.

The simulated patients brought a great insight to the management of traumatically injured patients, one of whom had sustained devastating limb injuries during his duties as a serving member of the military. This increased the fidelity and realism of the simulation education for attendees.

Please see the image below, of a volunteer simulated patient – with the use of simulated blood and makeup to replicate traumatic injuries to lower limbs.



MedEdWest is growing and developing multi professional based education in a number of specialties to include Stroke/EM/PaedS.

On 6th February 2023, MedEdWest hosted an event with the Coroner and GMC to a multidisciplinary audience. An extremely well attended session, with 125 in attendance.

Corporate Social Responsibility (CSR) - Widening Access

In partnership with “Speaker for Schools”, MedEd delivered a half day virtual work experience for 61 school age children from the age of 14 and above, whom have an interest in Medicine and Physician Associate careers. The event ended with a multidisciplinary panel and a questions and answers session to include medical staff, medical students and physician associates.

Learning from Covid

- 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.
- Hybrid medical education and learning. This enabled doctors to attend regional training and also attend courses and conferences online.
- Virtual work-experience for 61 school age children from the age of 14 and above
- Virtual Reality (VR) has extended to provide teaching in Eyes/surgery/T&O/General medicine. MedEdWest are proud of the new innovative methods of teaching and training and fly-high well above the other education centres in the region in providing extra-curricular education and training and faculty. In medical education, the new ways of educating have been embraced and we will lead the way in training and assessing our medical students and doctors for the NHS of the future, not of the past. These innovative cultures reportedly enhance the creation and implementation of new ideas and working methods and providing a truly positive experience here in the WHSCT at an early stage in their career as a great place to work!

Reducing the Risk of Hyponatraemia

The Western Trust leads the very highest standards in relation to safe fluid therapy for children and we continue to implement the Regional Fluids Policy. Professionals now can easily benchmark their own best practices in line with the Regional Competency Framework and we also promote fluids safety at our annual Medical and Dental inductions. The Trust Hyponatraemia Project Board continues to meet to review and update the IHRD (Inquiry into Hyponatraemia Related Deaths) action plan in line with local and regional processes.

The Western Trust has been involved also in a significant regional effort to improve fluid safety in adults in accordance with the needs of NICE Clinical Guideline 174. We are represented on all three regional PHA Task and Finish Groups (Prescribing & Recording, Audit and Teaching) and we are contributing to seamlessly incorporating these work streams into the live section of Encompass.

Infection Prevention and Control (IP&C) Training

Induction and Mandatory Update Training

During 2022/23 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.

The IP&C Team also delivered a series of virtual training sessions via Microsoft Teams. 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, 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 2023 was 60%.

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 2022/23, a total of 487 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 2022/23 and were delivered via Microsoft Teams. 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 2023, a total of 2282 staff have attended.

Haemovigilance Training

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 or via MS Teams).

The Haemovigilance Practitioners also provide training sessions for ‘New Assessors’ (face to face) and ‘Current Assessors’ can avail of an update every 18 months (face to face or via MS Teams). The ‘Assessors’ and Haemovigilance Practitioners 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) 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 FY0' to ensure they meet "Right patient Right Blood" requirements for when they take on their roles in the WHSCT.

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 MS Teams) as well as face to face. 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). The majority of the Haemovigilance training sessions have now moved back to face to face with staff engagement being very positive about this approach to learning about Right Patient Right Blood.

Theme 3

Measuring the Improvement

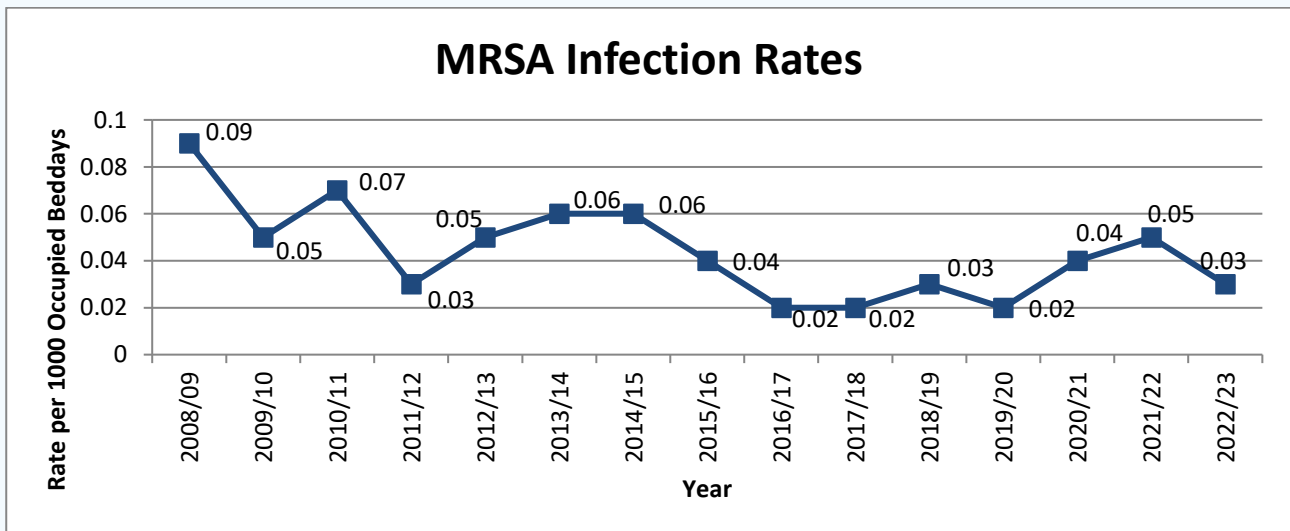


REDUCING HEALTHCARE ASSOCIATED INFECTIONS (HCAIs)

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 ongoing COVID-19 Pandemic the Department of Health NI did not set a reduction target for MRSA bacteraemia in 2022/23. The Western Trust reported a total of seven cases for the year. This was a decrease of 30% compared to the previous year (ten cases). Three of the seven patients came to hospital with MRSA already in their bloodstream.

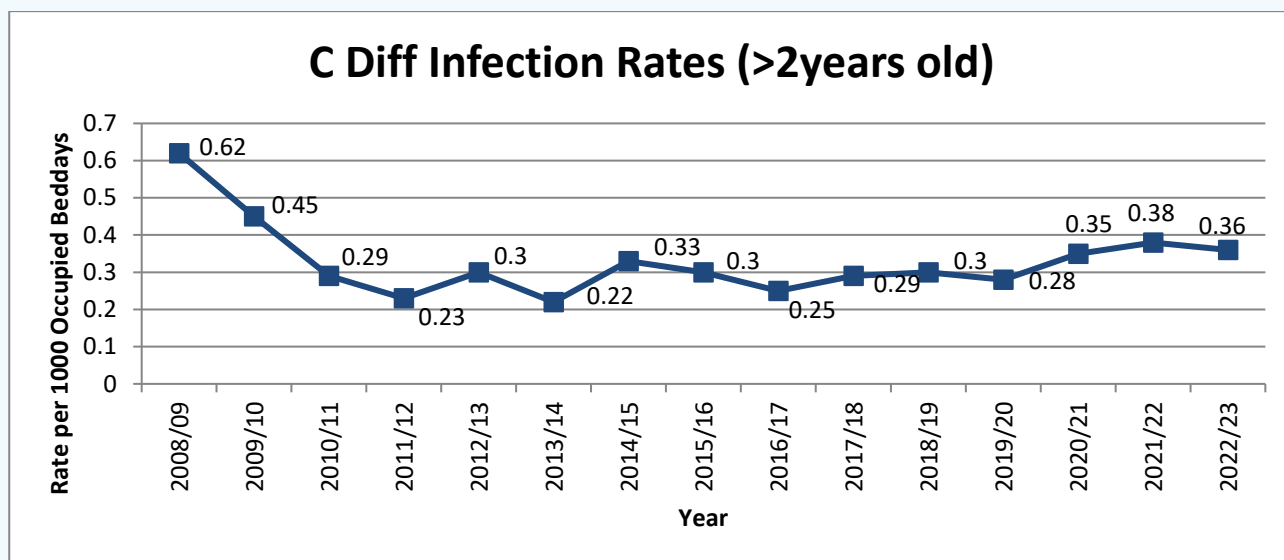
The infection rate for 2022/23 was 0.03 infections per 1000 occupied bed days.

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 ongoing COVID-19 Pandemic the Department of Health NI did not set a reduction target for *C. difficile* in 2022/23. The Western Trust identified 81 cases for the year. This was an increase of 1.25% compared to the previous year's performance (80 cases). 32 of the 81 cases were community-associated.

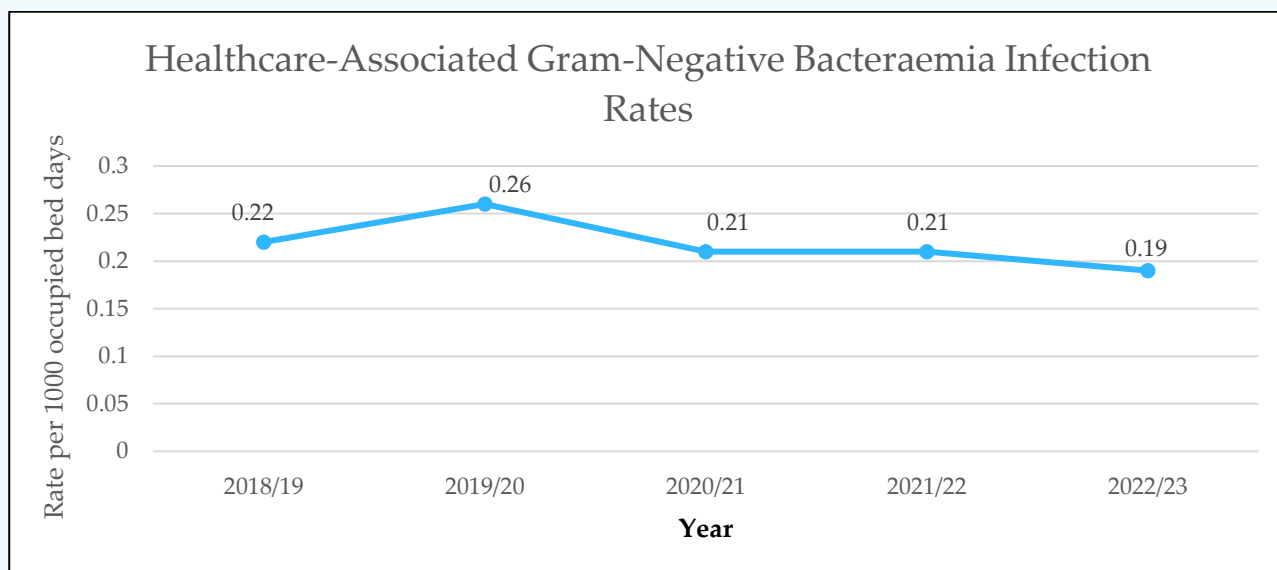
The infection rate for 2022/23 was 0.36 infections per 1000 occupied bed days.

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.



Facts & Figures

Due to the ongoing COVID-19 Pandemic the Department of Health NI did not set a reduction target for healthcare-associated GNB in 2022/23. The Western Trust reported a total of 42 cases for the year. This was a decrease of 6.67% compared to the previous year (45 cases).

The infection rate was 0.19 infections per 1000 occupied bed days.

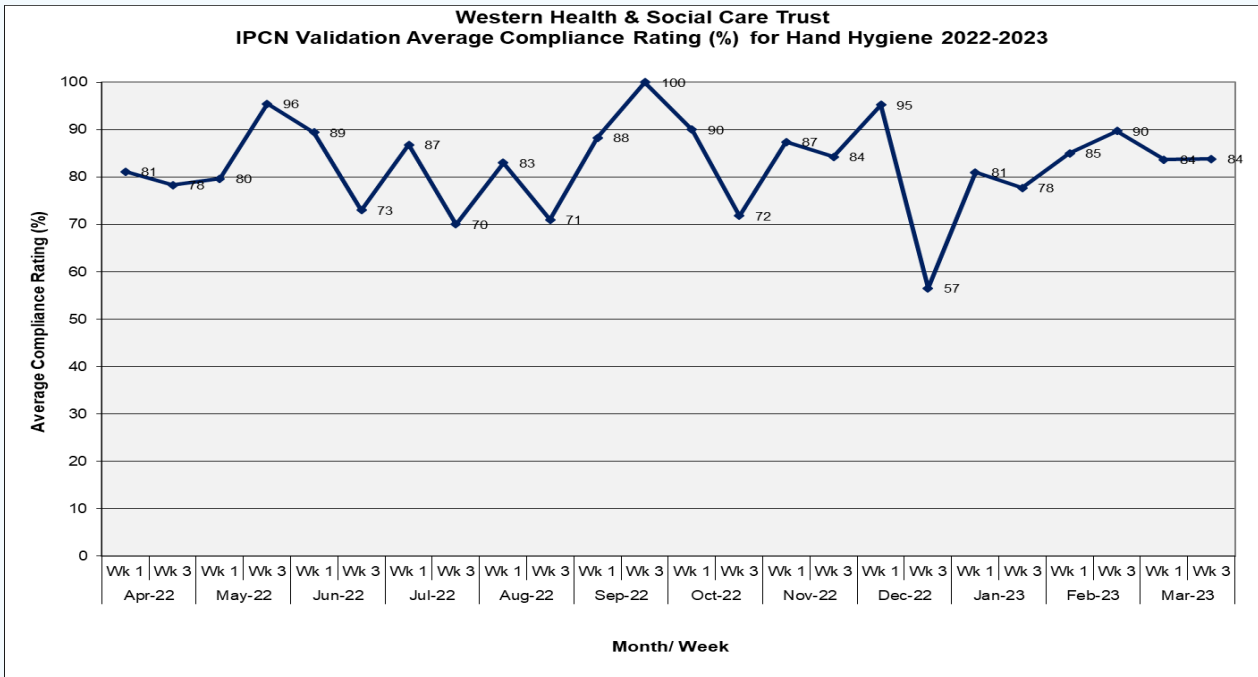
Hand Hygiene

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.

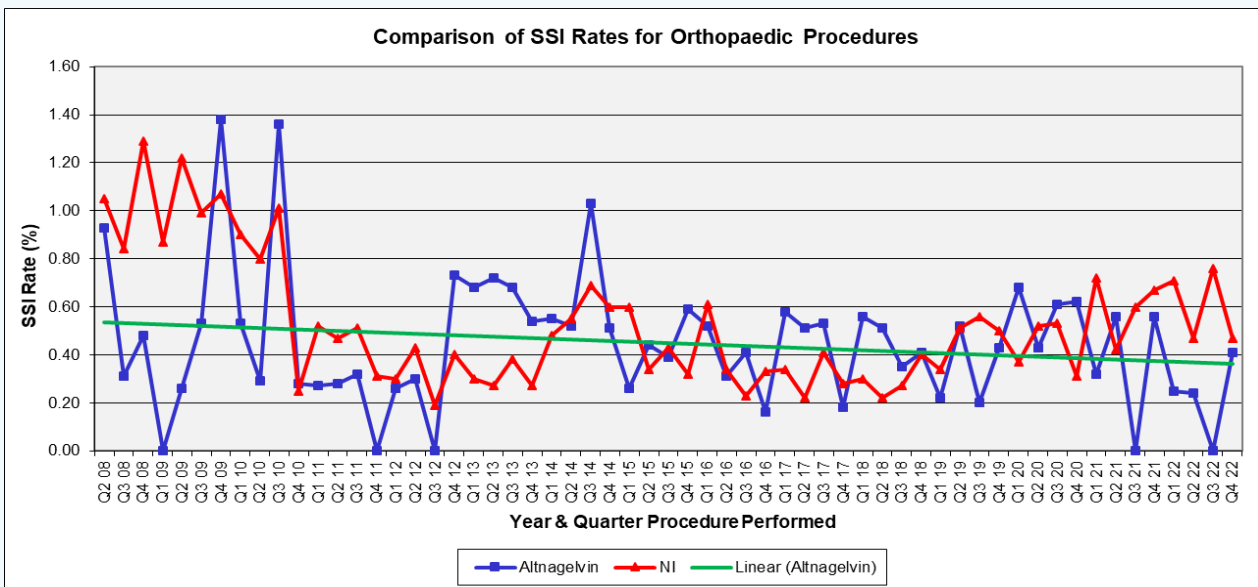
Self-reported hand hygiene audits are carried out by core ward / department staff on a regular basis and this is validated by peer / professional lead independent audits. The Infection Prevention & Control Nurses (IPCNs) also carry out ad hoc validation audits with the aim to achieve at least 95% compliance 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 2022/23 average self-reported compliance was 100% and average IPCN validation compliance was 83%. The graph below outlines only the IPCN validation average compliance rating for hand hygiene and does not include peer / professional lead independent audit figures.



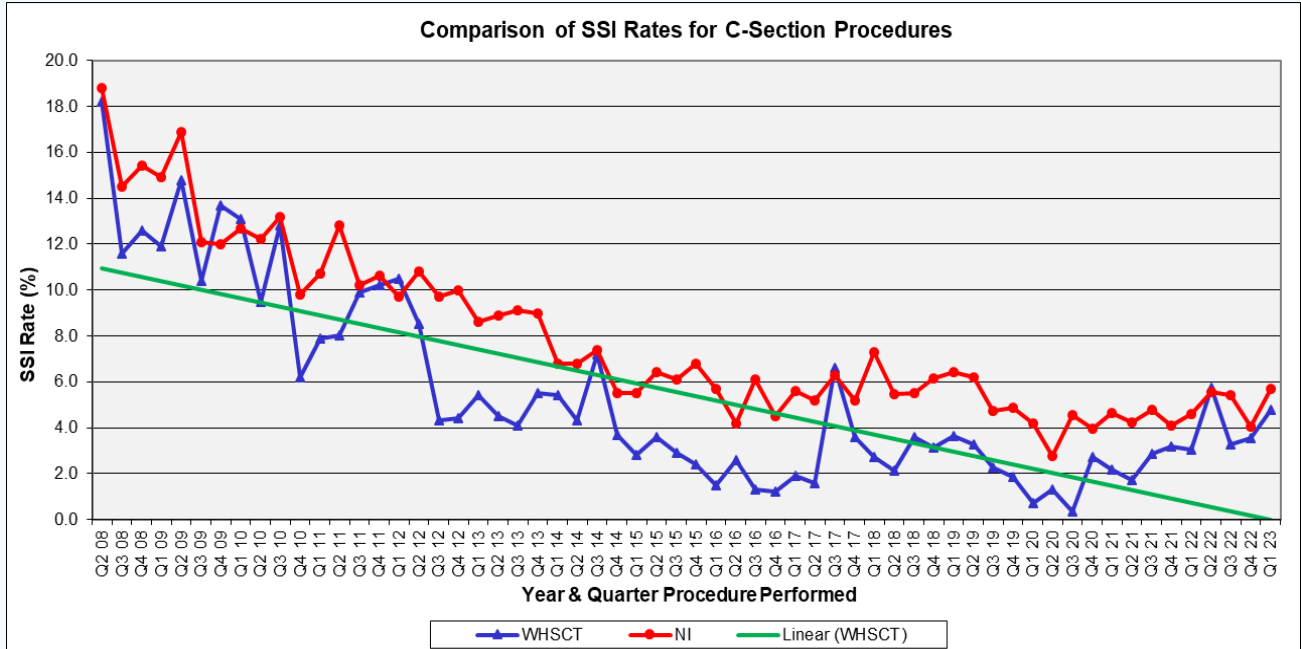
Orthopaedic Post-Operative Surgical Site Infection (SSI) Surveillance

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 over time. There has however, been a rise in the SSI rate during 2022/23 and work is ongoing with the clinical team to investigate and develop improvement plans.



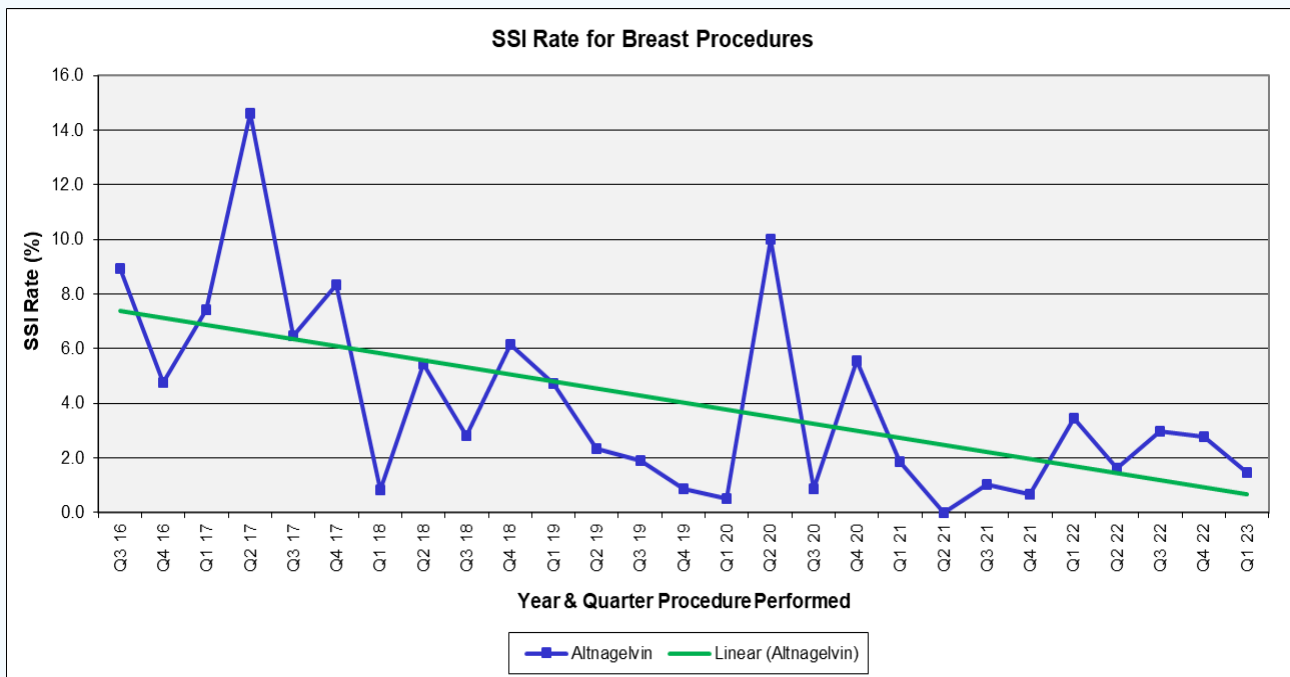
Critical Care Device-Associated Infection Surveillance

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 bloodstream 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 2023, the SSI rate was 1.45%. There is no comparative NI data as the Western Trust is the only Trust undertaking this surveillance at present. Work continues with the multidisciplinary team regarding surveillance of SSIs and the implementation of improvement measures.



COVID-19 RESPONSE

The Infection Prevention & Control 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.

Outbreak Management

The Infection Prevention & Control Team managed 141 outbreaks of COVID-19 (plus four other outbreaks due to Norovirus / diarrhoea and vomiting) during 2022/23.

Compliance with Infection Prevention & Control Standards of Practice

The Infection Prevention & Control Team continued to monitor staff compliance with hand hygiene, the use of PPE and other High Impact Intervention audits. 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.

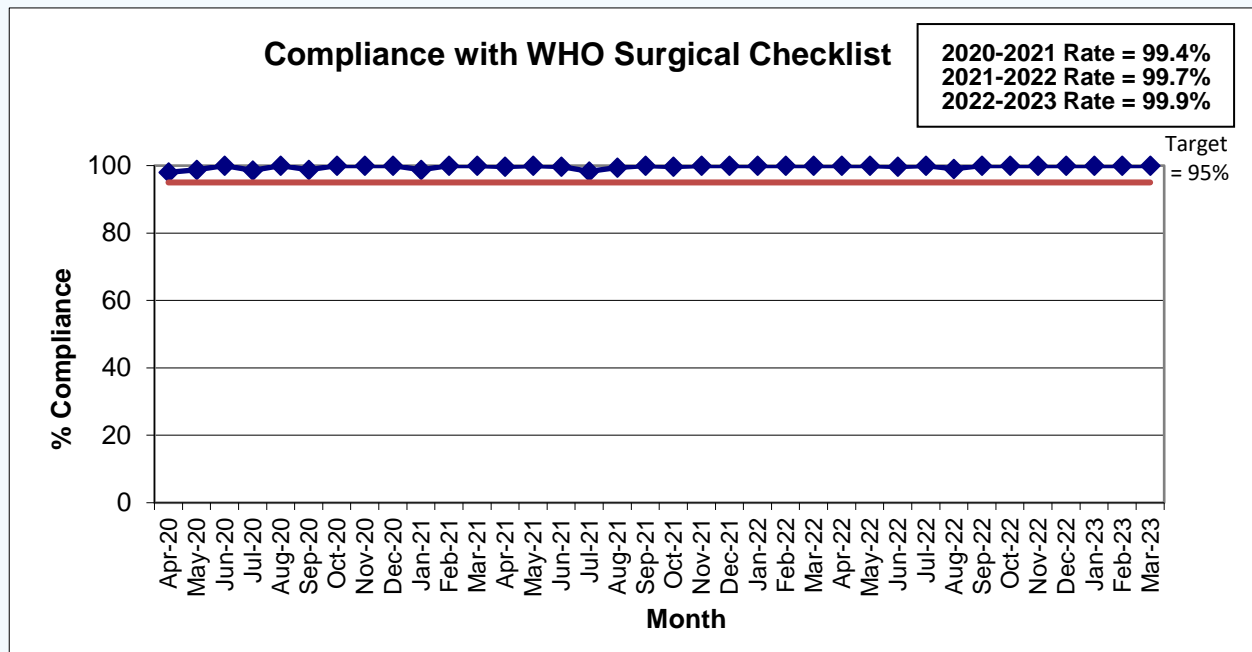
SAFER SURGERY

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.

