



Western Health and
Social Care Trust

Annual Quality Report

2020/21



Western Health
and Social Care Trust

Chief Executive's Foreword



This is the Western Trust's ninth Annual Quality Report. 2020/21 has been one of the most challenging years the Western Trust has ever experienced as it stepped up to meet the many and ongoing challenges of the COVID-19 Pandemic. Despite these unprecedented challenges we have strived to continually provide high quality and safe care to patients and service users. This has meant many difficult decisions have had to be made including down-turning elective surgery and postponing outpatient appointments so that staff could be re-deployed to critical care areas, provide additional support to care homes, support the COVID-19 vaccination programme and rebuilding of services in line with Department of Health Priorities.

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

Our commitment to involving and engaging with service users, carers and the public continues to gain strength with the appointment of dedicated staff who will support the ongoing work of embedding involvement and service user experiences as a key element of service provision. We have also welcomed Care Opinion, an online real time user feedback system which lets people who have been in contact with our services to share their experiences with us. Care Opinion also allows staff to respond to users of our service directly and provides a mechanism to feed back any changes or improvements that are planned or have been made.

The shift to provision of training materials and information to on-line platforms to meet COVID-19 safety requirements proved very beneficial to our staff in terms of access to training opportunities and resources such as staff health and well-being programmes. We have seen many examples of achievements by staff individually and in teams this year be it the staff recognition awards, qualifications, professional awards or national recognition for excellence in care, some of which are included in this report. I wish to pass on my congratulations to all of them.

Every one of us has an important part to play in improving the quality of care to patients and service users be it directly or in a supporting role. This report outlines some of the improvements we have made in service delivery and also some areas where more needs to be done. Improving the quality of care will continue to be a key priority for all of us as we modernise health and social care in our Trust.

I commend this report to you.

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WHAT IS THE ANNUAL QUALITY REPORT?

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

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

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

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

Vision and Values

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

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

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



Theme 1

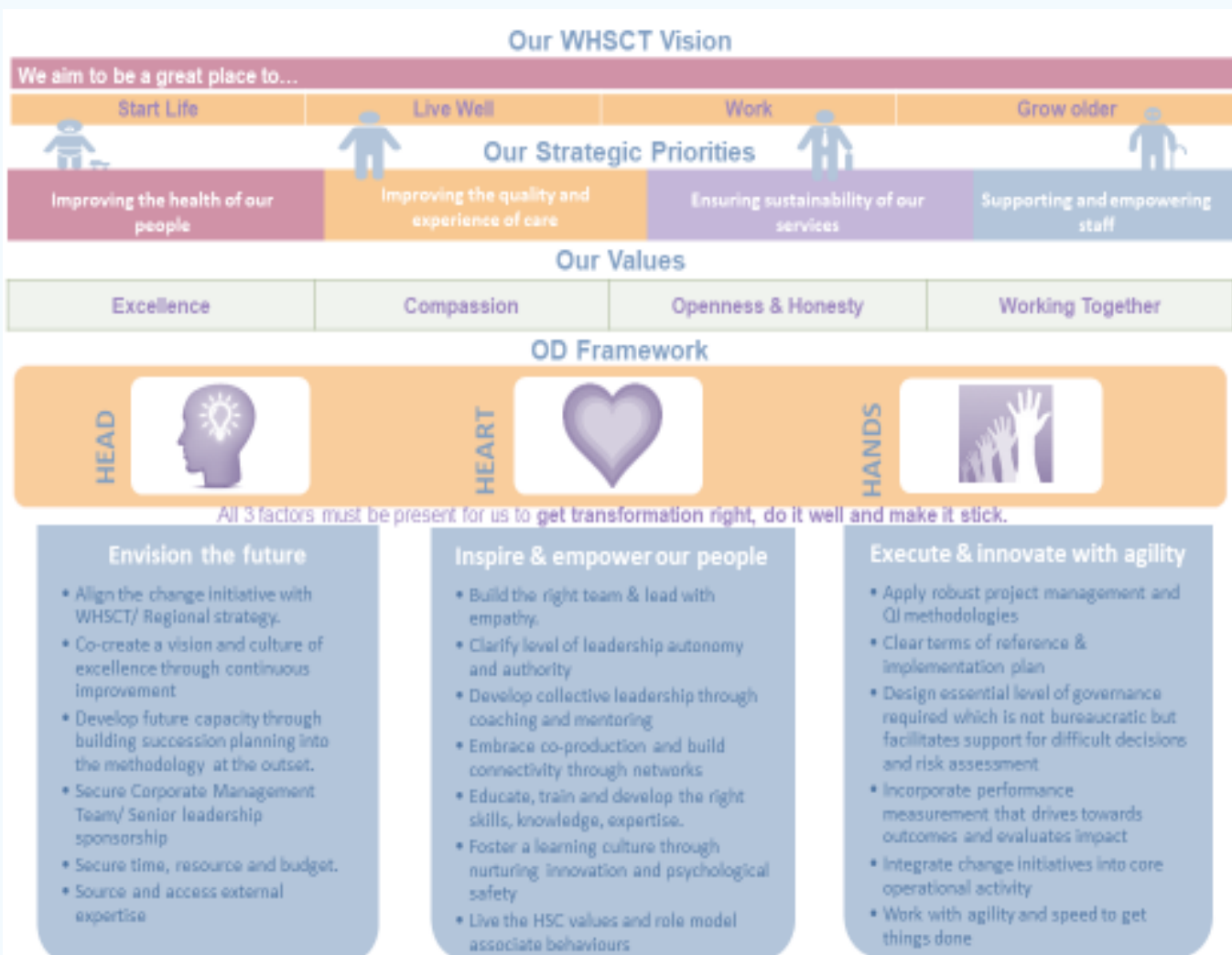
During 2020/21 the Trust approved its first **Organisation Development Framework**.

Our Organisation Development Framework is founded on the belief that **our people improve our systems.**

The Trust's Framework has been developed in the spirit of agile working and supports the achievement of the Trust's Strategic Priorities and the HSC "Values for All". The Framework will serve two purposes:

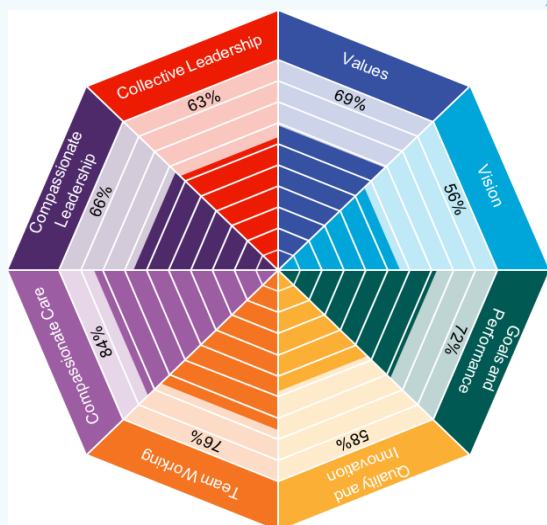


- Sets out our commitment to support continual organisational improvement.
- Provides a consistent framework which takes cognizance of best practice research, behavioural science and reliable methodologies to enable change and innovation to succeed.



This was co-produced with Trust 'Change Agents' following engagement sessions to identify the critical factors which led to success of change initiatives within our Trust. The critical success factors were combined with global best practice research from the Boston Consulting Group. The resulting framework for the first time unites together cross-directorate resources, best practice models, methodologies, skills development and contacts to provide an overarching instrument for Organisational Development.

Cultural Assessment Survey



The Cultural Assessment Survey was run throughout November 2020. The aim of the survey was to give a clear understanding of the current culture of our Trust. It identifies the areas of our culture that are working well and provides a clear indication of the areas which require more attention and development in order to deliver a culture of high-quality, compassionate and continually improving care.

A total of 1651 people completed the questionnaire which represents 13.1% of our staff population. The data indicates the current effectiveness of our Trust culture.

These results were consistent across all staff groups and all Directorates. However it should be noted that whilst Directorates showed the same trends as above there were variations between Directorates.

Organisation Development Steering Group

The Trust has also established an Organisation Development (OD) Steering Group who will oversee progress against 4 OD priorities agreed by the Corporate Management Team (CMT). These priorities, which are aligned to the NHS People plan, are;

1. **Growing for the future**
2. **New ways of working**
3. **Looking after our staff**
4. **Belonging in the Western Trust**

The OD Steering Group will oversee a number of connected work streams so that the above priorities can be progressed through a multidisciplinary approach across the whole system. The steering group will report progress through to the People Committee.

Engagement and Involvement Strategy

In November 2020 the Trust endorsed an Engagement and Involvement Strategy. The Organisation and Workforce Development Team is supporting teams throughout the Trust to develop local implementation plans to ensure effective communication and involvement of all staff in decisions and improvements in their own area of work. It is important now, more than ever, that we engage meaningfully with staff as we recover from the experience of the pandemic and work through the challenges ahead as we rebuild our services.



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.

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

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

framework 2016-21).

Due to the pressures associated with COVID-19 project work has been affected. Work streams undertaken during April 2020 to March 2021 are highlighted below.

Staff Experience of working during COVID-19 Pandemic - First Wave

Key Messages

- Support and visibility from management
- Communication, information and guidance
- Wellbeing of staff
- Technology
- Working patterns and conditions

The report will feed into the analysis of other pieces of work that were carried out during this time to look at the impact of COVID on staff and help develop one organisational action plan.



Staff Experience of Personal Protective Equipment during COVID-19 Pandemic – First Wave

Engagement with IPC Teams

Regionally 75% indicated that Infection Prevention Control (IPC) teams were accessible. 56% of respondents found the IPC team to be accessible in WHSCT. These responses related mostly to those who worked in an Acute Hospital or a Community setting.

Training

Regionally 78% respondents indicated that training prepared them for their job and that training helped and support anxiety, a new learning experience and was easily put in practice. Findings were 73% for WHSCT.

Information Sharing

Regionally 79% of respondents indicated that they received information about PPE in the workplace. Findings were 74% for WHSCT.

Source of Learning

Regionally 67% of respondents indicated the main source of information regarding PPE was through formal training. Findings were 64% for WHSCT.

Provision of PPE

Regionally 79% of respondents who indicated PPE was available, provided confidence and in line with current guidelines. Findings were 50% for WHSCT.

Support

Regionally 72% of respondents highlighted wanting to go somewhere during their shift where PPE was not required. Findings were 31% for WHSCT.



Care Opinion, an online Real Time User feedback system, was introduced regionally to embed a culture of openness and transparency across the five HSC Trusts in August 2020. In the period reported from August to March 2021 there were 123 stories received and have been viewed on Care Opinion **11,459** times.

Training through Zoom for responders has been offered across a wide range of services and this assists in reinforcing good communication and feedback skills for staff that can be transferred to other aspects of their work.

Most common tags added by authors to these stories

What's good?		What could be improved?		Feelings	
Staff	63	Signage	3	Thank you	44
Care	29	Seating	2	Good	18
Helpful	15	Access to doctors	1	Thanks	15
Explanations	14	Aftercare	1	Reassured	13
Friendly	13	Allergy precautions	1	Safe	13
Nurse	13	Cancelled appointments	1	At ease	11
Professionalism	13	Communication	1	Grateful	10
Reassuring	13	Covid restrictions	1	Amazing	9
Treatment	12	Deaf awareness	1	Happy	8
Professional	10	Dismissive	1	Helped	8

Service	Stories	Responsiveness	Mean time to respond	Changes planned	Changes made	
Western Health & Social Care Trust	123	98%	121	6 days	4	2
Adult Services	2	100%	2	16 hours		
Altnagelvin Area Hospital	91	98%	89	6 days	4	2
Covid-19 Vaccination centres	12	100%	12	9 days		
Lakeview Hospital	1	100%	1	4 days		
Older People's Services	5	100%	5	4 days		
Omagh Primary Care Complex	5	100%	5	71 hours		
Physical Disability Services	1	100%	1	39 days		
South West Acute Hospital	4	100%	4	9 days		
Tyrone and Fermanagh Hospital	2	100%	2	55 hours		
Waterside Hospital	1	100%	1	6 days		

Examples of stories, responses and planned changes by Responders

Adult Learning Disability Services

EMCS261120 a parent/guardian 02/03/2021

My learning-disabled son had dental and podiatry surgery under general anaesthetic at Altnagelvin Hospital towards the end of last year and I wish to express my sincere gratitude to those staff under both disciplines who made every effort to impress to make it a joint procedure. The dental surgery was pre-planned but the podiatry surgery was an emergency add on just nine days after contact being made by myself with the Omagh Podiatry Service. Thanks to the Podiatry Team, for the urgent podiatry referral to Altnagelvin and a very special thank you to the Community Dental Service and the Podiatry Specialist for Adult Learning Disability who carried out the respective procedures in such a compassionate, caring and professional manner. My only criticism is the fact that the southern sector within the Western Trust area (the Omagh/Enniskillen area), which is a large geographical area, does not have a learning disability podiatry screening service similar to that available in the Derry/Londonderry area. Had this been in place, my son's podiatry problem would most likely have been picked up and dealt with much sooner rather than as an emergency response to an approach instigated by myself. I hope this service anomaly will be rectified very shortly.

Head of Podiatry WHSCT 04/03/2021

Thank you for taking time out to post this kind message - I will certainly pass your thanks on to the Podiatry team and to the Specialist Podiatrist. We are working hard to secure funding for a specific Podiatry post in the Omagh/Enniskillen area however in the meantime, please contact the department in Omagh if your son has any foot problems.

Renal Unit Manager WHSCT 10/08/2020

We are preparing to make a change

Thank you for your feedback, and I am glad you are pleased with the running of the unit and how we handled the covid pandemic so far. There may have been more nurses as we had staff redeployed from other areas. This was in preparation for the covid first wave. As we are a specialised unit, we had to anticipate what to do if we had a large proportion of staff who were off with covid related reasons. These extra nurses were redeployed, fortunately things did not get to this stage.

We are going through a change at present regards our food provision. This is done in cooperation with the catering and support services department. The menu has changed for the first time in many years; and the quiche and fish fingers have now ceased. There are plans to make improvements to enable production of hot food such as toasties/paninis on the premises. Again thank you for your feedback and it is very useful.

Sister WHSCT 22/12/2020

We are preparing to make a change

Thank you for taking time to tell us about your experience in ED. As Sister in ED, I feel it is important for you to tell us of your experiences in order to allow us to improve and develop our service in a way that may provide better care to people in the future.

Currently during a pandemic the Trust have changed the guidance around who accompanies people to hospital, this is an attempt to reduce the risk and the spread of the COVID-19 to the public. This is a policy that is under continuous review and the trust will reduce these restrictions when infection rates are under control. As you have mentioned our waiting area is small and cramped and lack of facilities are evident. Over the past few months, we are currently developing a new waiting and ambulatory area to the front of ED, hoping to provide a larger waiting area, with family friendly facilities. We hope to have this operational early in the new year.

