HSC Western Health and Social Care Trust

Western Health and Social Care Trust
Annual Quality Report 2019/20

Chief Executive's Foreword

This is the Western Trust's eighth Annual Quality Report. The report is presented in line with the Department of Health's 'Quality 2020' strategic themes and highlights some of the significant work undertaken by our staff to deliver safe, high quality care to patients and users of our services. The report also demonstrates the commitment by both staff and the organisation to continually respond to and improve services for those in need. This has been an exceptionally challenging year in terms of the ever changing needs of our population, ongoing financial constraints, workforce challenges as well as unprecedented strike action and preparations for the COVID-19 pandemic by all staff groups in the latter half of the year.

During 2019/20 we encouraged the active involvement of service users, carers and staff to improve the quality of services delivered - from direct care and treatment to development of regional learning as a result of investigation and review of serious incidents, and from involvement in policy development to service redesign. The Trust utilised Transformation monies to support the ongoing work of embedding involvement as a key element of all service provision.

The Trust also continued to focus on training and development of staff in order to improve outcomes. An example of this was the facilitation of the first regional cohort of Flow Coaching Academy. Using a blended approach of quality improvement methodology and team coaching, training was provided to 23 coaches across the five Trusts focusing on different pathways of care. Within our Trust there are currently 7 active 'Big Rooms' facilitating improvements to care pathways including Frailty, Mental Health Access in Emergency Departments, Stroke and Gestational Diabetes.

During the year the Trust continued to work hard to reduce the number of healthcare associated infections, surgical site infections, falls, pressure ulcers, prevent venous thromboembolism (VTE), manage medicines better and reduce cardiac arrest rates in our hospitals. Our performance in each of these areas is monitored closely against challenging targets to promote and encourage better quality care and outcomes.

Our staff continually improve and transform services for the benefit of patients, service users as well as other staff so it is very satisfying to see our staff recognised with awards at local, regional and national level for their contributions - be it as part of a team, their leadership role or as an exemplary in their profession. There are quite a few examples of staff achievements in this report to be proud of!

All of us regardless of where we work have an important part to play in improving the quality of care we provide to our patients and service users. This report provides examples of good work being done and also some areas where more needs to be done to make improvement. Improving quality of services will continue to be a key priority in our journey to deliver and modernise health and social care in our Trust.

I commend this report to you.

CONTENT

WHAT IS THE ANNUAL QUALITY REPORT?

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

Our Aim is:-
To deliver safe high quality care through well motivated staff.

Theme 1: Transforming the Culture

During 2019/20 the Trust endorsed the refreshed HSC 'Values for All' which were chosen following an extensive communication and engagement process involving staff and the people who use health and social care services across the HSC system in Northern Ireland.

These are the HSC 'Values for All':

The values we live by in the Western Trust align closely with these new regional values and reflect the strong sense of shared purpose across the HSC.

The Trust recognises the critical role a manager plays in promoting a positive working environment for staff and in order to support them to lead their teams in an increasingly challenging environment a **Developing Capability Toolkit** was developed as part of the Trust's **Delivering Value Programme**. The toolkit offers managers an opportunity to develop their skills, knowledge, attitude and behaviours in key areas related to the effective management of people, finance, governance, change and quality and service improvement.

182 *Developing Capability* **toolkit** training events were delivered throughout the year with 3,112 participants.

During 2019/20 the Trust issued **Succession Planning Guidance** which is aligned to its vision, values and objectives for the future. It is essential that the Trust has access to a suitable pool of potential applicants as and when vacancies arise. This is particularly important for leadership roles, specialist roles and for all critical job roles regardless of the level within the Trust.

A range of workshops took place to assist managers in developing a plan for their area of responsibility and to describe how these feed a wider Trust process for ensuring safe and effective patient care.

HSC Staff Survey 2019

The fourth HSC Staff Survey is part of our continued efforts to engage with our staff to improve their working lives and in doing so provide better care for patients and clients. The HSC Staff Survey 2019 was a full census survey of approximately 11,700 Trust employees and the response rate was 25%. The results show engaged motivated staff who receive high quality training, learning and development and who are satisfied with the quality of work and care that they are able to deliver. A higher number of staff than in previous surveys are participating in appraisal, are more satisfied with resourcing and support and a lower percentage than in 2015 are working extra hours. In keeping with the rest of HSC in Northern Ireland, a higher percentage of staff are experiencing discrimination, physical violence, harassment and bullying than in 2015 and work related stress levels have increased in the last 12 months. A "Just Culture" concept is being evaluated for implementation.

A report of the Staff Survey results has been provided to each Directorate within the Trust and Directorate Senior Management Teams have identified 2 key actions to progress.

PATIENT AND CLIENT EXPERIENCE

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

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

How we use the information we collect

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

Work streams undertaken during 2019/20*:-
- Mental health services - service user survey
- Children's audiology services
- Experience of living with swallowing difficulties (launch was due in March)
- Experience of living in a care home (unable to visit due to covid restrictions)

*In light of the current pressures in the system with Covid-19 there was a high probability of project work being limited.

Data Collection commenced in December 2018 and ended August 2019. In total 632 stories were collected regionally.

Trust
- **150** from Belfast Health and Social Care Trust
- **142** from Northern Health and Social Care Trust
- **135** from South Eastern Health and Social Care Trust
- **115** from Southern Health and Social Care Trust
- **90** from Western Health and Social Care Trust

Regional findings

1 Access
45% of respondents highlighted they could access the right services at the right time.

2 Information
63% of respondents indicated information provided by the Mental Health staff was useful & relevant.

3 Communication
70% of respondents stated verbal communication with the staff was respectful & considerate.

4 Planning Care
53% of respondents recognised they were fully involved and respected in the planning of care.

5 Treatment
59% of respondents stated they were fully involved and respected in decisions around treatment.

6 Outcomes
46% of responses highlighted they felt stronger following the engagement with Mental Health Services. It is recognised many respondents were still on a journey through treatment and care.

7 Impact
It was widely recognised by respondents that attending Mental Health Services had an impact upon everyday life, relationships with friends and family and employment & education.

8 Progress
46% of respondents identified they made positive progress after engaging with Mental Health Services.

9 Making a Difference
75% of responses indicated that practical support with day to day living made the biggest difference in managing their illness.

10 The Journey
48% of respondents reflected upon a smooth journey through Mental Health Services.

11 Hope
36% of respondents stated they felt more hopeful for the future. 20% indicated they were still working with others to plan a future; it is recognised many respondents were still on a journey through treatment and care.

12 Recovery
55% of respondents indicated recovery was an integral part of treatment & support.

13 Holistic approach
49% of respondents highlighted physical needs were discussed in detail when engaging with mental health teams.

Reflection / Local Actions

"The principles of The Regional You in Mind Mental Health Care Pathway are evident in the large portion of the patient responses rated positive or strongly positive."

Several of the WHSCT respondents refer to their positive '*recovery journey*' within adult mental health services through signposting to community resources. This is in keeping with the recovery principles of the *Pathway*, which exhorts mental health teams to practice in a way that promotes service user independence and resilience. In the Western Trust we will continue to explore ways to strengthen the linkages between mental health services and the community and voluntary sector to help empower service users and carers.

"The principles of the Regional You in Mind Mental Health Care Pathway are not easily identified in the stories relating to acute crisis or attendance to the Emergency Departments."

Some of the stories regarding the WHSCT's acute care service emphasise the kindness and professionalism of staff, particularly within inpatient settings. Stories detailed signposting to community-based services which proved to be highly beneficial for the patients upon discharge. Such practice is in accordance with the hope-based principles of the *Mental Health Care Pathway*. But, as with the regional returns, some stories indicate that patients and carers sometimes *do not* feel involved in plans around their own or their loved one's treatment in Crisis services. As is highlighted by the further reflection point it is important that carers and relatives feel "*part of the plan of care to promote and support the recovery of their relatives*" – albeit, subject to the consent of patients. The involvement of carers is a key principle of the *Mental Health Care Pathway* and the *Acute Care Pathway.*

WHSCT is taking steps to enhance how we monitor and evaluate carer involvement in and understanding of patient care and safety plans.

> *"The concept of recovery is supported through peer support groups, peer advocacy and engaging with the Recovery Colleges"*

Many of the *10,000 More Voices* submissions from the WHSCT highlight the positive impact of the Recovery College. This has not gone unrecognised within the Trust. Indeed, the college is in the process of expansion with the recent appointment of a permanent, full-time, Band 5 lead Peer Trainer. This appointment will bring our recovery college more in line with the employment profiles of other Trust recovery colleges across Northern Ireland. In keeping with Section 7 of the *Mental Health Care Pathway*, independent peer advocates are also available to our service users. In addition, the WHSCT has now employed a service user consultant with 'lived experience' to further promote the concept of recovery amongst teams, service users and carers.

> *"It is important to celebrate at both a local and regional level the positive experiences and continue to promote the Regional You in Mind Mental Health Care Pathway."*

The service user consultant role will actively promote positive stories amongst the adult mental health teams, particularly those which have been shared by clients through the *10,000 More Voices* reports and *Careopinion.org* facility.

Also to commence a process of engagement with adult mental health teams to promote the principles of the *Mental Health Care Pathway* and *Acute Care Pathway*. Initial discussions have also taken place regarding the development of signage to highlight the principles of the Care Pathways for service users, carers and staff. On a regional level, there will be engagement with the service user consultants from the other 4 Trusts and this collaborative work will focus on promoting Pathway principles across the region.

> *"Future 10,000 More Voices projects will require a new survey design in collaboration with service users. Projects should offer a deeper dive into defined areas of mental health to support development of the services, for example experience of Eating Disorder, Perinatal mental health or transitioning into adult services."*

"Parents/carers identify the need to develop services & information for teenagers and young adults transitioning into adult Mental Health Services."

"In relation to Autism parents/carers highlighted the need for further training and understanding across Mental Health Services."

The 3 reflection points above are similar in that they highlight that the scope of the current *10,000 More Voices* format may be too broad to capture detailed stories in relation to such issues. Regional collaborative work, potentially led by the 5 Trust service user consultants, could perhaps develop condition or service-specific 'mini' *10,000 More Voices* surveys. The specific nature of such research exercises would allow for more detail around each issue / condition / service to be captured than the current 'one size fits all' 10,000 Voices model can accommodate. Led by service user consultants this work could involve service users and carers from the outset.

"Mental Health Services should continue an ongoing process of meaningful engagement with patients, families and carers through a range of opportunities."

In the WHSCT we will continue to actively involve service users and carers – and their representatives – in the design and evaluation of our services. The service user consultant will continue to liaise with service users and carer representatives and promote their involvement in regional work. This collaborative work is at the heart of the Mental Health Care Pathway. The recruitment of further peer or 'lived experience' roles is also being actively considered at this time.

Experience of Mental Health services WHSCT

- Positive
- Strongly Positive
- Negative
- Strongly Negative
- Not Sure
- Neutral

14%
7%
11%
20%
20%
28%

Would you recommend care and treatment within this facility?

- Yes
- No
- Not Sure

20%
22%
58%
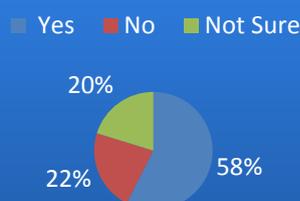
> *"I suffer from anxiety and depression. The GP switched my medication and it is not working, I asked him to refer me back to CPN and he asked me was I suicidal, I said no and then said I didn't need a referral and to make an appointment and come back in two weeks"*

> *"My sister has chronic mental health issues and is constantly in and out of hospital usually Altnagelvin and **Grangewood**. I have no concerns about her treatment or care"*

> *"Looking for the outside in, having looked from the inside out. In fairness - an exceptionally high quality of care but some areas to improve"*

Experience of Paediatric Audiology Services

Data collection commenced in April 2019 and ended in August 2019. In total 148 stories were collected regionally.

Trust
49 from Belfast Health and Social Care Trust
42 from Northern Health and Social Care Trust
31 from South Eastern Health and Social Care Trust
11 from Southern Health and Social Care Trust
15 from Western Health and Social Care Trust

Experience of Paediatric Audiology Services (WHSCT)

■ Very Positive   ■ Positive   ■ Not sure

13%
27%
60%
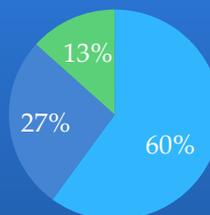
Reflection and Learning
  ➤ The patient and family experience of Paediatric Audiology services is mainly positive and provides a high standard of care to children attending in line with the Paediatric Audiology Quality Standards.

- Audiology services are recognised as a key source of support and guidance for both patient and family during physical, emotional or social concerns.
- Audiology services provide person centred and individualised care, with particular reference to children with complex needs.
- Parents identified a need for more support forums to connect with other families, to provide support and advice and to facilitate children to meet with other children with hearing difficulties.
- Other areas for development are easier access to batteries; a leaflet to support families especially for the first appointment to audiology; guidance and advice for youth clubs, sports etc.; and support to access training on British Sign Language.
- The data is available for further briefing papers to inform other aspects of healthcare such as transition phase for teenagers to adulthood and services in relation to children with complex needs.

Actions Taken

The Hearing Impaired Teacher is now invited alongside the Sensory Social Worker to attend the child's hearing aid fitting appointment.

Families tend to worry and think ahead in relation to support outside the Audiology Department e.g. assistive devices, sensory awareness and education. The addition of Sensory and Education colleagues to this initial appointment is always welcomed by families.

Hoping to reconnect and set up a paediatric group made up of Audiology, Sensory Support, British Deaf Association (BDA) and National Deaf Children's Society (NDCS) to further promote 'what is on' for families and perhaps look at ways to offer more connection in the community as suggested i.e. youth clubs, sports facilities.

There is already provision where batteries can be obtained 5 days a week by post, drop-in or telephone.

A half day workshop was held in February at Dunsilly Hotel facilitating on the subject of "Perspectives on the Care of Deaf Children". The workshop was aimed at professionals working with deaf children and provided an opportunity for further discussion.

Parents receive information regarding services as well as signposting to voluntary services such as the NDCS. Families are provided with a booklet about available services so they can make an informed decision as to whether they wish to engage with the team on an ongoing basis. There is also an open referral service which allows parents to come through directly if they have any queries.

Examples of Feedback received

"The waiting area is very cramped and on a main corridor - not very child friendly and sometimes the wait is lengthy and children get restless."

" Well I would like the service to stay at Londonderry not move us back to Omagh as it is difficult to get to for me. "

Other examples of work undertaken throughout the year included:-
- ❖ Engagement with Orthopaedic staff in Big Room.
- ❖ Observation of practices carried out in Fracture Clinic, Emergency Department and Chaplaincy services.
- ❖ Engagement with Occupational Therapy staff in the Emergency Department. With the involvement of staff and patients in the Ambulatory Care Unit (ACU) and a local artist in residence, the waiting room has been transformed with the addition of canvas artwork which makes it less clinical.
- ❖ Involvement in local resolutions therefore preventing formal complaints.

PERSONAL & PUBLIC INVOLVEMENT (PPI)

The Western Trust is committed to the active involvement of service users, carers and the public in development and delivery of services. Involvement operates on a number of levels within the Trust, ranging from one-to-one discussions about care and treatment with service users, carers and their advocates through to involvement in policy development, service design, redesign and evaluation.

2019/20 saw the Trust review its Involvement Governance structures to strengthen its commitment to meaningful and active involvement. A series of workshops took place to support the development of the Trust's new Improvement Through Involvement Committee. This group will seek to bring together various programmes of work to ensure consistent, high level involvement of service users, carers and staff. These include, but are not limited to, Patient Client Experience, Compliments & Complaints and Quality Improvement.

In 2019/20 the Trust utilised Transformation monies to appoint a Band 7 Partnership Working Officer to support the ongoing work of embedding involvement as a key tenet of all Trust business.

Regionally, the Trust worked to develop training for service users and carers, ongoing development of remuneration and reimbursement guidance and an outcomes framework for involvement. The Trust also supported and helped facilitate a regional workshop on the Review of Urgent and Emergency Care with the Public Health Agency (PHA).

WHSCT developed projects across all service directorates promoting and involving service users and carers including:-
- ➢ Delivering a series of Co-Production workshops and ongoing support to the Trust's Delivering Value initiatives.

- ➢ Developing and piloting new face to face training on involvement to over 100 members of staff, supporting the development knowledge and skills for staff to effectively involve service users and staff.
- ➢ Western Area Autism Spectrum Disorder Forum – A forum for those with Autism Spectrum Disorder (ASD) and those who provide support to co-design and co-produce services to best meet the needs of service users and families.
- ➢ Diabetes Educational Event for staff to engage with service users and families to seek out areas for improvement.
- ➢ WHSCT Recovery College – Co-produced and co-delivered classes. Training for service users and staff to co-deliver classes.
- ➢ International Day of Persons with Disabilities – Empowering service users and carers to peer support and self-determination.

The work of the service users, carers and staff was celebrated in the Trust's 'Engage' event held on 22nd May 2019. More information can be found on the Trust's website.

PPI Adult Learning Disability (ALD)
The Western Trust Adult Learning Disability Service is continuing with a process of developing an involvement mechanism for service users, carers, Trust staff and providers to shape and influence service delivery in the Western Trust Region. Following a series of meetings and workshop events, a model has been developed for moving forward with this process. This is a 'Hub and Spoke' infrastructure with 5 local implementation groups working with a Strategic Involvement Group. The 5 Local Involvement Groups will be in Limavady, Derry, Strabane, Omagh and Fermanagh.

COMPLAINTS AND COMPLIMENTS

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

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

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

Facts & Figures – 2019/20

497 formal complaints were received by the Trust, up 12% from the previous year

85% of the formal complaints received were acknowledged within 2 working days

which is a 23% improvement on the previous year

26% of the formal complaints received were responded to within 20 working days*

4,961 written compliments were received during 2019/20 compared to 5,636 for the previous year

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

% of Complaints responded to by month 2019/20
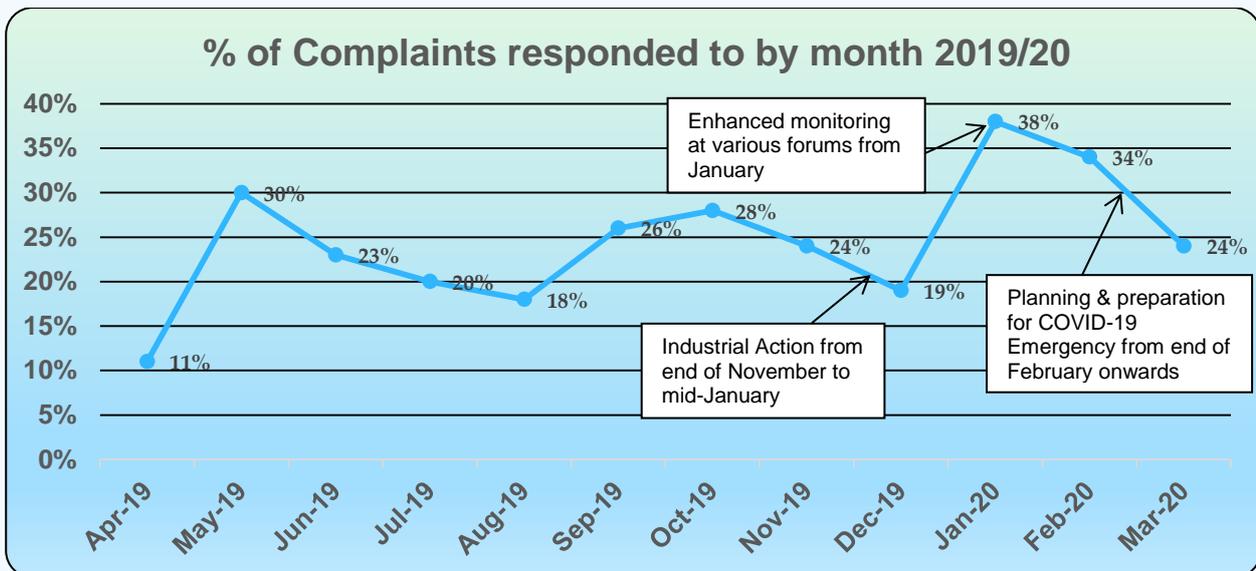
Complaints by Subject – Top 5

The top 5 categories of complaints received during 2019/20 are set out below:

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

Complaints by Subject (Top 5)

Subject	Count
Treatment & Care, Quality	194
Staff Attitude and Behaviour	143
Communication/Information to Patients	73
Treatment & Care, Quanity	63
Clinical Diagnosis	44
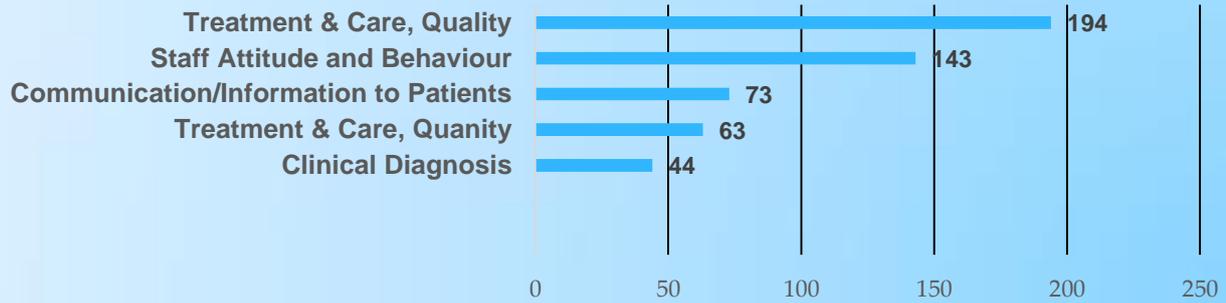
Lessons Learned and Service Improvements

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

Complaints are discussed with staff concerned and often the issues are brought to staff meetings and other professional forums for discussion on how services can be improved. Following the investigation of complaints during 2019/20 the following comments were captured as part of the learning in relation to the Top 5 Complaint Subjects:-

You said:
The standard of record keeping was very poor

We did:
Practice Educator, with support from Clinical Nurse Specialist, completed a quality improvement project with the focus of improving three main themes:
1. Holistic documentation with emphasis placed on the discussion had with the patient and family;
2. Interpreting medical documentation and summarising the relevant detail within the nursing documentation;
3. Care planning.