The WHO checklist has become an integral element to all surgeries carried out within the Western Trust.

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 2022/23 was 99.9% and monthly compliance is displayed in the graph below.



MATERNITY & GYNAECOLOGY QUALITY IMPROVEMENT

Mechanical induction

Mechanical induction of labour was introduced within Maternity in April 2022 to comply with NICE guidance. Mechanical induction is safer for women as it reduces the risk of hyper stimulation which may lead to fetal compromise and potential uterine rupture. Outcomes data is being collected on the Northern Ireland Regional Maternity system (NIMATS) and will be presented at Guidelines and Audit Implementation Network (GAIN) rolling audit days.

The project has been extended to train midwives to insert Foley catheters for mechanical induction, providing more continuity and choice for women. The future plan is to move towards outpatient mechanical induction of labour, for low risk women in the initial phase, to align with regional practice and NICE guidance.

SBAR (Situation-Background-Assessment-Recommendation) implementation

SBAR sticker is being implemented as a recommendation following learning from a Perinatal Mortality Review Tool (PMRT) within maternity. This tool will improve communication when midwifery or junior medical staff are seeking advice/review from senior obstetric staff or escalating a concern to the on call consultant or senior management team.

This tool will provide a more systematic robust framework for all staff to ensure that effective communication of information is being discussed and a clear management plan is agreed and put in place for the woman. This form when completed will be filed in the women's notes as a record of the discussion and the management plan. The SBAR Performa will be audited and presented at the GAIN rolling audit.

New Bereavement Pathway

A new local bereavement pathway has been devised by the Bereavement Midwife and is currently being piloted Trust wide. Midwifery staff, Medical staff and service users have been involved. All relevant professionals will receive an email from midwives following a diagnosis of pregnancy loss rather than following delivery.

Service Evaluation Quantitative Questionnaire

A new Continuity of Midwifery Care (CoMC) model is currently being implemented regionally. Moving into a CoMC (NI) model of care represents a fundamental shift in the way that midwives work.

A service evaluation questionnaire was distributed Trust wide to gain midwives views on working within a Continuity of Care Model. The data was collated and a thematic analysis was presented to the University of Ulster, contributing to a master's degree undertaken by the Consultant Midwife Sinead Lecky. This data was shared with the Continuity Lead who is responsible for implementation of the new programme and an engagement workshop is being devised to help staff transition into the new model. The aim of the workshop will be to promote staff wellbeing at work by providing specific information that relates directly to midwives personal and professional concerns that were outlined in the questionnaire.

Midwifery Led Service Evaluation Research

During the COVID-19 pandemic maternity services underwent largescale reconfiguration in response to anticipated workforce challenges. This resulted in Midwifery services being relocated to within an obstetric led unit.

Research was carried out by the Midwifery Led Unit (MLU) Manager Leanne Hughes, to look at measurable outcomes for low risk women and the impact of relocating MLU to the obstetric unit at Altnagelvin. The primary outcome measures looked at care giver and environment to inform service improvement.

The data and recommendation of this research has been presented to the University of Ulster as part of a Master's Degree undertaken by the MLU manager and will be presented to Professor Mary Renfrew as part of information being collated by the advisory group for enabling safe, quality midwifery services and care in Northern Ireland.

Late Bookings

To prevent late bookings for maternity services, a self-referral form is now available online on the Western Trust website, to gain appropriate information from the woman when they make initial contact with maternity services. This will ensure appropriate prioritisation at booking clinics.

Referrals to the Western Trust when booked for another Trust

Transfer form has been devised for the Consultant to Consultant transfer of care. This will ensure prompt transfer and appointment in line with NICE guidance.

Reduced Fetal Movements

All women who present with reduced fetal movement over 20 weeks' gestation will have a risk assessment checklist completed and this is then filed within their maternity hand held records. This will decrease morbidity and mortality for these babies.

Perinatal Mental Health Referrals

The Consultant Psychiatrist has been appointed as well as a Specialist Midwife. Referral Pathways will be shared with the Named Consultant and will also be included within the Maternity hand held records.

Gynaecology Clinic

Saviance/Clarity is being introduced at clinics. This will reduce the number of open episodes on the Patient Administration System (PAS). 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. This will ensure all outcomes are accurate and recorded in a timely manner.

Written Laboratory reports from Colposcopy clinics are now shared via a shared email. This has improved communication, traceability and ensures timely appointments within Colposcopy.

Gynaecology Theatre Diaries are accessible via Outlook and are currently being piloted. This will ensure that Medical, secretarial and management can access the Theatre Diary at all times at Altnagelvin Hospital.

Ongoing **Quality Improvement Project (Safety Quality West, Cohort 5)** within the Gynaecology Department. Project title; SMART Triage (specific, measurable, achievable, realistic, timely). Project focusing on Red Flag referrals. With a 22% increase in the number of red flag referrals received within Gynaecology the aim is that through effective triage, we can identify and prioritise care for those most at risk. Reducing waiting times while improving communication and education within Primary Care. The aim is to increase the percentage of patients seen within 14 days of referral by 50%. The project is currently ongoing.

Newborn Hearing Screening Services

Enhanced Newborn Hearing Screening service in South West Acute Hospital from 5 day in hospital screening to 7 day. This has improved uptake of service, reduced did not attend / cancelled appointment rates, reduced costly mop-up clinics alongside improved service user satisfaction and enhanced equality of service provision. The introduction of a 7 day service brings South West Acute Hospital service provision level in-line with Altnagelvin Hospital which has been a 7 day service since 2018. Moreover ensuring we meet the Key Performance Indicator (KPI1) target of >98% of 'Well babies' completing hearing screening by 4 weeks of age.

Implementation of Newborn Hearing Screening Patient Satisfaction Survey for new parents and carers to regularly feedback from their experiences within the New Born Hearing

Screening Programme (NBHSP) and a platform for Personal & Public Involvement (PPI) so parents/carers can express ideas on how to further improve the screening service.

Introduction of visual noise monitoring equipment (Noise Guides) on screener trollies to raise awareness of unfavourable hearing screening conditions amongst staff and service user so that a visual aid is available to indicate when noise is too high for screening. This has helped improve on the WHSCT NBHSP meeting the KPI2 and KPI3 standards on completing <27% screening at Automated Oto Acoustic Emission 2 (AOAE2) attempt; and <3% referral rate to Audiology for diagnostic Auditory Brainstem Response (ABR).

Quality Assurance Firmware upgrade for screening equipment:

NBHSP Screening equipment firmware has been upgraded to prevent screeners screening babies accidentally using equipment that has not had its daily Quality Assurance calibrations undertaken. This approach has now been adopted regionally.

PAEDIATRIC QUALITY IMPROVEMENT

The Altnagelvin Parents Group are a registered charity who help provide support to families who have children with lifelong medical conditions. One of their key aims is to make life in hospital as comfortable as possible and to create a network of peer support amongst parents on a similar journey. Their achievements to date include:

- ❖ 27 parents beds;
- ❖ Smart TVs for each room;
- ❖ Parents room refurbished;
- ❖ Bravery baskets for children attending for bloods etc;
- ❖ Parents care box;
- ❖ Supported seating for children in showers and Safe space bed;
- ❖ Child friendly clinic rooms, treatment rooms and waiting rooms;
- ❖ Annual celebration events.

Quality Initiatives / Projects within Paediatrics

- The Children's Ward, South West Acute Hospital are upskilling key staff in relation to Child & Adolescent Mental Health (CAMHS) patients on the ward and creating a resource folder. CAMHS Champions will be identified within the ward cohort and working links are being developed between Emergency Department, CAMHS, Eating Disorder and Paediatric staff.
- Some Quality Improvement Projects undertaken within Paediatrics include:
 - To improve open access to the service for children with complex needs;
 - Productive Ward aims to improve the discharge process;
 - Sepsis Screening and Sepsis 6;
 - Viral Induced Wheeze;
 - Lumbar punctures;
 - IV Fluids;
 - Medication Safety;
 - Gentamicin Chart.

HYPERTENSION IN CHILDREN, SURELY NOT? IMPROVING RECOGNITION OF HYPERTENSION IN A PAEDIATRIC SETTING

Hypertension in childhood is underdiagnosed and undertreated. Following an initial data collection, we set a gold standard. Interventions put in place include:

- ❖ Email to all nursing staff providing explanation;
- ❖ Reminder to nurses whatsapp group and daily diary;
- ❖ Infographic on hypertension emailed & placed on wards;
- ❖ Centile charts laminated for wards.

Paediatric Hypertension



Why is it important?



HYPERTENSION (HTN) = SBP and/or DBP >95th percentile on 3 or more occasions



Paediatric hypertension is **common and serious!** BPs are notoriously difficult to measure in children and HTN is under-diagnosed:

- increased risk of adult HTN
- target organ damage in children

GOLD STANDARD



ALL children aged 3-12yrs admitted to ward 5/ward 6/APAU should have a blood pressure completed and measurement plotted on PEWS

Measuring BP

- patient resting for 3 minutes, whilst sitting
- cuff and manometer at the level of the heart
- appropriate size cuff – sufficient to cover 2/3 of the upper arm
- inflation bladder should cover 80-100% of the arm circumference.

- ✗ Cuff too small → HIGH
- ✗ Cuff too big → LOW

What next?

Plot on PEWS chart. If high, proceed with:

- Measure using manual BP cuff
- **HEIGHT PERCENTILE, AGE & GENDER** to plot BP percentile

High measurements usually attributed to crying or distress but always need repeated incase pathological

Standardised charts:

Male and female standard percentile chart available on ward 5/ward 6/APAU. Charts devised by Taskforce on Childhood hypertension, 4th edition.

Investigations to consider...



- urinalysis
- ambulatory BP
- Bloods (TFTs, U+E, Albumin, Renin)
- Renal USS

FALLS

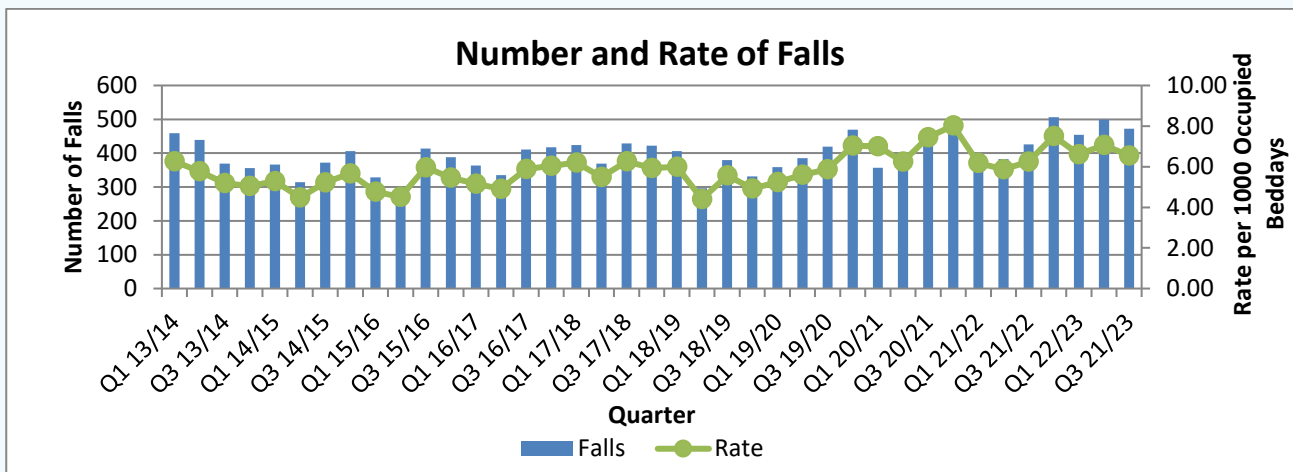
Facts & Figures

In 2022/23, the Trust recorded 1834 falls of adult patients in hospital, an increase of 129 on the previous year.

Of the falls recorded, 42 led to a moderate and above injury (i.e. an injury that lasted more than one month such as a fracture and/or led to an extended hospital stay over 4 days or required surgery). These falls accounted for 2.3% 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 2022/23 per 1000 bed days.

Year	Period	ADULT 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 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			
2022/23	YTD totals	1,834	42	4,093	4,338	94%	4,026	4,338	93%	40	40	100.0%	283,008	6.48	0.15



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

In 2022/23 the number of falls reported from hospital inpatient settings was 1834, an increase of 129 when compared with the number of falls reported the previous year. In 2022/23 reporting of falls occurring in hospital inpatient settings included falls occurring in maternity and emergency departments which were not included in numbers for the previous year. This together with a positive reporting culture may account for the increased number of falls reported.

There was also an increase in the number of fall incidents resulting in moderate or above levels of harm when compared with the previous year.

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

The 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.

There are increasing numbers of older people living with frailty within Trust adult inpatient wards. Many remain in hospital beyond the date that they have been assessed as being medically fit for hospital discharge. Many are awaiting social care support at home or in a care home which is not available. These patients are becoming more deconditioned in a hospital environment as the acute hospital setting is not designed or resourced to meet the long term care needs of frail older people many of whom have a cognitive impairment.

In 2022/23 it was noted that there was a higher use of agency staff who may not be familiar with the patients they are caring for or the ward environment that they are working on.

Workforce challenges, staff training needs and the factors outlined above may explain both the higher incidence of falls and the higher incidence of falls resulting in moderate or above levels of harm in 2022/23.

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 members of the community to enhance their skills and knowledge to reduce falls.

Actions taken to reduce the incidence of falls in 2022/23

It should be recognised that workforce challenges and a lack of funding for resources 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 regarding falls prevention and management across Northern Ireland.

The Trust Slips, Trips and Falls Prevention Group continues to meet on a quarterly basis following the Regional meeting to identify and oversee key priorities to reduce both the numbers of falls and the harm from falls. The group works with the Regional Falls Prevention Group to implement regional learning and initiatives relevant to Western Trust.

Within the Slips, Trips and Falls Group, four sub groups had been established 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.

Due to workforce challenges and competing priorities, these subgroups have found it difficult to meet the quorum for meetings.

The Task and Finish Group set up within the Trust with the aim of reducing incidents of moderate and above levels of harm across the Trust reset this year post COVID. This is a multi-disciplinary team with Medical, Pharmacy, Nursing, AHP and Risk Management Representation.

This group supports the work of the task and finish groups established within the Slips, Trips and Falls Group identifying areas of improvement to support the delivery of safe and effective care to reduce incidents of moderate and above harm falls happening within hospital inpatient facilities.

The group met on 4 occasions in 2022/23 as workforce challenges and industrial action this year impacted on staff availability to attend these meetings.

The Falls Integrated Pathway Co-ordinator has continued to deliver training to a number of staff groups. Training provided included Preventing Falls in Hospital for Nursing staff as part of the Trust Induction to the Trust, Preventing falls in Hospital and the Fallsafe bundle for allied health professionals working in hospital settings and preventing falls in Community for Community Social Work Teams.

The Falls Integrated pathway and staff in risk management have delivered training on incident reporting on the datix system, grading of incidents and identifying learning from incidents resulting in moderate and above levels of harm. They have also supported handlers with identifying learning from incidents throughout the year.

The fall safe bundle continued to be implemented across all adult ward settings within the Trust. Compliance is audited monthly as part of nursing KPI's. The overall fall safe compliance for 2022/23 was 94% for Bundle A and 93% for Bundle B.

If the Fall Safe Bundle audit results identifies an aspect(s) of care that was not delivered to the required standard, the Clinical Area submit an Exception Report on the Professional Nursing SharePoint site detailing the reason(s) for the deviation and actions taken to address the deviation. A review of the Exception Reports submitted for the period 1st April 2022 until 31st March 2023 demonstrates two common reasons for deviation:-

1. Recording of Urinalysis (or documenting reason if unable to obtain urinalysis)
2. Recording of Lying and Standing Blood Pressure (or documenting reason if unable to obtain urinalysis)

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.

All learning from falls causing moderate and above harm in hospital inpatient settings including Emergency Departments and Maternity continued to be shared within the trust and regionally using the regionally approved shared learning documentation.

Thematic analysis of shared learning from falls regionally is shared through the Regional Falls Newsletter.

Shared learning from fall incidents resulting in moderate and above levels of harm within the Trust are shared and disseminated through various Trust forums including the Slips, Trips and Falls, sub-group meetings and the Reducing Incidents of Moderate Harm Task and Finish group.

Learning from fall incidents is also used to inform the content of staff training by the Falls Integrated Pathway Co-ordinator, Risk Management and Moving at Handling Team where appropriate.

Themes emerging from fall incident reports were used to inform several safety lessons of the Week in 2022/23. These are shared with staff through the Trust Share point site.

The Falls Integrated Pathway Co-ordinator has been working with the Regional Falls Group on the integration of falls assessment and planning of care documentation in relation to falls for hospital and community falls services within the build of Encompass.

A contract for the provision of non-slip temporary footwear was renewed this year. This enables ward staff to provide non-slip temporary footwear to patients who are admitted to hospital without footwear until such times as friends or family can provide appropriate footwear.

During Falls Awareness Week, staffed falls awareness information stands were available for staff and visitors across the trust hospital sites for staff to access information and advice on resources and services available that could be used to support falls prevention.

A large Falls Health took place in Foyle Arena during Falls Awareness Week in September 2022. Providers of services from different statutory, community and voluntary organisations had the opportunity to meet under one roof to learn about each other's service in addition to building networks and relationships to support people at risk of falls. Service providers shared knowledge and information on their services with others. This created the opportunity to spread falls messages across boundaries of care to support falls prevention. In this manner more people became aware of the different services available and how to access same to be able to refer or signpost service users to the most appropriate service to meet their need at that time.

This event was also an opportunity for members of the public to obtain information and advice on actions they could take to self-manage their risk of falls in addition to accessing support with onward referrals to services best suited to meeting their needs at that time.

Members of the public had the opportunity of having their lying and standing blood pressure checked to screen for postural hypotension (where there is a drop in blood pressure on changing from a lying position to standing). This is a common cause of falls in older people and can be caused by medications or underlying health conditions. Identifying this allows further preventative measures to be followed up on.

A pharmacist was present and people attending had the opportunity of discussing their medicines and how they could impact on their risk of falls.

A physiotherapist was available for mobility aid assessments and mobility screening and supported members of the public with onward referrals to appropriate physiotherapy services after the event.

Stakeholder and service user feedback from the event was extremely positive. 20 people had their lying and standing blood pressure assessed with 2 people identified as having postural hypotension and signposted to their GP for follow up in the first instance. 12 people were referred to the Stepping-On Programme and 8 were referred to the council for home

safety checks. Several members of staff requested falls information packs for their areas of work at the event.

One lady who attended the event provided feedback on care opinion. Following the event she was provided with a replacement walking aid and a toilet frame which she had been waiting on for several months. She was waiting on an audiology appointment for some time and following advice regarding where to contact for follow up she was provided with 2 hearing aids which enabled her to *'hear the grass grow.'* She had a bone density scan in a timely manner to assess bone health. An onward referral to Specialist Neurological Physiotherapy services for gait re-education and rehabilitation was made. Feedback to staff through Care Opinion was *'Life is much easier with your input.'*

Collaborative work to run the falls health event was an efficient use of scarce resources enabling multiple service users and service providers to access information on a range of services that could support people at risk of falls under one roof in a central location.

Several smaller community events were also supported across the Trust throughout the year sharing information and supporting with onward referrals when required.

The Trust Day Centres across the Trust had a focus on Falls Prevention during falls awareness week inviting a number of speakers to educate people attending regarding actions they could take to ensure safer mobility.

A Falls Awareness Survey Continued to be accessible using a QR code to support members of the public with self-management of their risk factors for a fall. Posters to promote its use are available in GP practices and Community settings. During falls awareness week a number of the Surveys were completed when members of the public were supported in the completion of the survey.

Less surveys were received outside these times indicating that not everyone engages with online information which has been increasingly used within healthcare post COVID pandemic. Based on the number of surveys completed over the year in comparison to the numbers completed during falls awareness week when people were supported to complete the survey it may be that more people prefer to receive information in a different format than online surveys. This may be something to explore further in focus groups with service users at risk of falls going forward.

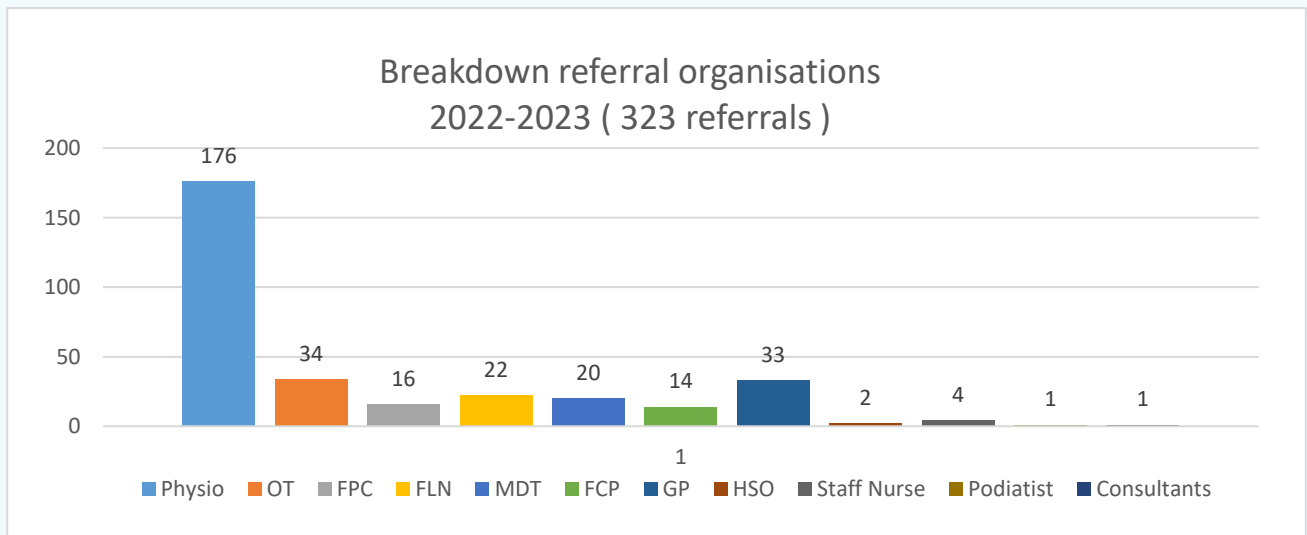
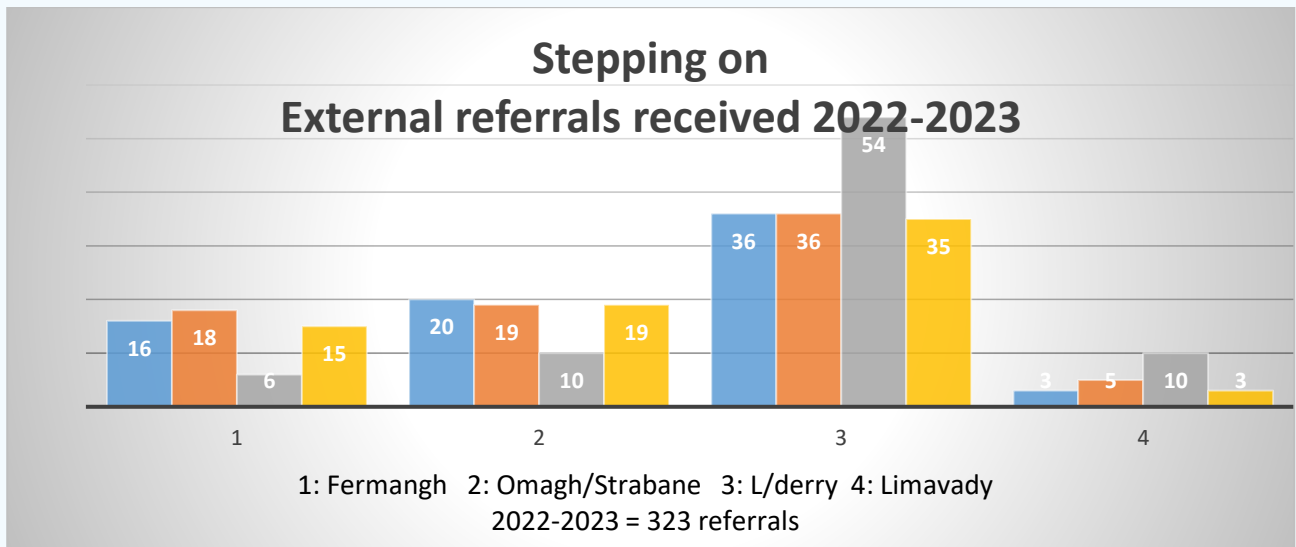
The Trust continued to support the Healthy Living Centres with the Stepping on – Strength and Balance Programme.