I am sorry to hear that you had not been offered food or water during your time in the department. This is not something we would like to see happening and our staff are approachable and willing to help provide refreshments when asked. There are designated meal times but due to the limited number of meals provided daily and the volume of people in the department, it can be difficult to provide to all patients, but we always provide food to patients on request. I do feel that your suggestion of the volunteer service would be very beneficial and something I will take forward to the volunteer team. This may also help highlight the need for refreshments for those in the waiting area.

I hope that if you ever feel the need to use our service again, your experience will have improved and we meet your expectations.

PERSONAL & PUBLIC INVOLVEMENT (PPI)

The Western Trust is committed to the active involvement of service users, carers and the public in the 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.

2020/21 saw the development and implementation of the Integrated Involvement Plan. In the plan, we build on our current work of Personal & Public Involvement with service users and carers, Patient/Client Experience, Learning & Improving Work and Staff Engagement and develop these into a single organisational approach to Involvement.

Our Integrated Involvement Plan is aligned to the Western Trust's four key ambitions, ensuring effective care in all we do.

In 2020/21 the Trust invested monies to secure a permanent Band 8a Involvement Manager to oversee all areas of involvement across the West. The Involvement Manager will be responsible for the implementation of the PPI action plan as well as developing strong community links with key partners.

2020/21 also saw the continuation of Transformation funding for the Band 7 Partnership Working Officer.

Regionally, the Trust continued to work alongside Trust partners, PHA and Department of Health on a number of high end pieces of work including: consultation scheme / guidance; remuneration and the outcomes framework. The Trust was also involved in the development of No More Silo's co-production group regionally as well as locally.

WHSCT developed projects across all service directorates promoting and involving service users and carers including:-

- No More Silos public webinar
- Development of a strategic service user / carer reference group to sit alongside the No More Silos project board and work streams.
- Developing and piloting PPI training for community and voluntary sector organisations.
- Development of Internal Leads group, representative of all staff / teams with a responsibility for involvement
- 'See me before the personality disorder' group – a coproduced project by graduates of the Dialectical Behaviour Therapy (DBT) programme.
- Primary Care, Multi-Disciplinary Team (MDT) Healthy Connections programmes – a coproduced programme with a group of patients from a GP surgery, exploring obesity.

PPI Adult Learning Disability (ALD)

The PPI team continue to support ALD both from a strategic and operational perspective. ALD have invested in a Business Manager with responsibility for involvement alongside 2 part time band 6 roles to support the development of both of the Strategic Involvement Group and Local Involvement Group's.

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 – 2020/21

420 formal complaints were received by the Trust, down 15% from the previous year;

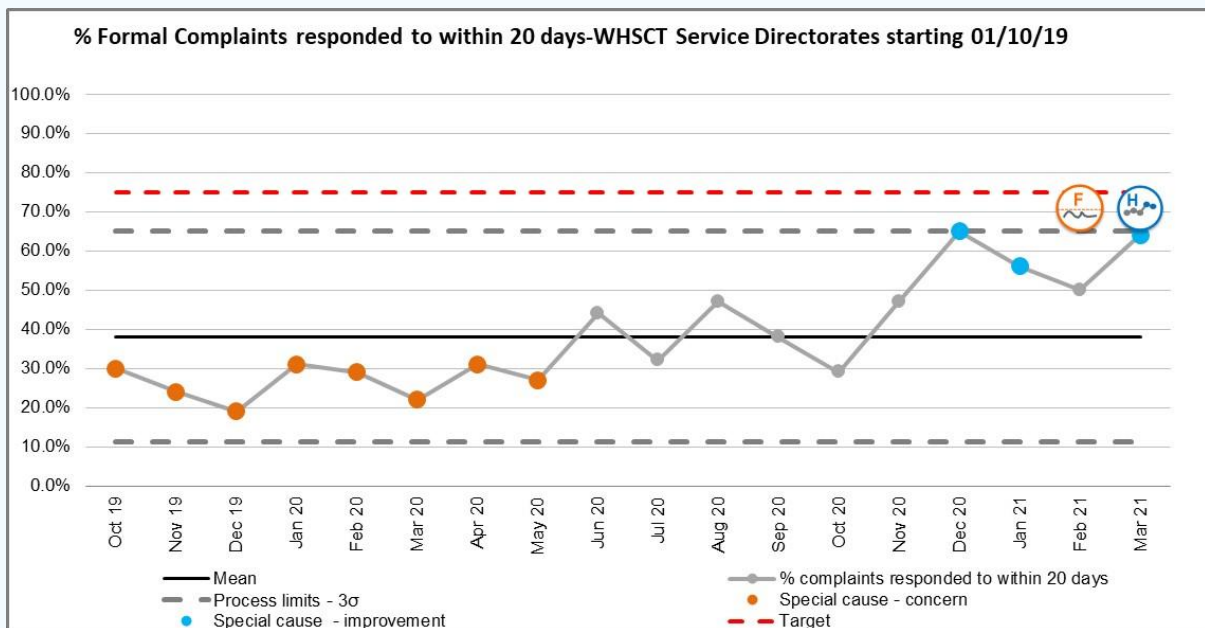
92% of the formal complaints received were acknowledged within 2 working days which is an 8% improvement on the previous year;

There was an improvement in response times from November 2020 onwards*;

2,714 written compliments were received during 2020/21 compared to 4,961 for the previous year

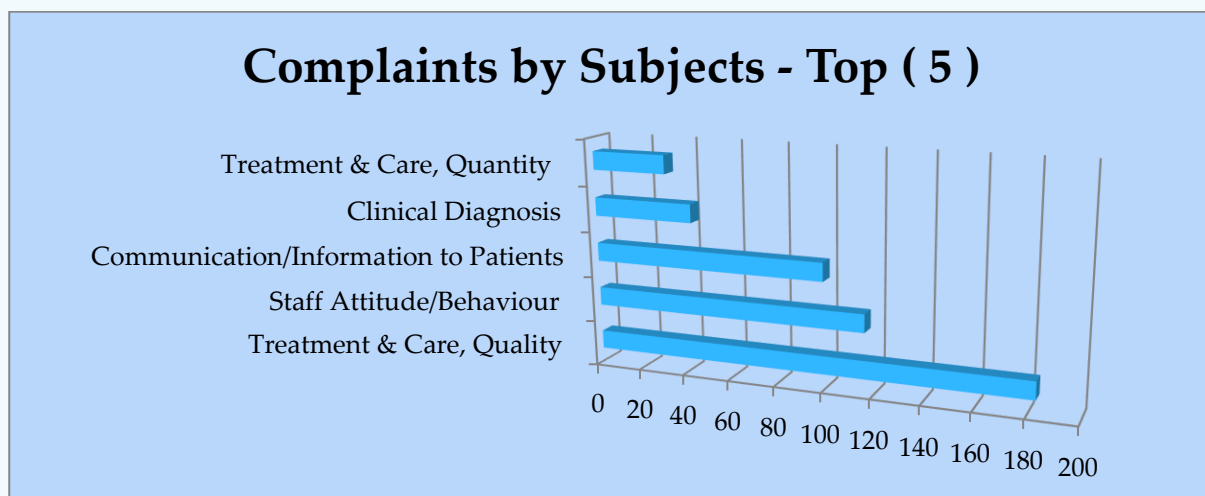
*The timeliness of response times to formal complaints has been an ongoing concern throughout the year. Some of the delays can be attributed to the complexity of complaints. They often link to more than one service area as well as time and resources required for thorough investigation and development of responses at service level. The exceptional challenges encountered due to the ongoing Covid-19 Pandemic also impacted on response times for complaints.

Response Times



Complaints by Subject – Top 5

The top 5 categories of complaints received during 2020/21 are set out in the graph below:



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 2020/21 the following are examples of comments captured as part of the learning in relation to the Top 5 Complaint Subjects:-

Complainant said:

She had concerns regarding possible deterioration in her husband's eyesight due to delay in him receiving notification of an appointment.

We did:

Miscommunication between Optician and patient led the patient to believe that an email would be sent to Ophthalmology Consultant. This caused confusion for the patient. It identified a need to explain the referral pathway to patient and his wife. Optician was also contacted regarding the referral process. Learning will be shared with all key staff involved in the patient pathway and who have been involved in the patient's care. Feedback will then be provided to the Booking Team, Optometrists, Nursing and Consultant Teams.

Complainant said:

Patient raised concerns due to the fact she was not informed there was evidence of a tumour in a CT scan she had carried out in September 2014. Consultant Urologist has carried out recent tests and has made her aware of this finding.

We did:

Apologised for the discrepancy observational error which occurred and advised that this will be discussed at the Trusts Radiology REALM/learning discrepancy meeting. This will ensure that all CT Reporting staff have had the opportunity to learn from this.

Complainant said:

MLA raised concerns on behalf of a constituent regarding the difficulties in contacting the family Social Worker and the non-payment of Direct Payments which is causing family great distress.

We did:

Head of Service advised a review was overlooked due to the absence of staff resulting in a mix up with the payments. The new Social Worker has now completed the necessary paperwork and the back payment is to be processed immediately. A single point of contact is to be rolled out in the Southern sector which will improve communication and prevent these type of situations arising again.

Complainant said:

Eye drops that were issued for her granddaughter were already open and had a different name and date of birth on them.

We did:

Lessons learned in ensuring medication is opened and checked and any unused medication to be returned to pharmacy.

Complainant said:

I have concerns about the attitude of a social worker and the lack of follow up with issues relating to a vulnerable adult.

We did:

Reassurance given that Social Workers receive extensive training in areas highlighted in complaint. Case should have been kept open until there was clear communication and a robust plan in place for the client.

Complainant said:

They had concerns about a data breach regarding their client's information.

We did:

Principal SW apologised that the information was shared inappropriately and for the distress this caused to the complainant and offered to meet to apologise in person. Service manager advised this was reported to the Information Commissioner's Office. Lessons to be learned in relation to confidentiality and the sharing of information.

Learning from a Northern Ireland Ombudsman Case

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

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

- i) Was the patient's dosage of Quetiapine appropriate?
- ii) Whether complainant's concerns about the level of sedation administered to his mother since January 2016 were adequately addressed by the Trust.
- iii) Whether the Trust's investigation of the Complainant's complaint was reasonable and in accordance with relevant guidelines.

The following recommendations were highlighted as part of their investigation and implemented as follows:-

- The Community Health Team Manager completes routine audits to ensure a care plan is in place and risk assessments are updated.
- Care Plans and Risk Assessments are monitored during managerial supervision.
- An Action Plan will be completed and noted at the Directorate Governance meeting in relation to these recommendations.
- Information on medicine is given by the prescribing Consultant.

LEARNING FROM INCIDENTS

Facts & Figures

In the year 2020/21, 14,500 incidents were reported, an increase of 18% over the previous year.

Incident Reporting and Review

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

The increase is partly due to Independent Sector incidents not previously reported through the Trust reporting system Datix and COVID related incidents which would not have been reported previously.

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

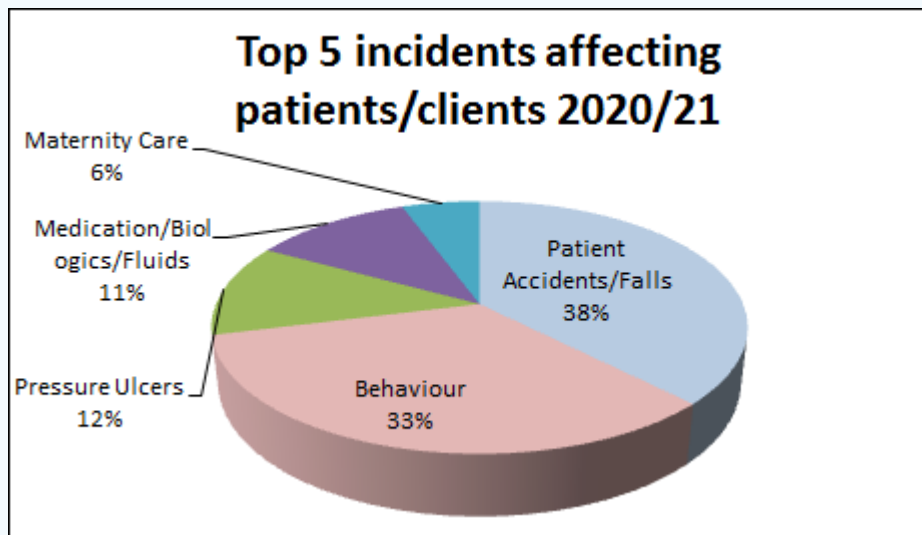
The Trust actively encourages the reporting of incidents and the open review of incidents by the staff involved. Incident training continued to be provided for staff during COVID through virtual online methods. Incidents are reviewed and learning is identified and shared at a number of forums including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

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. During the year and as a response to need for enhanced oversight and responsiveness to COVID related incidents, a Corporate Safety Huddle was also established to consider and escalate where necessary any incidents not covered at RRG but requiring urgent follow up.

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 and this was used throughout 2020/21 successfully to report incidents.

Top 5 Reported Categories

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



Patient Accidents / Falls (38%)

The percentage share of Incidents relating to patient falls rose by 9% on the previous year. This increase relates partly to new incidents being reported from the Independent Sector since September 2020 which gives the Trust greater assurance on the management of falls within Independent Nursing and Residential homes. During the year learning from 20 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 2020/21 are included in the Falls section of this report on pages 69-71.

Behaviour (33%)

The majority (58%) 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 2021/22 with deadline for final comments of 30/06/21.

The Trust Management of Actual & Potential Aggression training team (MAPA) continued to provide education and training on the management of challenging behaviour and potential and actual violence to all staff groups within the Trust throughout the COVID pandemic. Face to face training was delivered on a risk assessed basis with reduced numbers allowed. Since the commencement of this training in December 2018 to March 2021, a total of 2,505 staff have now been trained with annual refresher training ongoing.

The Trust Security Working Group was renamed in 2020 to the Management of Violence and Aggression Steering Group. The group will support the implementation of the new Regional Guidance when issued on the Management of Violence and Aggression, including developing and implementing supporting procedures and guidelines. The Working Group will provide a

focal point for the discussion of all relevant matters and will work to review/produce procedures for use throughout the Trust. It will also monitor all security related incidents and ensure any issues with meeting standards are escalated as required.

Pressure Ulcers (12%)

There has been a 16.5% decrease in pressure ulcer related incidents reported in 2020/21 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 2020/21 are included in the Pressure Ulcers section of this report on pages 74-75.

Medication / Biologics / Fluids (11%)

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 'Med Safety West' and a number of articles have been shared through Safety Lesson of the Week, including: - The COVID Drug check; Think Purple for Oral/Enteral medicines; Adverse Drug Reactions; and Vaccine Governance.