You said:
There was very poor communication from staff regarding patient's prognosis

We did:
Raised awareness amongst staff that, when dealing with patients and families facing a terminal diagnosis, they need to be more effective and sensitive in communicating with them

You said:
Family member suffered distress due to considerable length of time he had to wait on ward to get a bed

We did:
Staff now ensure more detailed information is given to patients and their families when waiting to be admitted and they will also be offered tea when waiting any length of time. Also raised awareness of the need to ensure staff are visible on the ward, particularly when the handover is taking place. The need to ensure better communication with patients and family members if they have to wait to be admitted to the ward.

You said:
Patient was waiting a considerable length of time for surgery

We did:
Provided reassurance that the Trust is exploring the possibility of a regional clinical network arrangement for the provision of this procedure

You said:
It was difficult to get a disabled car parking space when attending hospital

We did:
Provided reassurance that the Trust monitors closely the car parking at all the hospital sites and the recent audits for the Omagh Hospital site did not indicate any undue or unexpected increase in demand, however the site does experience pressures at peak times and the Trust is continuing to monitor this situation and assess the need for further additional spaces.

You said:
Staff failed to diagnose my fracture

We did:
Explained that, when the Radiology reports are printed these are sent to the referring doctor. For patients, who have had an abnormality which was not identified at the time of presentation, they would routinely be contacted to arrange further investigation. Acknowledged that, unfortunately, this did not occur on this occasion and reassured that the processes around which Radiology reports are vetted was being reviewed to ensure that this system is robust and that instances such as this will not occur in the future

Learning from a Northern Ireland Ombudsman Case

If a complainant is not happy with the Trust's final response to their complaint they can request a further review by the Ombudsman. A complaint on how the Trust dealt with an Adoption Application and how it was managed in line with the relevant legislation, policies, procedures and guidelines was reviewed further by the Ombudsman. The learning and recommendations as a result of the investigation included:

- The need to develop an agreed process for Trust staff to follow when it receives a request to join Link Maker or similar organisations;
- Provide statistical information to prospective adoptive parents at the initial stages of the process; and
- In relation to the provision of explicit consent to obtain medical information, ensure that 'applicants provide consent throughout their adoption journey as required'.

LEARNING FROM INCIDENTS

> **Facts & Figures**
> In the year 2019/20, 12,581 incidents were reported, an increase of 11% over the previous year.

Incident Reporting and Review

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

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

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

The Trust shares learning through a staff newsletter called "Share to Learn" and a weekly safety message to staff, 'Lesson of the Week', accessible through a prominent icon on the Trust's intranet site. The Trust Rapid Review Group (RRG) 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. A shorter incident report form was developed during March 2020 for the hospital sites to facilitate faster reporting for staff during the Covid-19 period.

Top 5 Reported Categories

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

Top 5 Patient/client incidents 2019/20

- Behaviour 29%
- Patient Accidents/Falls 27%
- Pressure Ulcers 11%
- Medication/Biologics/Fluids 10%
- Maternity Care 5%
- Other 18%
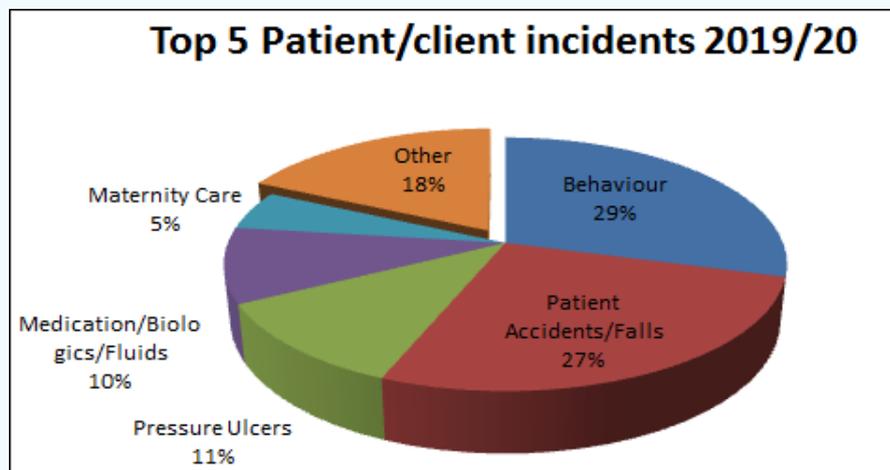
Behaviour (29%)

The majority (55%) of all behaviour incidents related to patients/clients took place in two services; Adult Learning Disability and Adult Mental Health services. Subsequent to a RQIA review, the managers and professionals working in these areas have revised the governance systems for reviewing incidents to improve learning and sharing of the learning to reduce recurrence.

The Trust has been involved during the year in drafting a regional Management of Violence and Aggression Policy (previously the Zero Tolerance Policy) to take a focussed approach in helping reduce incidents of violence and abuse with support from all the service areas, professional nursing and staff representatives. This policy is expected to be issued in 2020/21.

The Trust Management of Actual & Potential Aggression training team (MAPA) continue 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 contribute to the review of relevant incidents and advise managers on techniques and skills to help prevent incidents occurring.

The Trust Security working group monitors all security related incidents including violence and aggression towards staff. The group identifies trends and will put in place action plans to develop Trust guidelines where this is deemed appropriate e.g. Lone Worker Policy, Zero Tolerance and Security Staff Handbook.

Patient Accidents / Falls (27%)

Incidents relating to patient falls rose by 10% on the previous year. During the year learning from 14 post falls reviews were identified and shared regionally to the Public Health Agency as well as within the Trust. The Trust encourages the reporting of all falls to determine if anything could have been done to prevent what can be a distressing experience for the victim regardless of the level of physical harm. Actions taken to reduce patient falls during 2019/20 are included in the Falls section of this report on pages 54-55.

Pressure Ulcers (11%)

There has been a small (2%) increase in pressure ulcer related incidents reported in 2019/20 than the previous year. The Trust's Tissue Viability Department is spearheading a 'Zero pressure ulcer in WHSCT plan'. Actions taken to reduce pressure ulcers during 2019/20 are included in the Pressure Ulcers section of this report on pages 57-59.

Medication / Biologics / Fluids (10%)

Medication incidents are reviewed by the Medicines Governance Pharmacist as well as the relevant ward/department and are not closed until appropriate review is completed. The Trust Medicines Governance working group oversee this process. A Medicines Safety Pharmacist reviews all medication incidents and provides a report to the multi-disciplinary group where all incidents of concern along with trends are considered to ensure any issues are addressed and learning maximised. The group oversees the sharing of medication related learning from a number of sources. Learning has been shared on a monthly basis through the newsletter 'Meds Safety West' and a number of articles have been shared through Safety Lesson of the Week, including: - safety checklist for anticoagulants; Tips on safe prescribing of controlled drugs; Accurate medication history; Oxygen safety and Omitted doses.

Maternity Care (5%)

The review of incidents in Maternity services is a standing item on the monthly Maternity Risk Management meeting where all open incidents are reviewed and discussed to closure or

escalation as appropriate. Attendees at this meeting include Medical and Midwife staff which facilitates multidisciplinary input into the review of incidents as well as the regular review of developing trends and the Maternity risk register to ensure risks are being captured and managed appropriately.

Examples of learning

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

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

The Trust has also developed a Safety and Quality Management System Improvement Plan monitored by Trust Governance Committee and Trust Board. The plan aims to enhance the cultures of Safety & Quality and Openness at all levels to support appropriate identification, dissemination and application of learning with robust systems for assuring that this is the case.

Local Learning from incidents reported

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

Synopsis – Patient was discharged home for weekend leave without medical equipment required to support their treatment.

Learning – Although planned in the morning before discharge the decision was taken later in the day and resulted in a break in communication with Pharmacy as it was outside of the normal system for capturing such a decision.

Action taken following incident review –
- Early plans for discharges are now part of the morning huddle with the Multi-disciplinary Team (MDT) members to identify those who may be discharged or for weekend leave to facilitate processing of letters aiming before midday;
- Consultants are now asked earlier in the day if they are happy for temporary leave, discharge so doctor's letter and pharmacy can all be carried out at ward level.

Serious Adverse Incidents (SAIs)

The Trust is required to report incidents that meet the criteria of a "serious adverse incident" (SAI) to the Health & Social Care Board (HSCB). An SAI is an incident which meets one or more of a list of specific criteria e.g. unexpected / unexplained death or serious injury or an unexpected serious risk. They may also relate to risks to maintain business continuity or serious incidents of public interest or concern.

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

Patients/service users and/or their families are advised when an incident relevant to them is to be 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.

Some examples of Serious Adverse Incident (SAI) reviews completed during 2019/20 and improvements made include:-

SAI case 1 – Feeding tube re-inserted incorrectly
Synopsis – Feeding tube dislodged in client in Nursing Home. Tube was re-inserted incorrectly in Emergency Department and patient subsequently discharged back to Nursing Home.

Learning included –
- Gastrostomy tubes must be treated with care, both in the Community and in the Acute Settings.
- Importance of the potential for complications at re-insertion.
- Local guidelines for safe management of enteric feeding should be developed and widely disseminated, with emphasis on potential morbidity / mortality in the event of mismanagement.
- Confirmation of position of tube positions following gastrostomy tube replacement is essential to prevent similar incidence.

Action following review included – Clear four point guidance was developed and issued in the Emergency Department and shared with the Trust's other Emergency Department on safe management of feeding tubes in ED.

Regional learning included – The above guidance was shared with the Health & Social Care Board (HSCB) to consider for sharing regionally. A Regional Learning Letter SQR-SAI-2020-069 has subsequently been issued by the HSCB and PHA.

SAI Case 2 – Delay in appropriate treatment for patient admitted to Emergency Department (ED) following assault with serious head injury and delay in subsequent transfer to regional unit
Synopsis – Patient was brought to ED following an alleged assault. Delay following initial ED triage without recorded observation before CT scan performed showing large extradural haematoma. The patient was subsequently referred to the regional Neurosurgical Unit and after a further delay, the patient was accepted for transfer some 5hrs after initial referral.

Learning included –
- Patients that present with a Glasgow Coma Score (GCS) of 10 or less must initially be assessed in the Resuscitation Department.
- All shifts in the Emergency Department must have adequately trained staff who can triage throughout the shift.
- Closure of Trollies within the Emergency Department must be protocoled.
- There needs to be clarity of roles and responsibilities for Northern Ireland Ambulance Service (NIAS) and nursing staff in relation to the care needs of those awaiting ambulance offload.

- The information provided to the Neuro-Consultant was not fully representative of the patient's condition to provide clarity regarding treatment needs. Decision-making was improved by consultant-to-consultant discussions which subsequently took place as the situation evolved.
- Patients, who have received a traumatic head injury, should also have a CT Spine performed as well as CT Head.

Actions taken included –
- Development of a protocol for NIAS and ED staff to ensure patients with a GCS of 10 or less have been pre-alerted and triaged in the Resuscitation room.
- External Consultant review of triage processes in the Emergency Department.
- Ongoing training of nursing staff in triage processes.
- A protocol for closing of Trollies in ED will be developed.
- Review of method of recording observations during the Triage process.
- Review of the ED workforce to ensure balanced deployment of staff across all shift patterns.
- Formal declaration of roles and responsibilities for NIAS whilst waiting to offload patients in ED.
- A review of documentation of Neuro observations in ED.

How the Organisation Learns
The Trust utilises the following systems for sharing learning from SAIs:-
- Learning is shared with the relevant local area where the incident occurred and with staff involved following completion of SAI through their local Governance arrangements.
- Learning is shared directorate wide through a Governance report tabled at each Directorate Governance meeting quarterly.
- Learning is shared Trust wide (if appropriate) through Rapid Review Group (RRG). RRG is attended by representatives from all the service Directorates including the Directors who decide how best to share the learning which may include through specific forums/groups.
- It is the responsibility of the HSCB 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 HSCB using a Regional Learning Alert prior to SAI being completed. During the year to March 2020 the Trust issued 6 learning letters to the HSCB.
- Learning is also shared generally through a number of mediums including Safety Lesson of the Week (Staff-west); Share to Learn newsletter; Trust SAI Learning workshops.

Monitoring of shared learning is done through SAI Action Plans. Action plans are required to evidence how the learning has been shared and they are held open until completed versions are sent to Risk Management.

Example of where family engagement in SAI process can affect regional and national change

An SAI review in relation to issues related to the treatment of a patient, who subsequently died of a sarcoma, was completed in early 2019 and included significant engagement from the deceased patient's family. The family worked closely with the independently led Trust SAI review team throughout the review from completion of the review to completion of the subsequent action plan in June 2020. During this period the family's unique input including

knowledge, insight and determination was instrumental to ensuring the learning from the SAI ultimately resulted in the development and issuing of the following:-

In October 2019 the Royal College of Obstetrics & Gynaecology advised that their new guidance on informed consent on fibroid morcellation was complete and would be published that month. The family member helped gain successful collaboration with the charity Sarcoma UK who endorsed the new guidance and podcast.

On 19th February 2020 Learning Alert LL/SAI/COMP/2020/036(AS) - Care of Women Presenting with Post-Menopausal Bleeding was issued by the Public Health Agency in Northern Ireland to all Trusts in the region to ensure the required actions were shared and completed urgently.

Example of where family engagement in SAI process can bring sustainable Trust wide improvement in Quality & Care

An SAI review into the death of an inpatient of a Trust Adult Mental Health facility benefited significantly from authentic partnership working with the family and professional involvement that ensured lasting change. The final report issued in January 2020 identified a preventable death in that there were missed opportunities in preventing the patient's death in that way and at that time. The Trust accepted in full the findings of the report and embarked on an improvement journey with the family that led to uncomfortable conversations, systems change and an apology to the family for the failings identified, which the family welcomed.

This outcome demonstrates openness and candour with full engagement of both families and professionals working together to improve the service we deliver and ultimately keep people safe. The family involvement was especially valuable in that it facilitated significant learning and contributed to the development of a comprehensive action plan which improved systems and processes and enhance the safety of current and future service users. Improvements made under this action plan include:-

- Trust incident identification and reporting procedures have been revised and improved.
- Modifications to the hospital environment have made it safer.
- Improved governance and risk arrangements.
- Improved data capturing and analysis to identify and act on risks promptly.
- Significant progress in incident management.
- Review of safety plans.

The patient's legacy has been reinforced by real improvements being made in the safety and quality of care and in a more tangible way through setting up of a Quality Improvement award in his memory, co-produced with the Trust by the patient's family.

Trust SAI Event

To highlight key learning identified following SAI review the Trust held an SAI learning workshop on 2nd October 2019. The event focused on giving staff across all disciplines and services an understanding of SAI processes for reporting, reviewing and engaging with patients / families affected as well as providing the opportunity for staff to hear from their

colleagues who have led on investigations and the learning they identified and any challenges they faced. Staff also heard from a family on their experiences of the SAI process.
The event also included examples of learning and changes in practice that have been made following SAI reviews.

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: - Check the Clock - Move it Forward; AKI Guidance re Imaging Requests; Lab Requests - Patient labels; Equipment related incidents; Mobility Aids; Grading of Incidents; Window Restrictors; Guide to measuring lying and standing Blood Pressure; Documentation; Good Practice in Consent; Hazard spotting; Correct time on equipment; Disposal of Sharps; Misfiled Records.

During 2019/20 the Quality and Safety Team continued to provide a quarterly report for Directorate Governance Groups. This includes information on SAIs, incidents, complaints, litigation, health and safety, National Institute of Clinical Excellence (NICE) guidance, details on Regulation & Quality Improvement Agency (RQIA) reviews and other quality and safety indicators. This allows discussion and associated learning by the groups.

Leadership Walkrounds

Making care safer for patients/clients is a top priority for the Trust and leadership walkrounds are held in facilities who have contact with patients, clients and service users. The Trust is committed to promoting a culture of safety where all staff can talk freely about safety or quality concerns and also how we might solve and learn from them. Directors and Non-Executive Directors conduct leadership walkrounds for the purposes of making care safer and gathering information for learning on how we can improve. A total of 285 leadership walkrounds have been carried out since they were introduced in April 2008. There were 17 leadership walkrounds held during 2019/20 in facilities such as hospital wards, day centres, residential homes, supported living, social work teams, Allied Health Professional services and various community based teams.

QUALITY IMPROVEMENT (QI)

The Quality Improvement (QI) Steering Group meets bi-monthly and promotes and enables a culture within the Trust which reflects the desire and need to continuously improve the quality of services we offer. This is facilitated by building knowledge and capability in relation to QI methodologies and promoting improvements in quality and safety taken forward by staff.

Quality improvement activity this year includes:-

- The WHSCT Flow Coaching Academy team facilitated and led the first regional cohort of 23 new coaches. Training is a blended approach of quality improvement methodology and team coaching focused upon a pathway of care. Big Rooms for Frailty, Mental Health Access in Emergency Departments, Stroke and Gestational Diabetes pathways have been facilitated across the Trusts in Northern Ireland. Currently Western Trust have 7 active big rooms.
- Two Dragon's Den QI competitions were held encouraging staff members and teams to present their ideas on improving quality, safety and experience for patients/clients.
- World Patient Safety Day on 17th September 2019 was highlighted in our Trust by information stands in hospital receptions and asking staff and patients on the day what does safety mean to you. The stands displayed an array of information including slips/trips/falls, Sepsis, Lifesaver app, End PJ Paralysis, Asthma, Insulin & Medication Safety. The Trust communicated safety messages throughout the week via its social media platform.
- This years 'What Matters to You' event was held on 6th June 2019 creatively capturing, with service user involvement, what matters to them, listening to their response and acting on it were possible immediately. What matters to you is an ongoing initiative within the organisation that is developing and evolving.
- Our Annual QI Showcase event was held on 15th November 2019 and allowed staff to celebrate and share their improvement projects with a wider audience. On the day teams from across the Trust presented their successful project and posters.
- This year 19 staff enrolled in Level 3 Q2020 training, on completion this will enable them to train staff and lead on quality improvement initiatives.
- WHSCT level 2 QI programme - Safety Quality West (SQW) provides monthly learning opportunities covering improvement fundamentals, measurement and leading change in areas of practice. In June 2019, Cohort 2 of SQW celebrated the success of 53 members of staff completing the course presenting 18 projects.

- Step West Level 2 QI Programme for Junior Doctors and pharmacists held a celebration event on 14th June 2019, where Guest Speaker Dr Mark Roberts, Clinical Director for HSCQI presented completion certificates to 19 members of staff.

- StepWest was one of two regional training initiatives showcased at the NIMDTA regional trainee celebration event and was very positively received.
- We continue to strive to encourage staff to complete the Level 1 Q2020 online training covering basic knowledge of quality and safety. Several face to face sessions were held for auxiliary staff with no access to a computer. A QI project is taking place this year to improve uptake of the level 1 online programme as part of Safety Quality West.

Regional / National QI Achievements for the Trust include:-

April 2019: The Trust had 3 projects as part of the finalist within the categories of Mental Health and Innovation in Quality Improvement & Education at the BMJ Awards.

June 2019: Grangewood Crisis Service won the RCPsych Award for Team of the Year 2019 under the category of Quality Improvement.

September 2019: Safety Planning Team in Psychiatry presented their QI work to the International Association for Suicide Prevention (IASP) congresses.

October 2019: WHSCT presented a QI project 'Creating Joy in Work' at the All Ireland Midwifery Conference.

February 2020: Flow Coaching Academy and Performance & Service Improvement Waste Management Team presented to the Health Care Improvement Alliance Europe Forum held in Belfast. Furthermore, Orthopaedic FLOW Big Room presented at the All Ireland QI Event held in Dublin Castle.