In 2022/23 the Healthy Living Centres delivered 12 Strength and Balance Programmes to people living in the Western Trust Area. 323 people were referred to the stepping on programme and 303 people were invited to attend the programme. 77 people declined the invite. 213 people attended for pre assessment for the 9 week Stepping On programme.

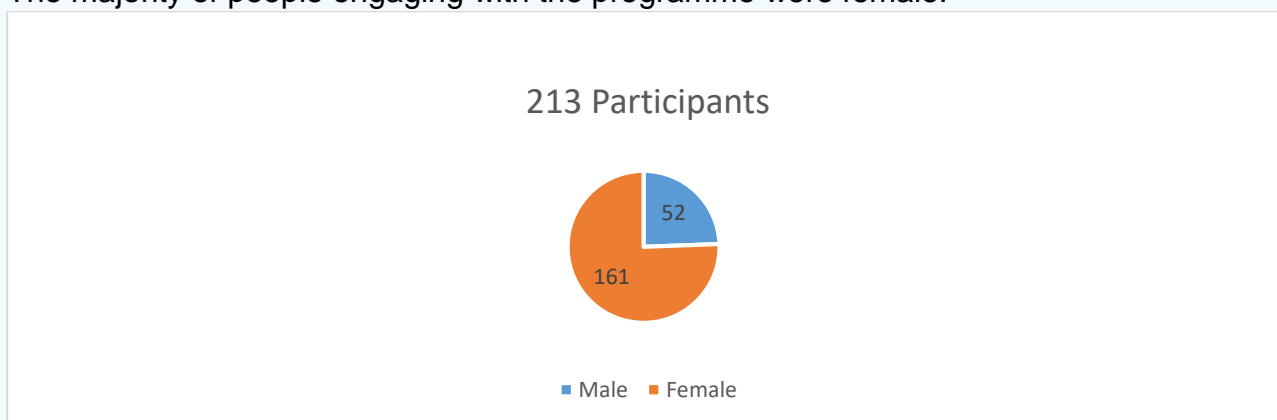
At pre assessment it was identified that the programme would not be suitable for 4 people who attended for pre assessment.

165 people attended at week 9 for the post programme assessment.

The majority of referrals to the Stepping-On Programme came from the Derry area and the main source of referral to the Programme was Physiotherapy Services.



The majority of people engaging with the programme were female.



From the Stepping-On Programme 133 people were referred to council home safety services where 69 people received a follow up council home safety visit.

14 people were not interested in the home safety service when contacted after the referral was made.

A number of people in Fermanagh and Omagh, and Causeway Coast and Glens Council areas remained on waiting lists for home safety visits follow up at the end of March 2023.

The Council home safety officers made onward referrals to the Northern Ireland Fire Service, Community Policing, NI Housing Executive and Allied Health Services from the Home Safety Check.

Depending on the Council Area and Funding available, people could be provided with Care Falls Packs, Touch Lamps, Low Energy Light Bulbs, Plug Removal Aids, Non Slip Jar/ Bottle Openers, Carbon Monoxide Alarms or Keep Warm Packs depending on assessed need.

The Healthy Living Centres delivered 10 follow on 8 week OTAGO Strength and balance programmes after the 9 week programme with 152 people completing the programme.

A 6 month follow up evaluation of the Stepping-On programme found that over 68% of 148 respondents reported to have fallen prior to attending the Stepping-On programme compared with 19% who reported a fall since completing the programme.

Prior to starting the Stepping-On Programme, 36% of the 148 respondents reported that they required an ambulance call out in response to a fall. After completing the Stepping-On Programme 89% of the 148 respondents reported that they did not require ambulance assistance following.

When asked about improvements in their ability to complete everyday activities since completing the programme, 70% reported that their walking was less unsteady; 67% reported improvements in their ability to get in/out of a chair; 37% found it easier to go upstairs and 20% reported improvements in their ability to get dressed.

Before commencing the Stepping On programme 63% of participants reported that they were able to get up of the floor unaided. After the programme 88% reported that they were now able to get up from the floor unaided. 79% reported they have put a falls action plan in place to prevent a long lie after the programme with 77% reporting that they are aware of equipment that could be accessed in community if they had a fall.

A Nutritionist within the Health Improvement Department supported the Stepping-On Programme with the delivery of a talk on Nutrition this year which 72% of respondents rated as excellent.

Service User Feedback on the Stepping-On Programme has been very positive with service users reporting, *'I have learned so much and I feel much safer.'* Another reported, *'Loved the increased confidence I now feel. A very worthwhile course, suitable exercise and loved the social aspect too.'*

The care home support team changed from online delivery of falls training for staff in care homes to face to face delivery in 2022/23. 177 staff in care homes benefited from the training over 16 sessions in 2022/23.

The Health Improvement Team continues to disseminate resources developed by the Western Falls Prevention Group to a range of organisations and stakeholders across the Western Trust area. The aim is to improve access to falls resources and services and raise awareness of falls in community settings. Stakeholders include Hospital, Community, GP, Social Care, Cancer Services, District Councils, Healthy Living Centres, Care of the Elderly Services, South West Aging Partnership, U3A. Resources have also been distributed by the Health Improvement Team at a number of Health Fairs and older people events throughout the year.

Regionally agreed falls awareness e-learning is available online through HSC learning platform.

The Moving and Handling Team have supported with the training of cascade trainers in the use of the Flo jac equipment to move patients safely from the ground post fall. This training is now included in update training for staff attending moving and handling updates.

Even though there has been a lot of good work being done in community and care homes with no additional funding or resources the numbers of people over 65 years of age presenting to ED following a fall each year from home or a care home remains high and waiting times for outpatient and community service follow up continue to increase.

Patients attending ED from a care home living with high levels of frailty do not receive a comprehensive geriatric assessment at time of ED attendance before being discharged back to the care home.

The information officer in Altnagelvin ED continues to ensure that resources are available in the ED waiting area to increase public awareness in relation to falls. The information officer also collates data on the number of patients attending ED following a fall, identifying contributing factors for ED attendance following a fall which can be used to inform public messaging regarding falls.

Patients over 65 years of age discharged home from ED following a fall who did not receive a multi-disciplinary assessment at time of ED attendance are identified as people who may benefit from follow up at a falls prevention service if additional funding and staffing resources were secured to deliver same.

Falls in Care Homes Altnagelvin ED Attendance Data.

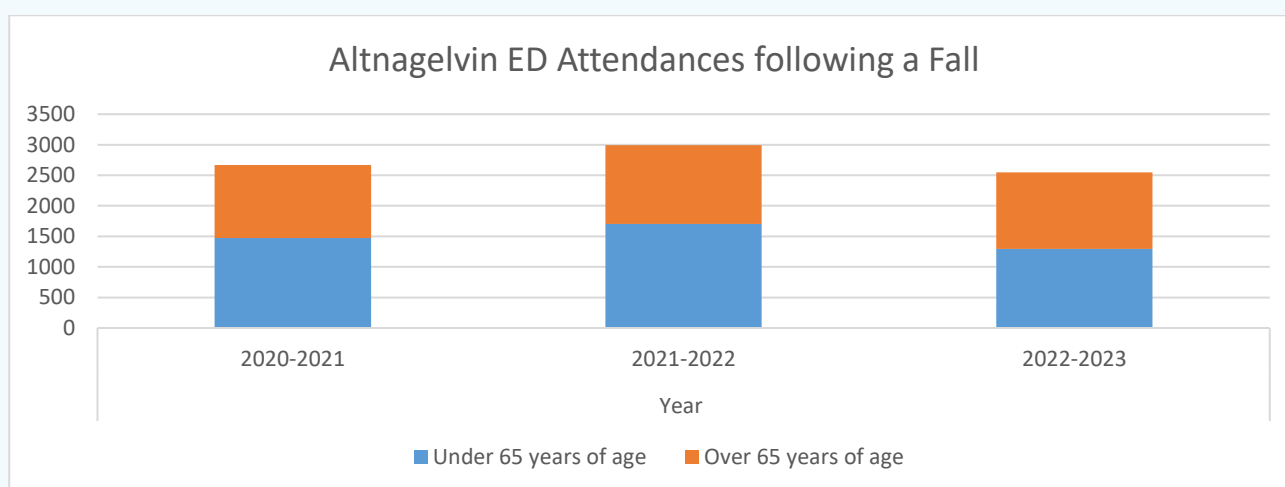
Number of Patients over 65 years of age presenting to Altnagelvin ED following a fall in a care home

	1st October 2019-31st March 2020	1st April 2020-31st March, 2021	1st March, 2021 – 31st March 2022	1st April, 2022 – 31st March, 2023
Number of patients	59	141	133	167
Number of patients transported to ED by ambulance from a care home	55	134	130	156

Number of attendances at ED's in Western Trust following a fall each year

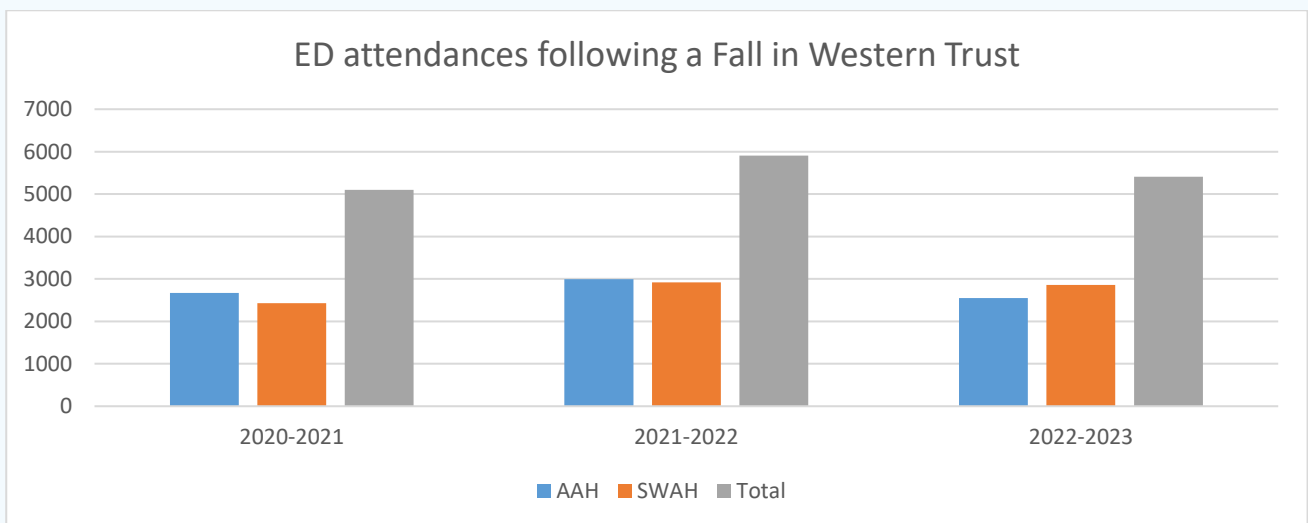
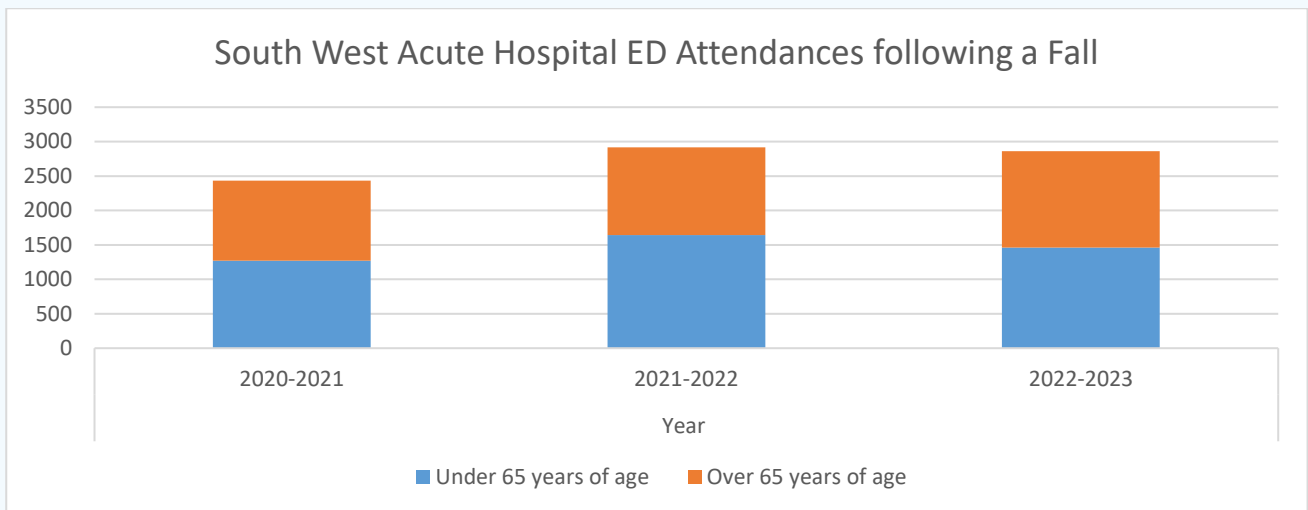
Altnagelvin ED

	1st April 2020- 31st March 2021	1st April 2021- 31st March, 2022	1st March, 2022 – 31st March 2023
Attendances where the patients was under 65 years of age	1473	1704	1294
Attendances where the patient was over 65 years of age	1195	1287	1253
Total	2668	2991	2547



South West Acute Hospital ED

	1st April 2020- 31st March, 2021	1st March, 2021 – 31st March 2022	1st April, 2022 – 31st March, 2023
Number of patients under 65 years of age	1269	1641	1460
Number of patients over 65 years of age	1163	1275	1400
Total	2432	2916	2860



Next Steps:

- Continue to support the Regional Inpatient Falls Group with the development of Regional Resources e.g. Posters, patient information, staff guidance documents and regional bedrails policy to support falls prevention.
- Continue to support the Regional Work regarding building the Falls Pathway into the Encompass system.
- Review the minimum dataset for investigation of fall incidents with the Regional Inpatient Falls Group to better support staff with identifying shared learning from incidents resulting in moderate or above levels of harm.
- Review and refresh the Nursing Key Performance Indicators which includes the Fall Safe Bundle Audit Tool with the Nursing & Midwifery Quality and Assurance Network. This includes reviewing the evidence to support inclusion / exclusion of elements of the audit tool.
- Promote measurement of lying and standing blood pressure on admission or record if unable to complete standing blood pressure if the patient is non-weight bearing.
- Deliver 2 large falls health events in the Strabane and Derry areas where a number of stakeholders from the statutory, community and voluntary, multi-disciplinary teams and falls prevention services can support people in their community through provision of information and support to reduce their risk of falls.

- Continue to deliver training for staff on falls prevention in hospital and community settings
- Launch a Sharepoint site for Falls Prevention where staff working in Hospital, Community, Care Homes and Emergency Departments can access information and resources to support safer mobility within their particular area.
- Recruit volunteers for Falls Prevention to support the Trust with sharing falls prevention messages including supporting members of the public with the completion of the falls awareness survey which can be used to support self-management.
- Continue to support the Stepping-On Programme with the pre and post evaluation of the Strength and balance programme in addition to supporting with the delivery of educational talks or materials regarding looking after your eyes, looking after your feet, Nutrition and Bone health within the programme.
- Promote the on line falls training delivered on the HSC learning platform to staff.
- Continue to support new handlers of fall incidents resulting in moderate harm with the post fall review process to identify learning from fall incidents.
- The Health Improvement Team will deliver 10 awareness sessions on falls in community settings.
- The Care Home Support Team is working with 3 care homes on a Quality Improvement Project to reduce the incidence of falls within the homes.
- The Care Home Support Team will continue to deliver falls prevention training for staff in Care Homes.
- The Hospital at Home team will support NIAS where there is capacity to review patients who may be at risk of complications following a fall and a long lie.
- 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.
- Continue to increase public awareness regarding self-management of 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.
- Use the data on ED attendances at Altnagelvin Hospital to inform the development of falls services and create public messages regarding falls prevention
- OPALS multi-disciplinary clinics need resources to address current waiting lists.

Impact of COVID-19 on Falls Prevention Services

At the start of the COVID-19 pandemic, the OPALS team who provided a follow up service to patients referred by Northern Ireland Ambulance Service (NIAS) following a fall were redeployed to support patient flow within the hospital.

Since the pandemic the OPALS clinic has not reset to follow up on patients referred to this service. There have been workforce challenges in terms of staff recruitment and staff absence which have impacted on the ability to deliver the multi-disciplinary clinics previously provided.

Currently within the Northern Sector of the Trust a nurse contacts patients referred to the clinic by telephone where possible to offer information and advice and confirm if patients wish to remain on a waiting list for a clinic appointment.

Prior to the COVID-19 pandemic many patients referred to the clinic by NIAS declined an appointment for various reasons mainly because they were living with very high levels of frailty and did not feel able to attend a clinic appointment.

Where it is identified that a patient could benefit from an appointment with a Care of the Elderly Consultant the referral is redirected to the Consultant Clinic.

NIAS continues to refer patients who do not require transport to hospital following a fall to the OPALS service for follow up. Outpatient waiting lists for follow-up continue to increase. Many patients referred are having recurrent falls as is evidenced by the multiple NIAS referrals for the same person to the OPALS service. Some patients have been admitted to hospital whilst on the waiting list for follow up in relation to their risk of falls. Others living with high levels of frailty have died before staff have had capacity to contact them in relation to follow up after a fall.

Waiting times for allied health services such as physiotherapy and occupational therapy that could support with falls prevention are increasing due to demand, capacity and workforce challenges. Therefore opportunities for preventative interventions are not happening in a timely manner. There has been a lack of investment in preventative services in relation to falls.

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 as a result of not accessing services in a timely manner.

During the COVID pandemic, many older people were less active, socially isolated and lonely. Waiting times for appointments at specialist outpatient clinics have continued to increase. GP services are under pressure and many service users continue to experience difficulty accessing GP appointments. Waiting times for access to exercise classes delivered by the healthy living centres continue to increase due to demand. The combination of all of these factors result in reductions in strength, balance and physical activity which increases a person's risk of falls.

Within ED's there are delays in transferring patients requiring admission to wards. Wards are experiencing staffing and space challenges to meet the increasingly complex needs of patients admitted to hospital from ED. Many do not have beds available to meet the demand from ED in a timely manner. Patients can be cared for in corridors in ED for several days before discharge home or hospital admission to a ward.

A number of patients continue to remain in hospital due to delays in securing the necessary care for a safe discharge from hospital. This impacts on patient safety and staff are challenged to deliver safe and effective care in these environments. ED's are overcrowded with staffing and space challenged to meet the demand for services.

The financial, emotional and demands on the health service post COVID pandemic have increased the pressure on staff and services that were already under pressure prior to the

pandemic. Increasing numbers of staff are experiencing fatigue with high numbers leaving the health service putting extra strain on an already pressurised system. Without investment in preventative services and support for an increasing population of older people living with frailty, the number of people presenting to emergency departments following a fall will continue to increase.

PRESSURE ULCERS

Facts & Figures

In 2022/23, the Trust recorded 341 pressure ulcers compared to 277 for the previous year across the acute hospital adult sites, an increase of 23.1% with 37 deemed avoidable from the 108 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 as a result of use of wound care products, hospital admissions, antibiotic treatment, surgery, staff resources and litigation. Preventing pressure damage is therefore more cost effective than treating these wounds when they develop. Risk assessment and subsequent skin management and provision of appropriate pressure redistributing devices is instrumental in preventing pressure damage. It is however widely recognised that despite these interventions many Pressure Ulcers that occur in our care are avoidable. This is a key performance indicator (reported to the PHA) used to monitor the care given to patients within each Trust.

.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 (EUPAP, 2019). Pressure Ulcers are in most instances preventable if appropriate measures are implemented. Prevention involves ongoing risk assessment of all patients, implementation of prevention strategies



through the use of the WHSCT SSKIN Bundle which has recently been replaced by a Regional SSKIN Bundle (launched July 2023). This bundle covers skin inspection, pressure redistributing surfaces, repositioning schedule, continence management and nutritional needs. It provides an analysis of the causal factors in the event of pressure ulcer development and directs on the selection of appropriate pressure redistributing devices.

Guest et al (2020) identified that on average a Pressure Ulcer cost the NHS £5,972.28 per patient per year in 2017/18. He further estimated that wound care cost increases on average 8-9% per year. Based on 8% rise annually a pressure ulcer will cost £8,775.24 per patient per year in 2022/23. This equates to a cost of £2,992,356.84 in WHSCT based on the total number of pressure ulcers (341) in 2022/23. Those complex pressure ulcers will cost significantly more therefore this figure is a conservative one.

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.

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
2022-23	1.2	341	+23.1	108	37

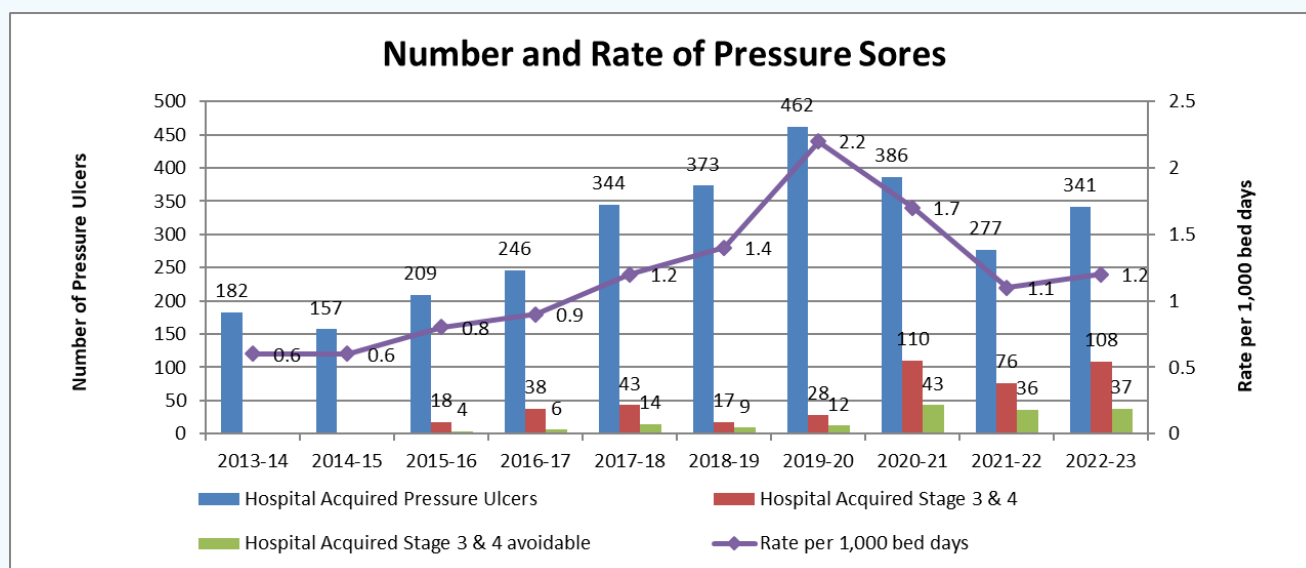
INCREASE OF 87% HOSPITAL ACCQUIRED PRESSURE ULCERS OVERALL FROM 2013 - 2023

Guest et al (2020) reports on average an annual increase of 32% in Pressure Ulcer development. Hospital acquired Pressure Ulcer data (reported above) for 2022/23 showed an overall increase of 23.1% from the previous year. A minimal increase (2.7%) was noted in avoidable Stage 3 and 4 Pressure Ulcers despite a significant increase (42.1%) in the overall number of Stage 3 and 4 Pressure Ulcers (The above figures demonstrate a significant rise in the overall incidence in Pressure Ulcer but it is encouraging to see that a small proportion of these were attributed to avoidable pressure damage). These figures still remain lower than those reported in 2019/20 and 2020/21. Contributory factors to this development include an increased aging population, frailty and multiple co-morbidities. The Tissue Viability Team have also noted that patients are presenting with more advanced disease and as a result need more complex interventions, this is a direct result of the COVID 19 Pandemic when many aspects of our health service were put on hold. It has also been noted regionally that the emergency departments are challenged with a higher acuity of patients resulting in increased waiting times, often on inappropriate surfaces such as hard waiting room chairs. The ongoing staffing crisis has necessitated a heavy reliance on bank and agency staff who are often in a department they are not familiar with this has impacted on the care delivery around skin management.

Figure 2: Skin Bundle Compliance:

2022/23	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: 92%	92%	91%	94%	91%
Overall PU Rate: 1.2 per 1000 bed days	1.43	1.39	0.90	1.12

Figure 3: Reports the number and rate of pressure injury development from 2013/14 - 2022/23



Despite the overall increase in the number of patients developing Pressure Ulcers the number of avoidable Pressure Ulcers remain relatively unchanged from last year. Outlined below are the numerous interventions the Tissue Viability Team have implemented or continued which has contributed to this situation with regard to avoidable Pressure Ulcer development.