Maternity Care (6%)

Reporting of Maternity care incidents increased by 3% in 2020/21. 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. Maternity dashboards and the Maternity risk register are also reviewed at this forum to ensure risks are being captured and managed appropriately.

Examples of learning

The Trust's Rapid Review Group (RRG) continued to meet weekly throughout 2020/21 to improve the identification and sharing of learning. During that period RRG reviewed and authorised the sharing of learning from Serious Adverse Incidents (SAIs), Complaints, Claims, Coroner's Inquests and other sources of learning. Regional learning was identified and shared through regional learning alerts to the Health & Social Care Board (HSCB) on 7 occasions.

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

Local Learning from incidents reported

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

Synopsis – Patient had feeding tube inserted as an inpatient which was self-removed by patient.

As per protocol, a catheter was inserted to maintain feeding tube tract as a new replacement tube insertion was awaited.

Patient A was then fed via the previously inserted Foley's catheter, which is unlicensed for enteral feeding use. Staff realized the error and feeding was stopped immediately. No ill effects noted.

New rig tube was reinserted and feeding commenced as instructed via same.

Learning – A lack of awareness of the difference in tubes and licensing

Action taken following incident review –

This incident has been discussed widely at team brief and learning action plan derived.

- Practical demonstration given on ward to all staff to clearly identify the difference between catheter and rig gastrostomy feeding tube.
- Incident used as a topic for clinical supervision among staff.
- Incident discussed jointly between nursing and medical staff.

Areas for improvement noted as follows:-

- clear communication between disciplines
- nursing staff educated regarding difference between both tubes

Regional Learning from incidents reported

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

Synopsis – Staff member had used hand sanitiser on their PPE gloves prior to use of an ignition source. Their glove was set alight. Minor burns resulted.

Learning – Hand sanitiser is highly flammable. It is designed for skin application only and to evaporate approx. 30 seconds after application. It will stay much longer on non-porous materials such as gloves.

Action taken following incident review –

- First aid carried out and small burn to little finger did not require any further medical intervention. Staff member did not leave work or report sick.
- Business case being completed for safer ignition source alternatives.
- Incident reviewed by fire officer.
- Learning shared locally by Assistant Director and Trust-wide through Safety Lesson of the Week.

Regional leaning – A Northern Ireland Adverse Incident Centre (NIAIC) issued an alert regarding risks associated with the use of Alcohol Based Hand Sanitisers.

It should be noted that the benefits of using alcohol hand rubs far outweigh the risks mentioned in this notice when adequate control measures are put in place.

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). A 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.

SAI deaths by Directorate

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

The following table illustrates the number of SAIs that involved a death in the year 2020/21 for the Trust.

SAI Criteria	Acute Hospital Services	Adult Mental Health & Disability Services	Primary Care and Older People Services	Women & Children's Services	Total
4.2.1. Serious injury or unexpected / unexplained death	5	5	3	1	14
4.2.2. Unexpected serious risk.	0	0	0	1	1
4.2.5. Serious self-harm or assault, in the community.	0	2	0	0	2
4.2.6. Suspected suicide of a service user.	0	20	1	1	22
Total	5	27	4	3	39

Some examples of Serious Adverse Incident (SAI) reviews completed during 2020/21 and improvements made include:-

SAI case 1 – Communication with patient following refusal of treatment

Synopsis – Patient required an urgent Ophthalmology procedure but had deferred on multiple occasions despite the risks of serious harm.

During subsequent review of the patient, the consultant discussed the patient's previous refusal of the procedure. The patient was unaware that treatment had been refused or deferred and thought that they were 'under observation'. According to the Consultant's

documentation, they had offered the necessary procedure five times in total, with patient deferral four times despite the risks of foregoing the treatment.

Findings from the review of this incident identified that there were shortcomings in relation to informed decision making and the correct process to follow in relation to refusal of treatment.

Learning included –

The review provided for a regional learning alert which included the following information:-

- According to the General Medical Council (GMC) 'All patients/or carer(s) have the right to be involved in decisions about their treatment and care and to be supported to make informed decisions if they are able.' Additionally 'all patients/or carer(s) have the right to be listened to, and to be given the information they need to make a decision and the time and support they need to understand it'.
- In line with 'Good Medical Practice' clinical records should be clear; if a patient refuses treatment, this should be clearly recorded and include who the decision was made by and the information given to the patient to assist with the decision.
- In addition, the consequences of their choice, and any alternatives should be discussed and documented.

Improvements made:

- All Consultants will seek a second opinion if they would like confirmation of diagnosis and the correct treatment plan.
- If a patient refuses treatment they must sign in notes to say that they do not want treatment and this will be retained, along with a note by the consultant regarding their refusal of treatment and the implications of this action.

SAI Case 2 – Delay in recognising deteriorating patient

Synopsis – There was a delay in recognising a deteriorating child through initial phone call with GP (during COVID), attendance at Urgent Care & Treatment Centre (UCTC), Omagh and during subsequent transfer to Emergency Department (ED), South West Acute Hospital (SWAH) by ambulance where upon arrival prompt diagnosis of Diabetic ketoacidosis (DKA) was made and treatment successfully given. It required significant parental input to progress the transfer to ED, SWAH.

Learning included –

This SAI afforded the opportunity for multi-agency co-operation between GPs, Northern Ireland Ambulance Service (NIAS) and the Trust and with valuable information provided by the family to identify and share the following learning:-

- Based on the facts presented it was felt that a face to face consultation with the GP may have resulted in timelier diagnosis or a referral made to the paediatric team for assessment.
- There was a lost opportunity at the UCTC and subsequently in the ambulance to measure the child's blood glucose based on their presentation.
- The child's presentation should also have required senior paramedic attendance throughout the journey to hospital and a blood pressure measurement should have been performed by the ambulance crew.
- A pre alert call should have been placed by the ambulance crew to the SWAH emergency department.
- Staff in both UCTC and NIAS need to be more compassionate and sympathetic of patient or relative concerns and expectations in all of their interactions.

Actions taken includes –

- A reminder regarding DKA presentations has been sent to all clinicians in Western Urgent Care.
- NIAS has issued a SAI learning letter to all operational staff on medical emergencies in children - an overview which includes recognition, assessment and management.
- Emergency Nurse Practitioner (ENP) staff began a rotation to the South West Acute Hospital in March 2021 to increase exposure to cases not normally seen in Omagh Hospital & Primary Care Complex (OHPCC) and this includes exposure to sick children.
- Teaching on sick children is now included in the regular teaching program for the ENPs.
- The GP from Out of Hours involved in the case has been informed and has learned from this particular incident. They have reflected upon the early, medium and late presentations of DKA.
- This SAI has been shared with all agencies involved for learning.

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 2021 the Trust issued 7 learning letters to the HSCB.
- Learning is also shared generally through a number of mediums including Safety Lesson of the Week (in Staff-west website); Share to Learn newsletter; Trust SAI Learning workshops.

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

Trust SAI Event

There was no SAI Learning event during the year due to COVID restrictions. During the year the Risk Management department developed virtual training packages to ensure continued delivery of incident awareness and management training for all staff.

A SAI workshop was held in December 2020 for multi-disciplinary staff across the Trust to provide refresher training on the SAI process; review the learning from a deep dive SAI pilot on timeframes and our ability to meet them; and gave an opportunity for staff to share their experiences with particular emphasis on gauging the support available for: - SAI review teams; the staff involved in the incidents; and the patients and families involved. The workshop provided a clear way forward in terms of an action plan to enhance the successful management of SAIs into 2021 and beyond.

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: - Timely reporting of incidents; Safety during show and ice; Safe Transfusion practice; Oxygen Safety; Management of Cardiac Arrest; Falls and Bedrails; Accessing Information.

During 2020/21 the Quality and Safety Team continued to provide a quarterly report for Directorate Governance Groups. This includes information on SAls, incidents, complaints, litigation, health and safety, National Institute of Clinical Excellence (NICE) guidance, details on Regulation & Quality Improvement Agency (RQIA) reviews and other quality and safety indicators. This allows discussion and associated learning by the groups.

COVID-19 and Incident Management

The COVID-19 pandemic required escalation of the reporting and monitoring of not only COVID related incidents but other non-COVID incidents to ensure all aspects of quality and safety were continuing to be managed. With this need for increased vigilance in incident management the Trust initiated a weekly Corporate Safety Huddle to monitor incident reporting levels, review COVID related incidents, and provide overview of all incidents graded with the second highest grading (amber) to ensure any urgent actions and/or learning is completed quickly. The group complements the work of RRG and provides a rapid escalation route through that forum to give greater assurance on incident management. COVID and Vaccine Incidents can be raised daily where necessary through the COVID Command and Control structures to ensure rapid identification of risk and appropriate communication of issues to enable effective, fast decision making.

Learning from incidents contributed to a number of COVID 'safety messages of the week' shared with all staff including:- How to report incidents during COVID; Stay safe – Social Distancing; Hand Sanitiser – flammable risk; Stay Safe – wear PPE; Fitting FPS masks; Face masks and communication; How to report work acquired infections; and Skin protection when wearing PPE.

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 290 leadership walkrounds have been carried out since they were introduced in April 2008.

Due to COVID-19 Leadership Walkrounds were stood down from Mid-March 2020. As part of the reset of Leadership Walkrounds it was agreed that they would:

- recommence in September / October 2020
- include Wards / Teams involved in COVID-19
- be carried out virtually via video link

There were 5 virtual Leadership Walkrounds held between October and December 2020 to wards / teams involved in COVID-19. Due to the roll out of the COVID vaccine and the potential third wave in January / February 2021 time, the Corporate Management Team took the decision to pause virtual Leadership Walkrounds until March 2021.

QUALITY IMPROVEMENT (QI)



QI ANNUAL REVIEW 2020/21

Despite the unprecedented times during this period a Quality Improvement (QI) culture continued to emerge. This is a true testament to the commitment and enthusiasm of our staff in making improvements in Quality & Safety for the patients, as well as for each other, as colleagues. There were ongoing QI developments, QI projects and we continued to build capacity and capability within the workforce. This period enabled the organisation to begin to connect and align some of the corporate challenges to ongoing improvement work. Examples of these, such as learning as a result of the Hyponatraemia Report, has led to an internal Fluid Safety Group being established with QI projects aligned to the corporate group and opportunities for scaling and spreading of the improvements. Another example has been the focus on staff health & wellbeing as a result of the pandemic, QI projects have also been aligned to this overall corporate and regional driver. QI projects such as introduction of Psychological PPE for of junior medical staff, staff move more project and increasing joy in work to mention a few.

April

Due to the pandemic and the ongoing concerns rising at the time some of the QI improvement team were temporarily redeployed to support a pandemic response. The team supported the set-up of the Doctors Hub. Since inception, the Hub was developed using a QI approach and continues to be adaptive to the ever changing demands that are part of the current pandemic. The Doctors Hub is a multidisciplinary team effort with a shared purpose and passion to support and nurture the frontline medical workforce across the Acute Hospital sites so they can provide

their best care to the patients that they serve as well as preventing increased levels of absence and burnout.

May

QI conversations started to commence again across the region and the WHSCT QI team were involved in a 90 day learning cycle which commenced as requested from the HSCQI alliance focusing on 3 areas, virtual consultations, Virtual visiting and staff psychological wellbeing.

June

National What Matters To You WMTY celebration event took place in June 2020 and as part of this celebration event we launched a short survey to staff and service users for a short period and were successful in achieving over 800 responses.



774 Responses



35% Service Users
65% Staff

Staff and users said that during these times of crisis what matters to them most and what they would like to see going forward is increased access to services, safety, communication and health and well being supports. The Trust responded to meet these requirements by:

- Providing psychological supports;
- Virtual clinics / virtual visiting;
- Decision-making and communications enhancement through Silver, Bronze and the new Staff App;
- Enhanced PPE provision
- Enhanced promotion of health and wellbeing and joy at work.



July / August

The QI team began to plan for the closing of the Safety Quality West Cohort 2 programme and prepare to commence the Safety Quality West Cohort 3 programme.

Due to the unprecedented times that was being experienced there was a need to embrace the virtual space and technology to deliver programmes. Applications opened for the third cohort of the Safety Quality West programme, which was inundated with enquiries, resulting in much higher levels of interest that was anticipated. This indicated a real sense of interest and enthusiasm from staff to make improvements in quality and safety.

September

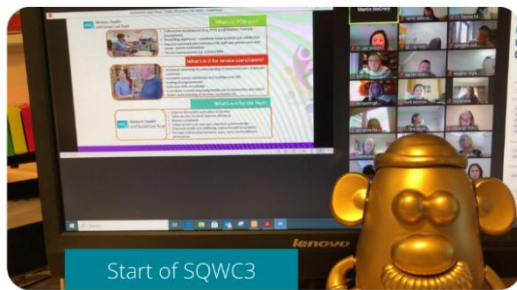
STEPWEST QI programme also embraced the virtual option of delivering their QI programme for Doctors in training. As an outcome of this programme 15 safety and quality improvement projects were commenced.

We marked World Patient Safety Day in September 2020 with a series of social media posts and associate videos covering various patient safety topics.

SQWC2 celebration event seen 67 staff graduated with their level 2 QI training and at this event 26 projects were showcased. Maureen Bisognano. provided the key note address at this event.

October

FCA NI- due to the challenges of the Pandemic, the big rooms across the organisation were paused given the priorities and focus at the time as well as the concerns regarding transmission. The first cohorts graduation was delayed until October 2020 and 23 FCA coaches across the region graduated. The Orthopaedic Big Room has been successful in restarting, albeit mostly in a virtual forum.



The SQWC3 programme commenced in October 2020 and the programme was over subscribed with over 100 staff registering their interest in this programme. The SQW faculty faced the challenges head on and converted the programme to fully virtual based to maintain the ongoing development of capability of staff in learning QI methodology as well as meeting the demands of staff to get involved and lead on QI projects right across the organisation as part of their QI learning journey. Over 30 projects commenced as part of this programme.

November

The annual QI Showcase event took place.. The event showcased 10 QI projects. This event also included the inaugural Davin Corrigan Award. This award was in recognition of a team that had demonstrated patient and family involvement in their service improvement, The award was given to the Strabane Recovery Team and was awarded by Davin's family.

December

At the December 2020 QI Steering Group meeting it was agreed to commence a monthly QI operational forum with representatives from each Directorate to develop the connections and expertise within directorates with corporate objectives and priorities. The QI operational forum report to the WHSCT QI steering group.

During December 2020 the QI team launched their monthly QI WESTCONNECT – QI network forum as a monthly QI hour to connect. This has been developing since inception and includes regular features such as 5 slides 5 minutes, guest speaker and local and regional QI updates.



January

A surge in COVID-19 resulted in a temporary pause of planned QI related programmes given the widespread challenges at that time.