**March 2020**: Paediatric Team, Altnagelvin Hospital were winners of the category Building Reliable Care at the HSC Quality Improvement Awards.

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

Theme 2: Strengthening the Workforce
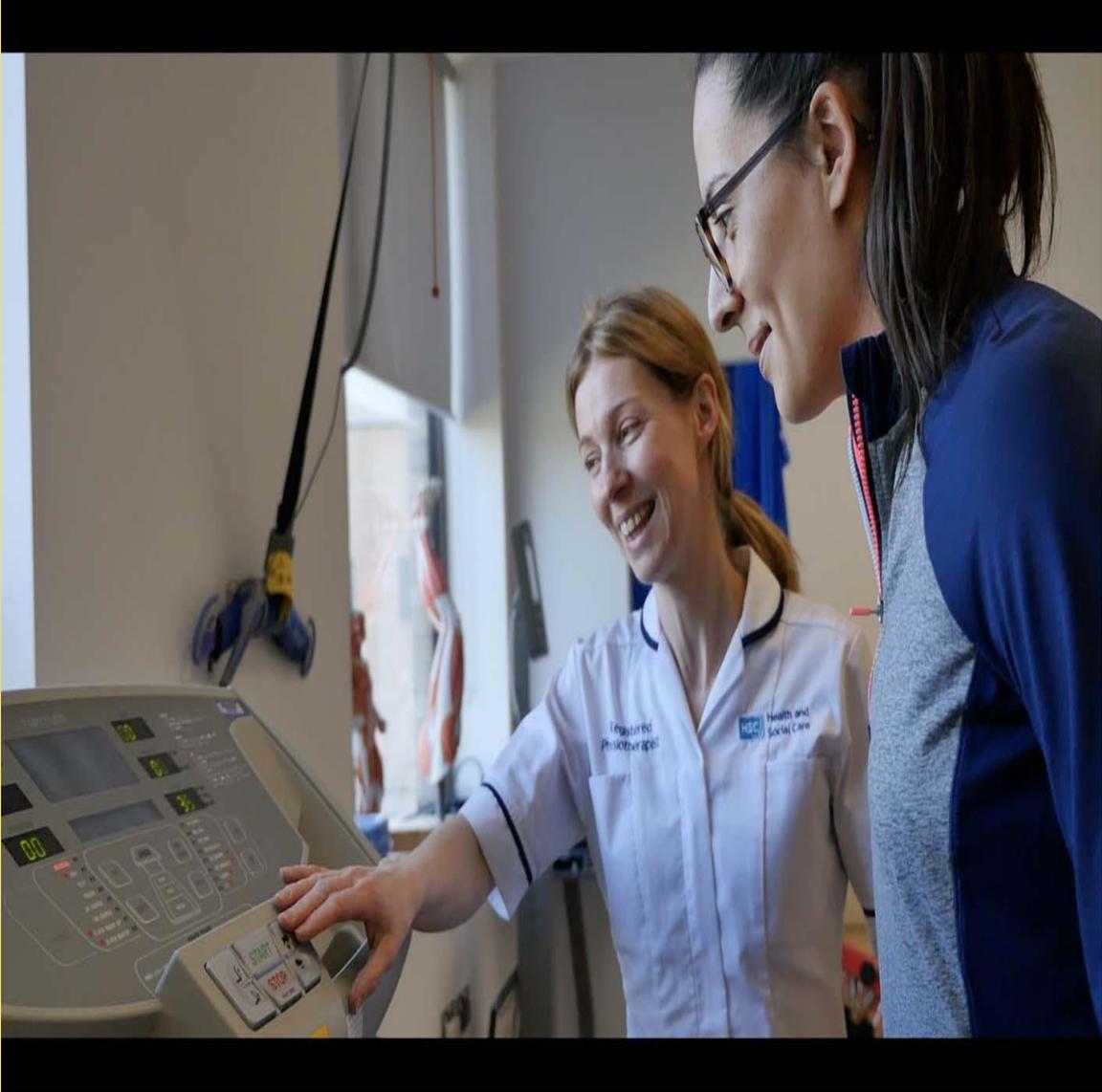
INDUCTION

879 new staff have attended the Trust Induction programme during 2019/20. This programme consists of a half-day face-to-face session which comprises a welcome from a member of the Corporate Management Team and essential mandatory training in Infection Control, Information Governance, Risk Management, Fire Safety and Smoking Cessation. Participants receive a booklet containing additional information about the Trust as their new employer.

LEADERSHIP PROGRAMMES

In 2019/20 the Management and Organisation Development (MDOD) team continued to provide high quality management and leadership development at all levels in the organisation.

 GROW

2019/20 saw the addition of the *Steps to Success* programme to our portfolio of leadership development offerings. The programme has its roots in the already hugely successful *Grow* and *Inspire* programmes and has been designed to promote Collective Leadership i.e. the aspiration to develop leaders at all levels. *Steps to Success* is aimed at staff employed in bands 3 - 5 and will deliver a specific cohort for each Directorate.

Post-Graduate Diploma in Health and Social Care Management

This 2-year diploma is delivered in-house and accredited by the University of Ulster. It is open to clinicians or professionals with management responsibility from any HSC discipline including support functions. It educates and develops leaders/managers to plan, implement and sustain change in transformation of services. Successful participants can progress to a Masters level at Ulster University in year 3. In 2019/20 a cohort of 13 Trust managers participated in the programme and will graduate in Autumn 2020.

Training and Development

The Management Development Team ran 105 of its own programmes, training 2,483 people. In 2019/20 the MDOD team organised over 300 training events with 5,672 participations including Developing Capability Toolkit sessions. In addition we administered the training for 22 information sessions for HSC Pension Service and 30 training events for other HR Teams including "Attendance at Work", "Whistleblowing" and Case Investigator Training.

COACHING AND MENTORING

Coaching

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

Vocational Training

Personal Social Services Funding - Registrations for Qualifications

	Level 3 Diploma in HSC	Level 3 Diploma in Healthcare & Social Care Support	Level 5 Diploma in HSC (Adults Residential Management)	Level 5 Diploma in HSC (Adults Management)
AMH&LD	19	-	8	2
PCOP	13	3	-	-

Support Workers Fund – Registrations for Qualifications

	Level 3 Award in Healthcare & Social Care Support	Level 3 Certificate in Healthcare & Social Care Support	Level 3 Diploma in Healthcare & Social Care Support
ACUTE	3	7	10
PCOP	-	-	3
W&C	-	3	-

Maternity Support Workers' Role Development

The Vocational Training Team supported a development opportunity for Maternity Support Workers to undertake scrub units to enable them to support the Midwife in the theatre setting. The learners will be awarded a Level 3 Certificate in Healthcare & Social Care Support.

The Maternity Practice Nurse Educator is also undertaking a Level 3 Award in Assessing Competence in the Work Environment to become a qualified work-based assessor for these learners and future learners undertaking the Level 3 Certificate qualification.

ASPIRE Placements
During 2019/20 there were a total of **14 ASPIRE participants** who undertook work placements within the Trust in a range of roles including Nursing Assistant, Support Worker, Administration, Dietetic Assistant, Psychology Assistant and Peer Mentor.

SUPERVISION

Medical Supervision
Named Clinical Supervisor
For every placement, a doctor in training must have a named clinical supervisor. A named clinical supervisor is a trainer who is responsible for overseeing a specified trainee's clinical work throughout their placement in a clinical environment and who is appropriately trained to do so. Their role is to lead on providing day-to-day supervision of trainees, reviewing a trainee's progress and providing constructive feedback.

Department of Health to support Recognised Trainers for 0.125 PAs per trainee per week in each Named Supervisor role, allowing trainees to receive 30 minutes per supervisor per week. Medical staff are therefore entitled to 0.25PA of their SPA's for doing this role which has been agreed by the Trust.

Named Educational Supervisor
All trainees must have a named educational supervisor. This is a trainer who is selected and appropriately skilled to be responsible for the overall supervision and management of a trainee's trajectory of learning and educational progress during a placement or series of placements. The educational supervisor is the key person in bringing together all the relevant evidence for a placement which enables a decision to be made as to whether it is safe for patients that a trainee should progress to the next stage of their training.

All educational lead roles are now funded and will be integrated within the Trust E-job planning process. The foundation programme has extended with additional Foundation Education Supervisors to support the FY1 & FY2 doctors on both sites.

The Teaching fellow programme continues to expand and is a unique aspect of training within the WHSCT and has resulted in excellent feedback from the Undergraduate teaching programme and the foundation trainees. 12 teaching fellows have been recruited and they are well embedded in the Undergraduate and Foundation teaching and training programme which includes simulation, this initiative is very much valued by the medical students and foundation trainees.

In preparation for the final year medical exams, Medical & Dental Education (MDE) have introduced a dedicated study week, the first of its kind in the region. Revision, Mock OSCEs and simulation sessions have been arranged across a range of specialties. Feedback from the medical students has overwhelmingly been positive with 92% giving "brilliant" rating and comments like "We really feel that the staff are supporting us through finals and really willing to help us. This creates a great learning environment for us." 45 Final year students finished the

9-week programme which included presenting Quality Improvement projects and posters at a Prize-giving Day. This programme increases both their confidence and competence before commencing work as FY1 doctors.

Nursing Supervision

The Trust's Nursing Clinical Supervision Policy requires registrants to have two formal clinical supervision sessions annually, which is in line with the Regional Clinical Supervision Policy. This can be provided on a one to one basis or in group format.   Training is facilitated through the Clinical Education Centre (CEC) for Clinical Supervisors and Supervisees.

Significant work goes on throughout the year by wards and teams to try to ensure all staff have two sessions with a number of wards and teams achieving 100% compliance. With Industrial Action and Covid-19, figures this year reflect pressures on releasing staff to attend these sessions.

During 2019/20, 76% of staff had one session and 78% had 2 sessions clinical supervision.

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

Social Work Supervision

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

Supervisors of social care staff attend the **Introduction to Supervision** training course.
Supervisors of social workers attend a three day **Intermediate Supervision Training Programme**.

Getting the most from supervision training supports the supervisee to understand the supervision process, promoting active and accountable engagement.

For Managers there is a focus on developing the skills of **Coaching and Mentoring** that will enable them to facilitate staff as they progress through their career.

Throughout the year staff had opportunities for training in supervision, coaching and mentoring, commensurate with their role within the organisation.

The Trust also had representation on a regional working group tasked with the development of a new regional social work supervision policy. This work is now complete and the new regional supervision policy is in draft form awaiting sign-off.

Allied Health Professionals (AHP) Supervision

Supervision is well embedded in AHP services with all staff receiving a minimum of 4 sessions per year, in line with the Regional AHP Supervision Policy. This has been audited in 2013 and 2015 across 500 staff and actions put in place to ensure these standards are continuously met.

An audit of AHP supervision has commenced in 2020 with RISE Nutrition & Dietetics and Speech & Language Therapy followed by other AHP professions going forward as a rolling programme to be completed by December. The outcome will inform any actions required to support regional AHP supervision standards.

Regionally the Department of Health are currently reviewing the 2014 Regional AHP Supervision Policy with WHSCT Professional staff engaged in this process.

APPRAISAL AND DEVELOPMENT REVIEW (ADR)

During 2019/20 the Trust continued to work towards increasing the number of staff who participated in formal annual appraisal and development review. The Trust's appraisal rate has been impacted by the period of Industrial Action by Agenda for Change staff during November 2019 – January 2020 and thereafter by the focus on preparations for the Covid-19 pandemic by all staff groups. As a result, at the 31st March 2020, the appraisal rate for non – medical staff in the Trust stood at 40%.

Medical Appraisal
Due to pressures associated with the Covid-19 Pandemic all medical Appraisal & Revalidation activities were suspended. This enabled our doctors to focus on care provision.

As the pandemic period progressed it became clear that the anticipated high levels of infection did not materialise and some doctors used this opportunity to progress appraisals.

Approximately 50% of doctors have completed or are in the process of completing their 2019 Appraisal. Where clinical commitments permit, doctors are encouraged to re-engage in the appraisal process supported by the Trust's Appraisal and Revalidation Team.

STAFF ACHIEVEMENTS

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

FLOW Wins at BMJ Awards
The Flow Coaching Academy won the Innovation in Quality Improvement Award at this year's BMJ Awards, held in London during April. The BMJ Awards are the UK's leading medical awards. The Flow Coaching Academy is developing quality improvement and coaching skills to improve care across the UK.

Junior Doctor Quality Improvement & Audit Competition

The annual Junior Doctor Quality Improvement & Audit Competition was held at South West Acute Hospital in May 2019. This year's winner was Dr Stephen McKenzie with his audit entitled 'Royal College of Emergency Medicine Feverish Child Audit'. Joint second place went to Dr Andrew Duffy with 'CT Guided Lung Biopsy Quality Improvement Project' and Dr Eamon McCarron for 'Improving Cardiac and Pulmonary Rehabilitation at SWAH Audit'.

Success at RCN Northern Ireland Nurse of the Year Awards 2019

Congratulations to our nurses who were recognised at the Royal College of Nursing (RCN) Northern Ireland Nurse of the Year Awards 2019.

Claire Kerr and Jennifer Jordan won the Inspiring Excellence in Mental Health and Learning Disability Award, sponsored by Inspire. Claire and Jennifer, mental health nurses in the crisis service at Grangewood Hospital were awarded for their leading roles within a project to address suicide rates through re-designing patient safety planning processes.

Lesley Mitchell, Macmillan Lead Nurse and Nursing Services Manager at the North West Cancer Centre, won the Brownlee-Silverdale Leadership Award. Lesley was awarded for building a resilient and sustainable nursing service by addressing staffing shortages and developing a comprehensive training and development plan. She has increased engagement and collaboration with staff across all departments and established a framework of accountability, transparency and learning.

Tracy McGilligan, Practice Educator in the Emergency Department at Altnagelvin, won the Learning in Practice Award sponsored by the Open University. Tracy was nominated for her work to improve the training and experience of staff, promoting a culture of lifelong learning and constantly seeking out new educational initiatives.

HPMA HR Team of the Year

Directorate Support Team (Gransha) was a finalist in the Healthcare People Management Association Northern Ireland (HPMANI) **HR Team of the Year** in 2019/20. The team was one of three teams in NI to reach the final of these prestigious professional awards. The team was acknowledged for their work in shaping overall service strategies through setting objectives, responding to challenges and consistently adding overall value.

Vocational Training Teams Annual Awards Ceremony

The Vocational Training Team held their Annual Award Ceremony on Friday 1st November 2019 in the MDEC, Altnagelvin Hospital to recognise the learners who had successfully completed their Vocational Qualifications in 2018 and 2019. Certificates were presented to learners by Dr Anne Kilgallen. In total **160 learners** had completed a range of Vocational Qualifications, Essentials Skills and the K101 programme.

Bernie Michaelides MBE - Queen's Nurse

Bernie Michaelides MBE, Head of Intermediate Care/Lead Nurse Adult Community Nursing has been given the prestigious title of Queen's Nurse (QN) by community nursing charity The Queen's Nursing Institute (QNI).

Obstetrics and Gynaecology

Obs and Gynae in the WHSCT was ranked 'within the top 10 performing Trusts and are thus highly commended for Overall performance, Gynaecology training, Obstetric training and Professional development across all four nations based on the feedback from trainees.'

Support Staff BICSc Award

The Western Health and Social Care Trust Facilities Management Training and Quality Team are celebrating being named finalists in this year's BICSc (The British Institute of Cleaning Science).

Altnagelvin Hospital Awarded for Commitment to Patient Safety by National Joint Registry

Altnagelvin Hospital is celebrating after being named as a National Joint Registry (NJR) Quality Data Provider after successfully completing a national programme of local data audits.

The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement operations to improve clinical outcomes for the benefit of patients, clinicians and industry.

LOOKING AFTER YOUR STAFF

Occupational Health

During 2019/20, 8917 staff attended the Occupational Health team, accessing a range of services including management referrals under the Attendance at Work Policy, pre-employment checks, physiotherapy and face-fit testing. The team carried out 373 Case Management meetings in relation to sickness absence. 2214 new Management Referrals were carried out and 1220 Preplacement Health assessments. Occupational Health dealt with approximately 3458 enquires from staff and managers throughout the Trust.

The flu vaccination programme saw approximately 2,800 staff availing of the vaccine. The Occupational Health department for the second year running engaged in the Safety Quality West Programme delivered by the Trust's Quality Improvement team. This quality improvement project commenced in September 2019 and focused on Social Workers and their uptake of flu vaccination. Using the PDSA methodology, new ways of working were tested to enhance uptake of the vaccine in the social work population. This included working with NIAS and using the "flu bus". This programme had positive results and feedback and will be further developed and embedded in the 2020/21 vaccination programme.
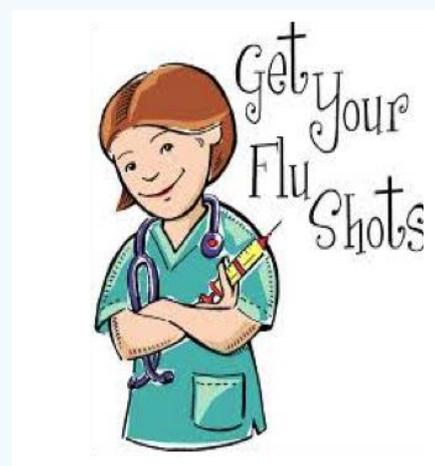
Service improvement work has continued, with the roll out of condition pathways to increase consistency and best practice across the service. This has supported a reduction in the need for review appointments and has had a positive impact on waiting times for appointments

Staff Counselling Services

The Trust has in place an independent, confidential staff counselling service which is provided by Inspire. Inspire is an external organisation that provides confidential advice and support to staff for a number of reasons including work/career, emotional/personal, family issues, personal trauma, health related and financial matters.

During 2019/20, Inspire has provided **1269** counselling sessions to staff through both face to face and structured telephone counselling. Also during this period **286** staff made their first contact to use Inspire services.

TWIST West

Following the launch of the **WHSCT Staff Health and Wellbeing Strategy 2019-2022** (https://twistwest.org/sites/default/files/news/files/WHSCT%20Staff%20Health%20%26%20Wellbeing%20Strategy%202019%20-%202022.pdf) and **Staff Charter** (https://twistwest.org/sites/default/files/news/files/Staff%20Health%20%26%20Wellbeing%20Charter%20FINAL%20PDF.pdf) in October 2019, the Trust continues to promote and enhance provision of health and wellbeing policy, information, services and initiatives to provide a safe, supportive and health promoting workplace.

The **TWIST (Tackling Wellbeing in Staff Together) West Forum** meets quarterly and includes representation from senior management across all directorates, Unions, staff 'Health Champions' and input from the Staff Health & Wellbeing Co-ordinator. This group provides strategic direction while emphasising a shared leadership approach for staff health and wellbeing.

TWIST West Wellhub website https://twistwest.org/ provides a single portal through which staff can access information on wellbeing policies, initiatives and resources, read positive staff articles and register for wellbeing sessions. TWIST West is available from both work and home and has been promoted widely in Trust communications and to staff who do not access email via managers and through provision of print materials. A weekly **'Friday Focus'** email to all staff was introduced to highlight the site and feature a range of topical health information.

Thirty-five staff registered as **Health Champions** and contribute to website content, support events and cascade information within their teams.

A **range of health & wellbeing sessions** were delivered to **937 staff** including: 6 x Mindfulness Sessions, 10 x Couch to 5K/10k Running Programme, 14 x Breast Cancer Awareness Sessions, 3 x Men's Cancer Awareness Sessions, 4 x Dementia Awareness Sessions, 3 x Financial Wellbeing Sessions, 1 x Chair Yoga Session, 2 x Resilience Sessions, 2 x PANTS Sessions, 17 x Leading the Way Active Travel programmes and 2 x Picnic in the Park outdoor wellbeing events. Corporate membership was available at 16 gyms,123 staff signed up for Cycle to Work scheme,112 availed of half price swim scheme and 33 staff were supported to stop smoking.

A **staff survey** was disseminated in October 2019 attracting 1001 responses which highlighted:

- 77% have visited TWIST West website
- 40% visit weekly and 30% visit occasionally
- 96% find the information featured on the website useful
- 40% have availed of the wellbeing programmes offered to date.

Web statistics for **www.twistwest.org** show:

- 7,128 new users & 4,609 returning users
- 518 Staff accessed the site via a mobile/ tablet device
- 107,676 page views
- 3:30mins average session duration
- Traffic is at highest on Fridays when newsletter is issued

As Covid-19 impacted towards the end of the financial year, the brand **#WeAreWithYou** was developed to show support to staff with regular update of website content providing a balance between information on COVID and positive articles to promote wellbeing.

Quality Improvement Projects in Occupational Health and Employee Relations

The Occupational Health (OH) Quality Improvement project resulted in a reduction in waiting times for new OH appointments from 7.7 weeks in February 2019 to 5.4 weeks in December 2019. New referral pathways were developed to enable the approach to be rolled out across

OH. The OH physiotherapy service piloted an early assessment approach resulting in 29% of staff being supported to return to work immediately on assessment. Staff who are absent from work due to sickness are being assessed and supported at an earlier point and are able to return to work sooner.