The management of Pressure Ulcers forms a significant element of the role of the Tissue Viability Team.

The Tissue Viability Team support Trust staff in a variety of different ways to prevent, care for and manage Pressure damage, these including:

- Education of healthcare key stakeholders in the prevention, identification and management of Pressure Ulcers as appropriate.
- Provision of advice and guidance to healthcare key stakeholders on the management of individual 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 Ulceration.
- Collation of Pressure Ulcer data for reporting to the PHA.

- Two team members sit on the Northern Ireland regional Pressure Ulcer Group hosted by the PHA. Input to this group has been significantly increased over the last year in preparation for the launch of the new regional Pressure Ulcer SSKIN Bundle and Purpose T Risk Assessment Tool.

Actions taken during 2022/23 to reduce Pressure Ulcer development

- Tissue Viability Service hosted our quarterly Tissue Viability Link Nurse meetings, attended by 70-100 nurses across all sector of the Trust and Private Nursing Homes. 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. Shelly Crawford (Clinical Lead OT WHSCT) presented on specialist seating and equipment and Gerald Kelly (WD40 Charge Nurse) presented the promising results from the SEM Scanner Trial (this new device detects Pressure Ulcers prior to the clinical appearance facilitating quicker pro-active prevention measures). Throughout the week, the 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 following an identified need (i.e. avoidable pressure damage development) 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. These are now available for paediatrics and available in all languages on request. Order codes are on the TVN SharePoint and have been disseminated to all staff. Copy of same included in ward wound care folder.
- The updated regionally agreed PHA endorsed online training is available for all staff to access. The Tissue Viability Team regularly promotes this.
- The Tissue Viability 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 regionally agreed Purpose T and SSKIN Bundle launched July 2023. Purpose T is a validated Risk Assessment Tool, which has robust evidence to indicate that it is more accurate in identifying those patient at risk than the previous Braden Risk Assessment Tool. While the new SSKIN bundle will provide evidence based care and ensure better continuity of care across Trust hospitals and departments.
- 17 education sessions on Purpose T/SSKIN Bundle were provided across the three hospital sites and community. Further training is ongoing by the CEC. There is also on e-learning module on Purpose T available via the HSC.
- We have developed strong links with our local Safeguarding team as we work closely on those complex cases to determine if acts or omissions had contributed to the development of the Pressure Ulcer.
- Currently the team are working with both our Emergency and Maternity departments in response to identified need, with an aim to reduce incidence and prevalence of pressure damage in these areas.

Operational:

- The Tissue Viability team have liaised with Risk Management on updating the DATIX system to streamline the process.

- The 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 Tissue Viability 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 Pressure Ulcer Avoidable/Unavoidable in a timely manner. Following wound assessment the Tissue Viability section on DATIX is updated 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 Tissue Viability team 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 team will arrange a meeting with the Ward/Department Manager 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 Tissue Viability team monthly.
- Tissue Viability team re introduced the Pressure Ulcer safety cross to monitor Pressure Ulcer incidents on the wards across the Trust.
- Mattress audits continue to be completed quarterly in line with current guidelines.
- The Tissue Viability team have 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 have developed a quick reference wall chart specific to Emergency Department and specific to Maternity as a direct result of incidents in these departments. The aim being to alert those staff in the department to potential problems around pressure.
- The Tissue Viability Team regularly liaise with our lead nurse for Safe and Effective Care, 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 in individual case by case and can lead to MDT round table meeting, which produces action as appropriate.
- The Tissue Viability Lead Nurse sits on regional CAG for therapy bedding for mattresses and cushions. Currently this process is being reviewed and updated to inform a new contract.

Actions planned for 2023/24

The Trust and the PHA have tasked the Tissue Viability 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:

- Maintain a list of all Link Nurses (LN) for each department within the Trust to ensure they are on Tissue Viability mailing list. Inform Ward Managers of their responsibility to update this list as necessary. Discuss with Assistant Director's (AD's) and Senior Nurse the possibility of making Tissue Viability quarterly Link Nurse Meeting mandatory.
- Plan education sessions for all Directorates, these will cover Pressure Ulcer prevention, assessment and management. This needs supported by all Senior Nurses, Practice Facilitators, AD's and Chief Nurse.

- Continue to support staff in the use of new Purpose T Risk Assessment Tool and SSKIN Bundle documentation.
- Encourage all ward Staff to look at CEC Courses and our link nurses to undertake Pressure Ulcer standalone module in QUB.
- Continue to provide workshops at link meetings encouraging to cascade learning.
- 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. These are now available for paediatrics and available in all languages on request. Order codes are on the TVN SharePoint and have been disseminated to all staff. Copy of same included in ward wound care folder.
- Tissue Viability 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 Tissue Viability team is advocating this become mandatory in the WHSCT.
- Tissue Viability Nurses 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 Pressure Ulcer.
- 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 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 Tissue Viability service will continue to provide quarterly wound link meetings providing updates on all aspects of wound care.
- The Tissue Viability service will hold the Annual STOP Pressure Ulcer Day in November 2023 to educate staff on Pressure Ulcer Prevention and to update on our progress in reducing the incidence of Pressure Ulcers. On the day we will have a guest speaker, whose topic will be based on the prevention and management of Pressure Ulcers. Following the positive feedback from last year's interactive sessions, the aim is to increase interactions by utilising props to highlight areas vulnerable to pressure damage, appropriate assessment and management.
- The Tissue Viability 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 Tissue Viability team will arrange a meeting with the Ward/Department Manager 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 Tissue Viability team monthly.
- Tissue Viability Nurse will monitor and support the wards/departments in adopting the new Purpose T risk assessment tool and SSKIN Bundle providing additional education support where required.

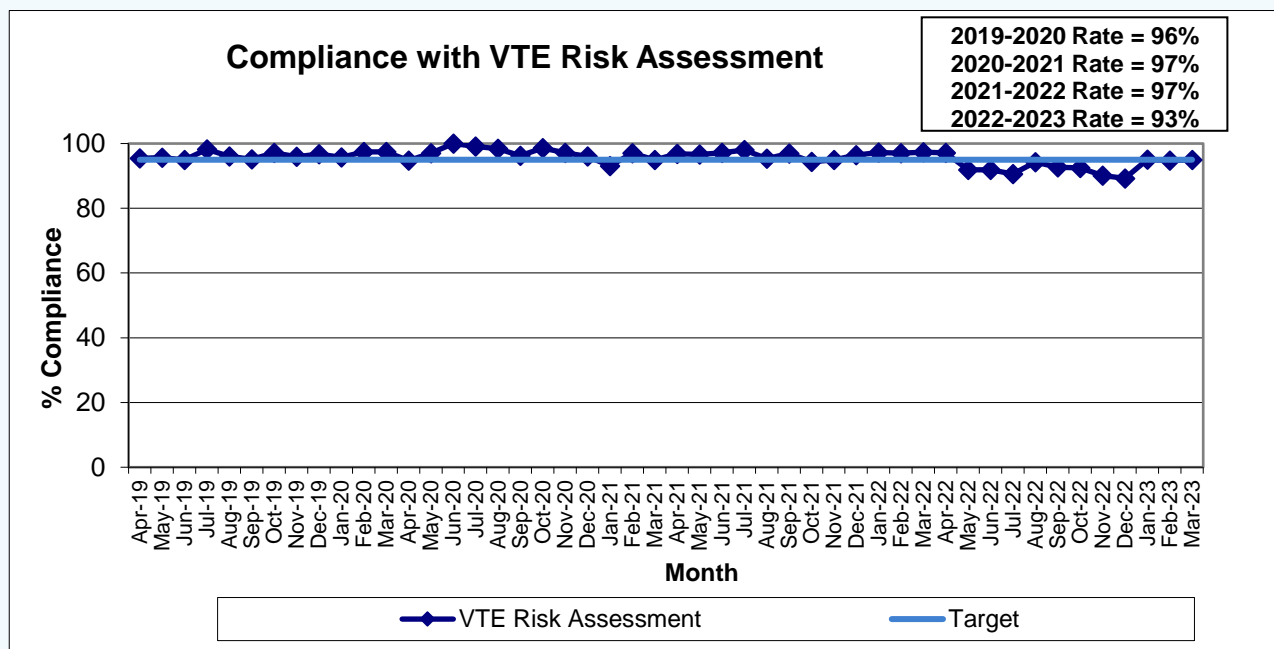
The achieved action plan from April 2022 to March 2023 was only managed due to additional hours provided for a band 6 full-time temporary Tissue Viability post. The service has able

to secure an extra permanent 30 hours band 6 for our service and have a full complement of staff in post (1WTE Band 8a, 1WTE Band 7, x2.8 WTE Band 6).

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 aims to achieve 95% compliance with VTE risk assessment completed within 24hrs of admission across all adult inpatient hospital wards. During 2022/23 data was collected on a monthly basis from a random selection of patient notes in adult inpatient wards. The monthly audit was spread during 2022/23 to include Maternity, Adult Mental Health, Older Peoples Mental Health and Learning Disability wards. The compliance rate for 2022/23 was 93%. 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 Reconciliation

Clinical Pharmacists complete medicines reconciliation for patients on all wards covered by a clinical pharmacy team. The NICE standard states that 95% of patients should have their medicines reconciled by a pharmacist within 24 hours of admission.

Pharmacy collects this data on wards that receive a clinical pharmacy service on the last Wednesday of each month. The data collected does not capture medicine reconciliations

completed at the point of discharge. Due to increased patient numbers and staff shortages, a number of these medicine reconciliations will occur at the point of discharge and unfortunately this data is not collected.

Acute Hospital Site	Percentage of patient episodes that had medicines reconciliation completed within 24 hours of admission (2022/23)
Altnagelvin Hospital (ALT)	57%
South West Acute Hospital (SWAH)	68%

A further breakdown of this data puts the information into context.

1 st April 2022- 31 st March 2023	SWAH	ALT
Percentage of patients that had medicines reconciliation completed on admission.	86%	72%
Percentage of patients that had medicines reconciliation completed within 24 hours of admission:	68%	57%

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, increased patient flow and reduced workforce due to sickness and recruitment issues.

Medicines Continuity of Supply

Pharmacy continues to work with regional pharmacy procurement colleagues and the Department of Health NI to identify medicines needing to be added to the NIMAR (NI MHRA Authorised Route) list to ensure their availability in Northern Ireland.

The pharmacy team working closely with the Genito-Urinary Medicine (GUM) clinic team were involved in securing supplies and putting processes in place to ensure good governance for the ordering, receipt and administration of the monkeypox vaccine.

The team also linked regionally and across the interface to ensure continuity of supply of antibiotics in response to the Streptococcus A outbreak.

Pharmacy Patient Services and Procurement

A replacement dispensing robot was installed in Pharmacy Altnagelvin. This, along with associated remedial work, has improved our medicines distribution processes and made better use of space, time and skill-mix.

Throughout the year, a number of safety memos were shared across the Trust. These were in response to differing medicine-related circumstances including:

- Temporary/Permanent changes in product availability e.g. use of high strength ketamine, midazolam 2mg/2ml solution for injection ampoules;
- Change of brand used e.g. oxycodone liquid;
- Safe and cost-effective medicine switches e.g. standardisation of salmeterol/fluticasone pressurised metered dose inhalers (pMDI) (Avenor®) inhalers in line with a regional contract;

- Changes in source of reliable medicines-related information e.g. The NHS IV Injectable Medicines Guide (Medusa) with potentially out-of-date paper information was removed from wards and replaced with online access via the Trust SharePoint or the Medusa APP;
- A new regional high dose steroid card was implemented across the Trust to support early recognition and treatment of adrenal crisis.

In collaboration with clinicians and service managers, the process for the supply of bowel cleansing prescriptions in advance of CT Colonography and Endoscopy was comprehensively reviewed and streamlined resulting in improved workflow in the pharmacy dispensary, enhanced patient experience and a reduction in treatment supply delays.

Following advice from the Commission on Human Medicines (CHM), a number of new safety measures for valproate-containing medicines are to be put in place. In response, the Pharmacy Standard Operating Procedure (SOP) for the issue of sodium valproate to women of child-bearing potential was reviewed and shared Trust-wide. *Risk of teratogenic harm when prescribing of valproate prescribed to woman of child bearing age and prescribing not in line with valproate Pregnancy Prevention (PREVENT) Programme* has been added as a risk to the Trust Risk Register. The Valproate working group has not met formally in 2022/23, but meetings have taken place to address this most recent Drug Safety Update.

Preparatory work was commenced with ICT colleagues and Powergate to introduce this electronic data transfer system into the three pharmacy departments. This will provide immediate receipt message from suppliers allowing for more timely follow-up actions to be completed. It also makes the department more Encompass ready.

Patient Services continued to maintain and meet the same targets for discharge prescription turnaround time despite the increasing demand combined with a reduced workforce due to vacancies and absences.

Aseptics

Within the Aseptic Unit, chemotherapy, immunotherapy, radiopharmaceuticals, adult and neonatal parenteral nutrition, eye preparations and other high-risk injectable products are prepared in a sterile, regulated environment. The Unit operates under a MHRA (Medicines and Healthcare products Regulatory Agency) Manufacturing License, which allows batches of products to be prepared in advance of patient treatment, as well as under the Section 10 exemption of the Medicines Act.

Staff safely introduced multiple new oral and injectable chemotherapy and immunotherapy treatments for the management of various types of cancer.

Four new replacement aseptic isolators have been installed and commissioned as part of the ongoing replacement programme. A cold room has also been installed to provide dedicated space for refrigerated aseptic stock.

On-site dispensing by cancer services/aseptics staff has been introduced within the Sperrin Suite, reducing patient waiting times for chemotherapy.

There was an inspection of the aseptic unit in Autumn 2022 by the regional Quality Assurance (QA) service. A favourable report resulted with the outcomes reported to the Trust Quality and Standards Sub-Committee.

Clinical Pharmacy

Clinical pharmacists in Altnagelvin continue to play a central role in screening and contacting vulnerable patients with COVID-19 in the community to determine which drug they are eligible for. This service is provided 7 days per week and on bank holidays. Guidelines have been continually updated and approved.

- **Medicines Optimisation for Respiratory Medicine**

The Consultant Respiratory Pharmacist continues to work with the respiratory multi-disciplinary team. The pharmacist-led asthma clinic continues with face-to-face clinics and a weekly telephone / virtual clinic. Collaborative work continues with the NI Medicines Optimisation and Innovation Centre (MOIC). A paper has been written regarding a quality improvement project to pilot a digital technology innovation for video 'Direct Observation of Therapy in Adult Asthma Patients'. There is ongoing identification of further research within MOIC. Relevant respiratory Trust guidelines have been updated including pulmonary embolism guidelines, and guidance on azithromycin prophylaxis in asthma, severe Chronic Obstructive Pulmonary Disease (COPD) and bronchiectasis patients.

- **Medicines Optimisation and Antimicrobials**

The Lead Antimicrobial Pharmacist continues to support good antimicrobial stewardship across the Trust. A key component of this has been establishing relationships with senior medical champions to help lead and support junior medical staff to carry out regular HAPPI audits of antimicrobial usage. In addition, there has been ongoing work with Teacher Practitioners in the Western Trust Pharmacy Department and Medical Education to deliver case-based teaching and a schedule of sessions agreed. Anti-microbial Stewardship (AMS) and *Clostridium difficile* ward rounds in both Altnagelvin and South West Acute Hospitals have been re-established, which help increase visibility, engage the multidisciplinary team and promote good AMS practices through on-the-ground learning. A Trust Consultant Pharmacist for Antimicrobials has been appointed and will take up post in July 2023.

- **Medicines Optimisation for Older People**

The Medicines Optimisation for Older People (MOOP) service continues to deliver across multiple pathways (acute in-patient beds with a dedicated frailty focus, dementia assessment in-patient beds, intermediate care beds, care homes, home based medicine adherence assessments and hospital at home).

Guidelines for the pharmacological management of stroke, Parkinson's patients nil-by-mouth and Diabetes in older people living with frailty have been implemented. Older people living with frailty, admitted to the acute sites, have a comprehensive review by two part-time frailty pharmacists (14% of >75yr admissions, 90% reduction in Promising Innovative Medicine (PIMS) and Medication Appropriateness Index (MAI)). Optimisation of medicines continues on step-down to intermediate care with additional pharmacy support secured for Rectory Field, which will ensure an equitable service across all Intermediate Care beds. Across the residential facilities, medicines management in community facilities e-training has been developed and launched. A community facilities insulin chart has also been adopted by district nursing to use when attending to an individual within a Trust facility. Home-based medicine adherence assessment has been established for the Northern sector of the Trust and

has been instrumental in supporting timely discharge and flow from acute in response to withdrawal of weekly dispensing arrangements (preparation of Mental Capacity Assessment) in primary care (31% reduction in Mental Capacity Assessment initiation from home based assessment). The Trust Medicines Adherence Operational group continued in 2022 to develop alternatives to support people to remain independent with medicines. The Care home Pharmacist continues to deliver face-to-face medicines optimisation for 6% of the care home population. Work has commenced on development of a regional care home medicines guidance in collaboration with the Regulation and Quality Improvement Authority (RQIA) and Department of Health. The Hospital at Home pharmacists have collaborated with the Consultant Pharmacist and formalised a regional network, and have also tested a new anticipatory prescribing 'just in case' documentation and medicine supply mechanism.

- **Medicines Optimisation in Mental Health**

The Choice and Medication website which offers patient information about mental health conditions and the treatments available to help make informed decisions about choosing the right medicine, continues to be made available in the Western Trust. A reminder on how to access this HSC resource was added to the Trust's SharePoint in July 2022. The community mental health pharmacist work is active and ongoing across the trust.

South West Acute Hospital (SWAH) and Omagh Hospital & Primary Care Complex (OHPCC)

Pharmacist involvement in the Same Day Surgical Unit in SWAH has demonstrated improved patient safety as well as saving patient bed days.

An Independent Sector and Elective Care Governance Pharmacist has been appointed to lead on pharmacy matters. Additional staff have been appointed to support this work both in SWAH and OHPCC. Significant work has been carried out to ensure independent sector (IS) providers can access medicines within a legislative framework in the SWAH. This includes ensuring they had a Department of Health Controlled Drugs License and auditing their medicines management practice. Clinical Pharmacy and Dispensing / Distribution services have been provided to ensure timely and safe patient care by IS providers. The Trust is fortunate to have a MHRA Wholesale Dealers Authorisation and Department of Health Controlled Drugs License to facilitate this in-reach work.

Controlled Drugs

The Accountable Officer and the Lead Pharmacist for Controlled Drugs continued to focus on ensuring the safe management of controlled drugs across the Trust. Work carried out during the year included:

- An article included in Med Safety West highlighting the differences in immediate release and modified release opioid preparations and good prescribing practices in response to a number of incidents.
- Neonatal Intensive Care Unit independent check calculation sheets were reviewed and amended in response to a Controlled Drug incident.
- Approval of a new Trust Guideline on the Prescribing of Anticipatory Medication by District Nurses as part of a wider piece of work to improve access to palliative medications.
- Working closely with Hospice Nurses and New Models of Prescribing (NMOP) colleagues with an aim to provide the nurses with an avenue to prescribe palliative

medications in the community in conjunction with the Western Trust Non-medical Prescribing register.

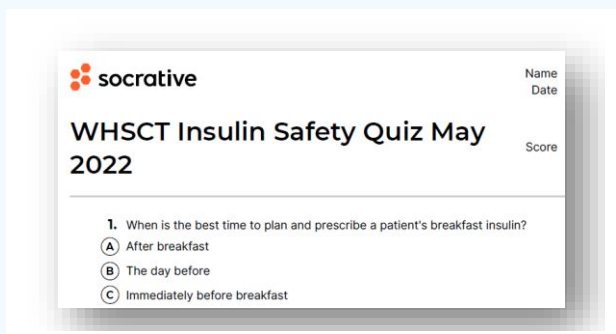
- Current work ongoing after a trend was noted in opioid administration incidents involving the incorrect drug, formulation, strength etc. Potential solutions are being considered alongside a regional review of how opioids are prescribed looking at generic prescribing vs brand prescribing based on incidents reported by all Trusts.
- The use of a tamper evident sealed bag for patients' own controlled drugs is being piloted on some wards on the Altnagelvin site. It is planned that this will become part of usual practice in the coming months after audit.
- Development of an opioid patch check kardex sticker prompting nurses to check that a patch is *in situ*. This will be rolled out once received from an approved supplier.

Insulin

Insulin continues to be a high-risk medicine and it is important to use it safely. Insulin incidents are reviewed at the Trust's Medicines Governance working group but also at the Insulin Safety working group – this group met three times in this period.

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 2 – 8 May 2022. A multidisciplinary team promoted all aspects of insulin safety throughout the Trust. This included QR codes to various training and eLearning platforms.



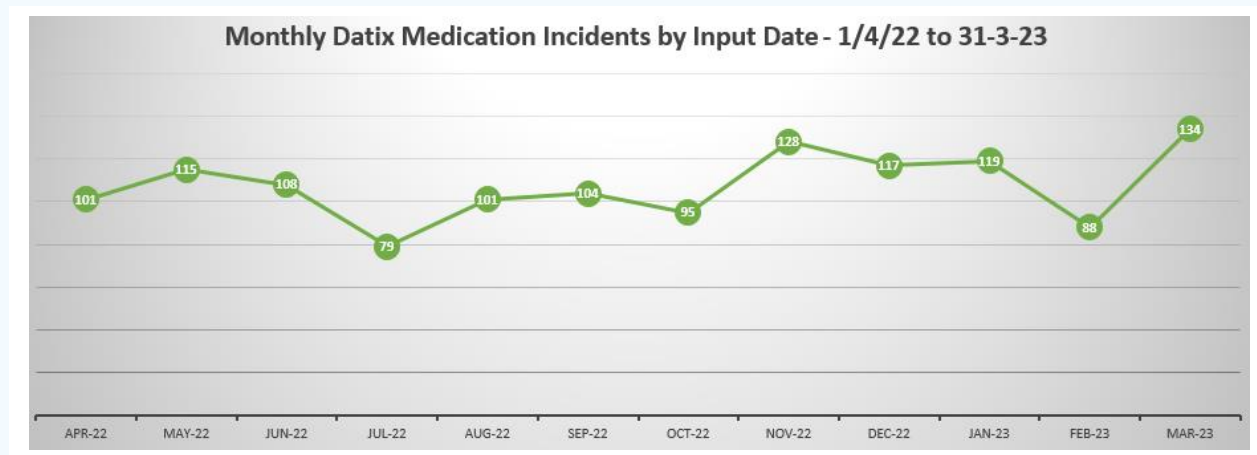
	Scan QR Code with your Phone
<ul style="list-style-type: none"> • Complete the Insulin Safety in Hospital/Community e-learning module, provided free by CDEP 	
<ul style="list-style-type: none"> • Watch the insulin safety webinar – this can be accessed by pharmacists via NICPLD website and other healthcare professionals including primary care via Compass website - requires registration with a free account: https://www.medicinesni.com/courses/recordedlectures.asp 	
<ul style="list-style-type: none"> • Watch the Insulin Safety in Hospital video 	

Medication Incidents and Medication Safety

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 2022/23



Lessons of the week:

- Accessing information on injectable medicines
- Safe use of injectable medicines and IV Fluids
- Promotion around Insulin Safety Week
- Promotion around National Thrombosis Week
- Safe use of Oxygen

Quality Improvement (QI) in Pharmacy

A number of Western Trust Pharmacists are involved in QI projects as part of the Safety Quality West Level 2 QI programme. Projects that are ongoing and have pharmacist input include:

- Improvements to documentation of bone health assessments in Trauma and Orthopaedics (Mayfan)
- To reduce the prescribing of new antipsychotic / sedation drugs by 10% from baseline for patients aged over 65.

Learning from the COVID-19 Pandemic

Pharmacy services had to respond quickly to the rapidly changing provision of healthcare during the COVID pandemic. Pharmacy was key in ensuring:

Essential Medicines

Nationally, stocks of essential medicines, especially those used in critical care, were in short supply and had to be managed. The Trust’s Procurement Pharmacist liaised with clinical colleagues, regional and Trust pharmacy procurement teams, Department of Health and the Health & Social Care Board (HSCB) on a daily basis to ensure all Trusts had sufficient supplies. These links have been maintained with regular liaison between pharmacy procurement colleagues to manage ongoing medicines supply concerns.

Vaccines

COVID vaccine centres were established across the Trust. Pharmacy managed vaccine supply and improved the cold-chain transport and storage of vaccines. There was additional

focus on the content of Patient Group Directions for vaccines, supporting nursing in the development of checklists used before administration. Pharmacy also provided training on the reconstitution of new COVID vaccines.

Oxygen

Pharmacists were key members in the Trust's COVID Oxygen Multi-disciplinary Group, ensuring sufficient supplies of piped oxygen and oxygen cylinders. They were involved in gas testing of oxygen installations.