February / March

Six staff members were successful in graduating from the SCiS Programme, achieving their level 3 QI training award. After the challenges of the previous surge began to settle, staff were able to refocus on their QI projects once again.

2019/21

4 OUT OF EVERY 10 STAFF QI TRAINED



2020/21

6 OUT OF EVERY 10 STAFF QI TRAINED



	2019/20	20/21	% inc
Level 1	5097	7025	37%
Level 2	140	186	32%
Level 3	21	41	95%



Theme 2

Strengthening the Workforce



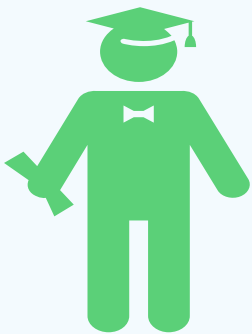
INDUCTION

In 2020/2021 the Trust's Employee Induction Programme moved from a half day face to face session to an online programme in order to adhere to COVID Safety requirements. The online Induction Programme was developed at pace and during 2020/21 approximately **800 new staff** have undertaken this training.

Induction, training and the provision of 77 Physician Associates clinical placements were provided for years 1&2 throughout a number of specialities across the Trust.

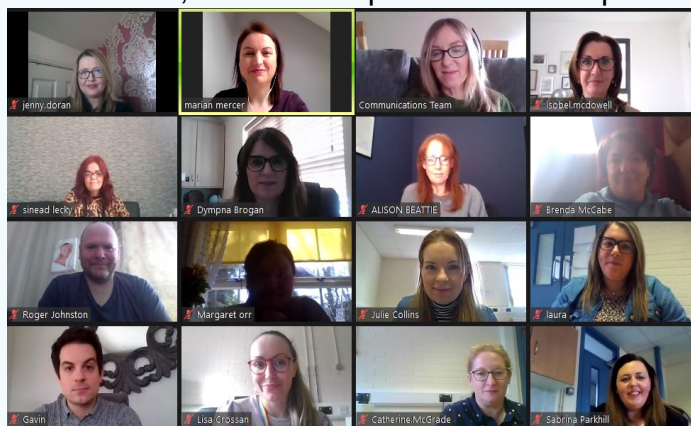
LEADERSHIP PROGRAMMES

Post-Graduate Diploma in Health and Social Care Management



The Post-Graduate Diploma in Health and Social Care Management is an Ulster University validated programme facilitated by the Trusts Organisational Workforce Development team in collaboration with the HSC Leadership Centre. In August 2020, 13 Trust managers successfully completed the two year programme; 6 students achieving Pass with *Distinction* and 7 students achieving Pass with *Commendation*; congratulations to students who will graduate in June 2021.

In September 2020, due to unprecedented expression of interest; 20



commenced the which is being delivered teaching methods. The blend of academic industry expertise senior leaders in the The ethos of the support staff in the their leadership roles to of high quality, services and of change in line with regional transformation in Health and Social Care.

managers programme using remote program uses a teaching and provided by Western Trust. programme is to development of enable delivery sustainable implementation

Learning and Development

During the past year the Trust's Organisation & Workforce Development Team focused on the delivery of a supporting safety toolkit, which was designed with the challenges of the pandemic in mind and provided our staff with the skills and knowledge to support their teams during COVID-19.

Supporting Safety Toolkit	20 sessions covering 7 topics with 521 participants
Learning & Development Courses	25 Sessions covering 7 topics with 477 participants



Working Safely Together ECHO Network - To support the Trust's commitment to working safely together through COVID-19 Safety Leads were identified in most of Trust facilities. The role of a Safety Lead was critical in supporting and educating staff in each facility about working safely together through COVID-19. The Trust worked closely with HSCB

and Hospice NI to develop a programme over 10 weeks from December 2020 to March 2021 to support our Safety Leads under Project ECHO NI. The programme has been co-developed by our Safety Leads to explore key topics for education and discussion. It provided our Safety Leads with a network to engage and learn from each other with the objective of increasing safety throughout our Trust.

The programme has been extremely successful as an engagement forum and has produced tangible outcomes such as;

- Formation of localised safety teams within large facilities
- Identification of unused clinic areas to allow staff to social distance
- Shared learning detailing ways in which teams throughout the Trust are increasing psychological safety and focusing on health and well-being at a team level.
- Installation of screens in shared office environments
- Installation of increased signage in vaccination centres
- Bespoke well-being session created for specific departments

COACHING AND MENTORING

Collective Leadership and Team Based Working

The Trust is committed to improving how we coach and support staff to ensure we have competent and capable teams and individuals who are empowered and enabled to provide first class patient care. We have evolved our coaching model this year by introducing two new methodologies that go beyond the standard practices of coaching within an organisation.


Collective Leadership focuses on the theme that all of us are leaders, and empowers staff at all levels by teaching and showing how collective leadership exists in reality. The model is part of the HSC Leadership strategy, and is built around 4 quadrants of behaviours that link to each

of our values. The approach has been embedded in our learning content as well as self-paced learning being made available on-line.


Team-based working is a subset of Collective Leadership, and is used as a diagnostic tool to both identify challenges within a team and also provide a framework that empowers teams to design solutions based on the Collective Leadership principles. This is currently being used within Team Facilitation sessions delivered by the Organisation and Workforce Development team.

Vocational Training

Personal Social Services (PSS) Funding - Registrations for Qualifications

	OCN NI Level 3 Diploma in HSC	C&G's Level 4 Diploma in Adult Care	OCN NI Level 5 Diploma in Leadership & Management in H&SC (Adult Residential Management)	OCN NI Level 5 Diploma in Leadership & Management in H&SC (Adult Management)
AMH&LD	6	10	1	5
PCOP	18	3	3	1

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	4	4	8
PCOP	5	-	1

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

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

The Vocational Assessor Team continue to deliver weekly classes with staff and learners from a variety of health and social care backgrounds within the WHSCT. This includes acute, community, residential, supported living, day-care and across all programs of care including primary care and older people, mental health, learning disability, and re-ablement. These staff /learners hold various support and leadership roles within the organisation. As a result of COVID-19 restrictions an adapted approach was adopted to ensure accessibility for all learners through a 'classroom' setting and a digital platform to smaller learning groups.

HPMA HR AWARDS



Joanne Adair, HR Project Manager, was awarded the HR Rising Star Award by Healthcare People Management Association (HPMA). This is a UK-wide award which recognised Joanne as a leading light in the profession. Joanne has delivered organisational improvement on a range of work streams within the Transformation and *Working Together, Delivering Value* programmes.

CIPD NI Award for Best Change Management Initiative – Delivering Value Workforce Efficiency Programme

The HR Directorate was awarded the CIPD NI Award for Best Change Management Initiative. This recognises the value of the HR contribution to the first phase of the Trust's financial recovery programme, 'Working Together, Delivering Value'. HR is centrally involved with the Trust service areas in planning and delivery of their system change programmes, and have led on a range of focussed work streams to overcome workforce issues and find new ways of working. This award recognised a range of improvements including, efficiencies in relation to use of agency staff and on-call rotas; reduction in 'time to fill' vacant posts; reduction in sickness absence across many teams and reduction in waiting times for Occupational Health Services. Year one of the programme was pre-COVID-19 and the HR Team continue to build on these achievements, and support managers and staff through the challenges that lie ahead.

Teaching Fellows

Founded in 2014, the MedEdWest teaching fellowship is now in its sixth year. The programme started with a single fellow and the scheme has grown steadily recruiting at least 16 participants every academic year, which are representative of doctors from a variety of medical and surgical specialities. The teaching programmes which include simulation; are well embedded in the delivery of undergraduate and postgraduate education. This initiative is very much valued by the medical students and the junior trainees. By providing extra curriculum initiatives and embedding programmes of near/peer assisted learning (PAL) and teaching fellow roles within the clinical education programmes in MedEdWest we can attract and retain doctors to the WHSCT as a 'great place to work by empowering medical students and junior doctors to lead on these roles and become our future leaders in the digital age. These innovative cultures reportedly enhance the creation and implementation of new ideas and working methods in organisations. We need to harness that enthusiasm for education and learning by being slightly different to other education providers by offering additional opportunities and providing a truly positive experience here in the WHSCT at an early stage in their career.

Undergraduate

In preparation for the final year medical exams a dedicated study week was organised, 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 excellent for the training and education delivered. 45 Final year students finished the assistantship programme. Unfortunately, due to Covid19 the assistantship programme did not last for the full 9 weeks. The Quality Improvement project initiative did not take place which is unfortunate as this programme increases both their confidence and competence before commencing work as FY1 doctors.

QUB C25

The QUB new C25 curriculum was introduced with the impact to the Trust in 2022. The new curriculum involves the delivery of the new 3rd year Longitudinal Integrated Clerkship (LIC). This framework for medical student clinical placements focuses on continuity across learning environments and experiences focusing on integration, combining traditionally discipline-

specific learning across the period of the 14-week LIC placements. It offers continuity of clinical experience in the same clinical setting, increasing students' long-term learning, focusing on patient-centeredness and clinical independence, thereby developing meaningful roles in the care of patients. The 14 week placement split into 7 weeks medicine and 7 weeks surgery. The old specialty specific placements were replaced with a "peppering" into these two placements.

This change was a huge challenge for MedEdWest during the pandemic, as this new format was implemented two years early during Covid plus the additional challenge of a catch up period over the summer months for the 3rd & 4th year medical students to enable them to complete the 14 week placement in the Trust to complete the year had to be met. This would not have been possible without the assistance of the FY1's who have been amazing and assisted MedEdWest in the delivery of some of the education and training throughout this difficult time.

Year on year, MedEdWest are delivering better and more focused training within the WHSCT. We are currently adapting to the new normal and delivering medical education in a different way which is much more challenging. Everything that will be done in the year ahead will incorporate the learning from the changes which have occurred and utilise the unique opportunities that are emerging from the COVID 19 pandemic. In medical education, the new ways of educating must be embraced and we will lead the way in training and assessing our medical students and doctors for the NHS of the future not of the past.

Widening Participation

MedEdWest facilitated the opportunity to 80 Year 13 students from schools in the Western Area who are considering a career as a doctor to avail of "The Access to Healthcare Virtual Clinical Work Experience Programme". This programme provided an introduction to a number of fields of medicine and teach some key skills that are essential in the daily lives of every doctor, such as navigating complex ethical situations. The programme was an invaluable opportunity for all students interested in medicine as an alternative to face-to-face work experience that provided a strong grounding for their medical applications. The students participated in all three days in February & March 2021 with great feedback.

SUPERVISION

Medical Supervision

GMC Recognition of Trainers

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

Named Clinical Supervisor: For every placement, the doctor in training must have a Named Clinical Supervisor. In some instances, this will be the same person as the educational supervisor. A Clinical Supervisor (CS) is a Trainer who is responsible for overseeing a specified trainee's clinical work throughout their placement in a clinical environment. Their role

is to lead on providing day-to-day supervision of trainees, reviewing a trainee's progress and providing constructive feedback.

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

All educational lead roles are now funded and are integrated within the Trust E-job planning process. The foundation programme has extended with additional Foundation Education Supervisors to support the FY1 & FY2s on both sites. In addition, the Department of Health provided funding 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 (1 hour or 0.25 PA of educational time per trainee per week).

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 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 2020/2021, only 51% of staff participated in clinical supervision. Feedback during this challenging time reflects staff may have informally availed of supervision, however did not record as a formal session. Debrief, huddles and WHSCT Psychological support sessions are examples of where staff had the opportunity to reflect on practice in a safe environment.

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. However this was postponed in response to the Covid-19 pandemic. Effort is being made to transfer the delivery to a blended training format using virtual technology. In the meantime mandatory training programmes are prioritised and additional training support are offered on request.

Supervisors of social workers attend a three day **Intermediate Supervision Training Programme**. In response to the Covid-19 pandemic, the training was transferred to a blended learning model with frontloaded self-directed learning followed by live online interactive sessions and follow up drop-in support sessions. Feedback from participants have been positive, sharing of strengths in the blended format and opportunity to re-visit training content through pre-recorded teaching.

Getting the most from supervision training supports the supervisee to understand the supervision process, promoting active and accountable engagement. Similar to the Introduction to supervision training this is transferring to using a virtual delivery format.

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. This has been facilitated in the context of challenges created by restrictions in place to manage and minimise spread of infection. Model of providing specific mentoring support was developed by the Learning Development and Governance team to support cohort of newly qualified social work staff. This group were commencing their first Assessed year in Employment and had experienced a shortened final placement as the pandemic took hold. Regular development days are offered to social workers in their Assessed Year in Employment (AYE) year, to support them during their first year as employed social workers.

The Trust is also represented on a regional working group tasked with the development of a new regional social work supervision policy. This work is nearing completion and representatives are contributing to the final write up of the new regional social work supervision policy and intended implementation in autumn 2021.

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. WHSCT AHP Senior Team have reaudited in 2021 with initial results showing Supervision is well embedded in AHP Services 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)

In 2020/2021 there was a downturn in recorded appraisals and this is most likely due to a number of reasons linked to the Trust's response to the COVID-19 pandemic:-

- Managers working in business continuity arrangements
- Reduced time and capacity
- Level of absence
- Many staff were temporarily redeployed into areas of need
- Areas/services stood down as a result of social distancing requirements.

Reflect



Importantly this year the appraisal process will include a well-being discussion section to encourage staff to reflect over the past year and discuss their needs going ahead. An Appraisal April launched in April 2021 and across the Trust and webinars will be available to completing appraisals. The reporting on 2 figures for the completion % from 1st April

reporting figure in line with the financial year) and the past 12 months (new figure that is a rolling % This will allow us to highlight and focus on areas of low coverage to offer support and improve completion rates.

Refocus



forward into the year Campaign will be promoted widely additionally weekly support manager in Trust is also now incoming year – 2021 (normal completion % within month on month).

STAFF ACHIEVEMENTS

Professional Awards

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

Student Midwife of the Year

Eimir Martin was named Student Midwife of the Year 2020 at the first virtual Queen's University Belfast Midwifery Society Mentor Awards. Eimir received her workplace learning with the Midwifery Team at the South West Acute Hospital and the Community Midwifery Team at Omagh Hospital and Primary Care Complex.



BMJ Award for Antenatal Gestational Diabetes Team

The Antenatal Diabetes Team won a prestigious national healthcare award for their innovation in caring for women with gestational diabetes. The Team is multi-disciplinary in nature and is made up of Consultants in Obstetrics and Diabetes, Midwives, Diabetes Specialist Nurses, Diabetes Specialist Dietitians, Administrative Staff, Health Care Assistants and Service Managers.



Staff Honoured in the Queen's Birthday Honours List for their Contribution to the COVID-19 Pandemic

Congratulations to Leona Burns, Head of Contracting Services for the Western Trust and Marie Therese McDermott, Endoscopy Unit Manager at the South West Acute Hospital, Enniskillen and Omagh Hospital and Primary Care Complex on their much deserved recognition in the Queen's Birthday Honours list.