The Employee Relations Quality Improvement Project reduced the length of time for disciplinary investigations by 25% through introduction of best practice systems and procedures.

Trust Healthchecks

Workforce Information worked with the Delivering Value Programme Management Office (PMO) to develop the workforce quadrant of Healthchecks at Directorate and Assistant Director level and populated these monthly for Delivering Value Management Board.

Industrial Action

The Trust built on its already positive partnership working with local and regional Trades Unions' representatives to prepare for the industrial action and to ensure the provision of safe and effective care to our inpatients and the most vulnerable in the community and the provision of emergency services at a time when services were already under particular pressure.

There were:
- 30 days of preparation in advance of the industrial action
- 316 derogation requests to keep essential services running
- 50% of derogations requests approved/partially approved by the Trade Unions
- Over 2,000 staff participated in the strike action resulting in deduction in pay in addition to those staff who participated while on pre-booked annual leave or off duty.

Covid-19 Response

In order to plan and respond to Covid-19 workforce demands HR has supported Trust Directorates and Surge Planning Groups to upscale and downturn services as necessary. This has meant that some HR procedures and process have had to be streamlined and new guidance introduced. Examples of the work involved include:

- **Maintaining adequate staffing levels**
  - o Fast tracking of application process and pre-employment checks in relation to the Workforce Appeal using modified processes
  - o Engagement of Final year nursing and medical students
  - o Returning retirees and delaying retirement dates of existing staff
  - o Redeployment of staff within and across Directorates

- **New Procedures/processes**
  - o WHSCT Covid-19 Frequently Asked Questions – Flowchart for managers on Self Isolation, Staff who have underlying health conditions, extremely vulnerable, over 70 years old, shielding
  - o WHSCT Specific Contractual Frequently Asked Questions for Medics
  - o Supporting Staff through Covid-19 Information for Managers and Team Leaders – Occupational Health and Wellbeing Service

- o Managing Covid-19 Anxiety: Psychological Guidance for Staff - Occupational Health and Wellbeing Service
- o Social Distancing Guidance
- o Homeworking Guidance
- o Managers Framework for Staff Shielding
- o Risk Assessment for all staff including Black, Asian and Minority Ethnic (BAME) and pregnant staff and for homeworking

- **Health and Wellbeing of Staff**
  - o Overarching Helpline which provides options for managers and staff regarding their specific issues i.e. Occupational Health, Psychological Support, and Directorate Support Team
  - o Arrangements for Staff Covid-19 Testing and Face Fit Testing
  - o Family Liaison Service established
  - o 'Let's talk it through' coaching service launched
  - o Supports for staff when diagnosed with COVID

A Psychologist working with the Medical School in University College Cork has developed a programme SAFEMED that starts with medical students and continues onto junior doctors. SAFEMED is an evidence based well-being and performance program that has been designed to help manage stress, prevent burnout and keep doctors well. Contributing to the NHS and HSE Well-being and Performance Agenda SAFEMED teaches doctors in training and doctors in practice how to build health, well-being and resilience for work and life. The primary goal of **SAFEMED SMART** is to improve the health, wellbeing and performance of doctors and medical students by empowering them to name and discuss stress, coping and challenges in practice and be active & emotionally engaged with awareness, acquisition and action tools & resources for building and maintaining self-aware self–care, prevention and resilience. MedEdWest funded a programme to be delivered to interested trainers as a Train the Trainer programme.

REVALIDATION

Medical Staff

Since revalidation commenced in 2013 the Trust Responsible Officer role has submitted 578 recommendations and all recommendations have been upheld by the General Medical Council (GMC).

During 2019/20 the Trust submitted 120 recommendations, 100 recommendations for 'Revalidation' and 20 for 'Deferral'.

Recommendations for 'Deferral' were submitted to facilitate doctors in situations where not all key supporting information requirements were present, for example, those subject to long term absence or those recruited via the international recruitment program. These deferrals should be regarded as positive recommendations supporting our doctors and in line with the theme of "Strengthening the Workforce". Therefore the Trust reports 100% positive recommendations for 2019/20.

Nursing Staff

From April 2016 Revalidation became a mandatory requirement of the Nursing and Midwifery Council (NMC). It required registrants to complete a revalidation portfolio every three years to maintain their registration. Revalidation is a demonstration of a registrants continued ability to practice safely and effectively, with an emphasis on reflective practice. It is a process that registrants will engage with throughout their career.

Revalidation is not a confirmation of Fitness to Practice nor is it an assessment of the quality of their work. It is confirmation that a nurse or midwife has complied with the requirements of the revalidation process. HR processes are initiated if staff do not revalidate as per Trust policy.

If staff do not revalidate then the Assistant Director of the service and the Assistant Director of Nursing Services, Governance/Safe and Effective Care is informed who will advise of appropriate action to be taken.

MAXIMISING ATTENDANCE

Across both HR Directorate Support Teams (DST) approximately 610 employee absences have been managed to a conclusion with a total of 184 ongoing. The teams worked to achieve a return to work for 464 employees, successfully redeployed 34 employees and 112 employees were supported in ill health retirement applications or contracts of employment were ended.
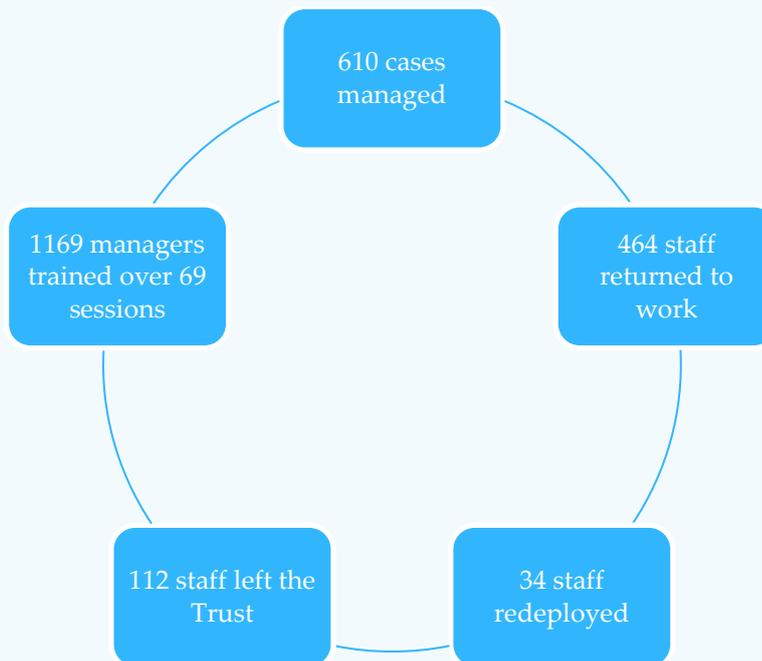
A total of 69 absence training workshops have been held on the new Managing Attendance Policy and Procedures and 1169 managers have attended.

Targeted workshops have been held with departments who have been identified as absence 'hot spots'. These workshops take a holistic approach to attendance management through the use of HR analytics to identify issues contributing to absence and develop a bespoke plan to improve attendance. DST held 16 of these workshops in 2019/20 with tailored action plans developed for each area.

Based on the success of 2 previous best practice workshops which were facilitated by HR and focused on initiatives to reduce absence in the Acute and Mental Health & Learning Disability Directorates it is intended to roll-out this approach to focus on improvements achieved within Community Sector during 2020/21. This approach has enabled shared learning of the range of approaches managers have successfully implemented to reduce absence.

MANDATORY TRAINING

We have continued our efforts to improve Mandatory Training compliance in both core and non-core (role required) training across the Trust. The Mandatory Training matrix has been updated and is published on the electronic HR Hub, where all staff can check a list of mandatory/statutory training for their area of work.

Table 1 (below) shows each of the 6 core mandatory training requirements expressed. **Charts 1 & 2 (below)** represent this information in bar chart and line chart respectively showing the trends of compliance for each. The sharp incline in Fire Safety training between October 2019 and January 2020 is due to improved reporting implemented during this time.

Mandatory Training Year to April 2020 (as % compliance)

	Apr 19	Aug 19	Oct 19	Jan 20	Apr 20
Induction	88	85	87	87	85
Q2020	27	31	36	38	42
Fire	24	26	28	55	55
IG	56	57	61	63	63
Equality	34	36	40	41	42
MH	48	46	49	49	43

Mandatory Training - Percentage Compliance by Directorate at 31st March 2019
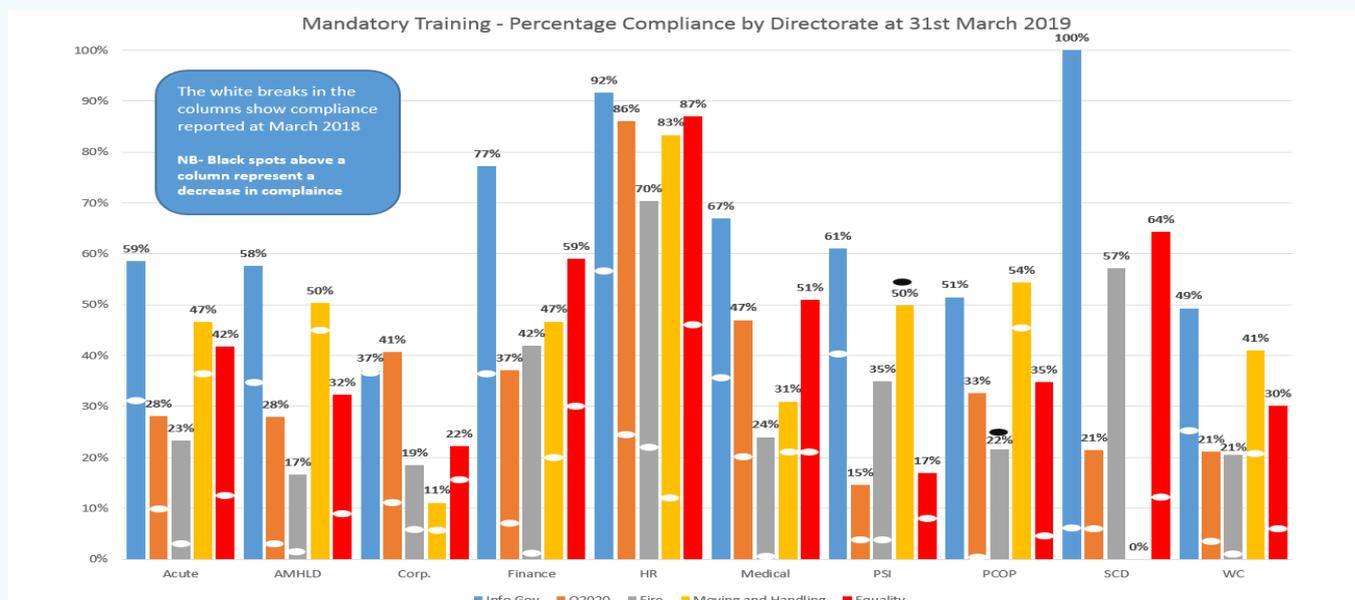
STAFF TRAINING

Reducing the Risk of Hyponatraemia

The Trust Policy for the Administration of Fluids (February 2017) provides clarity and a link for staff on their roles and responsibilities regarding training and competency assessment.

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

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

In accordance with the Hyponatraemia Competency Framework Trust staff are required to complete the BMJ e-learning hyponatraemia module. The PHA provided support for regional access to this facility in 2019/20 to give Trusts time to agree how they can provide regionally consistent access for 2020 and beyond.

A series of meetings involving the Hospital Management Teams for both Northern and Southern sectors and the Associate Medical Director Clinical Governance & Patient Safety commenced in January 2020. The purpose of the meetings is to agree how to raise awareness of hyponatraemia and the importance of fluid management training and skills enhancement for all clinical/nursing staff, not only those involved in providing care in a paediatric setting.

The Trust plans to establish an IV Fluid Safety Group to provide leadership and oversight of Trust-wide improvement work associated with IV Fluid Management and Fluid Balance Monitoring via audits, education and training. This Group will provide a monthly assurance to the Corporate Management Team (CMT) and will also link to Directorate Governance groups. Membership will consist of senior clinical and professional staff across all service Directorates. The first meeting of the Group will take place in August 2020.

The Trust planned to hold an internal stocktake workshop involving staff representing the Trust on the regional Inquiry into Hyponatraemia Related Deaths (IHRD) groups, clinical leads, ward and service managers, followed by a Trust Board workshop to which regional IHRD leads would be invited. The date for the internal workshop was agreed as 12th March 2020 but had to be postponed due to the demands of preparations for Covid-19. It is now planned to reorganise the workshop for October 2020.

Infection Prevention and Control Training

Induction and Mandatory Update Training
Infection Prevention & Control Nurses (IPCNs) contribute to the delivery of corporate induction training for all new staff. They also provide a rolling programme of directly led mandatory training sessions each year to enable the biennial update of all clinical staff. In addition, the Trust organises combined mandatory training sessions twice a year, which include an Infection Prevention & Control segment delivered by the IPCNs. The Home Care Manager also delivers Infection Prevention & Control training sessions internally to Home Care staff.

During 2019/20 a total of 72 sessions took place across the Trust. The sessions were attended by a total of 2937 staff. The attendance target for each year is 50% of the total number of staff

who require training (i.e. 5058 out of 10,116 applicable staff). For 2019/20 the percentage achieved was 29%. It should be noted, however, that more than half of the sessions planned for the January-March quarter (13 of 24) had to be cancelled as a consequence of the Coronavirus pandemic. This had a significant impact on the overall attendance rate for the year.

The IPCNs continued to explore more flexible methods of training. This included regional collaboration on the development of an e-learning programme and the introduction of a tiered system approach. This involves tailoring the training to specific staff groups according to their level of patient/client contact. This will be accessible via the HSC E-Learning portal and also the Regional Infection Control Manual website. It was originally hoped the new training programme would be launched in May 2020 but this will be delayed as a consequence of the Coronavirus pandemic.

Aseptic Non-Touch Technique (ANTT) Training
In 2019/20 the IPCNs provided 13 training sessions on ANTT. These were aimed at a range of staff including FY0 medical students, FY1 doctors, anaesthetists, newly registered nurses and new and existing ward/department ANTT core trainers. The sessions were attended by 140 staff.

To further support the development of ANTT clinical skills and improve patient safety, the Regional IPC Lead Nurse Forum secured funding from the Public Health Agency (PHA) to produce e-learning video clips on hand hygiene, peripheral cannulation, blood culture taking and urinary catheterisation in adult and paediatric patients. The Western Trust IPCNs continue to collaborate regionally on this initiative. The videos will be accessible by all healthcare workers via the HSC E-Learning platform and the NI Regional IPC Manual. The PHA has also purchased an e-learning package on ANTT which will also be hosted on the HSC E-Learning portal.

It was anticipated that the regional launch of these programmes would take place in May 2020 but this will be delayed due to the Coronavirus pandemic.

Ward-Based Enhanced Support/ Improvement Work
The IPCNs continued to provide Infection Prevention & Control enhanced support/improvement work programmes to wards/departments during 2019/20. This involved on-the-spot education of staff, as well as ward-based training sessions. The focus of this support is led by the needs of the wards/departments in conjunction with surveillance information.

Haemovigilance Training

"Right Patient, Right Blood" Training
The Trust promotes requirements of Better Blood Transfusion 3 - BBT3 - HSS (MD) 17/2011 and Blood Safety and Quality Regulations (BSQR, 2005). These standards require all staff involved in the blood transfusion process to have valid Haemovigilance training every 3 years (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 ascertain compliance with this requirement (e.g. when reviewing Haemovigilance incidents).

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 (dates are advertised on the Trust Intranet). The Haemovigilance Practitioners provide a rolling programme of face to face Haemovigilance training sessions as well as contribute to the Trust combined mandatory training sessions.

The Haemovigilance Practitioners also provide training sessions for 'New Assessors' and 'Current Assessors'. The 'Assessors' then undertake assessments in the clinical areas with staff who require competency assessments to be completed.

<u>Other Training</u>

The Haemovigilance Practitioners deliver ward-based training sessions as requested by the Clinical Area 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.

As learning providers, the Haemovigilance Practitioners are now exploring alternative methods of training to ensure adherence to a Covid-19 safe environment.

Theme 3: Measuring the Improvement

REDUCING HEALTHCARE ASSOCIATED INFECTIONS

When HCAIs occur they may have a significant impact on the wellbeing of patients. The Trust has a zero tolerance for preventable infection.
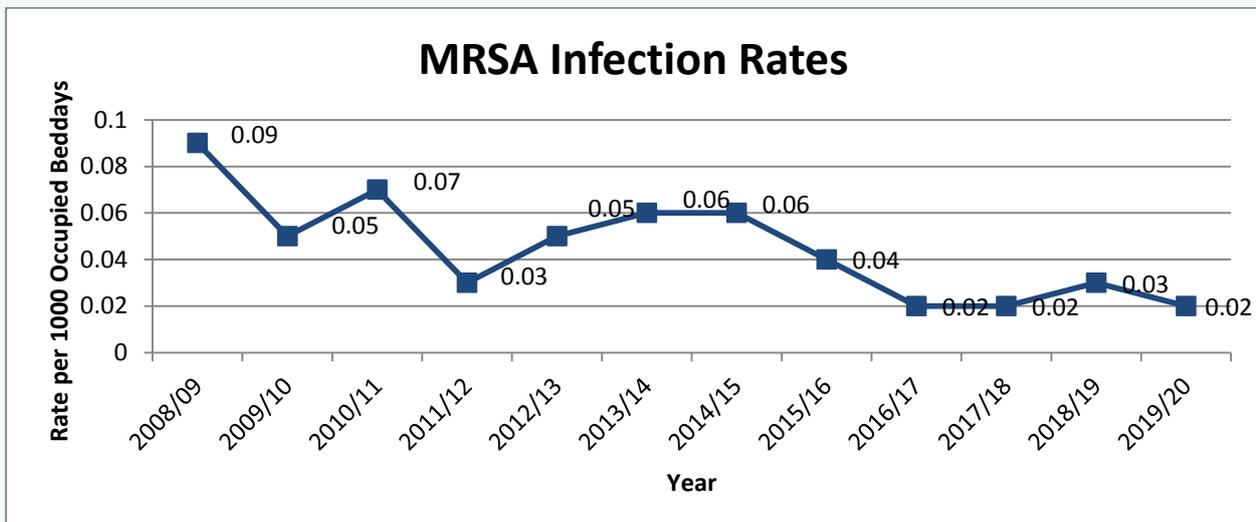
Meticillin-Resistant *Staphylococcus aureus* (MRSA) Bacteraemia:

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

> ### *Facts & Figures*
> The MRSA bacteraemia reduction target set for 2019/20 was five. The Western Trust reported a total of four cases, meaning the target was achieved. This was a reduction of 43% compared to the previous year (seven cases). All four patients came to hospital with MRSA already in their blood stream.
>
> The infection rate was 0.02 infections per 1000 occupied bed days which was below the target set of 0.42 infections.

MRSA Infection Rates

Rate per 1000 Occupied Beddays

Year	Rate
2008/09	0.09
2009/10	0.05
2010/11	0.07
2011/12	0.03
2012/13	0.05
2013/14	0.06
2014/15	0.06
2015/16	0.04
2016/17	0.02
2017/18	0.02
2018/19	0.03
2019/20	0.02

## Clostridium difficile (C. difficile) Associated Disease

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

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

Facts & Figures
During 2019/20 the Western Trust identified 63 cases of *C. difficile*, seven more than the target of 56 which had been set. This was, however, a reduction of 3% compared to the previous year's performance (65 cases). 25 of the 63 cases were community-associated.