Critical Care

A downturn in clinical pharmacy to our wards allowed the provision of a seven-day clinical pharmacy service to Critical Care. This supported safer prescribing at the bedside, providing information on the use of new medicines for COVID including clinical trials, good communication and the focused management of essential critical care medicines supply. Funding has been sought to maintain this 7-day service. A wider group of pharmacists and technicians has been trained to work in critical care to improve the resilience of this specialised service moving forward. Pharmacy aseptics colleagues pre-made some injections to reduce pressure on nursing staff.

COVID Clinical Treatment Guidelines

During a time when COVID treatment guidelines were changing rapidly, Pharmacy wrote and managed the Trust's COVID Treatment guidance, ensuring it was up-to-date, approved by the Trust's Clinical Advisory Group and easily available to clinicians at the front line. This composite document continues to be maintained.

Outpatient COVID Treatments

Pharmacy played a key role in delivering Outpatient COVID Treatments. This multi-disciplinary service had to be stepped up quickly in December 2021. A multi-disciplinary team from five Directorates came together quickly to provide a 7 day service to clinically exceptionally vulnerable, non-hospitalised patients with COVID. Patients had to be contacted, triaged and receive an intravenous infusion of a new drug in an acute setting within 72 hours of a positive PCR test. From 15th December 2021 to 31st October 2022, 2,212 patients were referred, 2,199 triaged and 927 treated. A care pathway is now in place to treat patients in Foyle Hospice, Magilligan Prison as well as patients in Northern Ireland on holiday. Moving forward, this service continues to be provided and non-medical prescribers will be trained to support consultant medical colleagues.

Personal Protective Equipment (PPE)

The Head of Pharmacy was PPE Lead during the COVID pandemic. Trust PPE Strategy and PPE Advisory Groups were established. These multi-disciplinary teams met on a daily basis to ensure staff had access to PPE. The Directorate of Performance and Service Improvement played a key role establishing a local PPE warehouse and PPE distribution service. There was focus on ensuring PPE that met required standards was procured by the Trust. The Trust's new PPE Manager continues to provide the service, managing stock, ensuring staff have access to the correct FFP3 masks and hoods.

Medicines Management

The Trust's Drug and Therapeutics Sub-Group met 1-2 times per week during the first two months of the pandemic to pay attention to the safe and effective use of medicines during a time of great change. This group usually meets every two months. This meeting of medical, pharmacy and nursing colleagues provided assurance to the Trust as well as ongoing

professional support to each other and a forum for discussion of good practice and decision-making.

In general, a number of new or enhanced services were set up to ensure patients and staff had access to the right medicines and PPE at the right team. Moving forward, we continue to provide many of these services as part of usual business. Relationships between members of multi-disciplinary teams have grown stronger and new processes have been put in place to further support timely delivery of care.

OMITTED & DELAYED DOSES

Since the publication of the National Patient Safety Agency (NPSA) 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. A Key Performance Indicator (KPI) audit tool was developed regionally that captured 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.

Up until January 2023, all Trusts in Northern Ireland reported the findings from this KPI to the Public Health Agency (PHA). Following a meeting by the Nursing and Midwifery Quality and Assurance Network (NMQAN), the Regional Senior Improvement Advisor from HSCQI (Health and Social Care Quality Improvement) and the HSC Lead Pharmacist for Medication Safety, a decision was taken to stand down reporting the data on omitted and delayed medications to the PHA as it was felt that the KPI is not fit for purpose. The NMQAN are currently working alongside representation from the HSCQI and Trust Governance Pharmacists to review and refresh the omitted and delayed medicines KPI using a quality improvement approach.

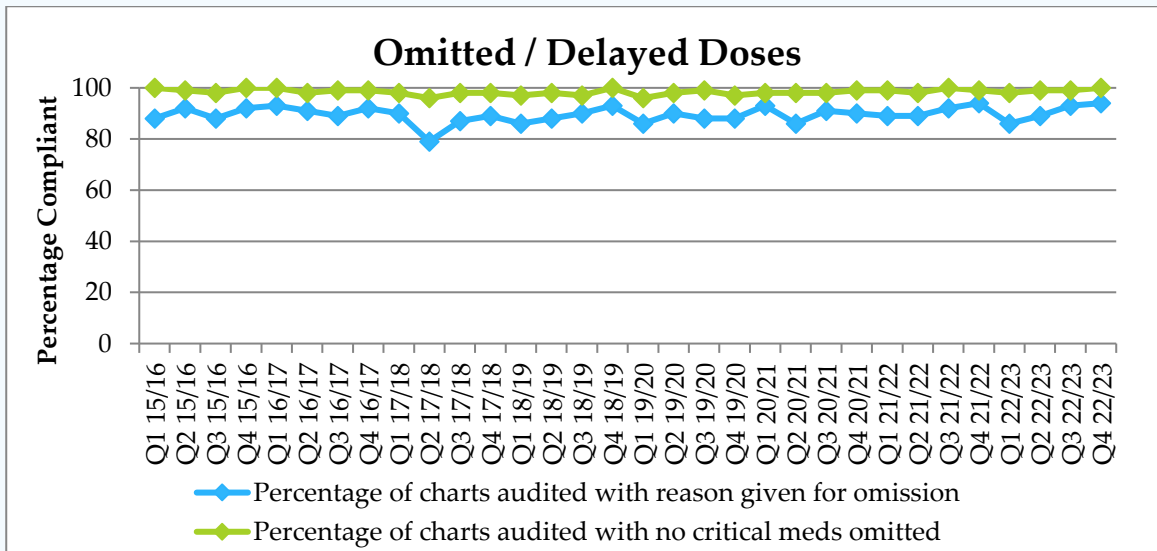
The PHA advised that HSC Trusts may wish to continue to monitor the KPI in its current form but will not need to report the data to the PHA. The Executive Director of Nursing in the Western Trust has decided that the Trust will continue to monitor the omitted and delayed medicines KPI in the current format until the updated KPI audit tool is available.

Within the Western Trust, a multi-professional group has been established to undertake a complete review of medicines management. The work from this group will lead to more robust processes around management of medicines and attain the best outcome for patients.

The Trust has a monthly multi-professional medicines governance meeting that reviews all incidents reported related to medicines management including omitted doses.

The Emergency Department (ED) at Altnagelvin is currently undertaking a quality improvement initiative to highlight patients who attend that are on critical medications. The aim is to avoid any doses of critical medications being omitted whilst a patient is in the ED.

Compliance with measuring omitted and delayed medicines is measured quarterly. During 2022/23, data was collected from inpatient wards using a random selection of 10 patient case notes. Compliance is displayed in the graph below:



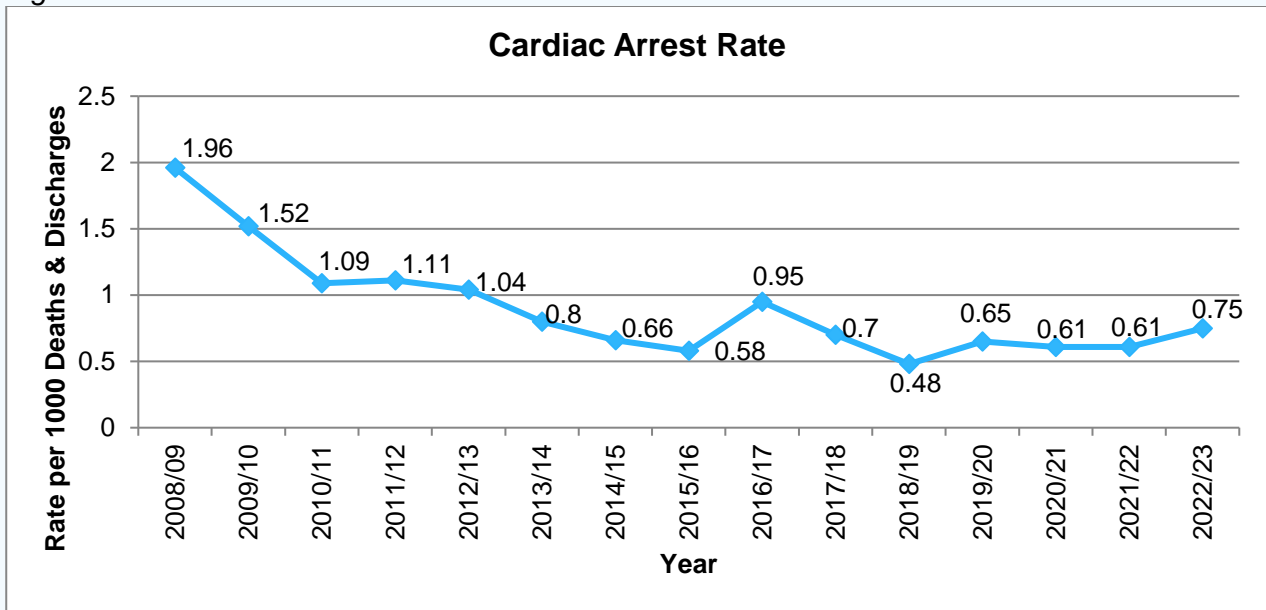
REDUCING CARDIAC ARREST RATES IN HOSPITALS

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

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. The purpose of this is to empower staff to effectively assess patients, call for appropriate help early and treat them using their knowledge and skills alongside national guidelines and Trust protocols and policies. Flow charts indicating what training staff must attend have been developed, 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). The rate for 2022/23 was 0.75.

Figure 1



Within the Trust all cardiac arrest calls continue to be 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) remains suspended since 2019 until a solution has been confirmed. However, in the interim, NCAA has given the Western Trust Resuscitation service access to the national reports to facilitate bench marking.

During COVID no issues with either a delay in starting resuscitation or with the donning of appropriate Personal Protective Equipment (PPE) have been identified and resuscitation training has reverted back to pre COVID Resuscitation council UK guidelines.

In 2022/23, the survival to discharge following an in-hospital cardiac arrest in the Western Trust is 25% compared to the most recent reported NCAA data (2021/22) which reports a survival of 22.7%. Over the past number of years there has been a reduction in actual cardiac arrest calls and an increase in peri-arrest calls. This is encouraging as it shows that staff are utilising their knowledge and skills in recognising the sick deteriorating patient and calling for help early.

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).

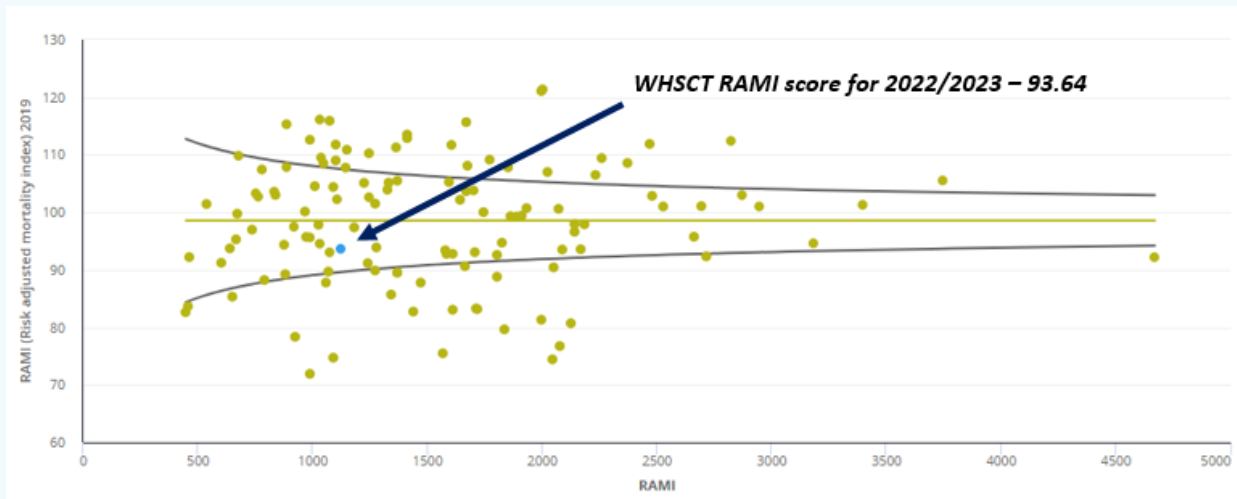
Facts & Figures

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 2022 to March 2023.

RAMI Score - 2022/23 - by month			
Month	RAMI Score		
	WHSCCT	NI Peer	UK Peer
April 2022	88.70	93.77	99.28
May 2022	80.32	84.08	91.60
June 2022	72.55	94.10	90.64
July 2022	81.24	103.14	99.17
August 2022	84.76	89.61	93.25
September 2022	70.09	96.16	93.86
October 2022	92.19	101.20	101.88
November 2022	99.93	93.18	95.21
December 2022	117.96	116.30	117.90
January 2023	120.02	102.48	104.21
February 2023	113.09	103.59	97.37
March 2023	107.62	103.66	96.00

The overall Western Health & Social Care Trust RAMI score was of 93.64 indicates that the number of in-hospital deaths recorded for the Western Trust was less than the number of predicted deaths for the given period.

The UK Peer overall score was 98.56 and the NI peer overall score was 98.56. The Western Health & Social Care Trust overall RAMI score is lower at 93.64 being below mid-range and comparing favourably against UK Peer, as demonstrated in the funnel plot below.



Please Note

Risk adjusted measures such as RAMI were not designed for pandemic activity and therefore excludes any activity with Covid-19 diagnoses codes in a primary or secondary position.

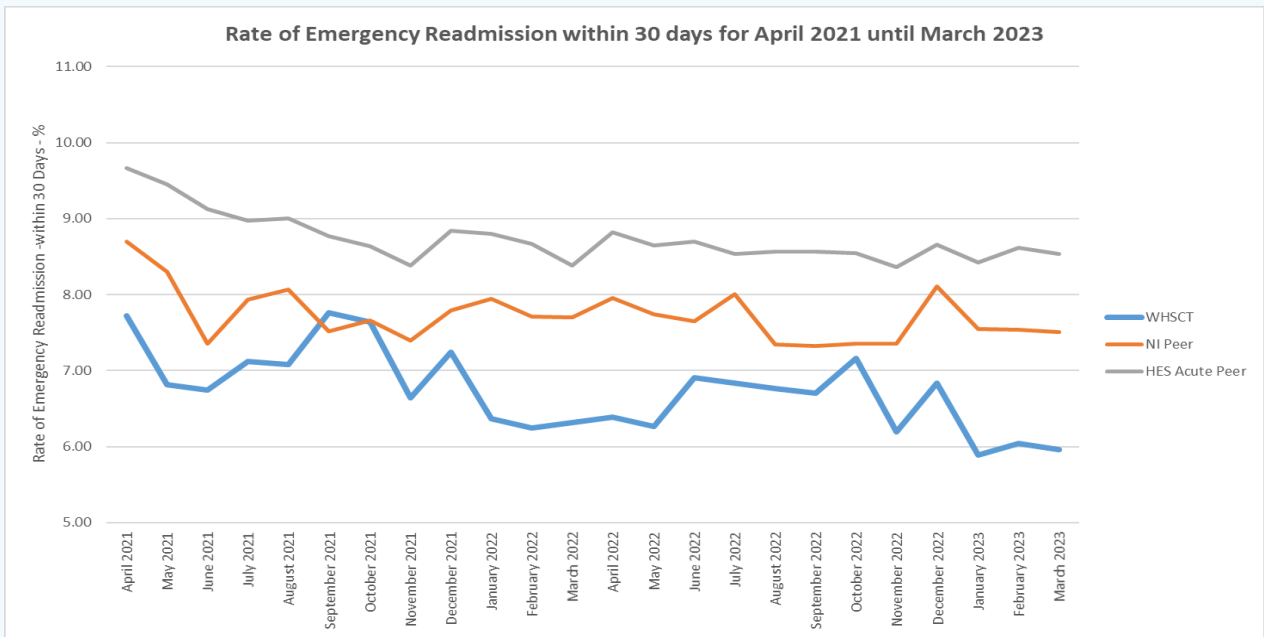
EMERGENCY READMISSION WITHIN 30 DAYS OF DISCHARGE

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 2022 until March 2023 was 6.49%, compared to 8.58% for the UK peer and 7.61% 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 2021 until March 2023.

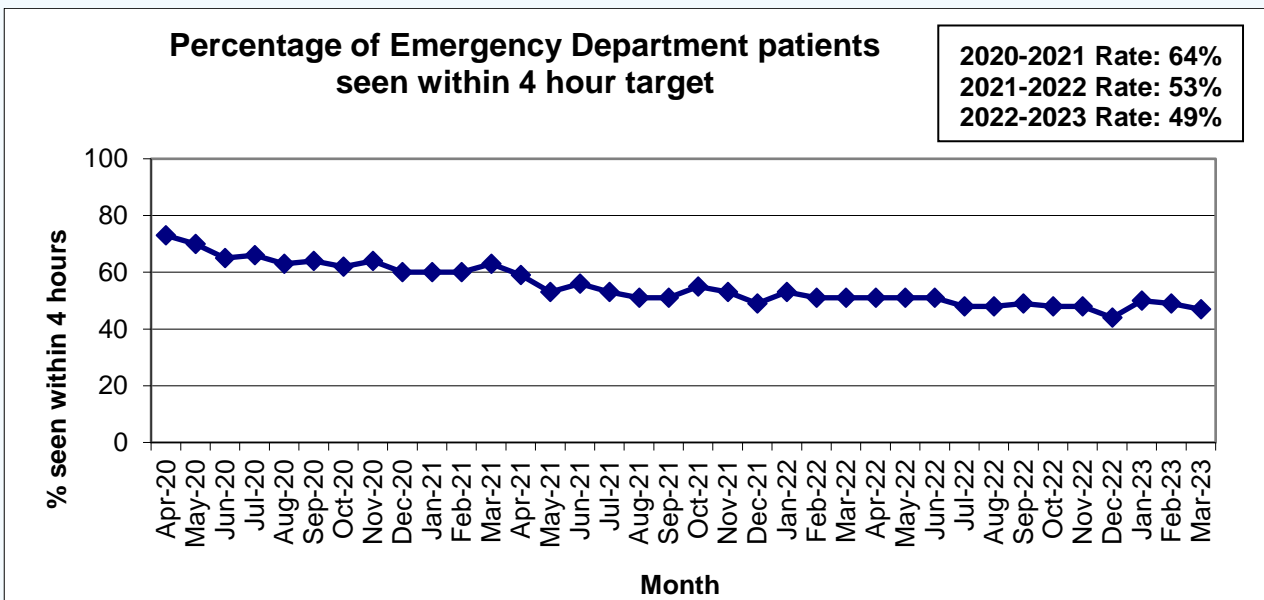
The Trust continues to perform well with an improving Emergency Readmission rate (within 30 days), comparing favourably against NI and UK peer.



EMERGENCY DEPARTMENT (ED)

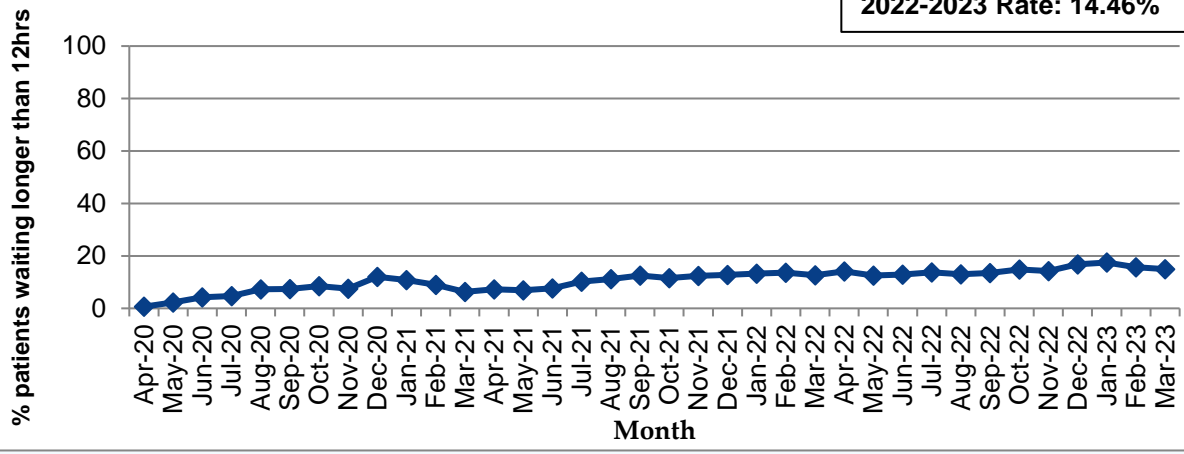
4 Hour and 12 Hour Standards

Both our Emergency Departments, similar to other EDs across the region, continue to experience challenges with congestion and long waits for our patients, alongside a 2% increase in attenders. This is reflected in our performance against both the 4 and 12 hour standards over the past 3 years.



Percentage of Emergency Department patients waiting longer than 12hrs

2020-2021 Rate: 6.72%
2021-2022 Rate: 10.98%
2022-2023 Rate: 14.46%



Facts & Figures

124,554 people attended ED during 2022/23. This was a 2% increase from the previous year.

49% of these patients were seen within the 4hr target which is a 4% decrease from the previous year.

14.46% of these patients waited longer than 12hrs which is an increase of 3.48% from the previous year.

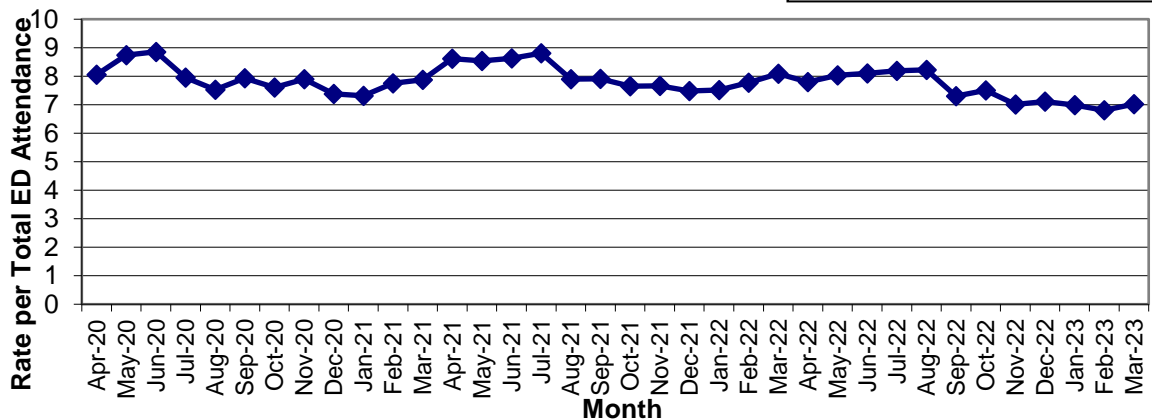
7.51% of these patients were unplanned re-attenders.

Unplanned Re-attendance 2022/23

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. There has been a slight reduction compared to the previous year.

ED Unplanned Reattenders

2020-2021 Rate: 7.91%
2021-2022 Rate: 8.05%
2022-2023 Rate: 7.51%



People who leave without being seen

	Total	Number	of	Percentage of patients who
	Attendances	2022/23		did not wait to be seen
Western Trust	124,554			6.2%

6.2% of all attendances did not wait to be seen, which is also reflective of the long waits patients are experiencing in ED.

Actions Taken to Improve the Trust's Provision of Emergency Care

The Trust has been engaged in a range of work streams aimed at improving patient flow through our hospital system and onward to discharge from hospital including Safer Flow work on the SWAH site and an external team reviewing processes in November 2022. Moving towards 2023/24, key priority areas for improvement will include stabilisation of the Nursing workforce within both the Trust Emergency Departments and finalisation of a business case for a dedicated Minor Injuries Unit at Altnagelvin Hospital as part of the regional No More Silos. In January 2023, a pilot of a Discharge Lounge at Altnagelvin commenced to support the focus on earlier in the day discharges. Unfortunately, both sites continue to experience ED congestion and long waits. Due to this, the Trust now has clear Full Capacity and Non-designated Beds protocols to assist with safer escalation of wards.

The number of patients who are medically fit for discharge but experiencing a delay with their discharge remains a significant challenge across both acute sites. Daily meetings with discharge team provides a focus on these patients to expedite any outstanding actions.

Sepsis Improvement Work

The Sepsis Improvement work is now embedded into everyday practice with the Sepsis 6 included in the National Early Warning Score Observation chart use for all in patients and patients within our Emergency Department. Sepsis identification and initial management is now embedded within our resuscitation training programmes including Intermediate Life Support and Acute Life Threatening Events Recognition and Treatment (ALERT).

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

The National Institute for Clinical Excellence (NICE) is an independent organisation which provides:

- evidence based guidelines on the treatment of particular conditions;
- rigorous assessment of new drugs and treatments as they become available;
- guidelines on how clinical, social and public health care services can support people to improve their health and well-being.

The Department of Health has processes in place for the endorsement of NICE Guidelines, Technology Appraisals, Public Health Guidance and Interventional Procedures. NICE Guidelines are then forwarded to Trusts for implementation. This has also included further updates to COVID-19 rapid guideline (NG191) as new information and the latest evidence based practice emerges.

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 provide safe care to patients.