Leona Burns was appointed a Member of the Order of the British Empire (MBE) in recognition of her contribution to the Coronavirus response as an exemplar of the wide range and exceptional community and front-line service given across the country in recent months.

Mary Therese McDermott became a Medallist of the Order of the British Empire (BEM) for services to nursing in response to the COVID-19 Pandemic. Marie Therese was redeployed to manage the Covid-19 Swab Team for the Southern Sector of the Trust in April 2020.



Queen Elizabeth The Queen Mother Award for Outstanding Service to Nursing in the Western Trust

Janice Vance has been awarded the Queen Elizabeth The Queen Mother Award for Outstanding Service to Nursing. Janice is one of four nurses across the UK who received the award during an online ceremony on the 30th September 2020.

The Award is awarded to nurses who provide exceptional care to their patients and demonstrate a continuing passion and enthusiasm for nursing and the advancement of community nursing.



Social Worker wins prestigious UK Award

Congratulations to Social Worker Nicola Young who received the Fostering Excellence Award for Outstanding Contribution by a Social Worker at a virtual awards ceremony organised by the Fostering Network. Nicola is the first Social Worker in Northern Ireland to have ever won this award – what an incredible achievement.

Friends of the Cancer Centre Scholarship awarded for 2020

Congratulation to Laura Okell, Practice Educator for Radiotherapy at the North West Cancer Centre, who has been jointly awarded the Pamela Lutton scholarship for 2020 by the Friends of the Cancer Centre.

Laura's scholarship award will enable her to complete a postgraduate diploma in Education for Health Care Professionals. This will not only allow Laura to consolidate her knowledge and experience, but will help her with developing the delivery of training and education within the radiotherapy service at the North West Cancer Centre. This will have a positive impact on her fellow team members, students, patients and their families.



Western Trust Strategic Capital Development Director recognised in New Year Honours List

Congratulations to Alan Moore on his much deserved recognition in the Queen's New Year Honours List. Alan, is a Director of Strategic Capital Development for the Western Trust and received the Officer of the Order of the British Empire (OBE) for his services to Mass Incident Emergency Planning in Northern Ireland. Alan has for many years worked through the CAWT (Co-operation and Working Together) partnership to enable sharing of expertise and experience in responding to health emergencies. This has brought benefit for many in terms of the quality of training that's been made available including most recently an update on early lessons from the COVID experience. His award is richly deserved.



MBE Award for Enniskillen Nurse

A recently retired Western Health and Social Care Trust (Western Trust) Nurse has been awarded an MBE for her services to cardiology nursing throughout her long and successful career. Sr Marion Duggan worked as a nurse in the Cardiology Department at the Erne Hospital, now known as the South West Acute Hospital (SWAH), for over 40 years. In a remarkable career Marian was the first cardiac nurse to administer life-saving clot drugs in the UK while working on a nurse led mobile cardiac unit where there were no doctors present. Before retiring in March 2021, Marion had worked as a nurse at the Erne Hospital for 43 years, and in total she has been in nursing for a remarkable 48 years, having trained and qualified at the Dick Whittington Hospital in London.



Trust Staff Recognition Awards

Western Health and Social Care Trust (Western Trust) staff were recognised at the Trust's special recognition awards ceremony in December 2020. The ceremony, held in Fermanagh, celebrated the huge contribution staff make to the delivery of health and care services in the Western Trust area.

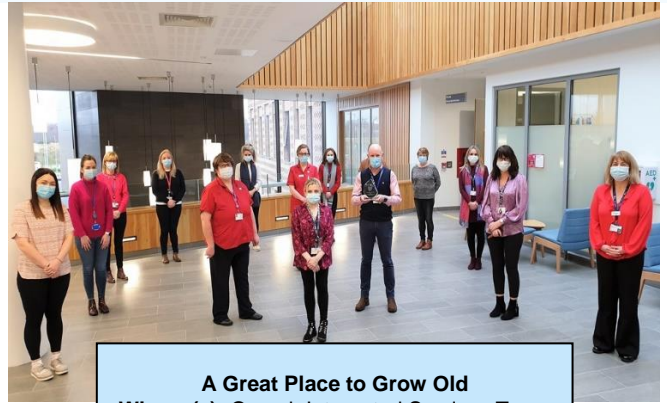
The Western Trust Staff Recognition Awards were hosted by the Chair of the Western Trust, Sam Pollock and Chief Executive, Dr Anne Kilgallen. Special guest at the ceremony, Health Minister Robin Swann, presented the awards and paid tribute to the vital role played by health and social care staff in the West.

There were eight award categories in total, alongside the coveted overall Chair's award. Categories included; A Great Place to Grow Old, Unsung Hero, Leadership and Support Services Award. The long-term commitment and dedication of our staff was also recognised in the Lifetime Achievement awards. Individuals and teams were nominated by their colleagues

and were recognised for being innovative and for their exceptional contribution to improving services across health and social care services in the West.



Chair's Award
The Chair's Prize was presented to
The Industrial Action Team



A Great Place to Grow Old
Winner(s): Omagh Integrated Services Team



A Great Place to Live Well
Winner: Dolores McFadden, Advanced Practitioner Neuro
Occupational Therapist, Spruce House, Altnagelvin Hospital

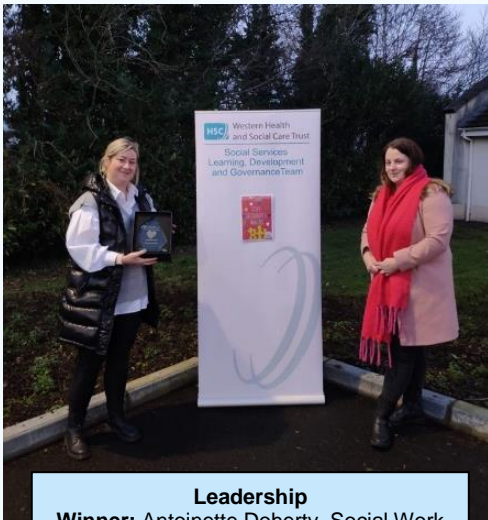


A Great Place to Work
Winner(s): Eglinton District Nursing Team, Derry

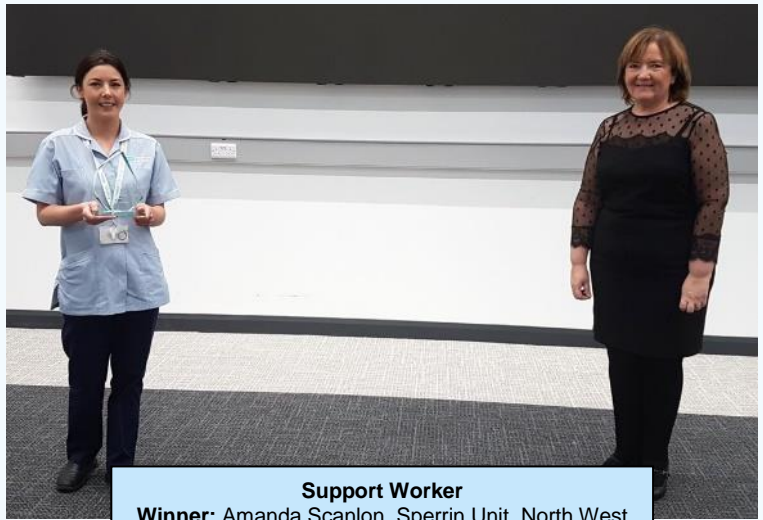


A Great Place to Start Life Winner(s)
Neonatal Intensive Care Unit, Altnagelvin Hospital





Leadership
Winner: Antoinette Doherty, Social Work Manager, Derry/Londonderry.

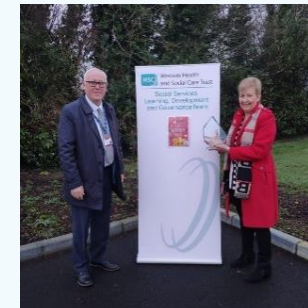


Support Worker
Winner: Amanda Scanlon, Sperrin Unit, North West Cancer Centre, Altnagelvin Hospital.



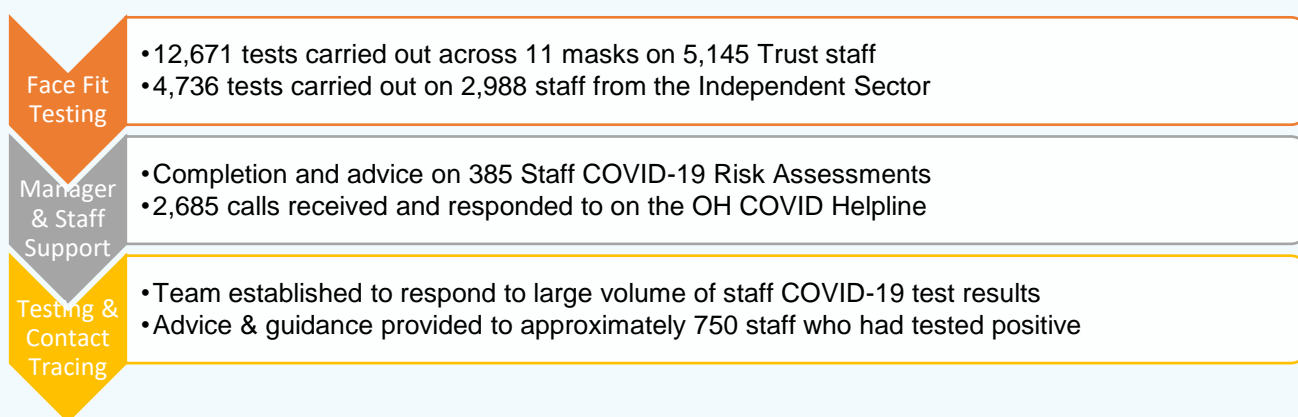
Unsung Hero
Winner: Eddie Curry, Transport Department, Derry/Londonderry.

Lifetime Achievement Awards



LOOKING AFTER YOUR STAFF

Occupational Health (OH) activity in 2020/21 was dominated by COVID-19 related activity across multiple areas. OH supported significant programmes of work including face fit testing, flu vaccination, setting up of COVID-19 vaccination centres, contact tracing and high volumes of risk assessment support in accordance with evolving guidance.



OH also delivered a very successful annual staff flu campaign which saw a significant increase in uptake across all staff group.

Staff Group	2019/20 uptake	2020/21 uptake	Increase
Frontline Health Care Workers	28.2%	46.2%	18%
Frontline Social Care Workers	10.6%	38.8%	28.2%
Doctors	52.7%	60.1%	7.4%
Nurses/Midwives	23.7%	43.5%	19.8%
AHPs	29.1%	47%	17.9%
Pharmacists	50.5%	86.9%	36.4%
Support to Clinical Staff	24.5%	42.2%	17.7%
Social Workers	12.3%	38.2%	25.9%
Social Care Workers	9.4%	39.3%	29.9%

COVID-19 Vaccination Programme – in the latter part of 2020/21 the HR Directorate led the roll out of the COVID-19 Vaccination Programme within the Western Trust, bringing together experts from all parts of the organisation to design, develop and implement a complex and multi-faceted programme. What commenced as a staff vaccination exercise evolved into large scale population immunisation, which has been operating since 14 December 2020.

96000 vaccines delivered in Western Trust Area as at 31 March 2021

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 2020/21, Inspire has provided **563** counselling sessions to staff through face to face, structured telephone counselling and/or video counselling. Also during this period **129** staff made their first contact to use Inspire services.

TWIST West

Trust Staff Health and Wellbeing - *Tackling Wellbeing in Staff Together*

One of the ambitions of the WHSCT is “A Great Place to Work” which focuses on staff wellbeing. During 2020-21 the Trust continued to promote and enhance provision of staff health and wellbeing through investment in TWIST West, health improvement and staff information on services and initiatives to provide a safe, supportive and health promoting workplace.

[TWIST West Website](#)

The TWIST West Website is a Wellhub providing a single portal through which Western Trust staff can access information on health and wellbeing activities, policy updates, latest resources, staff articles and register for upcoming wellbeing sessions.

The website was adapted so that staff could access from their mobiles without passwords, ensuring ease of access for staff when at work and at home. As the COVID-19 pandemic unfolded the [#WeAreWithYou](#) programme of work was developed and promoted widely to staff. This includes resources and information for staff and managers to support themselves and manage their emotional health and wellbeing at this time. In addition a range of creative well-being training and programmes to support physical and mental health has been offered to staff via zoom at a range of times. Further information can be found on this via the [TWIST West Wellhub](#).

We use Google Analytics to measure site usage and from April 2020 to March 2021, we have had:

- 6,599 returning users to our website
- 27,845 website sessions
- 101,009 page views
- Tranquil Tuesdays Newsletter is our most visited page followed by the Cycle to Work Scheme Information Page.

Communication with Staff

Communications on staff health and wellbeing are coordinated via regular upload of information on TWIST West, weekly circulation of the [Tranquil Tuesday Newsletter](#) via trust email and regular updates circulated to management.

Tranquil Tuesdays Newsletter

In 2020, we changed from our Friday Focus weekly email to staff to the Tranquil Tuesday Newsletter circulated to staff weekly via Trust email. This email is sent to staff directly from the

TWIST West Western Trust email address so that staff automatically know this is an email containing health and wellbeing information. The Newsletter is bright in colour, usually contains a motivational poem and imagery alongside a host of images and links to relevant health information that has been promoted via the website for that particular week. Feedback on our Newsletter has been immensely positive, we receive weekly compliments from staff to say as much.

There is a direct correlation between the sending out of this weekly Newsletter and the hits we receive on the website. Within a year of our website launch, we have reached over 75% of our staff via this Website. We are working on developing better ways of reaching all WHSCT Staff.

During 2020-21, a range of staff health and wellbeing programmes and resources were developed:

Staff Wellbeing Programmes

- **Monthly Public Health Agency (PHA) stress control** - 6 session online programme from May 2020 to March 2021 was made available to staff.
- **“Reflect and Recharge”** - 3 x 4 week programmes targeting 41 staff.
- **“Using aromatherapy to manage your emotions”** 3 x 2 hour sessions. Participants all received a gifted introductory essential oils kit worth £33 = 47 staff. These were so popular that an additional 3 x 2 hours session was set up for the staff working within older peoples homes with a further 62 staff from nursing and residential care attending: 109 Staff
- **“Rainbow rooms”** - grants of £100 were sent to 22 older people homes. Grants were used to purchase items to enhance staff wellbeing areas - called rainbow rooms - to aid relaxation and access nutritious meals.
- **Unpaid carers** – 2 x 6 week Pilates courses ran with 13 participants.
- **Pilates Programme** - 6 week programme was organised by Condition Management Programme in WHSCT and attended by 60 staff.
- **Self-care for practitioners and first responders:**
 - Resilience – 12 attended
 - Relaxation – 17 attended
- **Sleep awareness training** - 2 x 1 hour sessions delivered to 20 staff.
- **Innovation Recovery College courses** shared on a monthly basis.
- **Nutrition Regional ZOOM webinars** on a range of topics promoted monthly.
- **Weight management 12 week** messaging programme delivered.
- **Breast Awareness Online Session** - Delivered by Pink Ladies.
- **Male Cancer Awareness and Health Online Session** - Cancelled due to low uptake but those registered were contacted by co-ordinator and Pink Panthers to provide men’s health information.
- **Financial Wellbeing Sessions**
 - 3 sessions delivered online for staff in November 2021.
 - 2 sessions delivered by the Consumer Council NI.
 - 1 session delivered by Advice NI.
 - Promotion of the Money Advice and Pensions Service – Talk Money Week.
- **Western Trust Creative Writing Project** - We had 70 submissions from staff for our Creative Writing Competition with our Judging Panel selecting 6 winners.