The infection rate was 0.28 infections per 1000 occupied bed days which was below the target set of 4.67 infections.
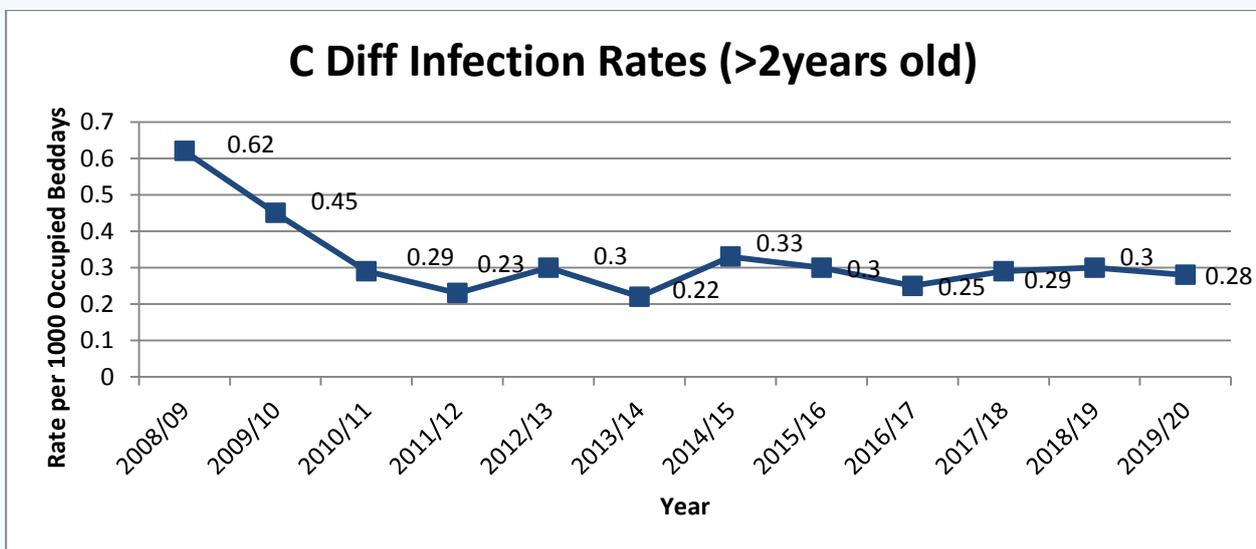

Gram-Negative Bacteraemia (GNB)

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

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

### Healthcare-Associated Gram-Negative Bacteraemia Infection Rates
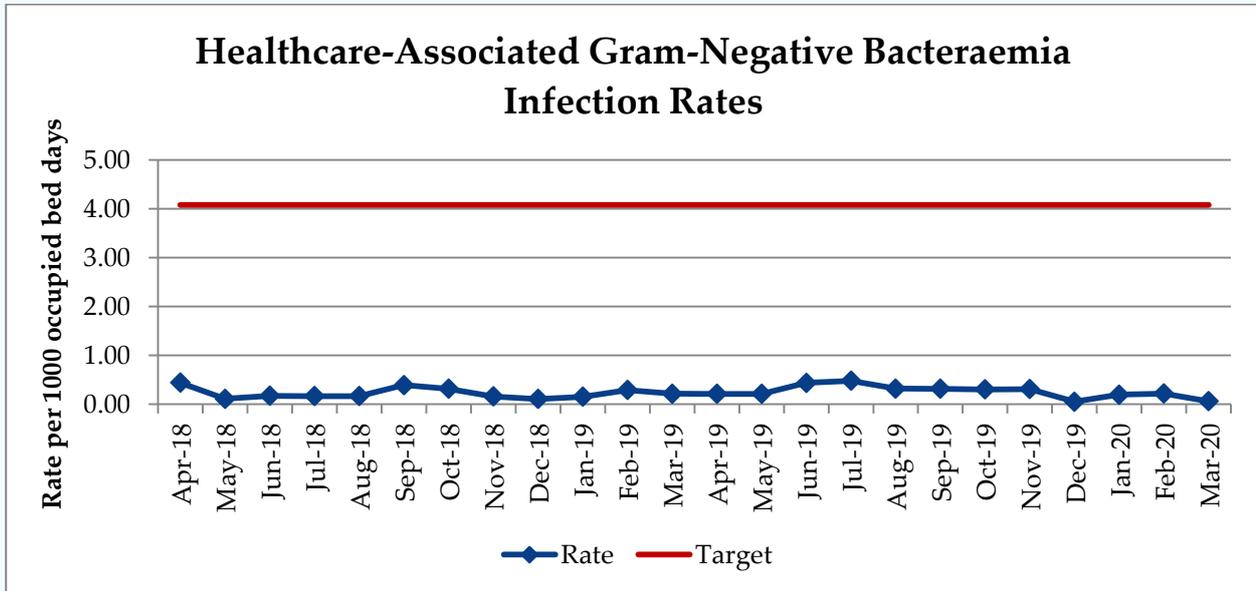
Hand Hygiene

Hand hygiene is one of the easiest and most effective ways of reducing the spread of HCAIs. 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 HCAIs.

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

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

During 2019/20 average self-reported compliance was 100% and average IPCN validation compliance was 85%. The graph below outlines only the IPCN validation average compliance rating for hand hygiene and does not include peer/professional lead independent audit figures.

Western Health & Social Care Trust
IPCN Validation Average Compliance Rating (%) for Hand Hygiene 2019-2020
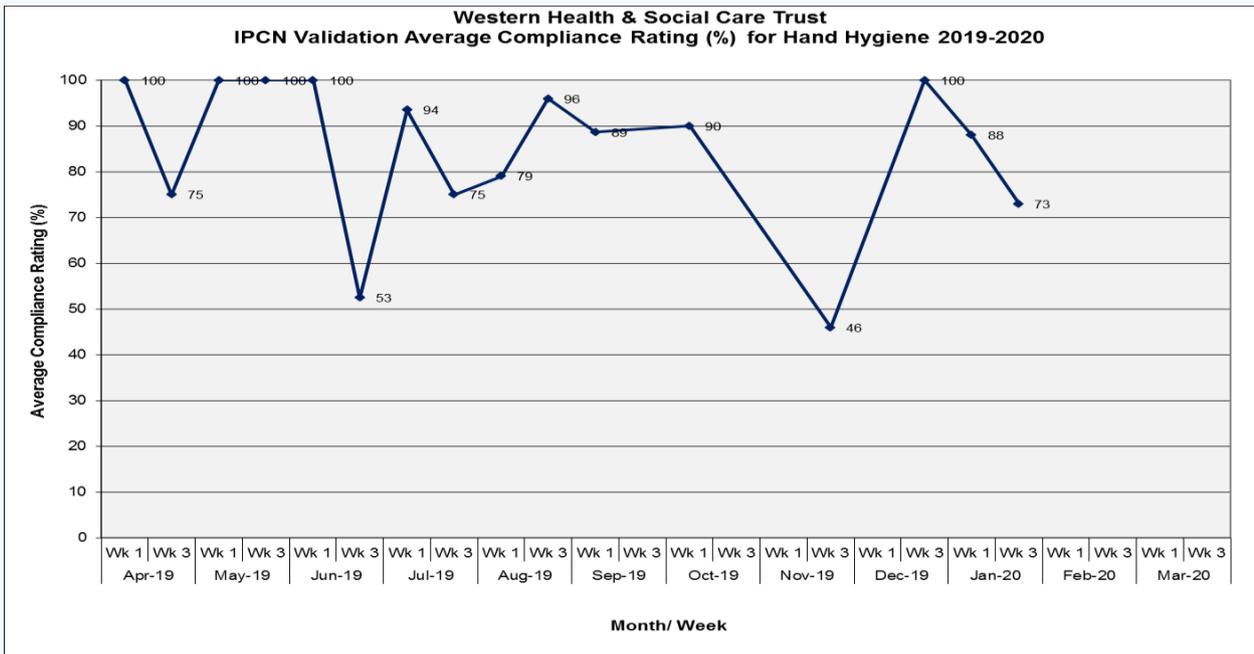
** No IPCN validation audits were conducted during February or March 2020 due to the Coronavirus pandemic.*

Orthopaedic Post-Operative Surgical Site Infection (SSI) Surveillance

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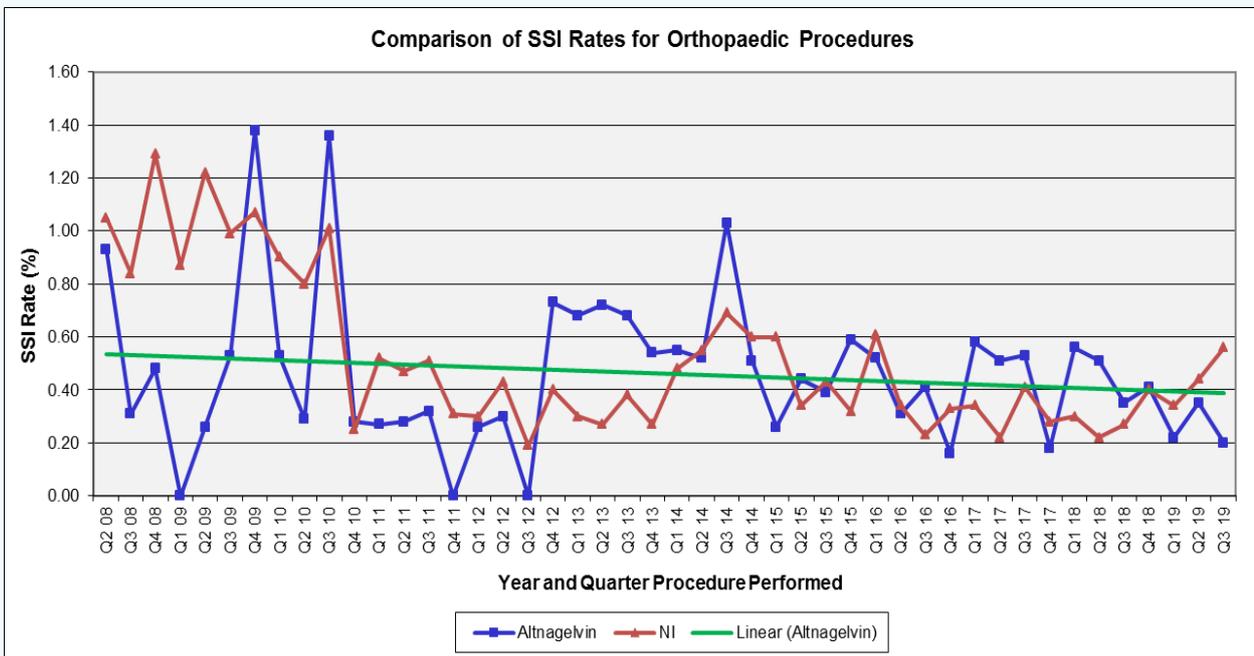
Caesarean Section Post-Operative SSI Surveillance

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

Comparison of SSI Rates for C-Section Procedures
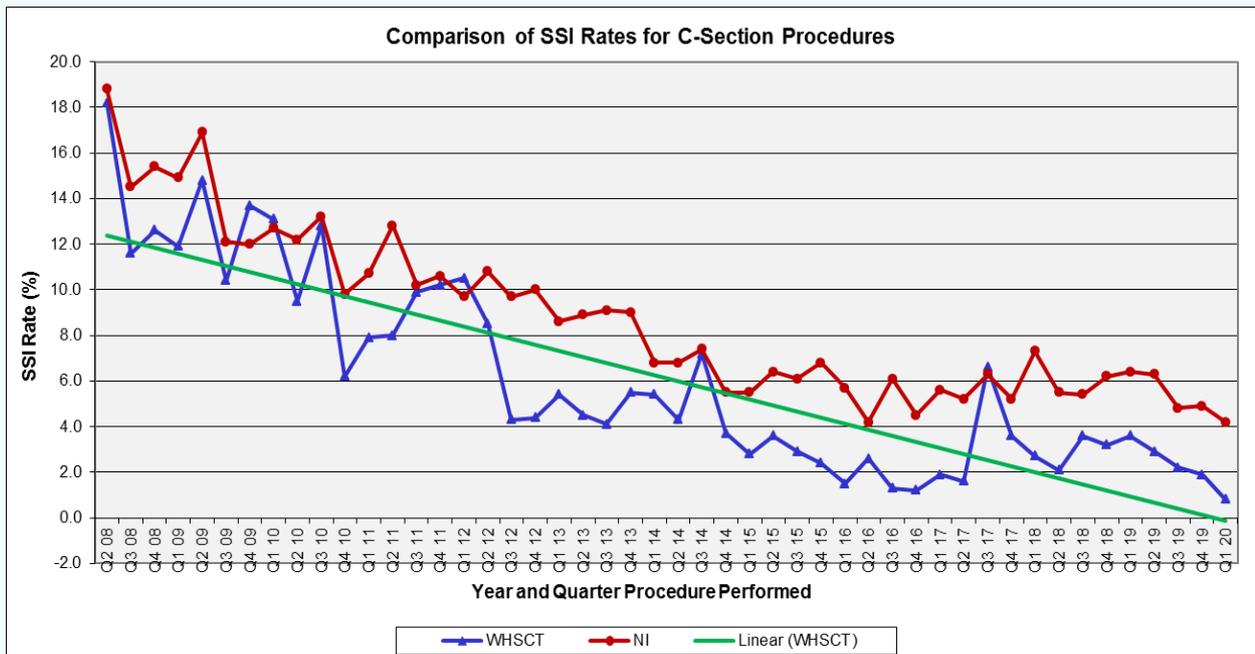
Critical Care Device-Associated Infection Surveillance

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

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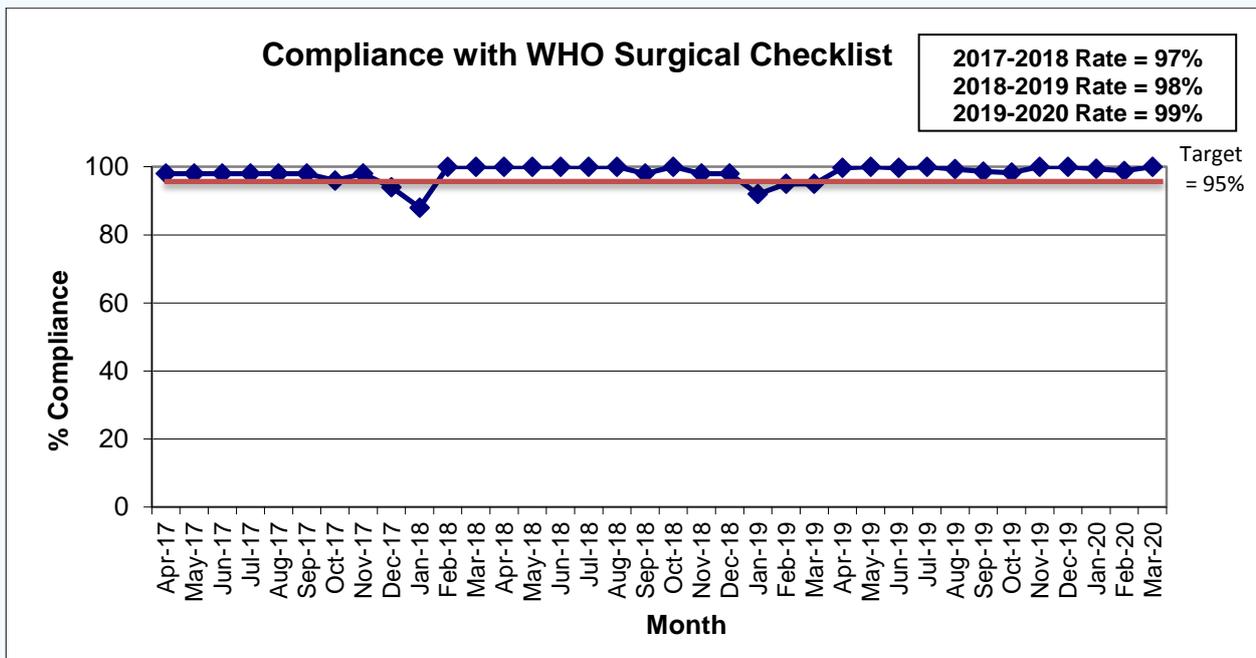- CLABSI – March 2012

Breast SSI Surveillance

A pilot surveillance programme for breast SSI commenced in the Western Trust in July 2016. At the end of March 2020, the SSI rate was 0.58%. Work continues with the multidisciplinary team regarding surveillance of SSIs and the implementation of improvement measures.

SAFER SURGERY

World Health Organisation (WHO) Surgical Safety Checklist

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

Monthly data is collected from a random selection of 20 patient case notes within each theatre speciality. Compliance measurement is based on the percentage of surgical safety checklists filed in patients' notes and the percentage of surgical safety checklists signed at each stage of the process. The compliance rate for 2019/20 was 99% and monthly compliance is displayed in the graph below.

Compliance with WHO Surgical Checklist

2017-2018 Rate = 97%
2018-2019 Rate = 98%
2019-2020 Rate = 99%

Target = 95%

Y-axis: % Compliance (0, 20, 40, 60, 80, 100)

X-axis (Month): Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18, May-18, Jun-18, Jul-18, Aug-18, Sep-18, Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19, Apr-19, May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20, Mar-20

MATERNITY QUALITY IMPROVEMENT

Early Pregnancy Clinic
To facilitate a Nurse Led Early Pregnancy Clinic at Altnagelvin two nurses have been commissioned to complete Ultrasound Scan (USS) module and are gaining practical experience. A business case will be required to fund this Nurse Led service.

Maternity and Diabetic Service
Flow Gestation Diabetes Big Room Team are finalists in BMJ Awards 2020. Winners will be announced on Wednesday 7th October 2020.

Virtual video clinics supported by Cloud-based glucose monitoring technology offer effective consultations with Diabetic Nurse and Dietician through their smart devices. Virtual contacts have reduced face to face Obstetrics appointments by 25% also.

Abortion Regulations Northern Ireland 2020
These regulations came into force in Northern Ireland on 31st March 2020. No regional pathways have been developed and the Department has not issued a direction to the HSCB to commission abortion services even though registered medical professionals can now terminate pregnancies lawfully.

The WHSCT at present has an Early Medical Abortions (EMA) pathway for less than 10 weeks but do not have facilities or staff for terminations greater than 10 weeks.

There has been work carried out on a Regional Pathway for families who wish to continue on a pregnancy with lethal or life limiting anomalies.

Bereavement Care
Books are available for mums following the loss of their baby. These books were initially donated by parents and the mum has the option to return it when finished with it or, if wishes, to replace it with a new copy.

Post Natal Clinics
Post-natal clinics are offered where accommodation is available in the community instead of home visits. This has proven really popular with women as it ensures continuity of care, reduced waiting time for mothers and reduced travel for midwife.

Booking appointments and pregnancy advice by telephone
Booking pregnancy appointments are now carried out by telephone with a 15 minute face to face appointment to take bloods and complete routine enquiry questions. This is popular with women and their families. Pregnancy helpline is available to answer women's queries and offer advice.

Clinical Practice Facilitator
A Clinical Practice Facilitator has been appointed in the Northern Sector of the Trust Maternity Service to support newly qualified midwives to help them develop skills and competencies.

Maternity Support Workers trained in scrub role in theatres
Two maternity support workers have now completed their training and are carrying out the role of scrub for elective caesarean sections.

PAEDIATRIC QUALITY IMPROVEMENT

As part of the Safety Quality West programme a quality improvement (QI) project was undertaken to improve adherence to the Paediatric Intravenous Fluid Implementation tool. This is a key performance indicator (KPI) and findings indicated that we were failing on the same 3 components each month. Paediatric staff in conjunction with Emergency Department and Theatre staff colleagues aimed to improve the scores from 50% to 90% by the end of June. The QI project is ongoing presently and although the improvement target was not reached, we were able to improve our scores. We will continue to explore some further PDSA (Plan, Do, Study, Act) cycles and with the support of our Safety Quality West colleagues and dedication of our paediatric staff we intend to continue with this QI project.

FALLS

Facts & Figures
In 2019/20, the Trust recorded 1,632 falls of adult patients in hospital.

Of the falls recorded, 35 led to a moderate and above injury (i.e. an injury that lasted more than one month such as a fracture and/or led to an extended hospital stay over 4 days or required surgery). These falls accounted for 2% of the total recorded.

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 2019/20 per 1000 bed days.

Reducing the Number of Patient Falls

		ADULT INPATIENT ONLY		PART A ADULT INPATIENT ONLY			PART B ADULT INPATIENT ONLY			ADULT INPATIENT ONLY					
Year	Period	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	No. Records Audited PART B	Process Outcome PART B %	No. Adult Inpatient Wards Spread	Total Number Adult Inpatient Wards	% Spread	Beddays	Rate per 1,000 beddays for No. of Falls	Rate per 1,000 beddays for No. of Falls resulting in harm (Moderate Major or Catastrophic)
2019/20	YTD totals	1,632	35	1,964	2,082	94%	1,932	2,022	96%	36	36	100.0%	208,712	7.82	0.17

Falls in hospital are the most frequently reported incidents. Causes can be complex and associated with issues such as medications and mobility. In order to maximise independence a rehabilitation programme that includes mobilisation is essential, but this may increase the risk of a fall. As falls can cause injury the Trust is actively supporting and facilitating staff and the general community to enhance their skills and knowledge to reduce falls.