A lead Directorate has been identified for each NICE Guideline received by the Trust for implementation with input from other service areas as required to ensure completion of a comprehensive baseline assessment. Albeit at an early stage, work has commenced in Directorates to consider the risk associated with gaps in compliance and how that risk can be minimised or managed going forward, for example by progressing an action plan, through the risk register process and/or business planning processes.

Where NICE Guidelines are considered to be fully implemented the Audit Department will contact the lead Directorate to encourage audit of all or part of the guideline for assurance purposes.

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

NATIONAL / REGIONAL AUDITS

Clinical audit has been defined as:

“a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.”

Healthcare Quality Improvement Partnership (HQIP)

Our Trust participates, where possible, in national and regional audits, allowing us opportunities to:

- Compare our performance with other participating Trusts in Northern Ireland and/or England, Scotland and Wales;

- Measure our healthcare practice on specific conditions against nationally accepted standards;
- Receive benchmark reports on performance, with the aim of improving the care provided;
- Provide patients, the public, clinicians and health service managers with a clear picture of the standards of care being achieved by our Trust.

Examples of a national audit and a regional audit that the Trust participated in which were published during the 2022/23 year are outlined below:

National Audit - UNICEF UK Baby Friendly Initiative

Background:

Facilities accredited as Baby Friendly must submit audit results on an annual basis in order that effective maintenance of standards may be monitored.

Aims & Objectives:

To monitor adherence to UNICEF breast feeding standards.

Criteria:

UNICEF Baby Friendly initiative.

Areas of Good Practice Identified:

- Mothers understood the importance of skin to skin contact and how long skin to skin contact should last (100%);
- Staff able to describe and demonstrate the signs of effective attachment (94%);
- Breast feeding mothers given information about help and support (96%);
- Staff understood how to support a mother whose baby was reluctant to feed (100%);
- Staff understand why it is important to avoid allowing advertising of formula milk (92%).

Next Steps: The latest annual audit has highlighted a number of issues that will be addressed before the next assessment.

- *Antenatal care:* Discussion around comforting and caring for the baby requires improvement. Limited time and restricted antenatal visits may have led to the reduction. However, this will be highlighted with management and also revisited with staff at update training. Virtual breastfeeding workshops have been introduced and the breastfeeding dashboard will be reintroduced.
- *Getting breastfeeding off to a good start:* 79% of breastfeeding mothers were shown how to hand express breastmilk. This will be addressed at ward level and at update training, reinforcing the importance of demonstrating to mothers how to hand express and reminding staff of their responsibilities to teach all breastfeeding mothers how to hand express and explain the reason why. Practical skills review will be used to assess staff technique.
- *Learning about bottle-feeding:* know how to feed baby, appropriate information about making up feeds and use of first milk needs reviewed as not meeting the standard. This will be highlighted with management, and also revisited with staff at update training and ward level. Staff will be provided training in line with Department of Health recommendations on safe bottle-feeding and UNICEF guidance on responsive bottle-feeding.

Regional Audit - Upper Gastro-Intestinal (GI) Polyps - Auditing Standard of Care: A regional review of gastric polyp reporting at gastroscopy

Background:

As per recommendations by S.Beg et al in 2017 all gastric polyps seen on oesophagogastroduodenoscopy (OGD) should be recorded with number (1-5 or “multiple” if more than 5), size, location and morphology described. Biopsies should be taken even in instances of likely diagnosis of fundic gland polyps and representative biopsies in cases of multiple polyps. The follow up will be assessed and compared to guidelines provided by the BSG in “Management on benign epithelial gastric polyps, 2010” and “British Society of Gastroenterology guidelines on the diagnosis and management of patients at risk of gastric adenocarcinoma, 2019.” The intent will be to draw attention to positives and weaknesses in our identification, documentation, correct diagnosis (through biopsy) and follow up with regard gastric polyps. This will be highlighted at regional meetings and made visible in poster format in all Endoscopy Departments across Northern Ireland to remind of the importance of such guidelines.

Aims & Objectives:

To assess whether all trusts in Northern Ireland are adhering to the quality standards in Upper GI Endoscopy set out by the BSG in 2017 with particular regard to gastric and duodenal polyps.

Criteria:

As per recommendations by S.Beg et al in 2017 all gastric polyps seen on oesophagogastroduodenoscopy (OGD) should be recorded with number (1-5 or “multiple” if more than 5), size, location and morphology described. Biopsies should be taken even in instances of likely diagnosis of fundic gland polyps and representative biopsies in cases of multiple polyps.

Methodology

Data was collected for patients undergoing upper GI endoscopy, within Northern Ireland, for a 12 month period. Patients with an ICD10 coded diagnosis of Gastric Polyp (K31.7) or Benign Neoplasia of Stomach (13.1) were included.

A number randomiser was used to select 30 patients from 3 healthcare trusts in Northern Ireland. Endoscopic reporting records were interrogated to confirm that all cases had documented polyps.

Results

Diagnosis and managements were confirmed using patient electronic care records. The reporting standards show an accurate documentation of the number of polyps in 50% of cases and morphology in 72%. Just over one third of cases (37%) had accurate documentation of polyp size. Biopsies were carried out, according to BSG Guidelines, in 79% of cases. Those who had undergone an OGD for anaemia, Barrett’s oesophagus and dyspepsia had higher rates of completed documentation. The number of polyps documented for those with dyspepsia showed the strongest specific correlation ($P=0.019$), suggesting positive reporting bias. There was a statistically significant difference noted between trusts relating to both documentation of biopsies taken and PPI usage ($P>0.001$).

Key Learning:

Documentation of gastric polyps has important implications for patient management, surveillance and future care. Documentation could be improved within all trusts with some significant variation in practice noted. Reasons for these differences may include different endoscopic reporting tools and varying endoscopist practice. More work is needed to further evaluate this.

We have engaged with Trusts to enhance documentation quality during upper GI endoscopy.

ACCESS AND PERFORMANCE TARGETS

Performance Overview

In the three year time period from the onset of the COVID-19 pandemic, the priority for Health and Social Care organisations has been to stabilise and restore service delivery. As a result, the 2019/20 Department of Health (DoH) Commissioning Plan Direction (CPD) and Health and Social Care Board (HSCB) Commissioning Plan (CP), which sets out the commissioned services, priorities and targets, were rolled forward into the years 2020/21, 2021/22 and subsequently 2022/23.

At the end of March 2022, the closure of the HSCB saw its functions transfer to the DoH as the Strategic Planning and Performance Group (SPPG). SPPG continue to monitor and report our performance against the CPD, however, it is recognised that many of the Targets and Standards remain challenging. In order to provide the Health and Social Care Performance and Transformation Executive and Advisory Boards with an overview of how we are performing and utilising our resources, SPPG proposed that monitoring would focus on the following key areas;

- 1. CPD Summary / Access to HSC Services**
- 2. HSC Service Delivery Plan (SDP)**


















Performance against the Access Targets and Service Delivery Plan is reported on a monthly basis to SPPG, the Trusts' Corporate Management Team, Finance & Performance Committee and Strategic Change Board. The Trust Board Performance Report is presented to Trust Board on a quarterly basis and published on the Western HSC Trust website at [Our priorities and performance | Western Health & Social Care Trust \(hscni.net\)](https://www.hscni.net/our-priorities-and-performance).
















A detailed assessment of the Access Targets and Service Delivery Plan performance for 2022/23 is provided below:

- 1. CPD Summary / Access to HSC Services**

The end-of-year position on the Trust's performance against the Commissioning Plan Direction targets are summarised below.

The red (R) status denotes Not Achieving Target, Amber (A) denotes Almost Achieved Target and Green (G) denotes Achieving Target.

Summary of Trust Performance against Commissioning Plan Targets	2022/23 Cumulative Position	2022/23 Cumulative RAG
By March 2023, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	11%	
By March 2023, all urgent diagnostic tests should be reported on within 2 days.	88%	
During 2022/23, all urgent suspected breast cancer referrals should be seen within 14 days.	93%	
During 2022/23, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	99%	
During 2022/23, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days	42%	
By March 2023, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	19% < 9Weeks (Mar 23)	
By March 2023, no patient should wait longer than 52 weeks for an outpatient appointment.	32,005 patients (Mar 23)	
By March 2023, 75% of patients should wait no longer than 9 weeks for a diagnostic test	73% < 9Weeks (Mar 23)	
By March 2023, no patient should wait longer than 26 weeks for a diagnostic test	676 patients (Mar 23)	
By March 2023, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test.	27% < 9Weeks (Mar 23)	
By March 2023, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test.	4,070 patients (Mar 23)	
By March 2023, 55% of patients should wait no longer than 13 weeks for inpatient/day case treatment.	23% < 9Weeks (Mar 23)	
By March 2023, no patient should wait longer than 52 weeks for inpatient/day case treatment	11,582 patients (Mar 23)	
By March 2023, no patient should wait longer than 13 weeks from referral to commencement of treatment by an Allied Health Professional.	8,124 patients (Mar 23)	
By March 2023, to establish a baseline of the number of hospital cancelled, consultant led outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2024 seek a reduction of 5%.	Awaiting validation	year end
By March 2023, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department	49%	
By March 2023, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours	17,934 patients	
By March 2023, at least 80% of patients to have commenced treatment, following triage, within 2 hours	67%	

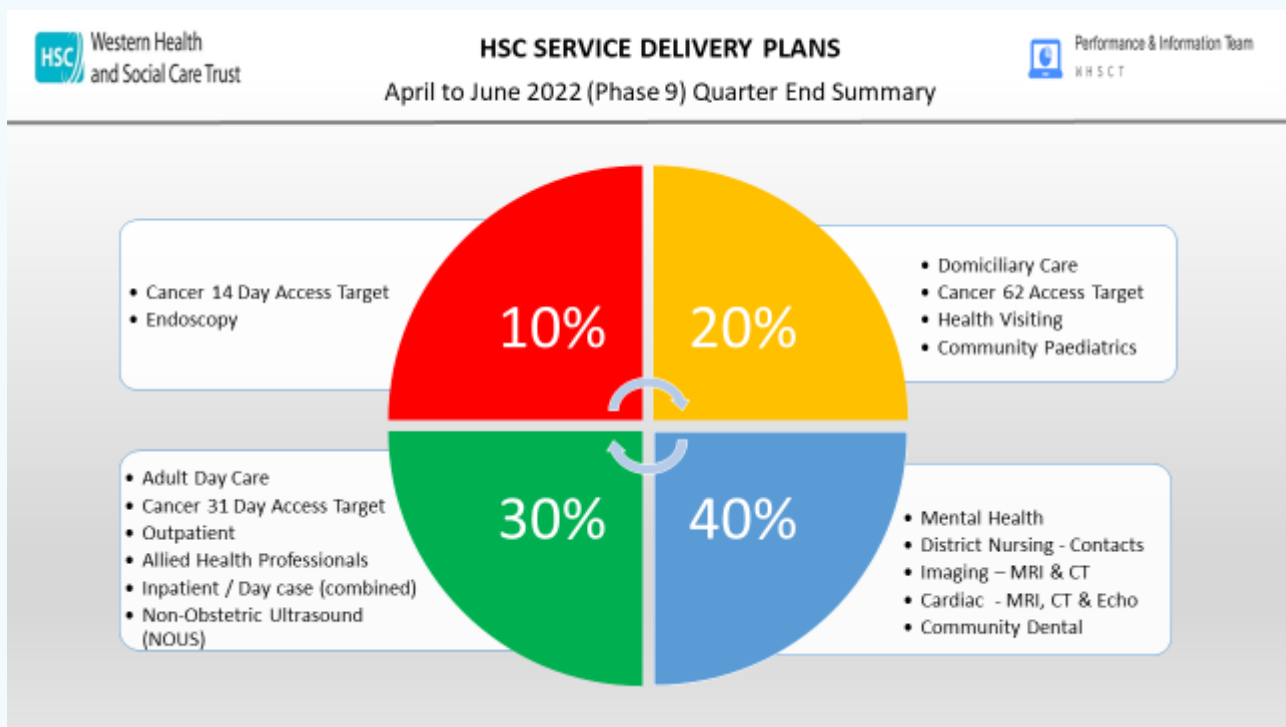
Summary of Trust Performance against Commissioning Plan Targets	2022/23 Cumulative Position	2022/23 Cumulative RAG
By March 2023, ensure that 90% of complex discharges from an acute hospital take place within 48 hours	83%	
By March 2023, ensure that no complex discharge from an acute hospital takes more than seven days	305 discharges	
By March 2023, all non-complex discharges from an acute hospital to take place within six hours.	95%	
By March 2023, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	82%	
By March 2023, no patient waits longer than nine weeks to access adult mental health services.	443 patients (Mar 23)	
By March 2023, no patient waits longer than 9 weeks to access dementia services.	872 patients (Mar 23)	
By March 2023, no patient waits longer than 13 weeks to access psychological therapies (any age).	1,121 patients (Mar 23)	
During 2022/23, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge	88%	
During 2022/23, no learning disability discharge to take more than 28 days from the patient being assessed as medically fit for discharge	2 discharges	
During 2022/23, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge	97%	
During 2022/23, no mental health discharge to take more than 28 days from the patient being assessed as medically fit for discharge.	31 discharges	
By March 2023, the proportion of children in care for 12 months or longer with no placement change is at least 85%.	Awaiting validation	service
By March 2023, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission).		
By March 2023, no patient waits longer than 9 weeks to access child and adolescent mental health services.	155 patients (Mar 23)	
By March 2023, secure a 10% increase (based on 2019/20 figures) in the number of direct payments to all service users.	1,707 (Mar 23) service users/carers	
By March 2023, secure a 10% increase (based on 2019/20 figures) in the number of carers assessments offered to carers for all service users.	2,649 assessments offered	
By March 2023, secure a 5% increase (based on 2019/20 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	99,733 Community based Short Break hours	

2. Phase 9 Rebuild Plan (April 2022 – June 2022)

In Quarter 1, 2022/23 (April – June 22) the process for Trust Rebuild Plans, which commenced in July 2020 and emulated from the Rebuilding Framework, continued with the submission of a Phase 9 Delivery Plan. The plan included activity projections for 20 metrics across 11 service areas.

The cumulative April to July 2022 RAG assessment outturn for the 20 metrics includes: **2 Red, 4 Amber, 6 Green and 8 Blue**. **70%** of the metrics either met or exceeded their projected trajectory; the individual service summary is provided below. This assessment is based on the key below as determined by SPPG. A variance of 5% is applied when comparing actual Service Delivery performance with expected performance.

less than -5%
between -5% and -1%
between 0% and 5%
greater than 5%



The summary below provides an overview of performance against the activity projections submitted within the Phase 9 plan. The activity reflects the 3 month time period from April to June 2022.

HSC SERVICE DELIVERY PLANS					CUMULATIVE ACTIVITY: JULY 2022 - MARCH 2023		VARIANCE +/- BASELINE	OVER / UNDER DELIVERY OF BASELINE ACTIVITY
	< - 5%	-5% to -0.1%	0% to 5%	> 5%	BASELINE	EXPECTED		
ADULT SOCIAL CARE								
ADULT DAY CARE								
ATTENDANCES		101,610	97,093	82,143	-14,950	-15%	-19,467	-19%
DOMICILIARY CARE								
STATUTORY HOURS DELIVERED		266,382	243,569	244,287	718	0.3%	-22,095	-8.3%
INDEPENDENT HOURS DELIVERED		1,023,902	943,400	980,765	37,365	4%	-43,137	-4%
TOTAL HOURS DELIVERED		1,290,284	1,186,969	1,225,052	38,083	3%	-65,232	-5%
CHILDRENS SOCIAL CARE								
INITIAL FAMILY ASSESSMENTS COMPLETED		504	504	914	410	81%	410	81%
INITIAL CHILD PROTECTION CASE CONFERENCES HELD WITHIN 15 DAYS		87%	84%	165	13%	13%	10%	10%
TOTAL				170				
% WITHIN 15 DAYS		87%	84%	97%	13%			
REVIEW CHILD PROTECTION CASE CONFERENCES HELD WITHIN 3 MONTHS		73%	85%	123	-2%	-2%	10%	10%
TOTAL				149				
% WITHIN 3 MONTHS		73%	85%	83%	-2%			
SUBSEQUENT CHILD PROTECTION CASE CONFERENCES HELD WITHIN 6 MONTHS		78%	89%	246	-10%	-10%	1%	1%
TOTAL				313				
% WITHIN 6 MONTHS		78%	89%	79%	-10%			
MENTAL HEALTH SERVICES								
MENTAL HEALTH SERVICES OVERALL (NEW & REVIEW)		59,824	57,184	64,185	7,001	12%	4,361	7%
CANCER SERVICES								
14 DAY TARGET - CORE ACTIVITY		747	747	1,297	550	74%	550	74%
31 DAY TARGET - ACTIVITY		1,391	1,391	1,297	-94	-7%	-94	-7%
62 DAY TARGET - ACTIVITY		775	775	797	22	3%	22	3%
14 DAY TARGET - ACCESS PERFORMANCE		100%	100%	98%	-2%	-2%	-2%	-2%
31 DAY TARGET - ACCESS PERFORMANCE		98%	98%	99%	1%	1%	1%	1%
62 DAY TARGET - ACCESS PERFORMANCE		95%	95%	40%	-55%	-55%	-55%	-55%
RED FLAG REFERRALS (EXCLUDING BREAST)		6,088	6,088	7,730	1,642	27%	1642	27%
COMMUNITY NURSING								
DISTRICT NURSING CONTACTS		128,286	109,044	188,446	79,402	73%	60,160	47%
OUTPATIENTS								
OUTPATIENTS OVERALL (NEW & REVIEW)		165,390	159,809	159,627	-182	-0.1%	-5,763	-3%
ALLIED HEALTH PROFESSIONALS								
AHP OVERALL TOTAL (NEW & REVIEW)		168,161	162,963	157,173	-5,790	-4%	-10,988	-7%
ELECTIVE CARE								
INPATIENT / DAYCASE (COMBINED)		23,237	21,599	22,736	1,137	5.3%	-501	-2%
ENDOSCOPY		7,135	6,692	7,035	343	5.1%	-100	-1%
IMAGING DIAGNOSTICS								
MRI		11,610	11,325	12,089	764	7%	479	4%
CT		24,902	25,658	27,806	2,148	8%	2,904	12%
NON OBSTETRIC ULTRASOUND		31,810	31,664	31,097	-567	-2%	-713	-2%
CARDIAC SERVICES								
CARDIAC MRI		219	196	241	45	23%	22	10%
CARDIAC CT		388	353	376	23	7%	-12	-3%
ECHO		7,001	6,169	4,973	-1,196	-19%	-2,028	-29%
CATH LABS PROCEDURES		1,538	1,391	1,472	81	6%	-66	-4%
UNSCHEDULED CARE								
WEEKEND DISCHARGE RATES								
ALTNAGELVIN		15%	25%	14%	-11%	-11%	-1.2%	-1.2%
SOUTH WEST ACUTE		14%	24%	9%	-15%	-15%	-5%	-5%
AVERAGE LOS								
ALTNAGELVIN		7.7	7.5	8.2	-0.7	-9%	-0.5	-7%
SOUTH WEST ACUTE		10.1	9.9	11.7	-1.8	-18%	-1.6	-16%
STROKE SERVICES								
THROMBOLYSIS RATE								
ALTNAGELVIN		15%	15%	8%	-7%	-7%	-7%	-7%
SOUTH WEST ACUTE		24%	14%	14%	-0.3%	-0.3%	-0.3%	-0.3%
% ADMITTED <4 HOURS								
ALTNAGELVIN		39%	32%	21%	-11%	-11%	-18%	-18%
SOUTH WEST ACUTE		92%	88%	77%	-11%	-11%	-15%	-15%
COMMUNITY DENTAL								
TOTAL CONTACTS		12,970	11,733	11,113	-620	-5.3%	-1,857	-14%
GENERAL ANAESTHETIC CASES DELIVERED								
TOTAL G A DELIVERED		567	397	274	-123	-31%	-293	-52%

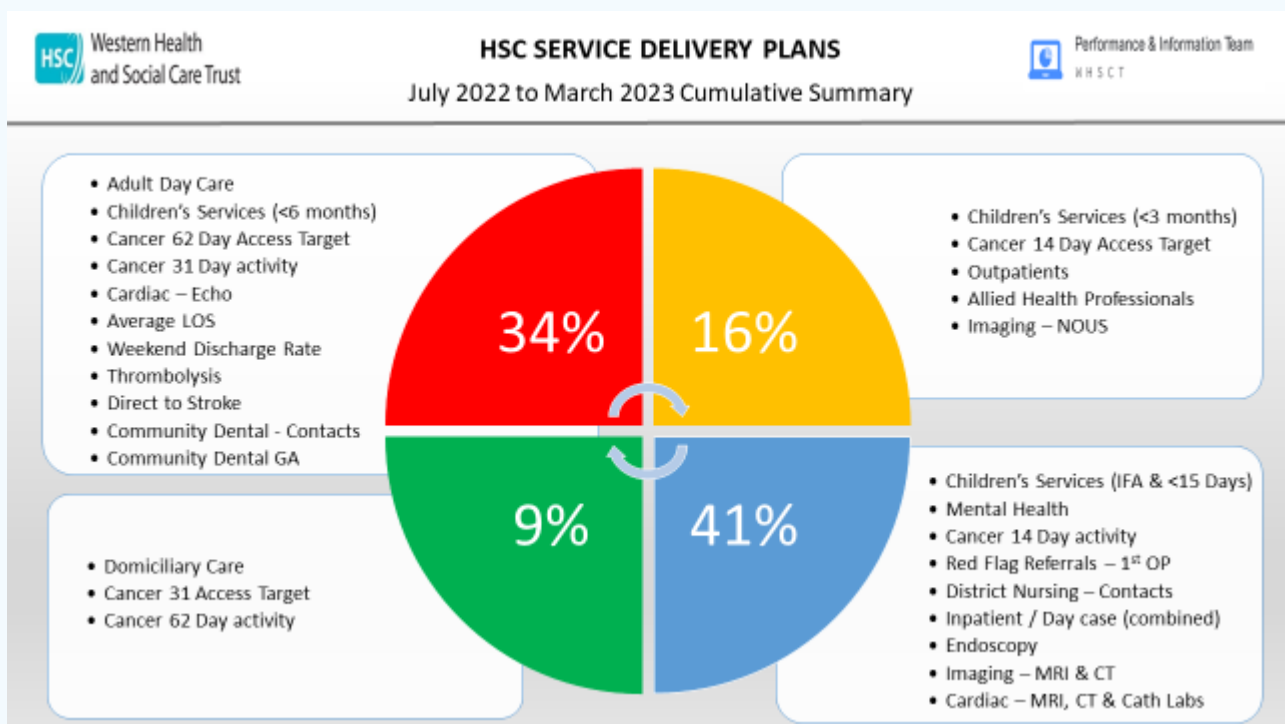
3. HSC Service Delivery Plan (July 2022 – March 2023)

The HSC Delivery Plan was finalised in July 2022 and included 35 performance metrics, delivery trajectories, baseline and expected timescale for achievement across 14 service areas. SPPG determined the expected activity levels required with the primary focus of returning to pre-pandemic levels of service provision by the end of September 2022 (Quarter 2) or as soon as possible but no later than end of March 2023.

The Quarter 2 to 4 (July 2022 to March 2023), Service Delivery Plan incorporated additional service areas to monitor; these included Adult Short Breaks, Children’s Services (4 metrics), Cancer Services activity, Cath Labs, Unscheduled Care (2 metrics), Stroke, Dental GA and Specialist Services.

2019/20 was selected as the Baseline activity year with some exceptions.

The cumulative July 2022 to March 2023 RAG assessment outturn for 32 of the 35 metrics includes: **11 Red, 5 Amber, 3 Green and 13 Blue. 50%** of the metrics either met or exceeded their cumulative expected trajectory; the individual service summary is provided below. The Cancer 31 and 62 Activity and RAG assessment outturn is expected to improve on completion of validation. Three metrics are unassessed at this stage.



Service Area Summary

The summary below provides an overview of performance against the cumulative SDP expected trajectory and pre-pandemic activity levels. The activity reflects the 9 month time period from July 2022 to March 2023.