Staff Wellbeing Resources

- [Page Tiger Staff Wellbeing Resource](#) focusing on four key areas, Wellbeing matters, COVID and Flu advice, Mental and Emotional Wellbeing, Support for Families and Others produced during the COVID -19 Pandemic.
- [Managing Anxiety Around Coronavirus Leaflet](#)
- [Going Home Poster for Managers](#) has been developed to link in with their team and provide support through checking in before they leave work to return home after their shift.
- An [Infection Control Uniform Poster](#) based on the evidence has been developed for staff.
- [Resilience 12 Tips Poster](#) designed and printed/ laminated and distributed via wards.
- [Sleep Well Resource](#) - Available via Health Improvement, Equality & Improvement Department, 028 7186 5127.
- [Young Person's Guide to Mental Health](#) – Mental Health support for young people and their parent or carer. The resource is available to download from the WHSCT website at: https://westerntrust.hscni.net/wpfd_file/young-persons-mental-health-guide/ and hard copies are also available from the Health Improvement Equality and Involvement Department, Gransha Park, Derry/Londonderry by emailing health.improvement@westerntrust.hscni.net
- [Looking After Yourself at Home](#) - New resource developed for people spending more time at home during COVID including working from home.
- [Poster to Promote INSPIRE Well Hub](#)

Campaigns promoted widely with all staff through various channels

- Staff flu campaign
- COVID -19 vaccination programme

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 forum provides strategic direction while emphasising a shared leadership approach for staff health and wellbeing.

At the height of the pandemic we managed **staff donations** from local businesses and the public. We disseminated donations to staff across the nine directorates.

Work to support staff wellbeing with the chaplains is ongoing, the chaplaincy work includes all faiths and none. This includes resource and programme development on spiritual inspiration and support across the lifespan. We worked with the acute directorate to provide 68 **chaplaincy packs** for staff and patients on covid wards.

A chaplaincy tile has been created on Twist West to collate all prayers and contact details of our chaplains. Visit: [Chaplaincy Information Page](#) to view.

The Trust's **Cycle to Work scheme** has recently been relaunched and walking routes are promoted throughout our sites.

A **long COVID working group** has been established to explore ways to support staff who are experiencing symptoms of long COVID, this includes a pilot **Managing the Pain Long-COVID Trust staff**.

Consulting with staff through staff ideas has helped to shape the type of programmes and menu of activities that are provided in the area of staff health and wellbeing. Several staff contacted us through the staff ideas email address to share their ideas and suggestions to promote wellbeing and improve services.

Investment and development into supporting staff well-being throughout the COVID pandemic and into reset continues to be a priority for WHSCT.

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 included:

- **Maintaining adequate staffing levels**
 - Fast tracking of application process and pre-employment checks in relation to the Workforce Appeal using modified processes. ***From the Workforce Appeal campaigns up to March 2021 – 1070 new employees were recruited.***
 - Engagement of Final year medical students
 - Collaboration across the region on recruitment initiatives, for example, a pilot ***Regional Student Streamlining Project*** for both nursing and social work students.
 - Returning retirees and delaying retirement dates of existing staff.
 - Redeployment of staff within and across Directorates.

- **New Procedures/processes**
 - 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.
 - WHSCT Specific Contractual Frequently Asked Questions for Medics
 - Supporting Staff through COVID-19 Information for Managers and Team Leaders – Occupational Health and Wellbeing Service
 - Managing COVID-19 Anxiety: Psychological Guidance for Staff - Occupational Health and Wellbeing Service
 - Social Distancing Guidance
 - Homeworking Guidance
 - Managers Framework for Staff Shielding
 - Risk Assessment for all staff including Black, Asian and Minority Ethnic and pregnant staff
 - Risk Assessment for homeworking

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

REVALIDATION

Medical Staff

During 2020/2021 Appraisal & Revalidation activities were temporarily suspended so that doctors could focus on patient care during the extraordinary time of pandemic. This measure was supported by:

- The Chief Medical Officer who, on the 10 April 2020, communicated with all relevant organisations that annual appraisal process for doctors should be temporarily suspended.
- The General Medical Council who postponed all revalidation dates, occurring during the period 17 March 2020 until 16 March 2021, by 12 months.

Provision was made for exceptional submission of recommendations where all relevant supporting information was available and where submission was requested by the doctor. In total the Trust submitted 9 recommendations during 2020/2021 (9 recommendations for 'Revalidation' and no recommendations for 'Deferral'). All recommendations have been upheld by the General Medical Council (GMC).

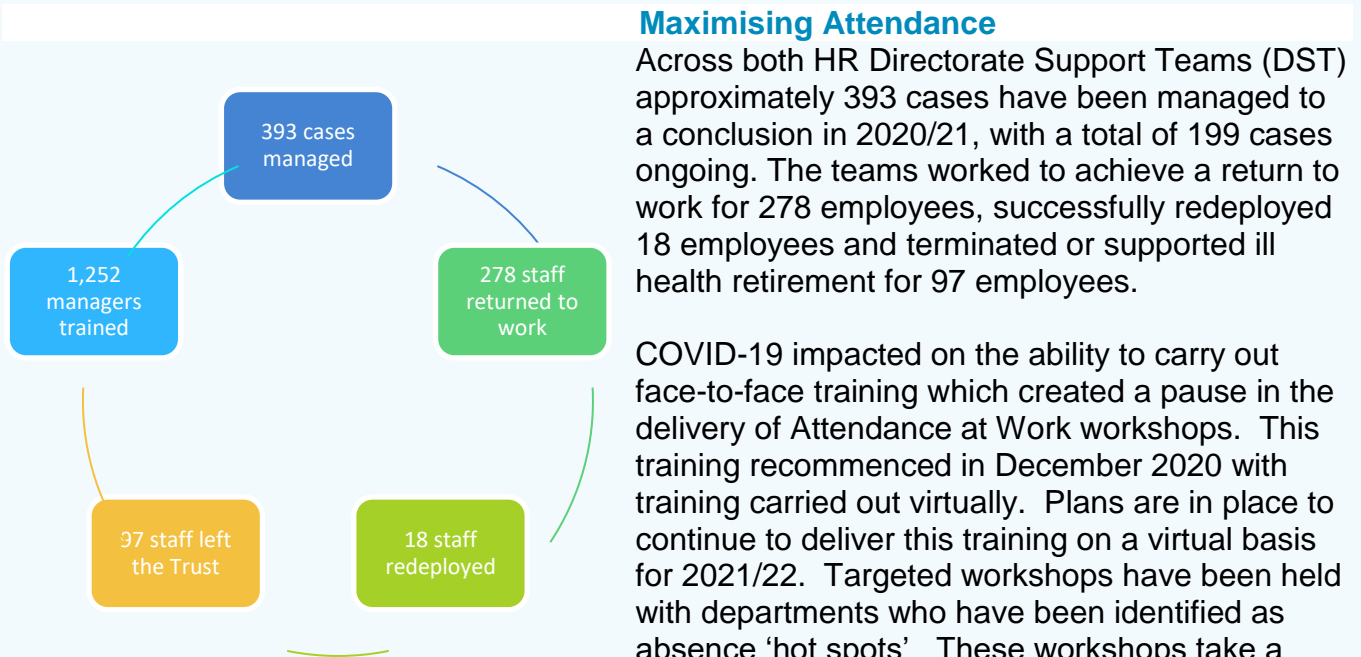
Nursing Staff

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 this does happen 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



Maximising Attendance

Across both HR Directorate Support Teams (DST) approximately 393 cases have been managed to a conclusion in 2020/21, with a total of 199 cases ongoing. The teams worked to achieve a return to work for 278 employees, successfully redeployed 18 employees and terminated or supported ill health retirement for 97 employees.

COVID-19 impacted on the ability to carry out face-to-face training which created a pause in the delivery of Attendance at Work workshops. This training recommenced in December 2020 with training carried out virtually. Plans are in place to continue to deliver this training on a virtual basis for 2021/22. 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 8 of these workshops in 2020/21 with tailored action plans developed for each area.



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 is available on the electronic HR Hub, where all staff can check a list of mandatory/statutory training for their area of work.

Despite the challenges posed by the response to COVID-19 pandemic **Table 1 (below)** shows increases in uptake in 5 of 6 core mandatory training requirements.

	April 2020	April 2021
Induction	85	89

Q2020	42	58
Fire Safety	55	61
Information Governance	63	58
Equality	42	51
Moving & Handling	43	60

STAFF TRAINING

Medical Education & Training

The role of medical education is to develop competent and caring healthcare practitioners who are capable of providing the highest level of care to their patients. MedEdWest is a dynamic innovative medical education department with a seamless undergraduate and postgraduate structure. MedEdWest delivers undergraduate (UG) medical education to Queen's University Belfast (QUB) and Royal College of Surgeons Ireland (RCSI) 3-5 year medical students and postgraduate (PG) medical education for Doctors in Training for the Northern Ireland Medical and Dental Training Agency (NIMDTA). The Western Trust continues its long-standing tradition of providing excellent education and training for medical students, doctors in training and continuing professional development for consultants and continues to cultivate the strong on-going relationships with Queen's University Belfast, (QUB) and the Royal college of Surgeons Ireland (RCSI), the Northern Ireland Medical and Dental Training Agency (NIMDTA) and the General Medical Council (GMC).

Never has the environment been as changing as 2020, with education and training being delivered in a rapidly evolving environment with decisions and training needs being met in an almost constant state of flux. The impact of COVID 19 pandemic has brought unprecedented and unexpected challenges to medical education. Medical students were removed from Trust placements in March 2020 with virtual teaching and catch up placements ensuring their training was maintained until they returned to placement in the summer. There were massive changes for our doctors in training with redeployment to Covid facing areas. Those remaining in specialty had to cover for redeployed colleagues with rota changes and merges. All of these required focused quality training packages to ensure patients and trainees were protected. MedEdWest worked closely with and within The Doctors Hub to ensure doctors were supported, cared for and skilled up throughout that period. MedEdWest led the Covid training and lecture series that kept all medical staff informed and updated re all aspects of Covid related care. All aspects of training were recorded and archived within the MedEdWest Covid PageTiger resource. This has since morphed into the MedEdWest Medics PageTiger resource for all training. This ensured availability of training to all on a 24/7 basis.

Serious Adverse Incidents (SAI) **Simulation and Virtual Reality**

Healthcare simulation improves the safety, effectiveness and efficiency of healthcare services. These emerging training opportunities provide a pathway to digital transformation in healthcare. "See one, do one, teach one" is no longer the standard technique of learning new skills and competence in medicine. The move away from didactic or lecture based teaching to healthcare simulation is a bridge between classroom learning and real life clinical experience. The use of simulation and virtual reality provides a safe learning environment where mistakes can be made without any risk to patients. It provides a means to "practice" critical thinking,

clinical decision making, and psychomotor skills in a safe, controlled environment. Errors can be allowed and corrected without concern for patient safety. A number of Trust SAIs were re-enacted via Simulation i.e. tracheostomy, chest drains etc. This training was facilitated and delivered by MedEdWest.

FirstSteps/StepWest Leadership and Quality Improvement Programme

The MedEdWest FirstSteps and STEPWEST Leadership and QI training programme have gone from strength to strength since initial conception. This programme commenced again in October 2020 for 9 months. The training consists of interactive presentations and combines action learning sets with the delivery of a QI project. Despite the challenges and demands of the Pandemic 30 out of the 44 participants completed the programme with 16 projects presented at the virtual Cohort 5 Graduation Day on 11th June 2021.

Training Initiatives

MedEdWest continues to support trainees and medical students with a number of planned events in relation to their Health and wellbeing including career events.

- Bleep/Prioritisation
MedEdWest with Teaching Fellows have introduced a Bleep/Prioritisation initiative to prepare/equip final year medical students and new F1 level trainees with the skills required for their first year in practice. This initiative was simulated in wards so students/trainees could benefit not only from gaining the practical skills of being an F1, but also as a way of introducing them to locations they may not previously have had experience in.
- Clinical Learning and Simulated Skills (CLASS) programme for Foundation year 1 (9 month programme)
- Teach the Teacher programmes for Doctors in Training
- The MedEdWest continues to develop and deliver the E-Induction for Doctors in Training on the Pagetiger platform
- Provision of training events for medical staff to include Leadership, coaching and mentoring, Human Factors, debriefing etc.

Reducing the Risk of Hyponatraemia

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

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

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

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

The Trust has established an IV Fluid Safety Oversight Group to provide leadership and oversight of Trust-wide improvement work associated with IV Fluid Management and Fluid Balance Monitoring via audits, Quality Improvement, education and training. Membership consists of senior clinical and professional staff across all service Directorates.

The Trust held an internal hyponatraemia stocktake workshop involving staff representing the Trust on the regional IHRD groups, clinical leads, ward and service managers, in October 2020. This workshop presented an opportunity to bring together staff from a range of disciplines and roles within the Trust in order to:

- Consider progress on implementation at a practice level, within Directorates and across the organisation;
- Reach a shared understanding of the changes required to implement the IHRD recommendations and how these impact on our day to day working/practice;
- Identify and understand any obstacles to progress;
- Agree actions to address obstacles and enable changes to practice.

The Trust Hyponatraemia Project Board continue to meet to review and update the IHRD (Inquiry into Hyponatraemia Related Deaths) action plan.

Infection Prevention and Control (IP&C) Training

The Regional IP&C E-Learning and Aseptic Non Touch Technique training was launched in June 2020. This training is hosted on the HSC Learning platform.

The attendance target for each year is 50% of the total number of staff who require training (i.e. 5,477 out of 10,953 applicable staff).

As attendance at IP&C Training is required on a biennial basis, the attendance rate over a 24 month period has also been calculated. As of the end of December 2020 it was 71.85%. That is the highest attendance rate since this figure began to be monitored in January 2018.