Number and Rate of Falls
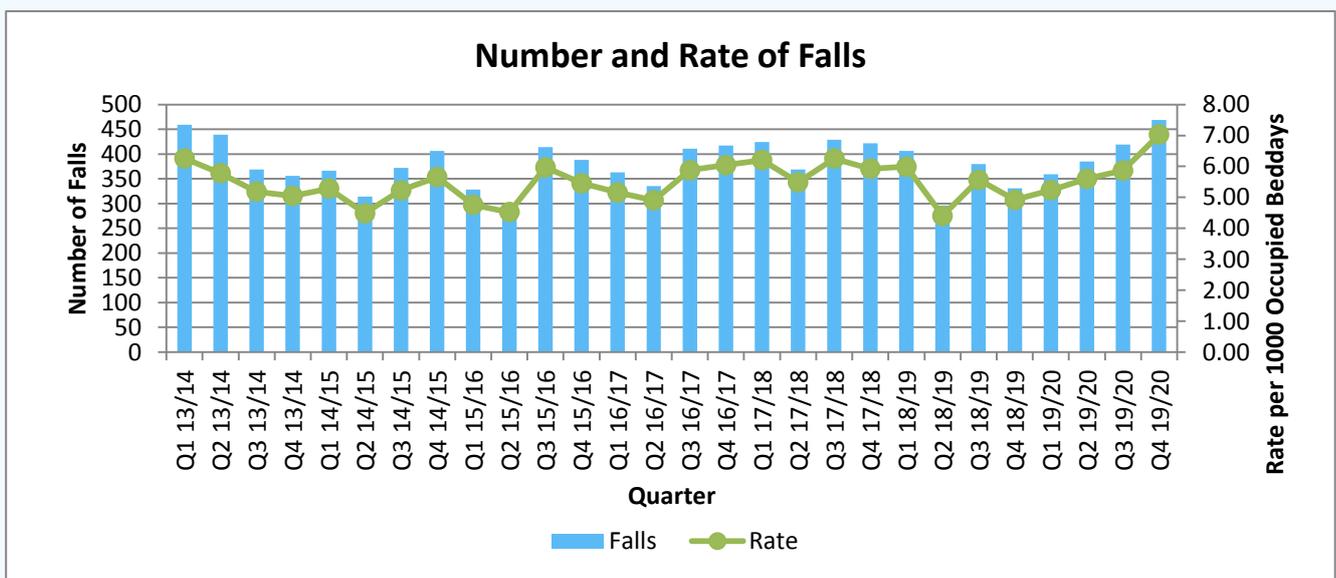
Actions taken during 2019/20 to reduce incidence of falls
- The Trust Slips, Trips and Falls Prevention Committee meets on a quarterly basis and encourages an on-going focus on falls prevention and reduction. In the latter part of 2019/20, four sub groups were established to focus on more specific aspects that would influence a reduction in falls. These groups are:
  - Education and Learning
  - Reduction in Falls that result in moderate and above harm
  - Assessment and Documentation of those at risks of falls
  - Environment and Equipment issues.
  It is anticipated that these groups will operate for a period of eighteen months and set terms of reference and 3-4 objectives to achieve within this time frame.
- In the year reported, a falls learning collaborative was set up to facilitate and support through a Quality Improvement (QI) approach those wards with a higher incidence of falls to reduce their falls. The aim of the collaborative is to allow staff time out to explore, learn and interact with other multidisciplinary health care professionals to identify causes, risks and to consider what changes to test in their own wards/departments. There has been a sustained reduction in the median number of falls reported in four wards attending the collaborative.

- Post fall review of all adult inpatient falls which resulted in moderate or above harm is undertaken by Ward Sisters / Charge Nurses and other relevant multidisciplinary staff. To support staff during 2019/20 the Integrated Falls Pathway Co-ordinator has supported inpatient wards and Departments to review falls that resulted in moderate or above harm to identify and share learning both locally within the Trust and regionally to the Public Health Agency.
- In June 2019 a workshop that focused on reducing and preventing falls and preventing pressure damage was held for Lead Nurses Trust wide
- In October 2019 a workshop for Trust Residential homes was facilitated to review the challenges that they face to reduce falls and to allow them to explore strategies to reduce moving forward.
- A number of technology assisted devices have been trialled both in hospital wards in the South West Acute Hospital and Altnagelvin Hospital.
- Trust staff are working collaboratively on the Stepping On Steering Group in the community in partnership with the Public Health Agency (PHA), Healthy Living Centres and local Councils to develop opportunities for older people to improve their confidence and reduce their risk of falls at home. For the year reported there were falls prevention programmes delivered in Londonderry, Limavady. Lisnaskea, Irvinestown and Omagh. In Lisnaskea, an assistive technology system called "Florence" was trialled during the programme. Text messages were automatically sent to the programme participants reminding them to do their strength and balance exercises and giving them advice on changes to make to reduce their risk of falls.
- The Falls Occupational Therapist has updated referral criteria to ensure that higher risk patients are reviewed more appropriately.
- The Falls Integrated Pathway Co-ordinator has been involved in a number of initiatives in 2019/20. This includes developing a training programme with Clinical Education Centre (CEC) staff and Care Home Support for Residential Home staff; as well as delivering training to multidisciplinary staff on falls prevention.
- In 2019/20, there were 479 referrals to the falls service Trust wide. Northern Ireland Ambulance Service (NIAS) referred 363 patients. A referral to the service did not always lead to the patient attending for review and processes to encourage attendance or access to the service will be trialled in 2020/21.
- It is important to note that work on reducing falls since February 2020 has been affected by the increased need to focus on the Covid pandemic.

Next Steps:
- Continued collaborative work in Trust and with other voluntary and statutory agencies.
- Continued work with regional falls prevention group in particular to agree regional training on falls prevention.
- Progress work streams of the Trust Slips, Trips and Falls Prevention Committee subgroups.
- Review of current falls clinic delivery to improve service for patients referred and increase attendance.
- Continued development and sharing of ideas at the falls learning collaborative and support of QI projects related to falls.
- Review of and expansion of the multidisciplinary stratified falls clinic.
- An updated policy on the reduction of falls with updated assessment tools for inpatient facilities will be completed in 2020/21.
- The Trust Slips, Trips and Falls Prevention Committee will continue to support and develop further work streams.

PRESSURE ULCERS

Facts & Figures
In 2019/20, the Trust recorded 421 pressure ulcers compared to 373 for the previous year across the acute hospital adult sites, an increase of 12.9% with 14 deemed to be avoidable from the 54 grade 3 & 4 pressure ulcers investigated.

Reducing the Number of Pressure Ulcers

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

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

The 2019/20 Commissioning Plan pressure ulcer related associated quality and performance indicator reads as:
 "*The number of incidents of hospital-acquired pressure ulcers (stage 3 & 4) in all adult inpatient wards, within the acute programme of care and the number of those that were unavoidable. Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days.*"

Figure 1 below illustrates the Trusts position on pressure ulcer development across the acute sectors since 2013 when data collection commenced. Hospital acquired pressure injury data reported for 2019/20 showed an increase of 23.9% on the previous year and the highest recorded reported pressure ulcer data to date. Regionally lead nurses across Tissue Viability Services report an increase in the improvement in reporting of pressure injury for 2019/20 across all Trusts in Northern Ireland. This has been very evident during the Covid-19 Pandemic where staff also reported incidents in relation to Personal Protective Equipment (PPE) injury they experienced.

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

INCREASE OF 154% OVERALL FROM 2013 - 2020

Figure 2: Skin Bundle Compliance:

2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: **94%**	97%	97%	91%	92%
Overall PU Rate: **2.2** per 1000 bed days	1.49	1.47	1.82	1.93

Figure 3: Reports the number and rate of pressure injury development from 2013/14 - 2019/20

Number and Rate of Pressure Sores
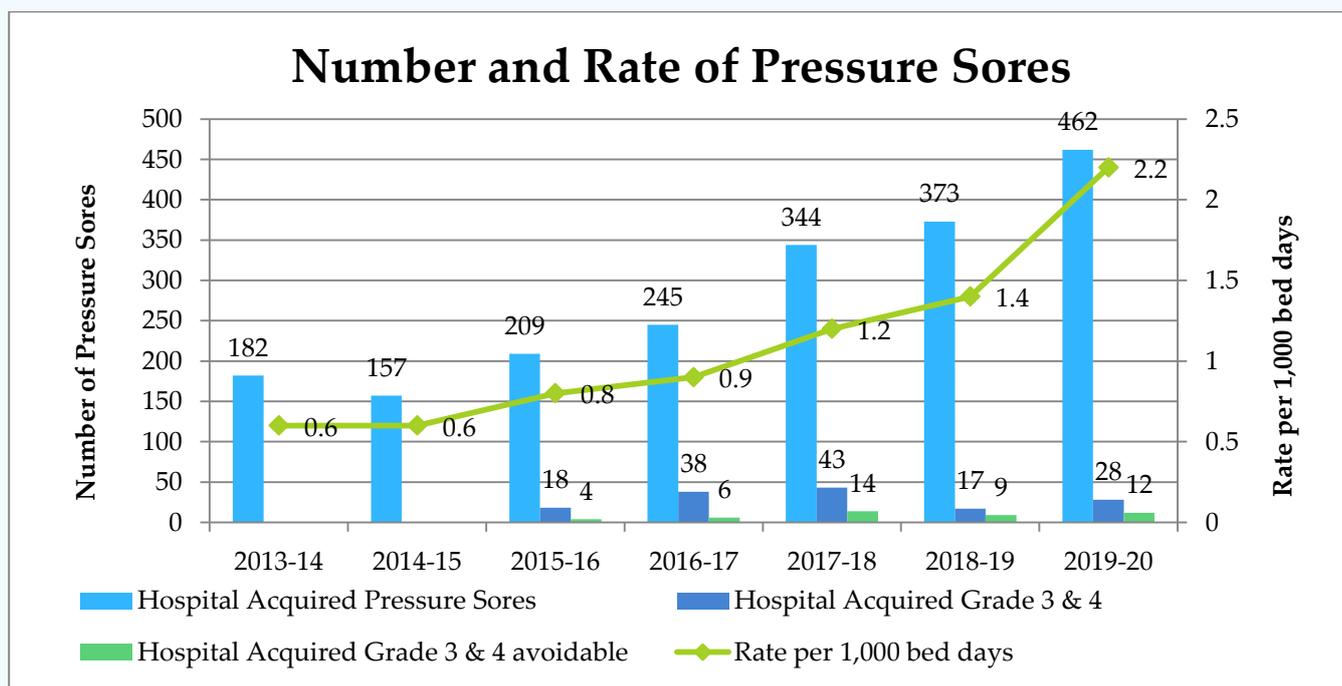
Actions taken during 2019/20 to reduce pressure ulcer development

➢ Tissue Viability Service (TV) conducted quarterly meetings with staff to provide updates on all aspects of wound care.

➢ The Annual 'STOP Pressure Ulcer Day' was held in November 2019 with over 100 participants in attendance. The speaker on the day was a Tissue Viability Consultant from England who was supported by a wound care company and the presentation focused on prevention strategies and management of pressure injury with the use of props to support her message.

➢ Ward based specific training was provided to areas on request.

➢ In episodes of Stage 3 & 4 pressure ulcer development the Tissue Viability Nurse (TVN) service continue to conduct an independent investigation to determine if the injury was avoidable for all reported stage 3, 4, unstageable and deep tissue injuries.

➢ TVN liaise with ward staff to offer training on learning identified through the Trust incident reporting database DATIX.

➢ Regionally agreed Pressure Ulcer Prevention leaflets are available to order for all wards / teams / departments. Order codes are on the TVN SharePoint and have been disseminated to all staff. Copy of same included in ward wound care folder.

- Regionally agreed PHA endorsed online training is available for all staff to access. Pressure ulcer prevention training has been mandatory in the community setting since 2018 but is currently not mandatory in acute hospitals.
- An information session and workshop was carried out in summer 2019 on the Altnagelvin site to get buy-in from ward sisters and charge nurses to the programme. The Tissue Viability Nursing team commenced ward based learning sessions from September 2019.
- The forms used to aid review of pressure ulcer incidents was updated to include investigations by ward sisters / charge nurses / team leaders into development of Grade 2 pressure ulcers.

Actions planned for 2020/21

Pressure Ulcer Prevention Plan WHSCT

Governance
- 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.
- All TV team members to complete paper Route Cause Analysis (RCA) and update Tissue Viability section on DATIX accordingly deeming Pressure Ulcer Avoidable/Unavoidable in a timely manner following wound assessment. On completion send an email to the handler and all TV team members to inform of outcome.
- Implement eSSKIN/ aSSKINg bundle into all wards to improve compliance with the skin bundle.
- Audit compliance with eSSKIN/aSSKINg bundle. Carry out spot checks if wards fail audits. Mattress audit bi-annually.
- Re-introduce pressure ulcer safety cross to monitor Pressure Ulcer incidents on the ward.
- Complete pathways for pressure wounds – Stage 1, Stage 2, Necrotic heels (Note not limited to Pressure Ulcer).
- Use DATIX system to identify areas with high incidence of pressure damage.
- Trial Arjo Huntley SEM scanner in conjunction with manufactures. Review in 3 months to identify any reduction in Pressure Ulcer formation.
- Trial Purpose T risk assessment tool, review in 3 months to identify any reduction in Pressure Ulcer incidence or increased adherence to eSSKIN/aSSKINg bundle. (This will be led by the PHA. WHSCT have currently trialled this tool in community with 10 patients as part of PHA fact finding exercise).
- WHSCT Prevention and Management of Pressure Ulcer guidance updated May 2020 for review again in May 2023.

Education
- Compile an updated list of all Link Nurses (LN) for each department within the trust to ensure they are on Tissue Viability (TV) mailing list. Inform Ward Sisters of their responsibility to update this list as necessary. Discuss with Assistant Director and Senior Nurse the possibility of making TV's quarterly Link Nurse Meeting mandatory.
- Complete wound care folders for all wards – Link Nurse to have responsibility for maintaining same.
- Plan education sessions for all Directorates which cover Pressure Ulcer prevention, assessment and management. Launch eSSKIN/aSSKINg bundle, Safety Cross and

wound care folder at these sessions. This needs supported by all Senior Nurses, Practice Facilitators, Assistant Director's and Chief Nurse.

➢ Arrange additional 2 day education programmes for any staff member who could not attend ward based training. This could be done in conjunction with CEC on a biannual basis.

➢ Develop Link Nurse (LN) Questionnaire for feedback on areas their department is struggling/require guidance.

➢ Continue to provide workshops at link meeting for LN (based on questionnaire) to facilitate all link nurses to perform cascade training at ward level. Areas such TNP, grading pressure ulcers, documentation are possible topics for this training.

➢ Develop 10 minute/bite size videos on topics for all staff to view on YouTube – link on SharePoint (Note not limited to Pressure Ulcer).

➢ Lobby to make HSC Pressure Ulcer prevention online learning mandatory within the WHSCT.

PREVENTING VENOUS THROMBOEMBOLISM (VTE)

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

During National Thrombosis Week in May 2019, an information stand was on display in the front hall of Altnagelvin Hospital to highlight awareness of the signs and symptoms of a blood clot.

The Trust aimed to achieve 95% compliance with VTE risk assessment completed within 24hrs of admission across all adult inpatient hospital wards by March 2020. During 2019/20 data was collected on a monthly basis from a random selection of patient notes. The compliance rate for 2019/20 was 96%. Monthly compliance is displayed in the graph below:-
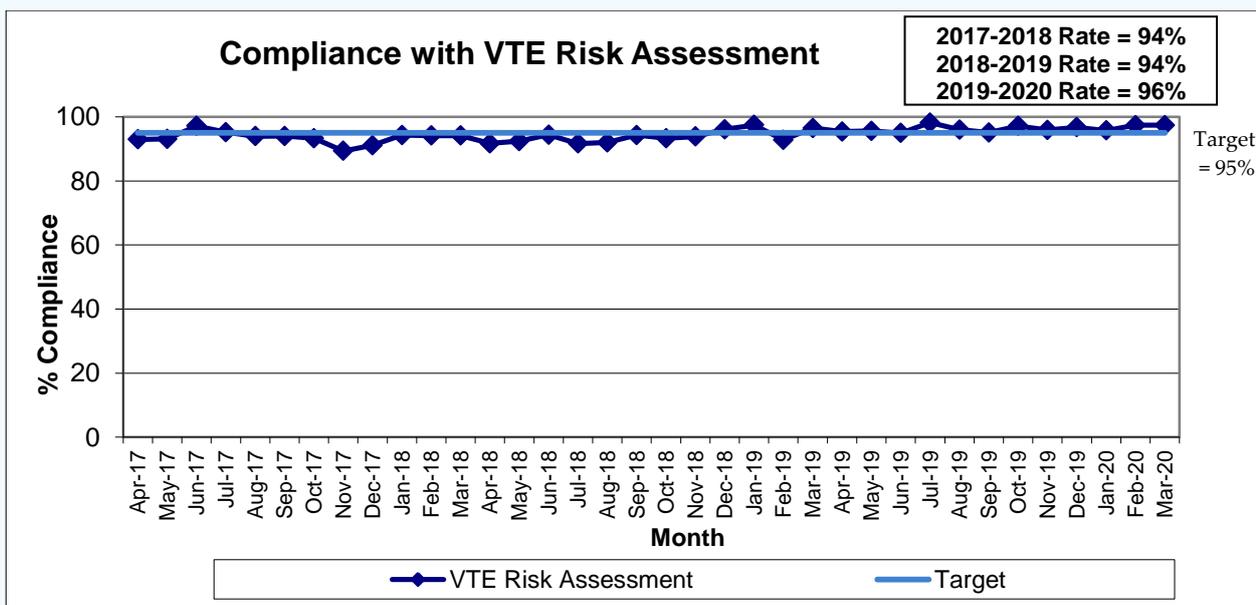
MEDICINES MANAGEMENT

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

Medicines Optimisation

The Northern Ireland Medicines Optimisation Quality Framework was published in 2016 to support safe and effective medicines use, enabling people to get the best outcomes from their medicines. During the year, the Trust showed substantive compliance against 53% of the Quality Framework's standards. The Framework will drive improvement in the use of medicines across health & social care.

A wide range of quality improvement work has taken place during the year to support medicines optimisation. This has included:

- ➢ A medicines optimisation service is now available focusing on the review of medication prior to commencing chemotherapy.
- ➢ Quality improvement project delivering enhancements for the delivery of high risk injectable such as chemotherapy.
- ➢ Quality improvement project looking at reducing medicines wastage.
- ➢ Patient support service to optimise the use of monoclonal antibody treatments.
- ➢ An Antibiotics Review Kit (ARK) on the medicines prescription chart (Kardex) was introduced and rolled out across all other wards. The use of the ARK kit is audited routinely ensuring continuous review of antibiotic therapy.
- ➢ The role of Clinical Pharmacist Prescriber continues to develop and is well established in a wide range of clinical areas.
- ➢ The Pharmacy service delivered to the care of the elderly service is developing with input into care of the patients with dementia and frailty.
- ➢ The Pharmacy service continues to support medicines management facilities in the Trust's stepdown facilities and nursing homes.
- ➢ The role of the critical care pharmacy service continues to develop in both the South West Acute and Altnagelvin Hospitals.
- ➢ Self-administration of medicines scheme was introduced on the Paediatrics Ward.
- ➢ The Trust has developed a medicines risk stratification tool to aid the Pharmacy team to review patients who are on complex medicines therapies.

Medicines Reconciliation

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

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

On average, 62% of patients admitted to all wards on three hospital sites (Omagh Hospital and Primary Care Centre, South West Acute and Altnagelvin) had their medicines reconciled by a pharmacist on admission within 24 hours.

Insulin

Insulin continues to be a high-risk medicine and it is important to use it safely. The Western HSC Trust has an Insulin Safety Working Group which meets three times a year to discuss insulin related incidents & documentation and staff training. The group focuses on Quality Improvement approaches to enhance insulin safety. Representatives from the Trust also sit on the regional insulin inpatient group.

The Trust is delivering specialist pharmacist diabetes services and the pharmacists are a key member of the Trust's diabetes teams. Both pharmacists are active prescribers. The diabetes pharmacist developed a quality improvement approach to enhancing the care of the diabetes patient within surgical wards.

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

The Trust continues to develop the regional project 'Making Insulin Treatment Safer' (MITS) – this project aimed to increase awareness of insulin safety with junior doctors and case based discussions took place with junior doctors to discuss their experiences of prescribing insulin. MITS was successfully delivered to Pharmacy staff throughout the year.

OMITTED & DELAYED DOSES

There has been a regional nursing focus on ensuring that patients in hospital get their medicines at the time that they have been prescribed. Omitted and delayed doses have been highlighted as a national concern by National Patient Safety Agency (NPSA; 2010) in their report on 'Reducing harm from omitted and delayed medicines in hospital.' This work, incorporated into an 'Omitted / Delayed Doses bundle' also ensured that the reasons for the omission or delay were recorded. This helps to determine whether any omission or delay caused actual harm to the patient.