HSC SERVICE DELIVERY PLANS	Variance		CUMULATIVE ACTIVITY: JULY 2022 - MARCH 2023				VARIANCE -V- BASELINE	OVER / UNDER DELIVERY OF BASELINE ACTIVITY	
	< - 5%	-5% to -0.1%	BASELINE	EXPECTED	DELIVERED	VARIANCE -V- EXPECTED			OVER / UNDER DELIVERY OF EXPECTED TARGET
	0% to 5%	> 5%							
ADULT SOCIAL CARE									
ADULT DAY CARE									
ATTENDANCES			101,610	97,093	82,143	-14,950	-15%	-19,467	-19%
DOMICILIARY CARE									
STATUTORY HOURS DELIVERED			266,382	243,569	244,287	718	0.3%	-22,095	-8.3%
INDEPENDENT HOURS DELIVERED			1,023,902	943,400	980,765	37,365	4%	-43,137	-4%
TOTAL HOURS DELIVERED			1,290,284	1,186,969	1,225,052	38,083	3%	-65,232	-5%
CHILDRENS SOCIAL CARE									
INITIAL FAMILY ASSESSMENTS COMPLETED			504	504	914	410	81%	410	81%
INITIAL CHILD PROTECTION CASE CONFERENCES HELD WITHIN 15 DAYS					165	13%			
TOTAL			87%	84%	170	13%	13%	10%	10%
% WITHIN 15 DAYS			87%	84%	97%	13%			
REVIEW CHILD PROTECTION CASE CONFERENCES HELD WITHIN 3 MONTHS					123	-2%			
TOTAL			73%	85%	149	-2%	-2%	10%	10%
% WITHIN 3 MONTHS			73%	85%	83%	-2%			
SUBSEQUENT CHILD PROTECTION CASE CONFERENCES HELD WITHIN 6 MONTHS					246	-10%			
TOTAL			78%	89%	313	-10%	-10%	1%	1%
% WITHIN 6 MONTHS			78%	89%	79%	-10%			
MENTAL HEALTH SERVICES									
MENTAL HEALTH SERVICES OVERALL (NEW & REVIEW)			59,824	57,184	64,185	7,001	12%	4,361	7%
CANCER SERVICES									
14 DAY TARGET - CORE ACTIVITY			747	747	1,297	550	74%	550	74%
31 DAY TARGET - ACTIVITY			1,391	1,391	1,297	-94	-7%	-94	-7%
62 DAY TARGET - ACTIVITY			775	775	797	22	3%	22	3%
14 DAY TARGET - ACCESS PERFORMANCE			100%	100%	98%	-2%	-2%	-2%	-2%
31 DAY TARGET - ACCESS PERFORMANCE			98%	98%	99%	1%	1%	1%	1%
62 DAY TARGET - ACCESS PERFORMANCE			95%	95%	40%	-55%	-55%	-55%	-55%
RED FLAG REFERRALS (EXCLUDING BREAST)			6,088	6,088	7,730	1,642	27%	1642	27%
COMMUNITY NURSING									
DISTRICT NURSING CONTACTS			128,286	109,044	188,446	79,402	73%	60,160	47%
OUTPATIENTS									
OUTPATIENTS OVERALL (NEW & REVIEW)			165,390	159,809	159,627	-182	-0.1%	-5,763	-3%
ALLIED HEALTH PROFESSIONALS									
AHP OVERALL TOTAL (NEW & REVIEW)			168,161	162,963	157,173	-5,790	-4%	-10,988	-7%
ELECTIVE CARE									
INPATIENT / DAYCASE (COMBINED)			23,237	21,599	22,736	1,137	5.3%	-501	-2%
ENDOSCOPY			7,135	6,692	7,035	343	5.1%	-100	-1%
IMAGING DIAGNOSTICS									
MRI			11,610	11,325	12,089	764	7%	479	4%
CT			24,902	25,658	27,806	2,148	8%	2,904	12%
NON OBSTETRIC ULTRASOUND			31,810	31,664	31,097	-567	-2%	-713	-2%
CARDIAC SERVICES									
CARDIAC MRI			219	196	241	45	23%	22	10%
CARDIAC CT			388	353	376	23	7%	-12	-3%
ECHO			7,001	6,169	4,973	-1,196	-19%	-2,028	-29%
CATH LABS PROCEDURES			1,538	1,391	1,472	81	6%	-66	-4%
UNSCHEDULED CARE									
WEEKEND DISCHARGE RATES									
ALTNAGELVIN			15%	25%	14%	-11%	-11%	-1.2%	-1.2%
SOUTH WEST ACUTE			14%	24%	9%	-15%	-15%	-5%	-5%
AVERAGE LOS									
ALTNAGELVIN			7.7	7.5	8.2	-0.7	-9%	-0.5	-7%
SOUTH WEST ACUTE			10.1	9.9	11.7	-1.8	-18%	-1.6	-16%
STROKE SERVICES									
THROMBOLYSIS RATE									
ALTNAGELVIN			15%	15%	8%	-7%	-7%	-7%	-7%
SOUTH WEST ACUTE			24%	14%	14%	-0.3%	-0.3%	-0.3%	-0.3%
% ADMITTED <4 HOURS									
ALTNAGELVIN			39%	32%	21%	-11%	-11%	-18%	-18%
SOUTH WEST ACUTE			92%	88%	77%	-11%	-11%	-15%	-15%
COMMUNITY DENTAL									
TOTAL CONTACTS			12,970	11,733	11,113	-620	-5.3%	-1,857	-14%
GENERAL ANAESTHETIC CASES DELIVERED									
TOTAL G A DELIVERED			567	397	274	-123	-31%	-293	-52%

Factors Impacting Performance - 2022/23

Throughout 2022/23, whilst continuing to meet the expected monthly trajectories and work toward pre-pandemic activity levels, performance was impacted by a number of factors as follows:

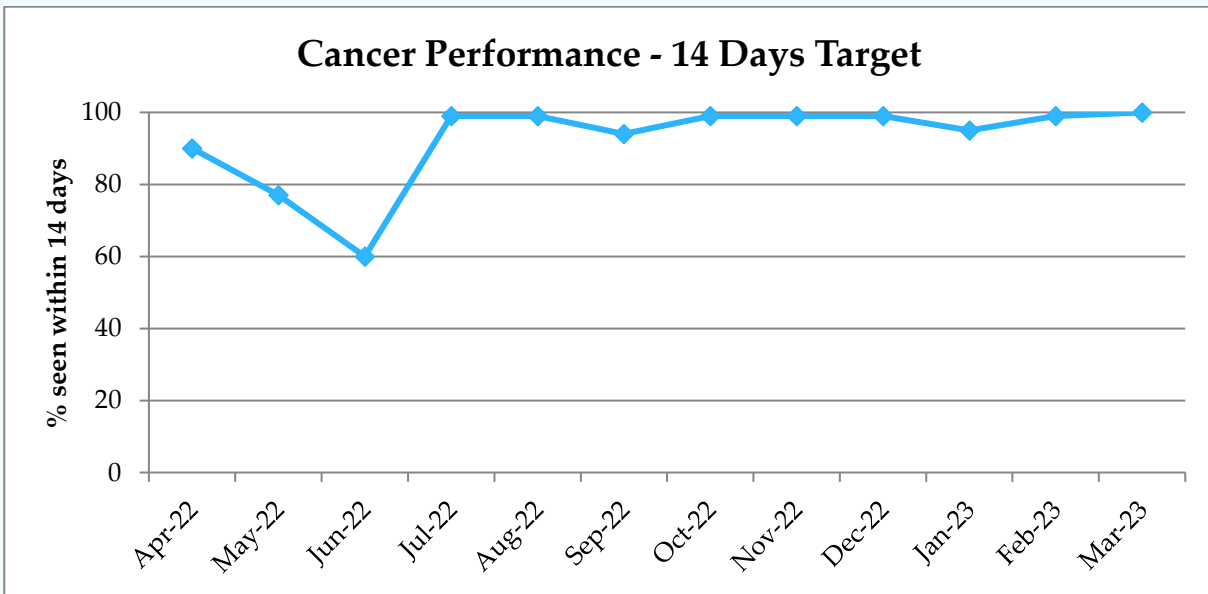
- Service capacity continues to be affected by workforce availability. The recruitment and retention of appropriately trained staff is a key focus for the Trust. The regional recruitment process contributed to delays in service areas filling vacant posts which limited available capacity. The Human Resource Department supported services with a temporary internal promotion process; this enabled some increase in capacity whilst regional recruitment progressed.
- Trust Board were briefed throughout 2022/23 on the impact from Industrial Action across our services. The service areas affected include Outpatients, Inpatients, Day Case, Day Care, Domiciliary Care and Children's Service.
- The availability of resources (Elective beds, Theatre capacity) continues to impact performance. The Theatres Efficiency Programme was developed, as part of the Trust's Working Together Delivering Value project, to ensure ongoing improvement and optimum utilisation of theatre capacity and resources across facilities.
- Unscheduled Care capacity and the number of Delayed Discharges across both sites remains challenging. There is a continued focus on expediting complex delayed patients across the HSC system; with a 10 Week Overview Plan, developed by all Trusts, to manage flow across acute sites. Additional external support for improvement work has been secured regionally for 2023/24.
- Subsequent COVID-19 infections throughout the year continued to impact workforce availability and the patients/clients availing of our services.
- The ongoing impact from the pandemic has resulted in increasing demand across acute and community services:
 - Cancer Access performance impacted by an increase in red flag referrals (**99%** increase in March 2023 compared to March 2020). **5,968 (35%)** additional red flag referrals received in 2022/23 (April to March) compared to the same period 2019/20.
 - Children's Autism Service received 905 referrals for Diagnostics Assessment in 2022/23 compared to 688 in 2019/20; an additional 217 referrals (**32%** increase).

Cancer Services

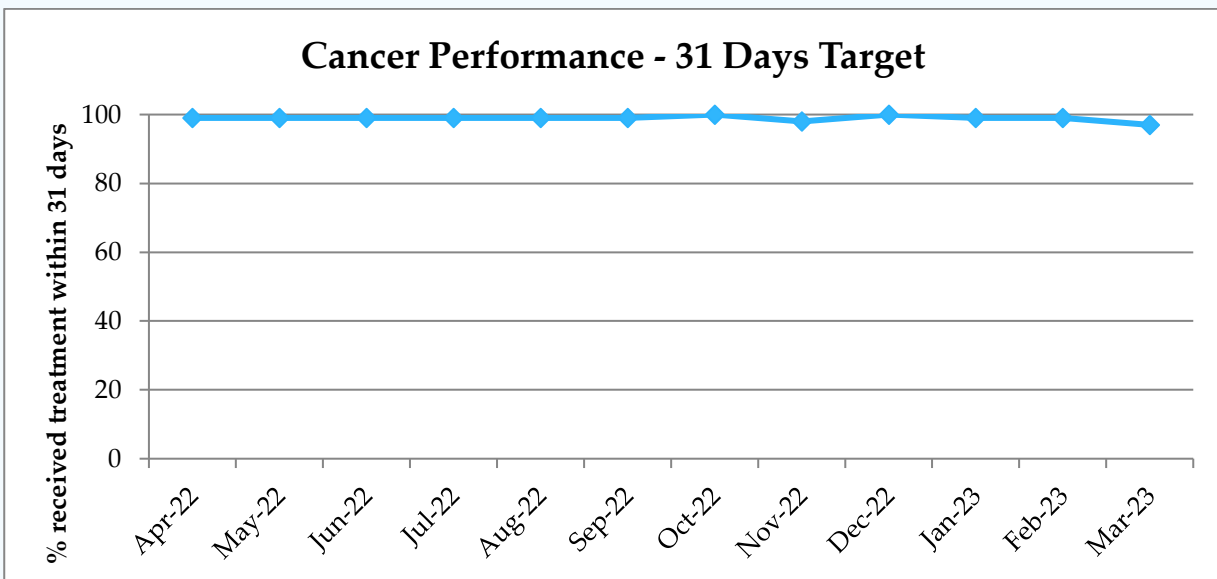
The Cancer and Diagnostics Hospital Management Team have worked together to further develop the shared aim of delivering high quality effective cancer diagnosis and treatment for the benefit of all patients. The directorate continues to utilise every opportunity to redesign and modernise services to meet the growing demand.

Rising demand with rebuild of services have made it challenging to meet cancer waiting time standards particularly the 62 day pathway. However, work continues to ensure diagnostic capacity and associated staffing are in place to meet rebuild demand. Performance against the 14-day breast target increased to 92% for 2022/23 with 100% compliance achieved during March 2023. Performance against the 31-day target remained high throughout the year with 99% compliance achieved for 2022/23. Monthly performance in relation to these three cancer pathways are included below:

14 day Breast target 2022/23 – 92% urgent suspected breast cancer referrals seen within 14 days

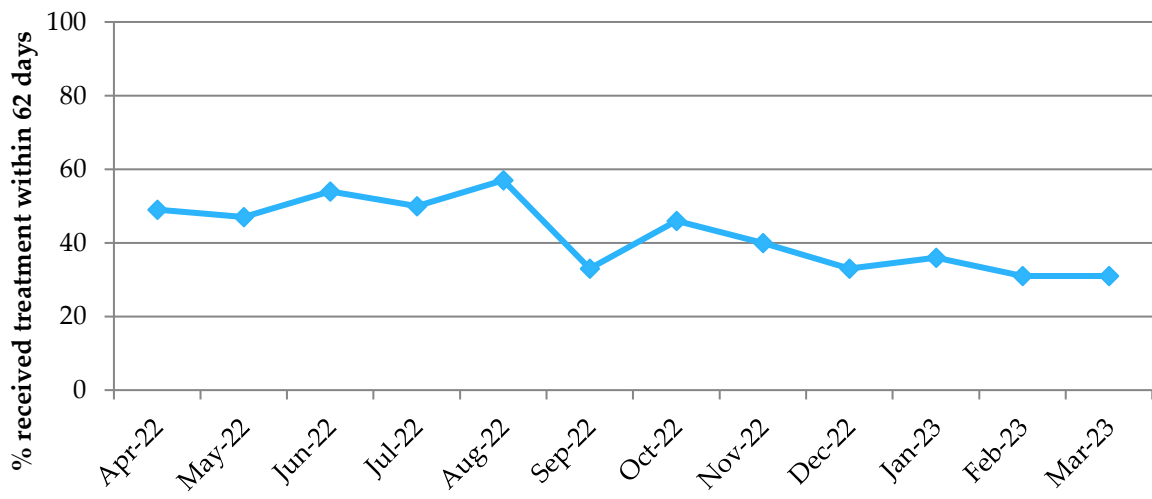


31 day target 2022/23 – 99% of patients diagnosed with cancer who received their first definitive treatment within 31 days of a decision to treat.



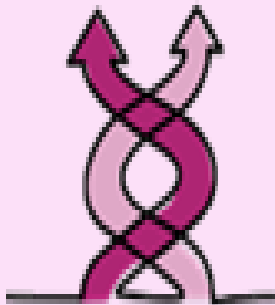
62 day target 2022/23 - 43% of patients urgently referred with a suspected cancer who began their first definitive treatment within 62 days.

Cancer Performance - 62 Days Target



Theme 5

Integrating the Care



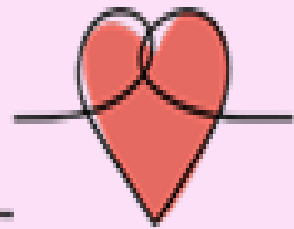
Build



Support



Enhance



Lead

COMMUNITY CARE – SUPPORTING PEOPLE IN THE COMMUNITY

Rectory Field

Rectory Field is one of the Western Trust's existing statutory residential care homes. Beginning in December 2022, the Trust made the decision to change the use of the home to the provision of intermediate care, with 15 intermediate care beds now in place to support patient flow from the acute hospital sites and where appropriate to prevent unnecessary hospital admission. The purpose of this model of care is to provide a pathway that is specifically targeted for those people who are medically fit for discharge from hospital, but require further rehabilitation for a period of up to 14 days and a maximum of 6 weeks, with a focus on recovery, independence and service user experience, in order to facilitate a transition to the service user's own home. The aims of this model are to support faster recovery from illness, support timely discharge from hospital and maximise independent living.

Between December 2022 and March 2023, approximately 60 people were admitted to Rectory Field for treatment from the acute hospital setting.

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 this service, which include multidisciplinary assessment clinics, pulmonary rehabilitation, critical care and psychology input.

The Multidisciplinary team consists of Occupational Therapists, physiotherapist, respiratory nurse, psychology, speech and language therapist, dietician and administrative staff.

The team commenced multidisciplinary assessments in early 2022 and later in the year, set up pulmonary rehabilitation and educational classes for patients. User involvement was key in shaping and developing the service going forward and this was used in the development of the PCS service leaflet and over the following months in the development of a toolkit of resources for patients to self-manage their symptoms.

The PCS service received 498 referrals during 2022/23, which was added to an existing list of 230 patients who were referred prior to the team coming into post. During the year, 390 patients received an initial triage assessment with one of the team's trusted assessors and allocated to the relevant professionals. One-to-one appointments are being offered as capacity allows. Additionally, 136 attended the six week post Covid rehabilitation programme.

District Nursing Service

During 2022/23, despite the on-going workforce challenges, the Trust's District Nursing Service operated at 27% above expected activity in client contacts.

In terms of district nursing quality indicators, the following activity can be reported:

Quality Indicator	Expected Activity	Actual Activity	
SSKIN Bundle for Pressure Ulcers	95%	98%	3%
All Elements of MUST	75%	86%	11%
All Elements of PCQI	60%	63%	3%

Prescribing of Palliative Medicines by District Nurses

Excellent collaborative working between Pharmacy, Palliative Care and District Nursing colleagues has resulted in the development of new guidance for District Nursing Independent Prescribers for End of Life/Palliative medicines.

Despite there being a focus around anticipatory prescribing over recent years, there are still cases where patients cannot access necessary medication at the end of life. This can be especially difficult in Primary Care out of hours when the patient's regular GP and / or community pharmacy cannot be accessed.

This guidance aims to:

- Increase availability of appropriate palliative medication in the community to patients nearing end of life who require symptom management.
- Avoid the distress caused to patients, families and health care professionals when the necessary medication is not readily available.
- Improve patient care without compromising patient safety.

A "Just in Case" box has been made available for the client's home, which contains subcutaneous medicines that are given by injection to treat certain symptoms that might develop. This ensures they are easily accessible to an attending clinician to use when required to manage predictable and distressing symptoms in the person's own home.

Domiciliary Care Optimisation Project

The Trust's Homecare Delivering Value Project is predicated on the optimisation of capacity within the block rotas available across the Trust's in-house homecare service and the independent sector providers, whilst reducing the reliance on the spot purchase element of the Domiciliary Care Contract. This is achieved by ensuring that actual care delivered corresponds with the planned service delivery as contained within the rotas that determines the service delivery arrangements across the providers. The free capacity identified is utilised by transferring existing spot purchase cases and accommodating emerging and unmet need. The emphasis is on accommodating existing levels of service user need and is not about reducing care.

The project commenced in July 2019. Covid significantly impacted on the ability to progress as planned although some level of efficiency continued to be delivered in years 2020 and 2021. The project has been back on track in 2022 with 3 Lots completed, Enniskillen, Irvinestown and Limavady.

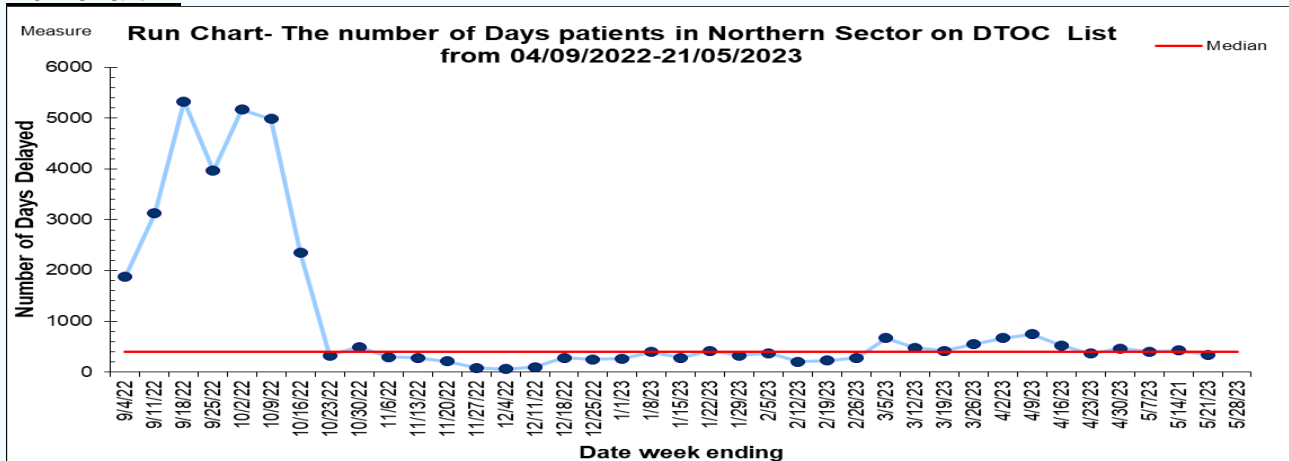
There are 6 Homecare Lots still to be reformed under Delivering Value [Cityside, Waterside, Strabane, Castlederg, Omagh and Lisnaskea]. Preparations have commenced to extend to the Omagh locality with an anticipated go-live date of July 2023.

Domiciliary Care Improvements

Improving the flow of patients, service users, information and resources across all interfaces of the health and social care organisation has a crucial role to play in performance, service quality and productivity. Collective collaboration between domiciliary care provision, Trust domiciliary care provision, independent providers and reablement teams has demonstrated improved productivity in the reduction of the number of days that patients has been delayed in an acute hospital bed across both acute hospitals in the Trust. This collective approach to full optimisation of all rotas commenced on the 13th October 2022. To understand the system, Data was collected from the 1st September 2022 on the length of Stay (LOS) and the number of patients across both sites from the 1st September 2022.

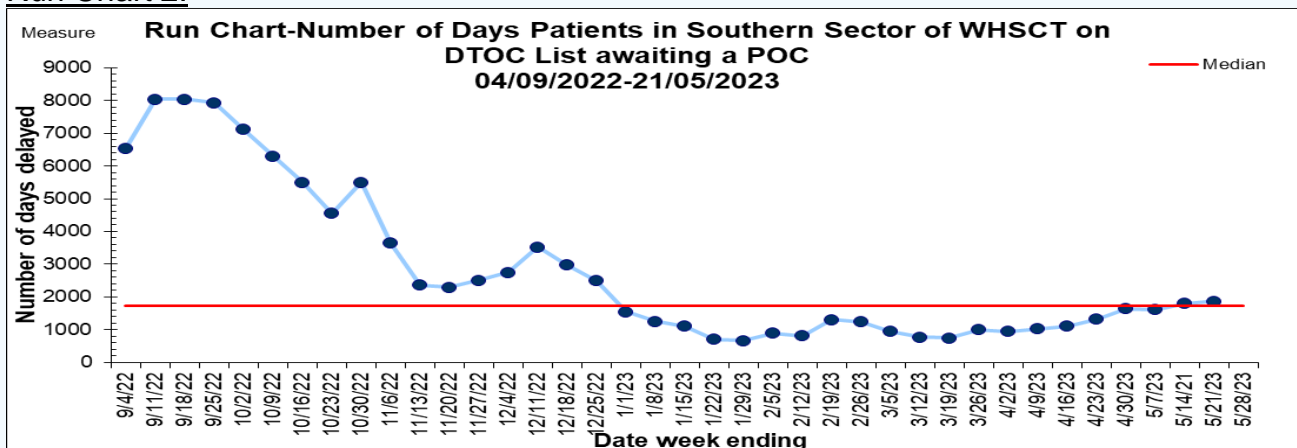
The Run chart below (Run chart 1) demonstrates the reduction of bed days to the Altnagelvin site, delivering a reduction from 5550 days delayed on the Altnagelvin site in September 2022, to a median of 400 days delayed week ending on 21st May 2023 awaiting a package of care. Analysis suggests that the improvement has been sustained from October 2022 with a median wait now reduced to 400 days that patients are delayed per week. Further improvement work is planned.

Run chart 1:



Patients in the South West Acute Hospital were delayed 8037 days from September 2022. This has now reduced to 1727 days (Run chart 2) delayed with this collective approach to the allocation of Packages of Care (POC). Whilst this improvement is significant in terms of bed days saved, the challenge remains for patients who reside in the more rural areas of the Trust to access a package of care, especially in the Omagh and Fermanagh areas.

Run Chart 2:



In the realisation that further efficiencies are required, the directorate has commenced a scoping exercise of work to now review domiciliary packages of care. A review of this work will be reported when the data becomes available.

Loneliness Strategy

In the absence of a Northern Ireland Regional Strategy, there is growing recognition of the need to address loneliness, due to the harmful effects of isolation and loneliness to our health and mental well-being the implementation of a Loneliness Framework for the Western Trust area is urgently needed. A project Team combining the Health Improvement team and Directorate Governance staff commenced this journey with engagement events across both sectors of the Trust.

Over 100 Trust staff from all Directorates and members of the Community and Voluntary sector attended workshops in early 2023 where their views on what was needed and how best to proceed with implementing the strategy were captured. It was clear from these events that a lot of great work is already being done to prevent and tackle loneliness however co-ordination and communication across the areas would be beneficial in tackling Loneliness collectively. The next stage will involve the engagement of Service Users and their representatives to acquire and more fully understand the lived experience of Loneliness and its impact on the individual.

Social Work

A joint **Early Care Review** pilot with Cityside Community Social Work Team and Reablement OT Service was commenced, with the aim of reviewing cases post-hospital discharge in order to reassess the need for on-going care. Social Work Teams have reported positive reductions in care and case closures following review by OT. This roll out will subsequently extended to the Southern Sector of the Trust.

The second cohort of the **Leadership Programme** commenced on 25th October 2022 and ran until 26th January 2023. The Programme covered a range of areas aimed at enhancing the leadership skills and knowledge of Band 7 and 8a Social Work Managers. It encompassed a range of areas including Systemic Leadership, Managing the Complexity, Improvement through People and Managing Self. Feedback from the previous participants was overwhelmingly positive.