Covid-19 Response

The Infection Prevention and Control (IP&C) Team continues to be significantly involved with the management of any suspected or confirmed cases of Covid-19, the continued development of Covid pathways, reset and rebuild of services, contact tracing and processes and outbreak management.

The IP&C Team also continue to support Independent Sector care homes in the event of any declared outbreaks.

Covid-19 Training

The IP&C Team launched a programme of Zoom Covid-19 training sessions commencing in mid-September 2020. Previously the training was delivered through a combination of face-to-face and virtual sessions. The face-to-face sessions were restricted to small groups in order to comply with social distancing requirements. The training is now fully virtual.

Personal Protective Equipment (PPE) Safety Officers

The IP&C team initiated a new development with the training of 254 PPE Safety Officers across the Trust. These staff received bespoke training and support to enable a local ward/department approach to providing key information and education on the safe and effective use of PPE.

Compliance with IPC standards of practice

The IP&C Team continue to monitor staff compliance with hand hygiene, the use of PPE and other High Impact Intervention audits during the Covid response. Support and education is provided to staff at the time of auditing and results are communicated to the ward/department managers and senior managers for action. The audit results are also reported through the normal directorate governance arrangements.

Haemovigilance Training

“Right Patient, Right Blood” requirements

The Trust promotes requirements of Better Blood Transfusion 3 - BBT3 - HSS (MD) 17/2011 and Blood Safety and Quality Regulations (BSQR, 2005). These standards require all staff involved in the blood transfusion process to have valid Haemovigilance training every 3 years (2 years if involved in blood collection) and valid competency assessment every 3 years (competency assessments are not required for staff who are only involved in authorising - i.e. prescribing - blood components). The Haemovigilance Practitioners regularly ascertain compliance with this requirement (e.g. when reviewing Haemovigilance incidents).

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

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

Other Training

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

Learning from the Covid-19 pandemic

During the COVID-19 pandemic, the Haemovigilance Practitioners realised that despite the challenging times it was still important to deliver training to promote safe transfusion practice and ensure appropriate use of Blood Components. Therefore, alternative training options were required. Haemovigilance training sessions are now available virtually (via Zoom) as well as face to face if a room is available that permits social-distancing. To create engagement from the attendees at the virtual training sessions, reading materials are shared in advance of the training session. The Haemovigilance Practitioners have also produced Blood Transfusion

training videos that offers visual demonstration of key points of the blood transfusion process to strengthen learning.

Theme 3

Measuring

the

Improvement

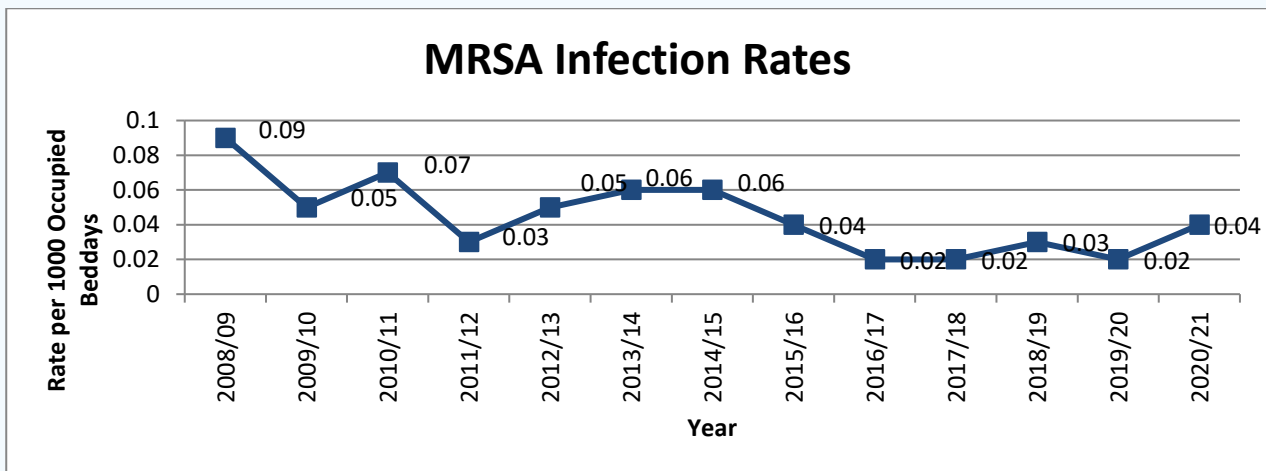


REDUCING HEALTHCARE ASSOCIATED INFECTIONS (HCAIs)

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

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

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



Facts & Figures

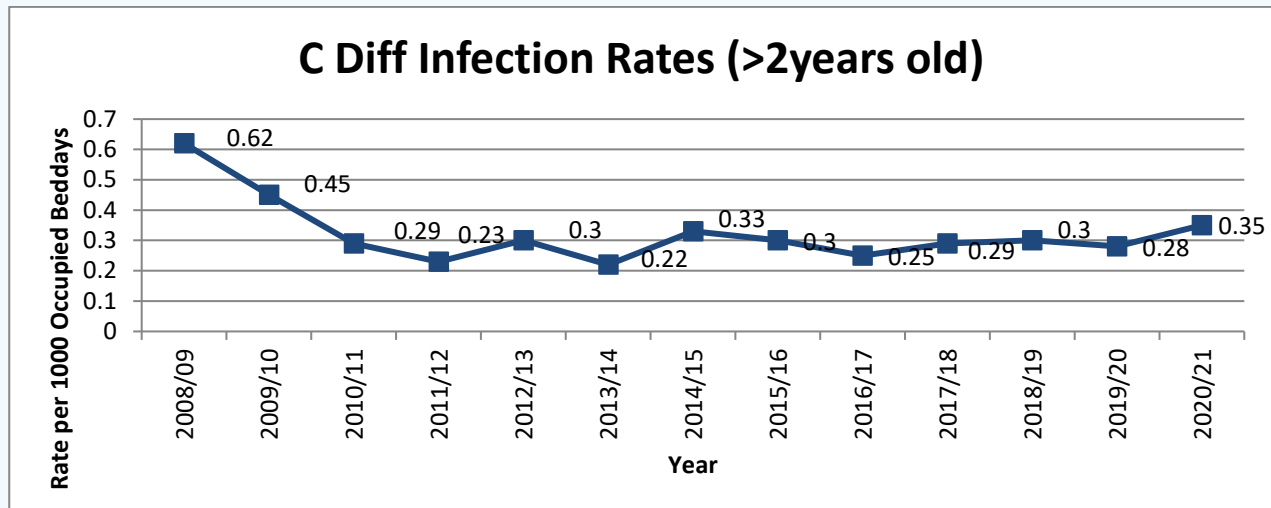
Due to the COVID-19 pandemic the Department of Health NI did not set a reduction target for MRSA bacteraemia in 2020-21. The Western Trust reported a total of seven cases for the year. This was an increase of 75% compared to the previous year (four cases). Six of the seven patients came to hospital with MRSA already in their blood stream.

The infection rate for 2020-21 was 0.04 infections per 1000 occupied bed days.

Clostridium difficile (*C. difficile*) Associated Disease

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

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



Facts & Figures

Due to the COVID-19 pandemic the Department of Health NI did not set a reduction target for *C. difficile* in 2020-21. The Western Trust identified 66 cases for the year. This was an increase of 5% compared to the previous year's performance (63 cases). 35 of the 66 cases were community-associated.

The infection rate for 2020-21 was 0.35 infections per 1000 occupied bed days.

Gram-Negative Bacteraemia (GNB)

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

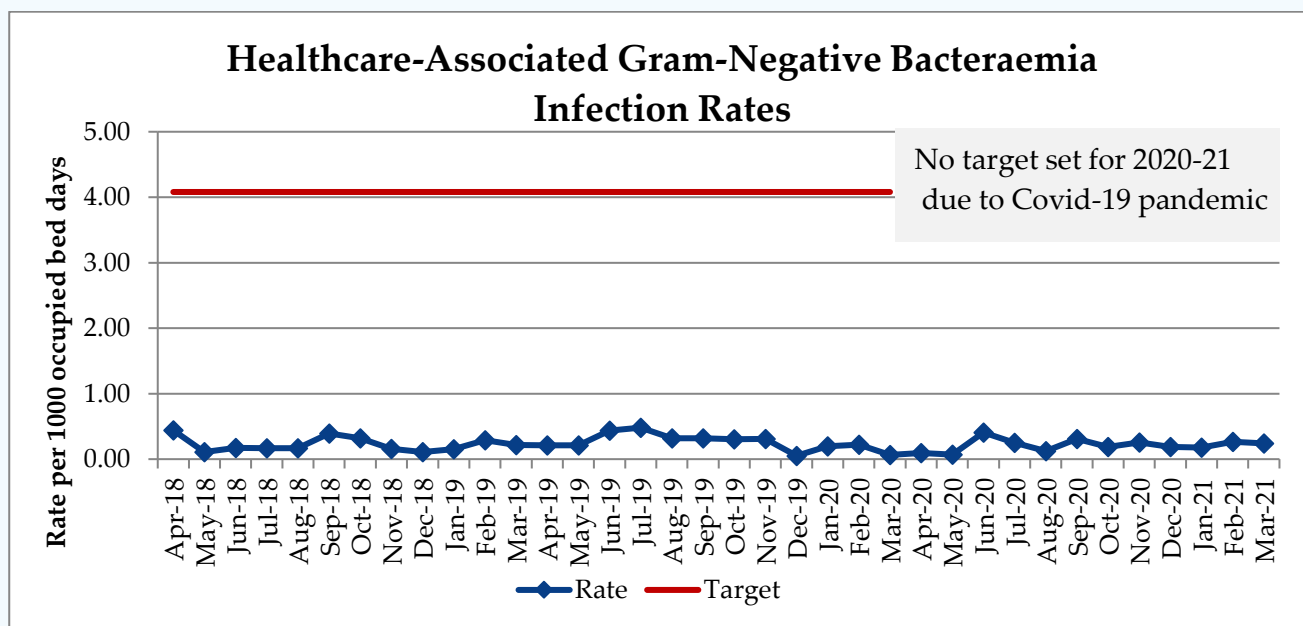
In April 2018 a new mandatory enhanced surveillance programme for GNBs was introduced. This included a reduction target for healthcare-associated GNBs. The specific bacteria to be monitored were *Escherichia coli*, *Klebsiella species* and *Pseudomonas species*. The surveillance programme is part of the Department of

Facts & Figures

Due to the COVID-19 pandemic the Department of Health NI did not set a reduction target for healthcare-associated GNB in 2020-21. The Western Trust reported a total of 40 cases for the year. This was a reduction of 32% compared to the previous year (59 cases).

The infection rate for 2020-21 was 0.21 infections per 1000 occupied bed days.

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.



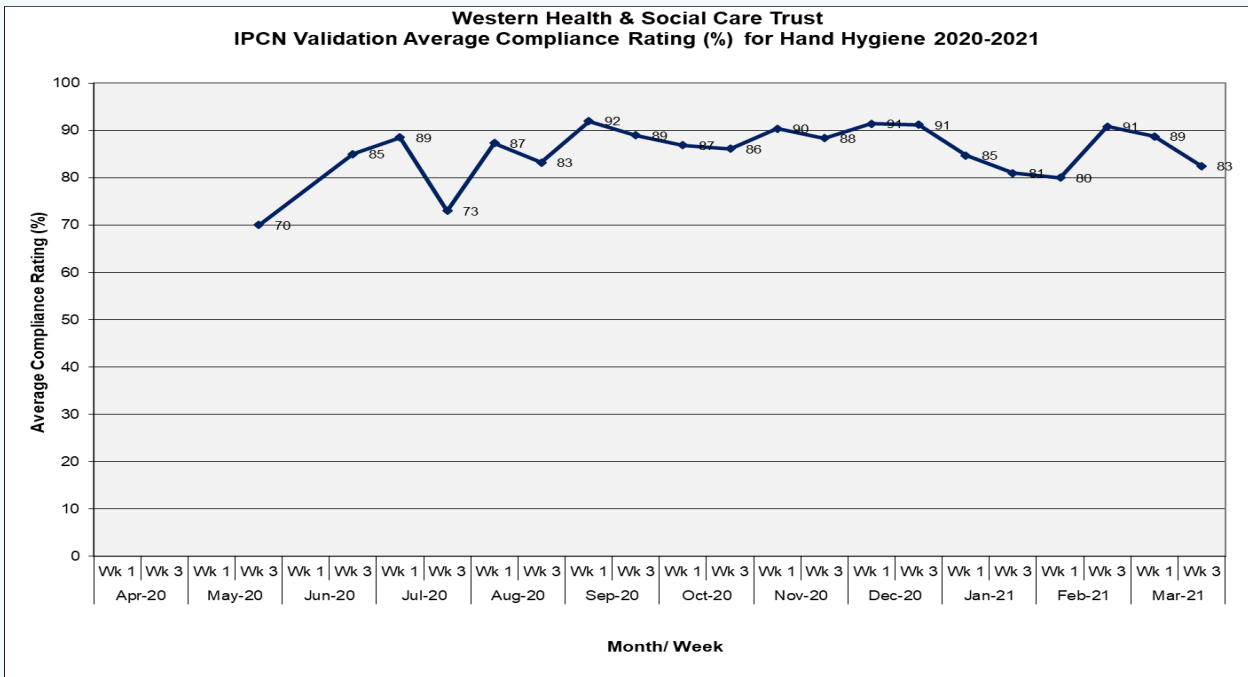
Hand Hygiene

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

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

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

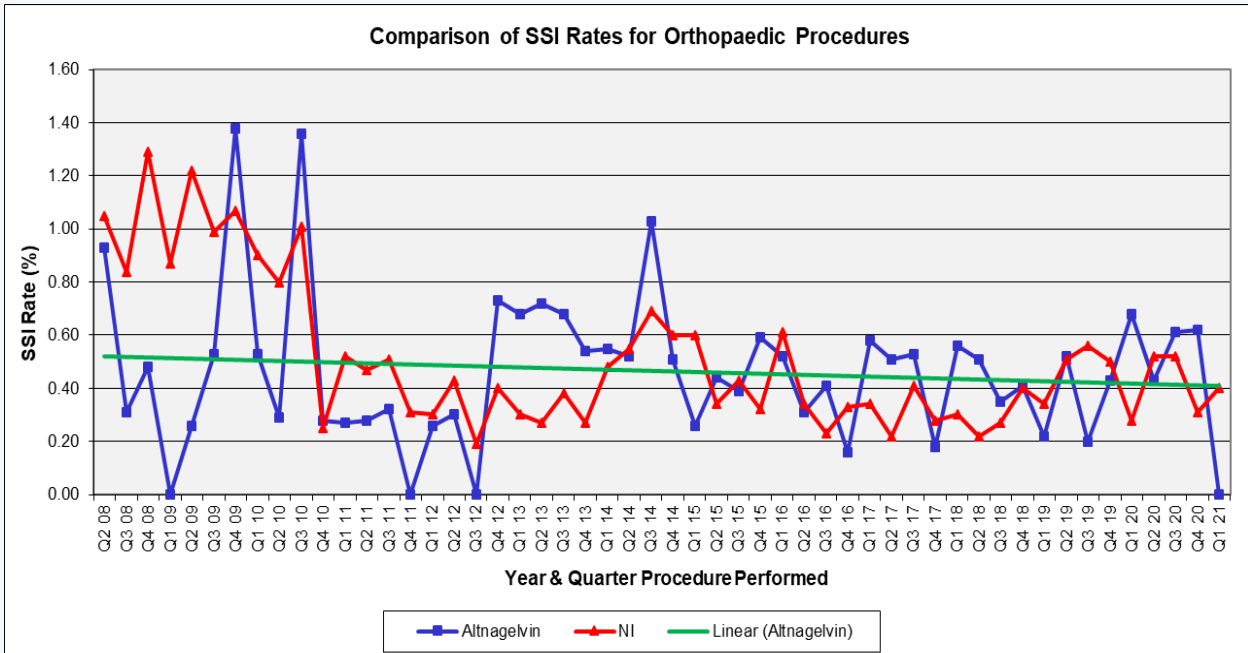
During 2020-21 average self-reported compliance was 100% and average IPCN validation compliance was 87%. The graph below outlines only the IPCN validation average compliance rating for hand hygiene and does not include peer / professional lead independent audit figures.