The Omitted / Delayed Doses bundle has been fully implemented across all acute wards and compliance is measured quarterly. During 2019/20 data was collected quarterly on all adult inpatient wards from a random selection of 10 patient case notes. Compliance is displayed in the graph below:

Omitted / Delayed Doses
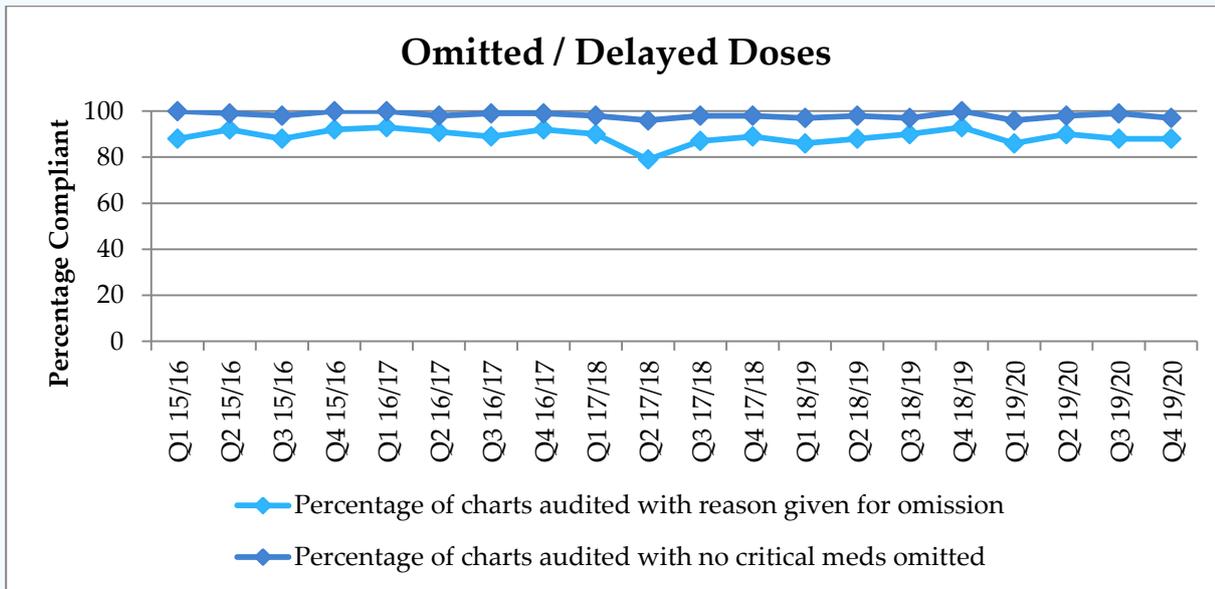
During 2019/20 there has been a regional review, facilitated by PHA, of how data is captured for omitted/delayed medication. The aim is to obtain a standardised approach across all five HSC Trusts. Consideration is being given to using quality improvement methodology. Part of the review included testing a safety thermometer for omitted/delayed medications in each Trust with feedback provided to the regional group.

REDUCING CARDIAC ARREST RATES IN HOSPITALS

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

At all resuscitation courses delivered in the Trust there is a focus on deteriorating patients to empower staff to effectively assess patients, call for appropriate help early and treat them using their knowledge and skills alongside national guidelines and Trust protocols and policies. Flow charts indicating what training staff must attend have been developed and adopted Trust wide to maintain staff knowledge and skills. To assist staff in assessment and management of the acutely ill patient and more intensive observation a Critical Care Outreach Team and Hospital at Night Team are in place.

Figure 1 below details the Trust crash call rate to general wards (excluding Cardiology, Emergency Department, Critical Care and Theatres) for 2019/20 which was 0.65.
Figure 1

Cardiac Arrest Rate to General Wards (excluding Cardiology, ED, Critical Care & Theatres).
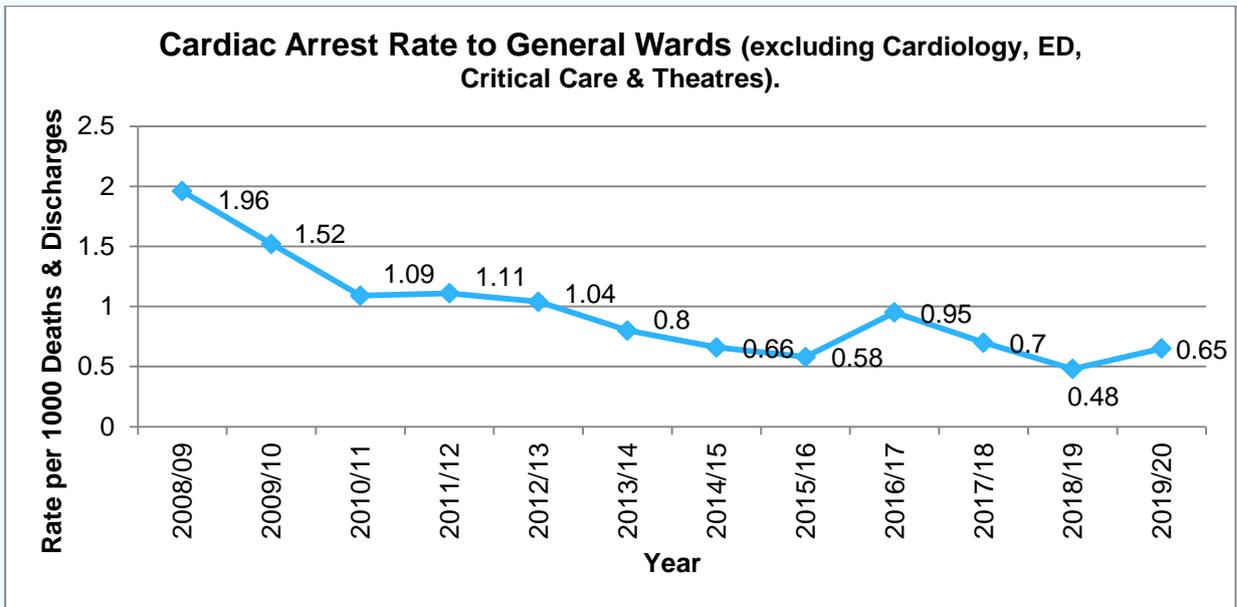
Within the Trust all cardiac arrest calls are audited to ensure compliance with national and local guidelines and, up until August 2019, were reported to the National Cardiac Arrest Audit (NCAA). Due to queries regarding confidentiality the input of data from all Trusts in Northern Ireland to NCCA has been suspended until a solution has been confirmed. However, in the interim, NCAA has given the WHCST Resuscitation service access to the national reports to facilitate bench marking.

In 2019/20, the survival to discharge following an in hospital cardiac arrest in the WHSCT is 37% compared to the most recent reported NCAA data for 2018/19 which reports a survival of 23.5%.

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) 2018 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, sex, 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 mortality rate will be compared against a UK peer group (HES Acute Peer Group) and the other Northern Ireland Trusts.

Facts & Figures
The table below provides details of the RAMI score for the Western Trust compared to the UK (HES Acute Peer) and the NI Peer for April 2019 to March 2020.

RAMI Score - 2019/2020			
Month	**Trust**	**NI Peer**	**UK Peer**
April 2019	94.3	93.0	90.3
May 2019	80.3	80.3	83.7
June 2019	81.4	87.3	83.9
July 2019	76.6	78.6	81.1
August 2019	63.4	88.8	83.1
September 2019	88.0	84.6	85.6
October 2019	77.5	80.7	84.8
November 2019	88.5	90.9	89.8
December 2019	101.2	102.9	96.0
January 2020	74.5	97.8	91.6
February 2020	73.9	102.6	89.5
March 2020	90.9	101.4	107.2

The RAMI funnel plot below, based on RAMI 2018, shows that the Trust with an average of 82.51 was within the mid-range of peer population.

The UK (HES Acute Peer) average was 89.04 and the NI peer average (excluding the Western Health & Social Care Trust) was 90.64.

The RAMI scores indicate that the Western Trust is performing better than the selected peer with fewer mortalities than expected.

Risk Adjusted Mortality Index Funnel Chart for 2019/20

WHSCT RAMI Score for 2019/2020 – 82.51
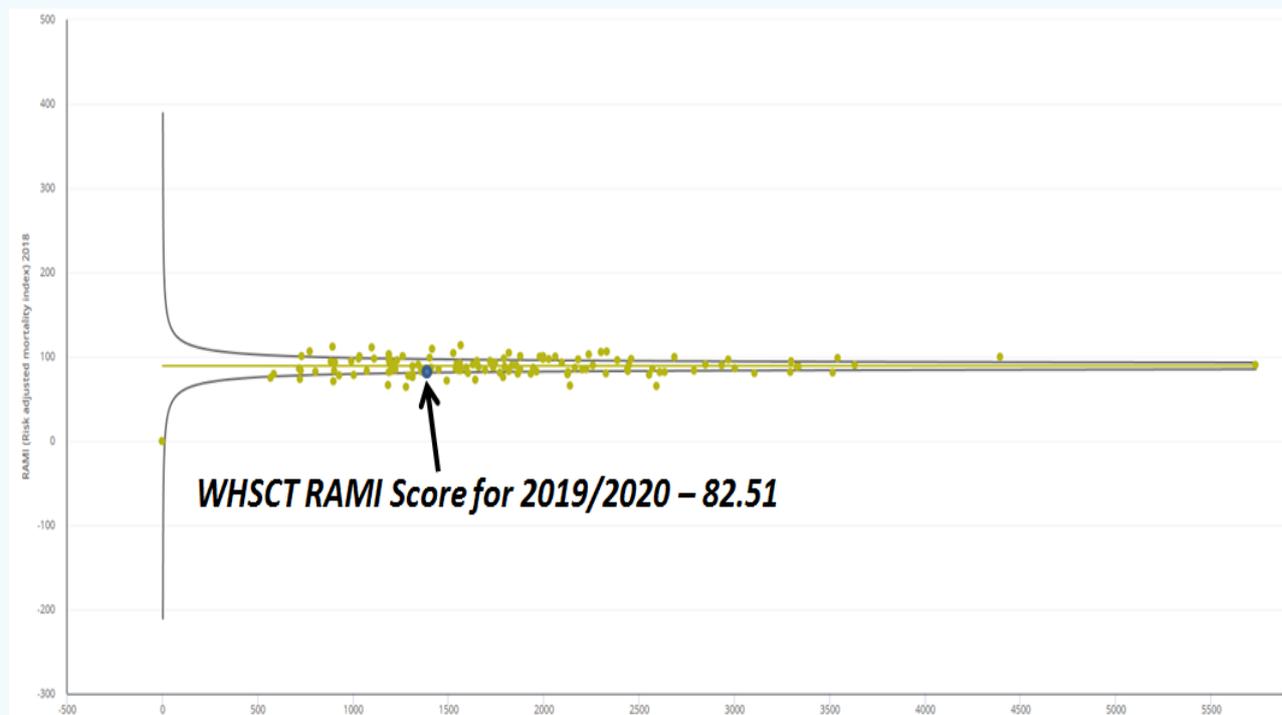
Please Note

Risk adjusted measures such as RAMI are not designed for pandemic activity such as that observed during 2020, this is because this activity is not recorded in the reference data to which RAMI makes its adjustments. As a result, the present RAMI measure cannot accurately calculate an expected deaths figure for records with Covid-19 coding using the present methodology. Risk adjusted reporting in the CHKS report therefore excludes any activity with Covid-19 diagnoses codes.

The Trust has engaged with the development of Covid-19 related matters moving forward.

EMERGENCY READMISSION WITHIN 30 DAYS OF DISCHARGE

Readmission rate is one of a number of indicators used as a measure of quality of care. For the purposes of monitoring performance the Trust has provided comparative data for United Kingdom (UK) and Northern Ireland (NI) peer.

The overall Emergency Readmission rate (within 30 days) for the Trust during 2018/19 and 2019/20 was 7.90%, compared to 8.75% for the UK (HES Acute peer) and 7.76% for the NI peer (excluding the Western Health & Social Care Trust).

The graph below illustrates the monthly readmission rate during 2018/19 and 2019/20 for the Trust and for the UK and NI Peer.

Rate of Emergency Readmissions within 30 days for 2018/2019 and 2019/2020
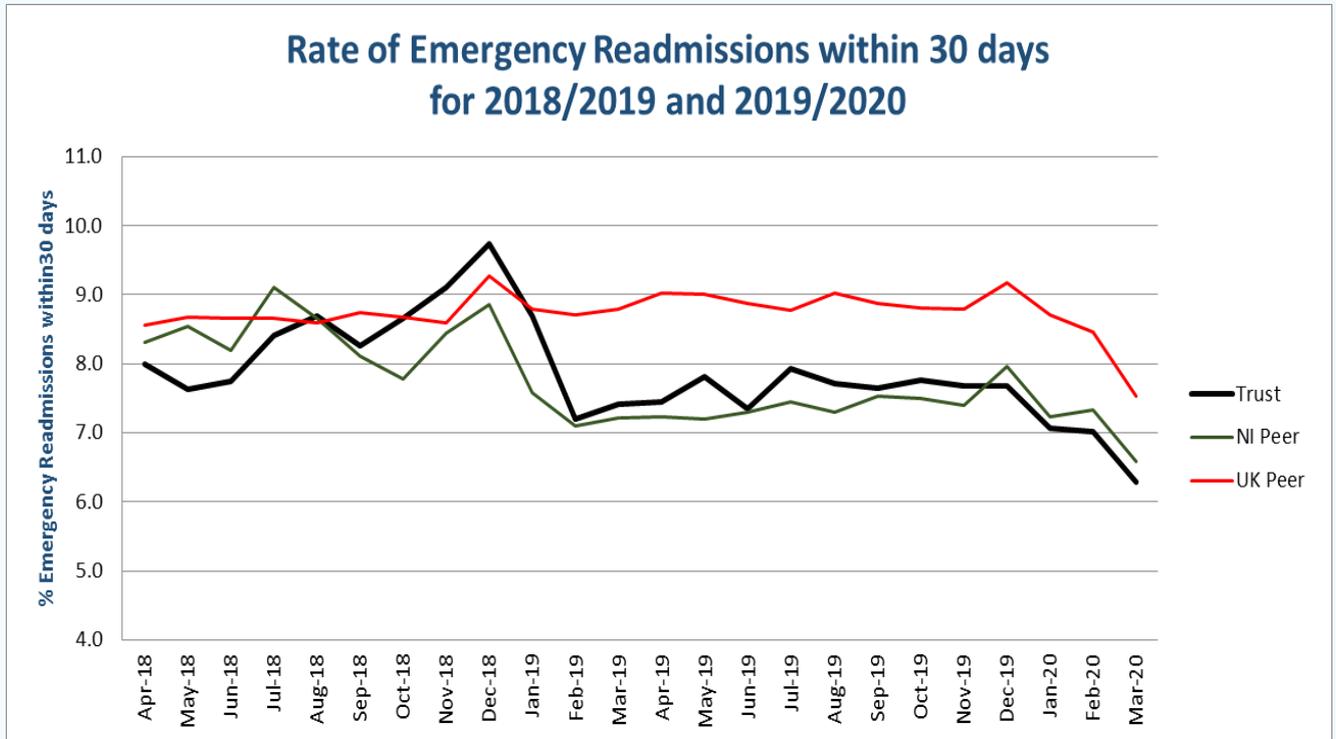
EMERGENCY DEPARTMENT (ED)

4 Hour and 12 Hour Standards

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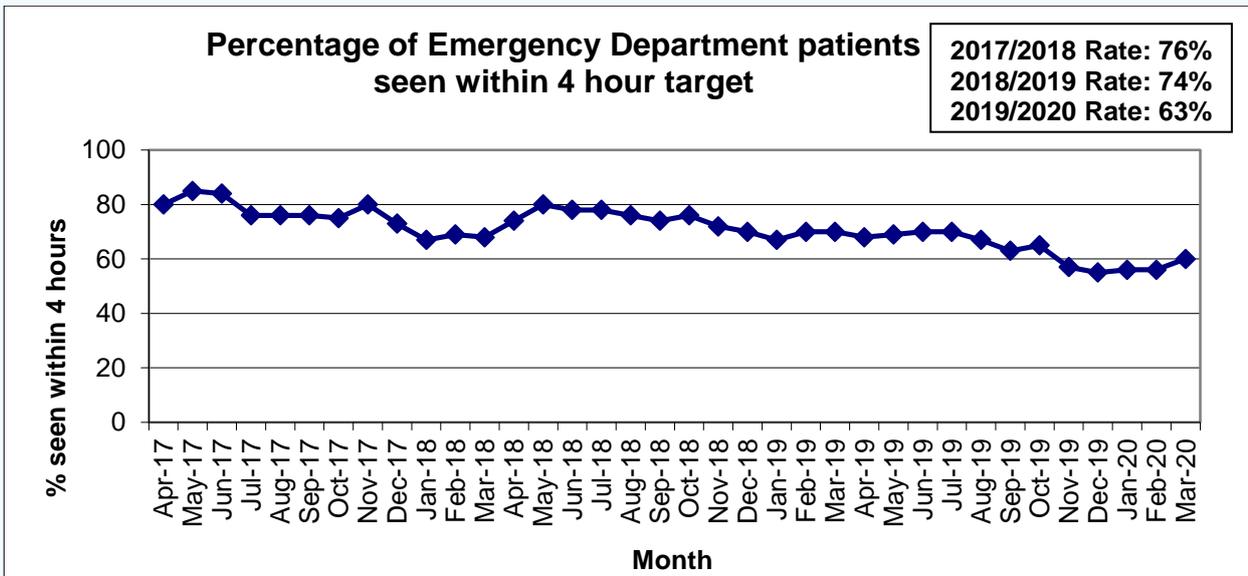
Facts & Figures

123,873 people attended ED during 2019/20. This was a 1% decrease from the previous year.

63% of these patients were seen within the 4hr target which is an 11% decrease from the previous year.

5.98% of these patients waited longer than 12hrs which is an increase of 3.75% from the previous year.

7.24% of these patients were unplanned re-attenders.

Percentage of Emergency Department patients seen within 4 hour target

| 2017/2018 Rate: 76% |
| 2018/2019 Rate: 74% |
| 2019/2020 Rate: 63% |

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

Unplanned Re-attendance 2019/20

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.

ED Unplanned Reattenders

| 2017-2018 Rate: 5.37% |
| 2018-2019 Rate: 6.24% |
| 2019-2020 Rate: 7.24% |
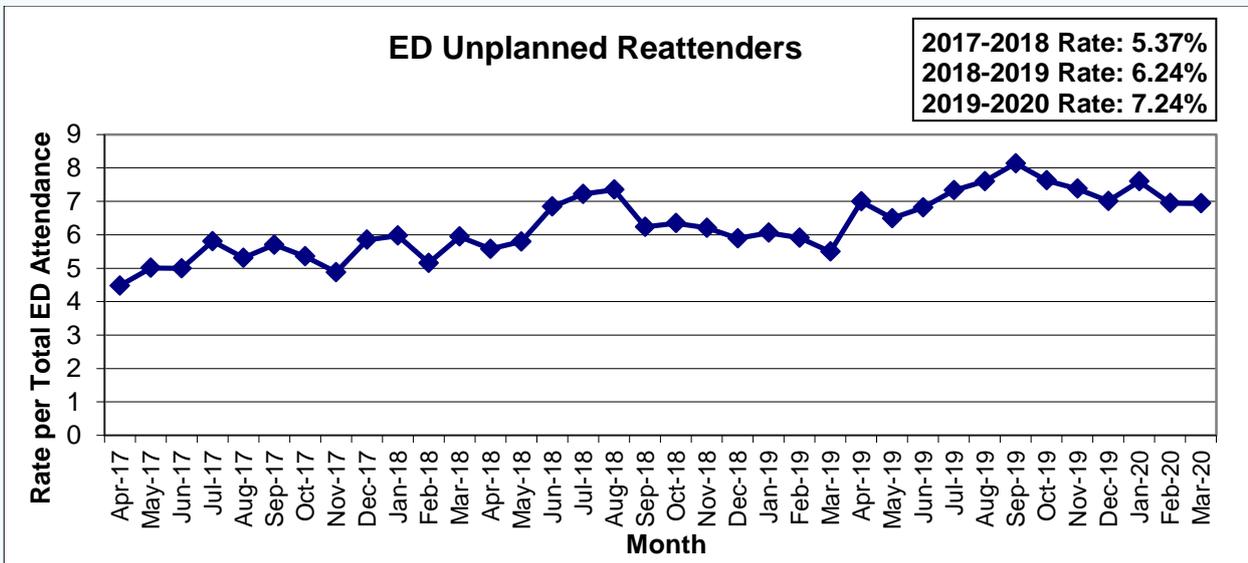
People who leave without being seen

	Total Attendances 2019/20	Patients who did not wait to be seen
Western Trust	123,873	5.4%

Actions Taken to Improve the Trust's Provision of ED

The Trust has continued to work with estates colleagues to develop and improve the ED facilities and infrastructure. The current capacity is insufficient to manage the attendance at the department and when built was designed for 35,000 - 40,000. The Trust has developed a business case which has been approved by the DHSSPS (£1.5 million) to improve the infrastructure which will in turn increase assessment capacity which should help to improve the Trust 4 hour performance and also provide an area for off-load of patients from ambulance.

The Trust has also invested in ED nurse staffing with an additional 10 WTE (Whole Time Equivalent) Band 5 nurses being recruited. This resource will be vital to meeting the increased demand and provide acute nursing care to our population.