Feedback from the RQIA was also very positive and as such, it intends to roll out a similar event to other Trusts.

The first Social Work Development Day for Directorate Social Work staff members was held early 2023. This event was aimed at engaging staff on their ideas regarding the way forward for Social Work Services. The event was well attended and participants had the opportunity to hear from both regional and Trust speakers who shared their models of working. A second development day is planned for later in the ear, with this event focussing on developing staff knowledge, to include presentations from Mental Capacity Act and Adult Safeguarding & Protection Teams.

Residential Care

A staff development day was held in November 2022 for the Trust's statutory residential home managers. The event was held jointly with colleagues from the Trust Estates Department and HOS for Community services. A senior manager, a Care Inspector and an Estates Inspector from RQIA attended for part of the programme.

The RQIA facilitated a session around the managers' roles and responsibilities with RQIA and common areas that improvement notices or failure to comply notices are made by RQIA. This included the home environment and buildings regulations alongside the requirements for variations and floor plans.

The Trust staff also had opportunity to raise areas for discussion with RQIA which included the following areas, understanding the categories of care, dependency levels/ratios of staff, clarity on what needs to be reported/notifications and expectations at inspections; namely how these can differ between inspection and inspector.

The programme for the Residential Home managers included areas such as falls prevention, medication, supervision & appraisal, Adult Safeguarding and Protection, managerial audits and DATIX.

On the whole the day was very successful. Feedback and evaluation forms from all who attended reported finding the event extremely useful and not only helped to clarify understanding and provide learning, but also served to develop professional relationships within the Trust and with RQIA.

Feedback from the RQIA was also very positive and as such, they intend to roll out a similar event to other Trusts.

Adult Integrated Care Project

The Trust's Corporate Management Team (CMT) gave its approval for the implementation of a Project Group during 2022 to consider the future of care home provision for older people, domiciliary care and direct payments, pathways and structures in the Trust. An interim Assistant Director was been appointed to lead on the delivery of the project. The role of the Project Group includes:

- The development of a commissioning model to address the Trust's future need for care home bed provision for older people across the three main categories of care as registered by RQIA;
- Devise a Commissioning Plan for Residential / Nursing and EMI & Enhanced EMI services, based on demographic need, being particularly mindful of rural service needs;
- Improve the process for the approval of placements at an enhanced rate;
- Engage with Department of Health colleagues to consider the establishment of a regional rate for EMI / Enhanced care provided to older people with increased acuity and complexity;
- Develop a system for "real time" information on useable vacant bed capacity in each home by category of care;
- Develop an Intermediate Care Programme that will address the 4 pillars of Home Based Rehab, Bed Based Rehab, Crisis Response and Reablement;
- Develop and oversee the review of Domiciliary Care and Direct Payment processes, Pathways in and out of hospitals, and structures to reduce silo working;
- Improve capacity to meet the out-of-hospital care needs for people whose discharge has been delayed across all sites by working in partnership with Trust, Independent Sector Providers and other colleagues;

- Monitor and report on the number of people who have avoided admission across our hospitals from the following community services Hospital at Home, Rapid Response, OPMHT, Community Respiratory Team and other community services as appropriate.

Tissue Viability Service

During 2022/23, the Tissue Viability Team has led on a number service improvements within the community. These included work around leg ulceration, pressure ulcers and wound hygiene.

Leg Ulcer Management - In April 2022, the Tissue Viability Team carried out a re-audit of leg ulcer management across all community sector following a previous audit and implementation of a Lower Limb Care Pathway. Audit findings demonstrated little improvement in service delivery to this group of patients. On discussion within the team, it was decided that an intense educational programme was required for all community, Trust treatment room and private treatment room nurses involved in the care of patient with leg ulcers. These training sessions were held in June 2022 in The Mellon Country Inn over 2 days, with more than 200 nurses in attendance.

These sessions focused on the theory of leg ulceration and were followed by practical workshop on assessment and management and associated after care. The plan is for the Tissue Viability Team to carry out a re-audit in September 2023 and implement an updated Lower Limb Care Pathway in line with recently published Best Practice Statement on the care of lower limb ulcerations. Since this training the Tissue Viability Team has seen an encouraging improvement in service delivery and patient outcomes. This has been evidenced in the reduction of referral to the service for lower limb ulcer management and associated issues. The Tissue Viability Team continues to support this service improvement with each referral. It is envisaged that all patients with lower limb ulceration should have a full holistic and lower limb assessment and appropriate plan of care implemented; the aim being to implement the best practice statement, reduce community nursing time spent caring for this group and reduce overuse of inappropriate expensive dressings.

Pressure Ulcers - There has been a regional decision to move from Braden Risk Assessment Tool to the Purpose T Assessment Tool. This work has been led by the PHA with a go live date of 3rd July 2023. Alongside the introduction of the Purpose T assessment, a new community SSKIN bundle was launched. The Tissue Viability Team hosted 4 workshops across the Trust to educate staff on these documents and their appropriate use; these sessions were attended by in excess of 100 community nurses and their managers. The new documentation has been well received, has improved care delivery and has increased compliance in regards to the community KPI around pressure ulcers.

Wound Hygiene – During 2022/23, under the leadership of the Tissue Viability Team, 2 Community Nursing Teams undertook a Wound Hygiene Challenge with. This challenge was based on a Best Practice Statement, which focussed on appropriate wound cleansing, debridement, refashioning of the wound margins and appropriate dressing of chronic hard to heal wounds. Both community teams demonstrated outstanding results, with one team healing a leg ulcer in 16 weeks, which had been present for 30 years. One of our Tissue Viability Nurses has been recognised as a Wound Hygiene Global Ambassador and has presented the Trust's results at a Global summit in Paris, a national meeting in Edinburgh and the regional Leg Ulcer Forum this year. These results are being published in a peer reviewed journal in August 2023. The Team has also been asked to present this work and

our Trust updated Lower Limb Pathway to the Regional District Nurse Managers' Meeting, hosted by the Lead Nurse for District Nursing in the PHA.

All of the above service improvements have impacted on patient quality of life and the burden of wound care on community nursing services. Recently, the team has received very positive comments on the service via Care Opinion and directly from patients in receipt of our care.

AHP Services

A member of the OT brain injury team was awarded the Outstanding Healthcare Professional 2022 by The Brain Charity, a UK-based support organisation for clients, with a brain injury, their families and carers.

The Green Therapy project has been described by clients as inspirational. Led by our Adult Mental Health OT team, the nature-based activity is shown to enhance the mental wellbeing of participants and our community partner and setting promotes community integration and social inclusion.

The OT service has worked in collaboration with District Nursing leads and Moving and Handling advisors to develop a protocol which 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 Moving and Handling risk assessments and provides a clear referral pathway for services referrers.

A collaborative protocol developed by Occupational Therapy, District Nursing, Tissue Viability and Podiatry is near completion and aims to improve patient care in Pressure ulcer management and enhance Multi-Disciplinary Team (MDT) communication.

A member of the Dietetics team won the Award for Outstanding Leadership at the recent AHP awards. The NMOP (New Models of Prescribing) project tested dietetic led ordering of Oral Nutritional Supplements for Care Home residents without the need for a GP prescription. The project demonstrated benefits for patients, care homes, GPs, community pharmacists, dietitians and an economic benefit to the health and social care service.

A member of the Physiotherapy Team also participated in the pilot phase of the New Models of Prescribing (NMOP) Programme to test the requirements to enable medical and non-medical prescribing via HS21 prescription forms at interfaces between primary and secondary care and the benefits for Lymphoedema patients and their experience has been significant

The Podiatry service provides care to a varied cohort of patients from Paediatrics to the highest risk patient with vascular disease or Diabetes. Staff are part of a dynamic MDT in Diabetes and the management of the high risk foot.

A Paramedic Practice Educator for the WHSCT commenced in the Trust during 2022. This post holder has been developing a practice placement model and ensuring robust governance arrangements are in place in conjunction with the Trust AHP lead. The largest proportion of clinical placement education continues within NIAS however there are placements across the WHSCT in Community and Mental health settings as well as Acute.

The first Allied Health Professions Development and Innovation Strategy for Northern Ireland was launched at the AHP conference in Belfast on 24th November 2022. It was co-produced by DOH, PHA, local Universities and group of Trust HSC AHP staff. As Research and innovation are key to ensuring safe, effective and evidenced-based practice within existing services and support transformation of treatment modalities and service design. The strategy seeks to provide a firm foundation for AHP research activity and infrastructure going forward

Dromore/Trillick GP Practice

Since 1st July 2022, the Western Health and Social Care Trust has been managing the contract for the Dromore and Trillick GP Practices in County Tyrone. This arrangement has been made under the Alternate Provider of Medical Services (APMS) contract. It is only the second time an APMS contract has been put in place in Northern Ireland. The SPPG continues to contract the locum GPs employed in the Practice and the Trust has taken on responsibility for management of the GP rota. There continues to be the regular cohort of GPs in place which means continuity of care is being provided to the patient. SPPG has asked the Trust to continue to manage the Practice until 30th September 2023.

After the Trust took over operational responsibility for the Practice, a number of significant risks relating to the safe operation of the practice had been identified. In excess of 2,500 clinical correspondence documents relating to the period from 1st July 2022 have been reviewed and attached to the patient record. The final report has concluded that no patient came to serious harm as a result of the backlog.

The Trust had identified a risk associated with the reauthorisation of medication relating to a number of patients in the practice and Trust Pharmacy staff reviewed these patients, with no significant issues identified. The practice has put in place an online repeat prescription service and has placed a mailbox at the front of the Surgery for receiving repeat prescriptions. The Trust has also appointed a Pharmacist to strengthen medication governance in the Practice.

In January 2023, a Social Worker took up post in the Practice and is working closely with the GPs on a daily basis.

A new telephone system was put in place in both Surgeries on Monday 30th January 2023. This included a new telephone number for the Practice, which has improved communication between the patient and the practice.

MENTAL HEALTH

TOWARDS ZERO SUICIDE PROGRAMME

As a Patient Safety Collaborative, the NI towards Zero Suicide Programme is committed to reducing suicide and enhancing the care and outcomes of Mental Health Patients and People in Prisons.

In Adopting a Zero Suicide Approach we will be:

- Implementing Best Practice (identified by the National Confidential Inquiry and other relevant research), to support Safer Services;
- Embedding a Zero Suicide culture with effective leadership, and informed committed staff and teams;

- Improving and developing services through partnership working and engagement with service users, carers, staff, communities and other stakeholders;
- Encouraging continuous learning and application of evidence based practice and models, by staff who are appropriately supported and trained to deliver best practice.

In order to achieve these goals, the current work streams within the Western trust are;

- Early Post Discharge
- Suicide Prevention Care Pathway/Safety Planning
- Minimising Restrictive Practices
- Workforce (Learning Plan)

This work is co-ordinated by our local Towards Zero Suicide, Service Improvement Manager, along with relevant service managers and clinicians. Progress is monitored by the Local Implementation Group and Strategic Change Board within the trust and via the Regional Collaborative Board.

Safety planning is well developed across the trust and is being expanded to include all those who present to services, regardless of expressed suicidality at the time. The Suicide Prevention Care Pathway has gone live in the Northern Sector of the trust, and is planned for the Southern Sector in autumn 2023. The Safer Wards initiative, along with Therapy and Safety Crosses are extending across the in-patient units as part of the minimising restrictive practice workstream. Community and addiction teams are progressing well with early post-discharge work.

ADULT PSYCHOLOGICAL THERAPY SERVICE

Adult Mental Health Services have experienced increased pressures in relation to the increasing number of patients on waiting lists to access Cognitive Behavioural Therapy (CBT) and Psychological Services within the Adult Psychological Therapy Service (APTS). The waiting period for therapy is currently at 24 months. This is largely due to recruitment challenges for specialised staffing roles and the increased number of referrals (30% in last year) to APTS. COVID has further compounded timely access to the service. As such an improvement team was established to ascertain what ideas could be tested to bring about change.

To achieve improvement the team understood that they would have to think creatively around ideas to improve flow in their system whilst working within their current resource – doing it differently with what they had. This involved change ideas connected to entry into the system, referral processes, exit of the system, discharge processes and oversight of their core business.

Project Aim: “By October 22 to reduce the number of clients on APTS waiting list by 10% through improved collaborative working and effective communication with referrers, reviewing processes and practices.”

This project has been ongoing since 2021 and whilst there is still 3 PDSA’s currently ongoing at this time the project has reduced waiting lists and we have achieved and in some areas surpassed our target of 10% reduction.

In Northern Sector – From 1st April 2021 to 1 February 2023, Psychology waiting lists reduced by 14%, CBT reduced by 30%.

In Southern Sector – From 1st April 2021 to 1 February 2023, Psychology waiting lists reduced by 34% and CBT by 64%.

The APTS quality improvement project was shortlisted from 19 applicants across Northern Ireland at the HSCQI Delivering Value Programme Awards in June 2023 and was selected as a project for upscale and spread across the region. Second phase of upscale and spread commences on 4th September with team members meeting with colleagues across the region to talk about the project and share learning.

MENTAL HEALTH IMPROVEMENT BOARD

In mid-August, a Director-led improvement board was established to address concerns voiced by staff pertaining to safety on the inpatient wards. These concerns mostly revolve on ensuring safe staffing levels and providing adequate support for staff to ensure the delivery of appropriate care to patients during their hospital stay. It has been acknowledged that mental health inpatient wards have consistently operated at levels above their capacity for the past three years. Concurrently, a distinct quality improvement initiative is currently underway to evaluate the procedures pertaining to patient admission and discharge.

A comprehensive action plan was established to address several concerns pertaining to nursing staffing levels, provision of psychological support for staff, optimisation of patient flow within the hospital, enhancement of communication and engagement with staff, and enhancement of medical input. Fortnightly meetings will be convened to assess and revise the action plan.

WS10 – LENGTH OF STAY: ED TO ADMISSION TO MENTAL HEALTH INPATIENT WARD

Patients who have been assessed as requiring a mental health bed in an inpatient ward are spending prolonged periods of time in the Emergency Departments. This is due to challenges around bed flow in the mental health wards which are currently operating over capacity. This has the potential to place the patient at increased risk and impacts on the overall patient experience.

Project Aim:

“By June 2024 to reduce the length of time that a patient assessed as requiring a mental health bed spends in ED (SWAH & Altnagelvin) by x% through improved patient flow in the AMH inpatient wards”.

(By how much to be determined by the project team upon review of baseline data).

What we hope to achieve:

1. To reduce risk and improve the patient experience for those delayed in ED waiting for a mental health bed.
2. Use QI methodology to understand the system: data analysis, staff engagement, feedback from patients (Complaints/Compliments) reviewing relevant SAI's and datix incidents.
3. Establish QI meetings which will provide opportunities for generating change ideas. This will be a forum for creativity and innovation, allowing staff to share ideas and give them autonomy to test them adopting a risk-management approach.
4. Ensuring there are robust systems in place to capture data for analysis to demonstrate if change ideas lead to improvement.
5. Use QI methodology (QI Charts) to analyse data and create an evidence base around improvement and to inform recommendations going forward.

6. To ensure standardisation of processes and practice across all Trust crisis and inpatient wards to improve bed flow.
7. To improve communication/relationship between staff in ED, MH Crisis and Inpatient wards.
8. To ensure timely discharge of patients from mental health wards through effective discharge planning with community services.
9. Review discharge patients and identify themes and learning to be taken forward.

PRIMARY CARE LISION COMMUNITY MENTAL HEALTH SERVICE

Since February 2023 there has been a lot of ongoing work to standardise the 3 PCLS teams based in North (Derry, Limavady & Strabane), Omagh & Fermanagh. There was a robust triage system in PCLS North that has now been mirrored in the Fermanagh team which has resulted in an increase in inappropriate referrals being returned to the GP Practices which has had a marked improvement in the Fermanagh routine waiting list.

In February 2023, there were 252 individuals on the Fermanagh Routine waiting list with a waiting time of 14 months (IEAP 9 week waiting list for routine referrals). As well as developing a robust triage the routine waiting list has been cleansed.

Today PCLS Fermanagh has a routine waiting list of 67 (7 have booked appointments). Longest wait now for a routine appointment is 22 weeks. There are 31 routine appointment breaching the 9 week target. There are 10 urgent on the urgent waiting list (9 have booked appointments).

PCLS Omagh 55 on routine waiting list (44 have booked appointments). All routine are being seen within IEAP 9 week target. 6 urgent on the urgent waiting list with all having booked appointments.

PCLS North have 75 on the routine waiting list (46 have booked appointments). All routines are being seen within the IEAP 9 week target. There are 30 urgent on the urgent waiting list with 23 booked appointments.

The Medics Outpatients caseload has also been cleansed.

There is work ongoing with team managers and the medical staff around further cleansing the outpatients around proactively discharging individuals who are well and referring in a timely manner to other more appropriate services such as Recovery.

The key working caseloads have also been cleansed and a robust caseload review is in place in PCLS trust wide.

PCLS Derry has an ongoing QI project ongoing at present to introduce group work in to the team with the aim of further reducing the teams key work caseload. This will then be mirrored in the Omagh & Fermanagh teams. Work is ongoing with Omagh PCLS to standardise their triage system.

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. The Trust has achieved in ensuring that all children in care for more than 3 months have a permanency panel recommendation.

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.

80% 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's services to adult services for those who have a disability is best assisted by a transition plan. As part of good practice, all children should have a transition plan within school. This is first discussed when they are 14 years old, then reviewed regularly at 16 and 17 years old. Young people are supported throughout the transition process by social workers and transition officers. The vast majority remain in education until the term after their 19th birthday

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. 100% of adults that transitioned across to Adult Learning Disability services, had a transition plan in place when leaving school.

Facts & Figures

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

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

Adult Social Care Indicators

There are many people in the community who have particular needs due to their situation and/or characteristics, some which may place them at increased risk of abuse and/or exploitation. In cases where there are concerns of abuse, neglect and/or exploitation the service user should have a protection plan in place from the point of where concerns are raised and throughout the investigation. Changes to procedures means that those people identified as at risk and who require an ASP3 (protection plan) is only included in data reporting when submitted to the Adult Safeguarding Team. The reported figure of 51% reflect the actual received numbers of ASP3 into the Adult Safeguarding team, which is a reduction from last year. However that does not mean that each person does not have a protection plan in the community. It may be that the transfer to new reporting system reflects this anomaly. It is a focus of the Adult Safeguarding Team to improve on this in the 2023/24 reporting year.

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. Slow improvements have been noted in previous years and during the 2022/23 the Trust set as priority to improve on previous numbers through delivering co-produced training with carers and implementing improvement projects across services. This has resulted in a significant increase in numbers of carer assessments being offered with the overall figure increased by 79% between 2021/22 and 2022/23.

Facts & Figures

51% of adults referred for investigation and identified as at risk of abuse, neglect or exploitation during the year had an adult protection plan.

3336 adult carers were offered individual care assessments during 2022/23.

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 by carers increased from 19 to 617, noting a significant increase of 3147% since last year. Reflecting the positive impact of the increased focus and activities on supporting staff to offer and complete carers assessments within services.

Facts & Figures

1551 adults received direct payments during 2022/23

617 carers received direct payments during 2022/23

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. AMH and Disability services have a continued need for high cost placements, these have been raised with commissioner in relation to significant costings.

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 2022/23.

Learning Disability

The Learning Disability Service Framework Standard 20 outlines the importance of adults with a learning disability having an annual health check. This year has noted an improvement since the impact of the pandemic affecting GP practices offering this. However, the lower number continues to reflect an on-going lack of GP practices offering the service post-Covid.

Facts & Figures

30% of adults with a learning disability had an annual health check, demonstrating an improvement from previous year when services were still restricted due to Covid.

NEXT STEPS

STRATEGIC PRIORITIES

What we will focus on



During 2023/24, we will focus on moving forward with these key strategic priorities. Some examples of improvement work planned are highlighted below.

Quality and Safety

Incident Reporting: In order to encourage the identification, investigation and reporting of incidents, “how to guides” are being developed for easy reference for staff. The Risk Management Team are also working to develop e-learning modules for incident reporting.

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

Falls Prevention: In order to reduce the incidence of falls within the Trust, a number of actions are planned for implementation during 2023/24 including:

- Review the minimum dataset for investigation of fall incidents with the Regional Inpatient Falls Group to better support staff with identifying shared learning from incidents resulting in moderate or above levels of harm.
- Review and refresh the Nursing Key Performance Indicators.
- Promote measurement of lying and standing blood pressure on admission.

- Deliver two large falls health events in the Strabane and Derry areas where a number of stakeholders from the statutory, community and voluntary, multi-disciplinary teams and falls prevention services can support people in their community through provision of information and support to reduce their risk of falls.
- Launch a SharePoint site for Falls Prevention where staff working in Hospital, Community, Care Homes and Emergency Departments can access information and resources to support safer mobility within their particular area.
- Recruit volunteers for Falls Prevention to support the Trust with sharing falls prevention messages including supporting members of the public with the completion of the falls awareness survey which can be used to support self-management.
- The Health Improvement Team will deliver 10 awareness sessions on falls in community settings.
- The Care Home Support Team is working with three care homes on a Quality Improvement Project to reduce the incidence of falls within the homes.
- The Hospital at Home team will support NIAS where there is capacity to review patients who may be at risk of complications following a fall and a long lie.
- Progress business cases for additional resources to support falls prevention 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.
- Use the data on ED attendances at Altnagelvin Hospital to inform the development of falls services and create public messages regarding falls prevention.

Reducing Avoidable Pressure Ulcers: In order to reduce the incidence of pressure ulcers within the Trust, the Tissue Viability Team have identified actions for implementation during 2023/24 including:

- Maintain a list of all Link Nurses for each department within the Trust to ensure they are on Tissue Viability mailing list.
- Plan education sessions for all Directorates to cover Pressure Ulcer prevention, assessment and management.
- The Tissue Viability service will hold the Annual STOP Pressure Ulcer Day in November 2023 to educate staff on Pressure Ulcer Prevention and to update on our progress in reducing the incidence of Pressure Ulcers.
- The Tissue Viability service will continue independent spot audits to quality assure the auditing process.
- Tissue Viability Nurse will monitor and support the wards/departments in adopting the new Purpose T risk assessment tool and SSKIN Bundle providing additional education support where required.

Improvements within Emergency Care: Key priorities for 2023/24 will include stabilisation of the Nursing workforce within both the Trust Emergency Departments and finalisation of a business case for a dedicated Minor Injuries Unit at Altnagelvin Hospital as part of the regional No More Silos.

Workforce Stabilisation

Looking After and Valuing Staff: Looking after the health and wellbeing of our staff, supporting flexible working, undertaking appraisals and providing support to maximise attendance at work.

Belonging in the HSC: Promoting equality, diversity and inclusion and good relations within our workforce. Empowering our staff to contribute to the delivery of our priorities.

Growing for the Future: Improving recruitment processes and exploring innovative approaches to attract staff and address staff shortages. Providing opportunities for staff to develop their skills and knowledge and embrace new ways of working through digital technologies.

Social Work Supervision and Mentoring: A new Social Work Supervision Policy will be launched in September 2023. This will allow for a flexible approach to meeting supervision needs that support social work staff to deliver effective and quality practice in line with organisational objectives

The Social Services Learning and Development Team is actively working on developing a 'Coaching Network' that Social Work and Social Care staff can avail of, which will be launched in September 2023.

Performance and Access to Services

Improvement and Involvement: The Involvement Team are currently undertaking a scoping exercise to establish a baseline of involvement projects and service user / carer panels and to improve shared learning and partnership working across the Trust. This will ensure that there are clear governance arrangements implemented to help embed PPI into policy and practice.

Cancer Targets: Rising demand with rebuild of services have made it challenging to meet cancer waiting time standards particularly the 62 day pathway. However, work will continue to ensure diagnostic capacity and associated staffing are in place to meet rebuild demand.

Delivering Value

The Trust's Delivering Value Management Board will continue to focus on and oversee the programme for cost improvement, cash savings and efficiency & productivity projects to support financial sustainability. These projects include:

- Review of medical locum usage;
- Review of domiciliary care to improve utilisation of domiciliary care capacity;
- Agency reduction programme and nurse stabilisation;
- Energy cost reductions.

Domiciliary Care Optimisation Project: There are six Homecare Lots still to be reformed under Delivering Value [Cityside, Waterside, Strabane, Castlederg, Omagh and Lisnaskea]. Preparations have commenced to extend to the Omagh locality with an anticipated go-live date of July 2023.

Culture

Trust Vision and Mission Statement: The Trust's new vision and mission has been developed collectively between staff and senior management and will be launched at the Leadership Festival which is due to take place in June 2023 and other events planned throughout the incoming year.

Review of Trust Structures: A review of the Trust Directorates was undertaken during 2022/23 and the final structure was published in November 2022. The new structure will see

the creation of two new Directorates through the division of both Acute Services and Primary Care Older People's / Nursing. The HR Directorate are leading the workforce transition phase to align staff to new roles to allow the operationalisation of the new structures in early 2023/24.