Ambulatory Care Unit (ACU)

Due to Covid-19 pressures ACU was closed during the period of COVID through to June 2020. Staff were redeployed during this period across the Acute Medical Unit and ED to support the unscheduled care response. The unit re-opened in June providing Monday to Friday daytime provision. This important service will be embedded within the Trust's 'No More Silos' plan to assist in facilitating access to the appropriate team while avoiding ED.

Sepsis Improvement Work

Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs. Sepsis leads to shock, multiple organ failure and death especially if not recognized early and treated promptly.

The two Emergency Departments in Altnagelvin and South West Acute Hospitals have continued to engage in regional Sepsis improvement work. This work has had further support from the Institute for Healthcare Improvement (IHI) facilitated by the Improvement Hub at the HSCQI. In January 2020, the Trust hosted the HSCQI team to a workshop to discuss improvement work to date. While Covid-19 has posed challenges to the Emergency Departments, some improvement work has continued:-

- Symphony (ED IT System) upgrade is now active which forces a NEWS 2 score at triage. Higher National Early Warning Score (NEWS) triggers a prompt box regarding escalation to doctor and THINK SEPSIS. Next step with this will involve the NEWS score being added to the live patient list grid on Symphony which will provide an improved overview of patients in the department.
- The use of improved functionality of Vocera within the ED team at Altnagelvin will hopefully assist in improving timeliness of escalation and review when THINK SEPSIS is prompted.
- Monthly audit work is ongoing on both Altnagelvin and South West Acute hospital sites. Improvement in the time from registration to first dose antibiotics was noted on the Altnagelvin site.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) GUIDELINES

National Institute for Health and Care Excellence (NICE) uses the best available evidence to develop recommendations on a wide range of health related topics to guide decisions and promote best practice in clinical, social and public health care.

During 2019/20 the Trust received, via the Department of Health, various NICE Guidelines for implementation – these included Clinical Guidelines, Technology Appraisals, Interventional Procedures Guidelines and Public Health Guidance. Providing assurance on compliance against recommendations can be complex working across directorates and disciplines to ensure a holistic response is achieved. There are often financial and wider strategic implications which limit implementation of NICE guidelines.

The Trust has been working with ICT to develop a software solution that will allow a standardised and consistent approach to managing workflow, monitoring and implementation of NICE Guidelines across the Trust and potentially this will be rolled out to other Trusts and Public Health Authority.

Directorate Governance meetings are provided with reports on a quarterly basis and we provide bi-monthly assurance reporting to PHA/HSCB on progress with implementation of Clinical Guidelines and Technology Appraisals in line with their reporting requirements.

NATIONAL AUDITS

Trust Participation in National/Regional Audits
Our Trust proactively participates in national and regional audits, allowing us an opportunity to benchmark our services against other hospitals, using evidence based practice i.e. example NICE guidelines. Findings from these audits highlight areas of good practice, i.e. where services provided are in line with recognised standards, as well as demonstrate where improvements are needed.

Royal College of Radiologists National Audit Evaluating Reporting of Fragility Fractures (2019)

Background
The National Osteoporosis Society published a report in 2017 highlighting areas for improvement in the detection, investigation and management of vertebral fragility fractures. This report identified the standard of detection and reporting of these fractures on cross sectional imaging as one such domain for improvement, emphasising the negative effect of potentially ambiguous descriptive terminology in radiology reports. The Royal College of Radiologists (RCR) adopted these findings and the current audit is part of a national multicentre effort to assess the standard of reporting of vertebral fragility fractures in the UK.

Four domains of cross-sectional imaging reporting were evaluated
1. Routine assessment of the spine in all CT imaging - (target = 100%).
2. Accurate identification of vertebral fractures and grading of these using either the Genant classification or a generic system (i.e. mild, moderate, and severe) – (target = 90%).

3. Exclusive use of the word "fracture" when reporting vertebral fragility fractures to avoid potentially ambiguous terminology such as "end plate infraction" – (target = 100%).
4. Issuing of recommendations for further investigations and management including referral to a fracture liaison service – (target = 100%).

50 consecutive CT CAP in patients over 70 years of age commencing 01/01/2019 were selected; a history of trauma or osseous metastases were grounds for exclusion.

Summary Results
1. Osseous structures were assessed in 100% of cases.
2. Fractures were correctly identified in 66% of cases, however a grading of severity was only offered in 25% of cases.
3. The word "fracture" was used in 42% of cases; a number of other descriptive terms were used in the remainder.
4. Recommendations for further investigation and management were made in 0% of cases.

The results of the current audit highlight an excellent standard of practice in terms of routine review of osseous structures in cross sectional imaging, as well as a high rate of fracture identification.

Areas for Improvement and Action Plan
The following recommendations are made for improvement in the remainder of domains:
1. Routine use of a severity grading system.
2. Inclusion of vertebral fractures in the conclusion section of the report to prompt clinical action.
3. Inclusion of recommendations for further investigations and management when fragility fractures are detected; these may be generic recommendations such as "investigation for osteoporosis is recommended".
4. Utilisation of the hospital fracture liaison service for the onward management of this patient cohort.
5. Re-audit planned for 2020.

British Thoracic Society (BTS) national audit to review smoking cessation services across the UK (2019)

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

Criteria
- NICE Smoking Cessation in Secondary Care: Acute, maternity and mental health services November 2013 (PH48)
- NICE Smoking Cessation: Supporting people to stop smoking 2013 (QS43)
- BTS recommendations for hospital smoking cessation services for commissioners and healthcare professionals 2012 (BTS)

Summary Results:
Areas of good practice
- Current smokers: only 7% [previous audit 2016 - 22%]

Areas where improvement is required
- Smoking status recorded in only 45% of cases [77% National data]
- Documented evidence that they were asked if they would stop smoking: 0%
- Documented evidence that they were referred to smoking cessation services: 0%
- Only in 1 case was Nicotine replacement therapy recorded

Action Plan
Add to Junior Doctors Induction Programme the importance of documentation on admission of patient's smoking status and if they would be interested in trying to stop smoking, encouraging referral to smoking cessation services and increasing prescription of Nicotine replacement therapy for patients that currently smoke.

ACCESS TARGETS

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

Cancer Services

14 day Breast target 2019/20 – 99.9% urgent suspected breast cancer referrals seen within 14 days
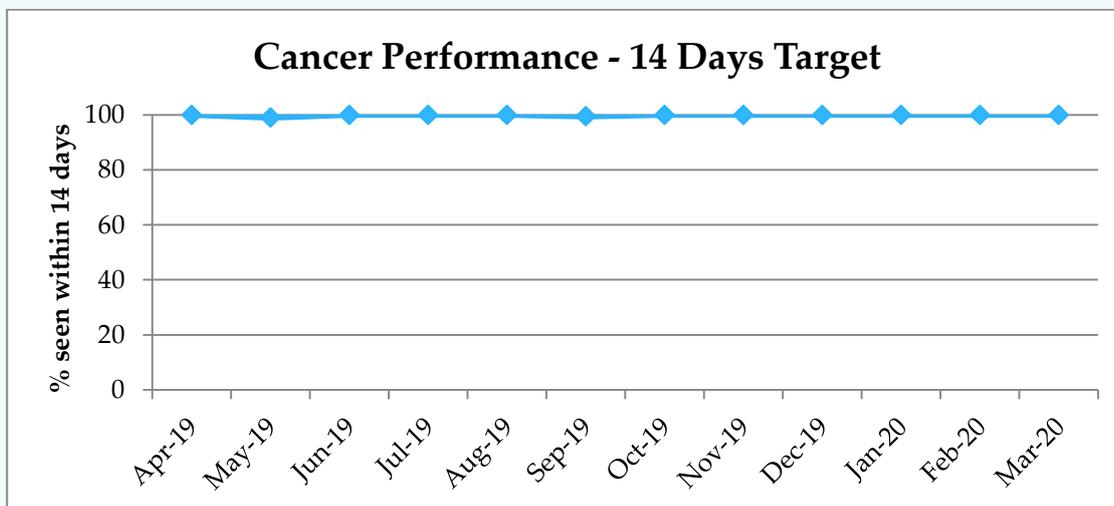
31 day target 2019/20 – 99.2% of patients diagnosed with cancer who received their first definitive treatment within 31 days of a decision to treat.

Cancer Performance - 31 Days Target
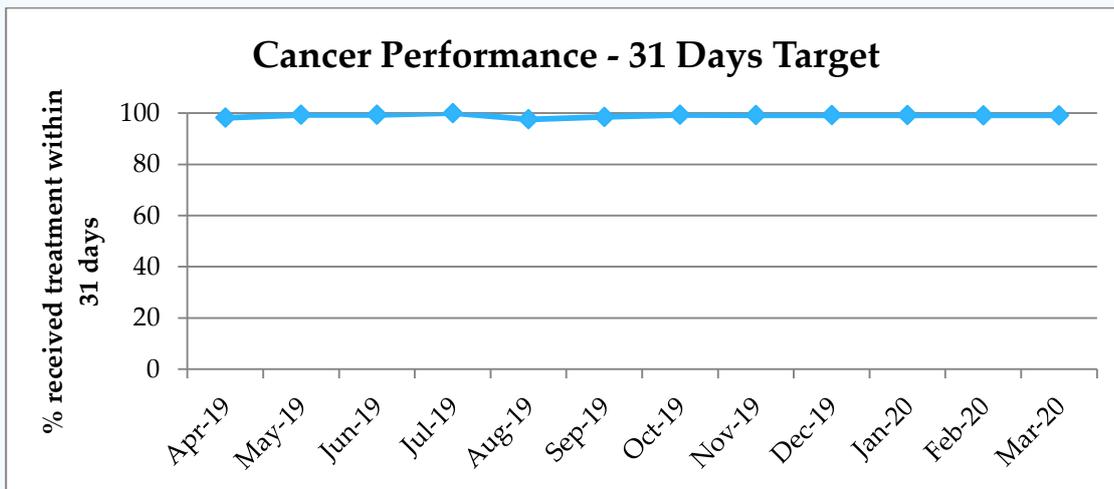
62 day target 2019/20 - 61% of patients urgently referred with a suspected cancer who began their first definitive treatment within 62 days.

Cancer Performance - 62 Days Target
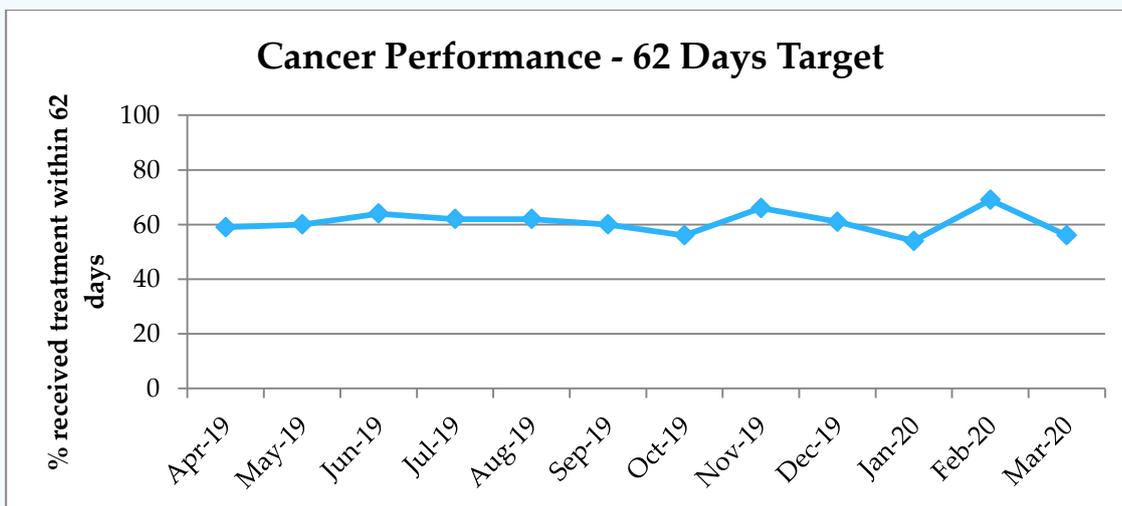
Theme 5: Integrating the Care

COMMUNITY CARE – SUPPORTING PEOPLE IN THE COMMUNITY

The Directorate of Primary Care and Older People's Services has taken forward a number of service improvement projects during 2019/20 to improve the quality and safety of services provided. Some examples include:

Care Home Support Team

The Directorate secured non-recurring funding via Transformation investment during 2019/20 to set up a Care Home Support Team that provides a service to all independent and statutory adult care homes.

The Team is focussed on promoting quality improvement within care homes by ensuring the health and care needs of the service users are met through the delivery of personalised care. The team has identified areas for quality improvement in a number of homes through reviewing key indicators.

In order to meet the increasing levels of complexity of residents, the team has been delivering generic and tailored programmes of training to enhance knowledge, skills and improve resilience within the home and across the sector. The team has also provided advice to nursing home staff members regarding other pathways available across intermediate care, including palliative and end of life care and supported through frailty screening and Dysphagia Support. The team has delivered the following:

- Established a Care Home Manager's forum to enable networking within the Care Home Sector;
- Produces a quarterly Newsletter for Care Homes.
- Established accurate systems to monitor Emergency Department attendance and hospital admissions, which can be highlighted to Care Home support Team on a 3 day retrospective basis.
- Works closely with risk management colleagues to develop a system to identify incidents from Care Homes and to notify the Care Home Support Team of same.
- Delivers on-going training sessions to Care Home staff.
- Completes audits within Nursing Homes in respect of documentation.
- Organised a Transformation Care Home 'Celebrating Success' event.

Regional ECHO Project

The Directorate's senior district nursing leads were part of a Regional ECHO project, which involved promotion of the District Nurse as the keyworker in Palliative Care. The Project team worked with Specialist Palliative Care Team, Marie Curie NI Hospice and GP colleagues. A poster campaign was launched and is now displayed in all wards and GP surgeries.

Project ECHO – Palliative Care in Nursing Homes

Throughout 2019/20, the Specialist Palliative Care team, supported by the Public Health Agency (PHA), hospice friendly hospices, key stakeholders and the Care Home Support Team, developed and delivered an on-going palliative care project ECHO for nursing homes. The aim of this project is to offer advice, support and information, as well as developing a community of practices remotely using Zoom technology for nursing home staff. The format includes delivery of a key palliative care topic, presentation of case studies by the nursing homes relating to the identified topic and facilitated discussion and sharing of ideas and experiences.

In 2019, the project was set up as a pilot of 12 nursing homes; in 2020 this has been extended to all nursing homes in the locality. Staff members have reported increased confidence, competence and comfort in managing patients and families with palliative care needs to support people to remain in their preferred place of care and preferred place of death.

PACE
District Nursing senior leaders have been part of a regional working group piloting PACE (Planning Person Centred Nursing Care) to improve assessment and co-produced care plans in the community.

District Nursing Career Pathway
The Directorate's senior district nursing leaders have been involved in regional work developing a career pathway for district nursing and reporting directly to the Chief Nursing Officer. This project is aimed to develop and improve care in district nursing ensuring more skilled and highly trained district nurses.

Other District Nursing Projects
The Directorate senior nursing leaders are also involved in a number of regional projects, including:
- Developing safer caseload guidelines for district nursing
- Regional referral criteria
- A district nursing information leaflet

Neighbourhood District Nursing
The Neighbourhood District Nursing (NDN) prototype was implemented within one of the Limavady District Nursing Teams, with support from a dedicated NDN coach. The Team developed a population health needs assessment that is aligned to their GP practice population and includes an improvement plan, which the NDN Team continue to work on. NDN staff members meet with the GPs and their Multi-Disciplinary Team colleagues on a weekly basis.

Other Nursing Quality Improvement Initiatives
- What Matters to You
- 10,000 Voices
- Coaq-check pilot was set up in Limavady district nursing team for patients requiring INR testing. The process provided immediate results and the GP was able to prescribe warfarin with minimal delay
- A weekend clinic for ambulatory patients that required clinical nursing interventions

Drumclay Transitional Care Unit
Drumclay Transitional Care Unit opened in August 2019 and provides a new care model for older people, designed to provide a high quality care experience during transition from hospital to community care. This transitional care unit promotes a rehabilitation model with a focus on enabling older people to maintain their independence and lifestyle.

This model of service delivers greater synergy between acute and community settings to enhance service users' recovery with a pathway for older people who may previously have had to stay too long in hospital and will be able to transition into a community facility, with the aim of returning to their own home.

MENTAL HEALTH

Adult Mental Health services have appointed a Peer Consultant in Service User Experience and they have become a valued member of the Senior Management Governance Team. They are leading on 10,000 voices user experience survey, which will capture service user experience of Mental Health Services during the Covid-19 pandemic. They are also leading on the in-patient satisfaction questionnaires and sit on the Serious Adverse Incident (SAI) review panels for Adult Mental Health. They have established links with the community teams and community organizations, including CAUSE and Foyle Advocates to raise awareness of patient and family experiences in services. They are also assisting with the re-launch of the Adult Mental Health Care pathway.

The Recovery College continues to develop with support from Co-operation and Working Together (CAWT). Over the past year, there has been an increase in appointed peer support workers and the breadth and location of courses offered continues to increase.

Adult Mental Health are continuing with the review of Day Opportunities across the Trust to ensure that these services are modernized to meet the changing needs of this client group.

Personalized Safety planning remains a priority across our service areas. With the appointment of our Towards Zero Suicide, Service Improvement Manager leading on a rolling training program. There has also been work progressed with our IT systems to make these Safety plans visible and accessible to all relevant staff.

All mental health services within the Trust are now participating in the Royal College of Psychiatry, Prescribing Observatory for Mental Health (POMH). This a national initiative that monitors medication prescribing and associated monitoring, in line with NICE and other recognized guidelines. This audit program allows us to continually monitor and improve our practice, in line with our regional and national counterparts.

SOCIAL CARE

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

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

Every looked after child needs certainty about their future living arrangements and through Permanency Planning the Trust aims to provide every looked after child with a safe, stable environment in which to grow up. A sense of urgency should exist for every child who is not in a permanent home.

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

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

82% of looked after children had their living arrangements and care plan reviewed within regionally agreed timescales.

96% of all looked after children in care for more than 3 months have a Permanency Panel Recommendation

Young People Leaving Care

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

The transition from children to adult for those who have a disability is best assisted by a transition plan.

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

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

Adult Social Care Indicators

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

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

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

1227 adult carers were offered individual care assessments.

Direct Payments

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

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

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.

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.

Learning Disability

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

NEXT STEPS

In 2020/21 we will focus on quality in the Trust using improvement science to move forward with our key priorities of Transformation, Financial Recovery, Quality and Safety of Care, Pathfinder project, and the Rebuild of Services following the COVID19 emergency.

Transformation - We will continue work to build on the success of a number of initiatives supported by the Northern Ireland wide Transformation Programme such as the establishment of multidisciplinary teams in GP practices in primary care providing direct access to physiotherapy, mental health and social work support, and the 'Our Hearts, Our Minds' rehabilitation programme for people with or at risk of cardiovascular disease.

Financial Recovery - The Trust has embarked on a 3-year recovery programme called **Working Together… Delivering Value** (WTDV). The aim of the Programme is to bring the Trust to a balanced financial position by reviewing service delivery across a number of key areas. The Programme includes a number of tactical savings projects and "Big Programmes of Work" all aimed at ensuring the Trust is using its available resources as efficiently and effectively as possible. We have introduced a 'Health Check' approach to measure and review the services we provide across four key areas - Service Delivery and Performance; Quality, Safety and Patient Experience; Finance and Workforce. As the service Health Checks continue to develop across the Trust we will get better at putting the patient experience at the heart of what we do whilst improving our controls assurance and accountability.

Quality and Safety of Care – Management of Intravenous (IV) Fluids - We have recently established a Trust wide group focussing on improving the management of IV fluids in adults. Clinical champions are being appointed with responsibility for teaching, training and audit of practice. This arises from the learning from the Independent Inquiry into Hyponatremia-related Deaths (IHRD) and from trends in incidents in adult practice. This will be a key priority for our improvement work in the next 12 months.

Flow Coaching Academy - Following a successful application to lead the Flow Coaching Academy for Northern Ireland, the first cohort commenced in May 2019 with 23 coaches representing all Trusts being trained across 11 pathways. The current cohort will conclude on 15th September 2020 with trainees gaining a Quality 2020 Level 3 qualification in Quality Improvement. The Trust is committed to continuing to lead on the Academy within Northern Ireland and will adapt the programme to meet the challenges posed by COVID19.

Pathfinder Project - We will continue to focus on our Pathfinder initiative which is committed to identifying the long term health and social care needs of the population of Fermanagh and West Tyrone to 2029, developing deliverable proposals and a costed implementation plan for the sustainable delivery of health and social care services in the Fermanagh and West Tyrone area.

Rebuild of Services - Working together with our health and social care partners across Northern Ireland the Trust is committed to support staff in assessing the impact of scaling up or restarting services. Safety is central to our plans and planning reinforces the importance of COVID19 safe environments and working practice to protect our staff, patients and service users by ensuring a rigorous and careful approach to minimise transmission and protect the most urgent services.