* No IPCN validation audits were conducted during April or the first half of May 2020 due to the COVID-19 pandemic.

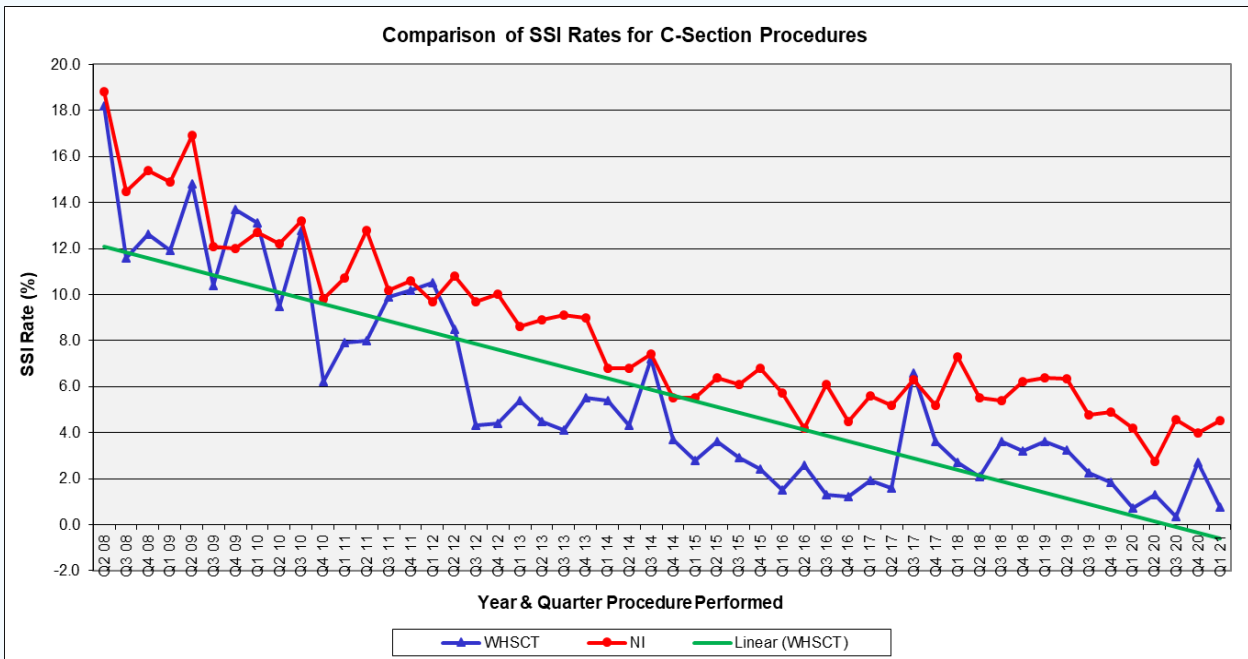
Orthopaedic Post-Operative Surgical Site Infection (SSI) Surveillance

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%.



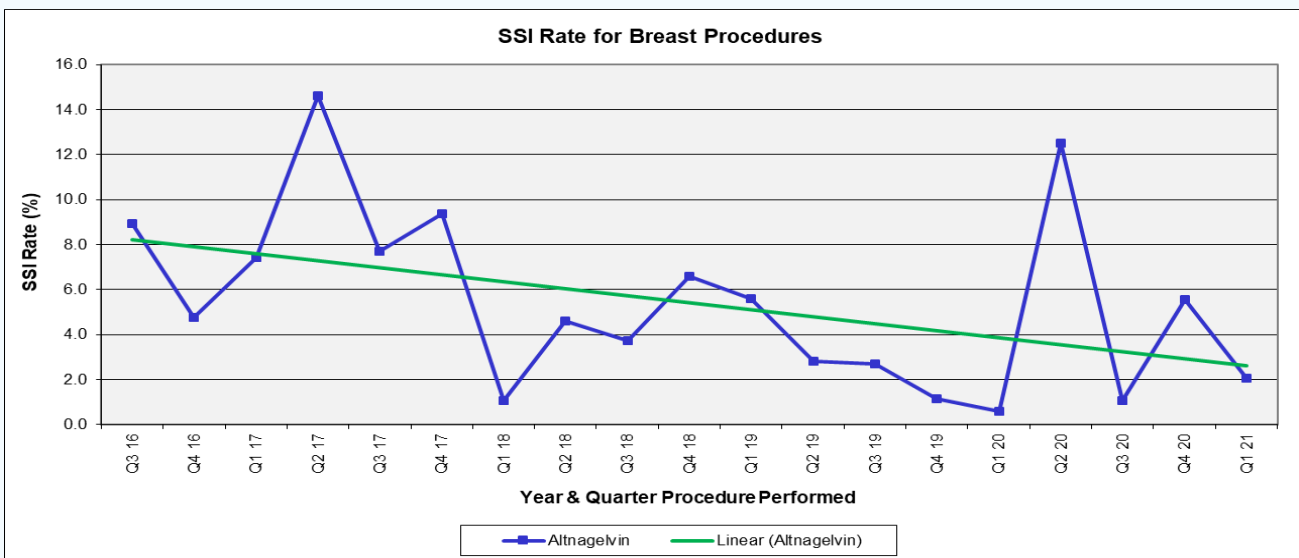
Critical Care Device-Associated Infection Surveillance

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 2021, the SSI rate was 2.08%. Work continues with the multidisciplinary team regarding surveillance of SSIs and the implementation of improvement measures.

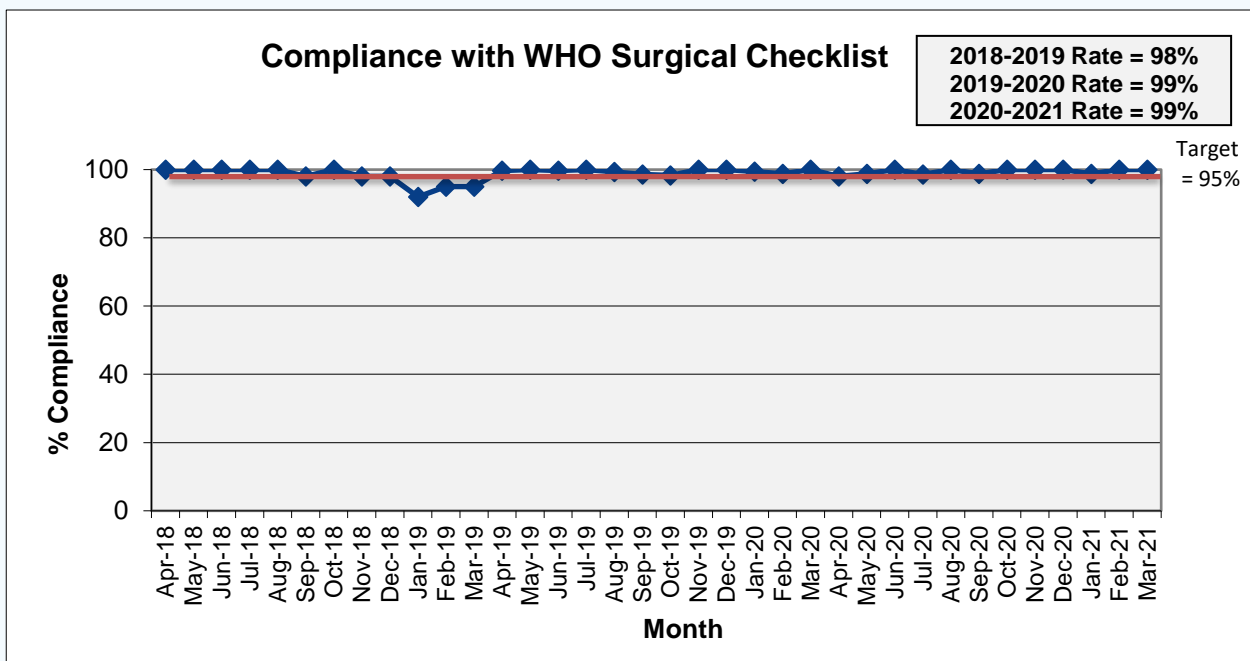


SAFER SURGERY

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 2020/21 was 99% and monthly compliance is displayed in the graph below.



MATERNITY QUALITY IMPROVEMENT

Early Pregnancy Clinics WHSCT

Early Pregnancy Clinic at Altnagelvin Hospital - This service is being reconfigured from a Medical Led Model to that of a Nurse Led Service. Two nurses are signed off in scanning competencies. Guidelines are being finalised and nurses will have medical support “as and when” required. This will be similar to the Early Pregnancy Clinic in South West Acute Hospital which is also Nurse Led and additional midwifery staff are being trained.

Maternity and Diabetic Service

The Flow Coaching Academy Gestation Diabetes Big Room Team won the BMJ Award in October 2020.

The Virtual video clinics are continuing supported by Cloud-based glucose monitoring technology which offers effective consultations with a Diabetic Nurse and Dietician through their smart devices. Virtual contacts have reduced face to face appointments by 25% also. Outcomes for Insulin Diabetic women within the Western Trust are the best in the Region.

Booking appointments and pregnancy advice by telephone – Alternative Ways of Working

Booking pregnancy appointments by midwives 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.

Further Development of Maternity Support Workers

A number of maternity support workers have now completed their training and are carrying out the role of scrub nurse for elective caesarean sections, which frees up a midwife. It is the aim that all Maternity Support Workers are competent in this role.

Growth Assessment Protocol (GAP)

The Western Trust is one of the top ten hospitals within the UK again in 2021 for the detection of small for gestational age babies in-utero.

Western Health & Social Care Trust - Expected Births: 3860

SGA/FGR Referral and Detection Rates

Centile:

10th 3rd

		Trust / Hospital				National GAP Average				Top Ten GAP Average			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Completed records [1]	N	890	914	947	893	-	-	-	-	-	-	-	-
	%	92.2	94.7	98.1	92.5	-	-	-	-	-	-	-	-
SGA at birth [2]	n	102	104	121	101	-	-	-	-	-	-	-	-
	%	11.5	11.4	12.8	11.3	12.8	13.0	13.1	12.9	13.0	12.2	12.9	12.4
Antenatal referral for SGA [3a]	n	37	46	52	30	-	-	-	-	-	-	-	-
	%	36.3	44.2	43.0	29.7	40.2	41.6	41.7	42.4	49.5	48.7	50.6	51.5
False positive antenatal referral for SGA [3b]	n	90	72	106	86	-	-	-	-	-	-	-	-
	%	11.4	8.9	12.8	10.9	13.1	13.9	14.2	14.3	15.4	16.0	17.6	17.2
Antenatal detection of SGA [4a]	n	47	55	61	41	-	-	-	-	-	-	-	-
	%	46.1	52.9	50.4	40.6	38.5	39.9	40.5	41.1	53.8	55.2	58.6	59.2
False positive antenatal detection of SGA [4b]	n	87	84	82	68	-	-	-	-	-	-	-	-
	%	11.0	10.4	9.9	8.6	6.3	6.5	6.5	6.5	9.3	9.6	9.7	11.1

Numbers in brackets refer to definitions below

DEFINITIONS

SGA (small for gestational age) is usually defined as a measurement below the 10th customised GROW centile. The measurement can be fundal height, estimated weight or birthweight. Some of these babies are only constitutionally small, but if the centile is customised, most known causes of constitutional variation have been adjusted for and the smallness is more likely to be pathological (i.e. fetal growth restriction, FGR).

FGR (fetal growth restriction; or IUGR - intrauterine growth restriction) is the term used for babies that have slow or no growth according to serial fundal height or ultrasound estimated fetal weight (EFW) measurements (regardless of whether they are already below the tenth centile or not), and/or who have had one or more abnormal Doppler flow measurements. Severe SGA (<3rd centile) can also be used as a proxy for FGR.

NB - We do not have a routinely available standard for FGR after delivery, hence cannot determine detection rates for FGR. Therefore, we can only audit antenatal detection of SGA only.

In section 3 below, referrals can be for suspected SGA or suspected FGR, but the denominator is still SGA birthweight only. In section 4, antenatal 'detection' is now defined as the identification of an EFW <10th centile.

GAV – GAP Average (the average rate for all GAP units in the UK) and **GTT- GAP Top Ten** (the average rate for the top ten GAP units across the UK) are presented as benchmarks based on all units with routinely collected birth records (completion rate >75%)

1. Completion rate: the proportion of completed birth records compared to expected births per quarter, based on annual data. Data based on less than 75% completion rate is considered unreliable.

$$\text{Completion rate (\%)} = \frac{\text{Number of birth records}}{\text{Number of expected births}} * 100$$

2. SGA rate: Babies born with an SGA weight in the population, as a proportion of the number of births

$$\text{SGA rate (\%)} = \frac{\text{Number of babies with a birthweight less than 10th or 3rd centile}}{\text{Number of birth records over the same period}} * 100$$

3a. SGA referral rate: the proportion of babies SGA at birth that had been suspected antenatally by fundal height measurement to be SGA or FGR, resulting in referral for scan EFW and/or Doppler.

$$\text{Referral rate (\%)} = \frac{\text{Number of babies with an SGA birthweight that had one or more antenatal referrals for suspected SGA or FGR}}{\text{Number of all babies with SGA birthweight}} * 100$$

3b. False Positive (FP) referral rate: the proportion of babies NOT SGA at birth that had been suspected antenatally by fundal height measurement to be SGA or FGR, resulting in referral for scan EFW and/or Doppler.

$$\text{FP referral rate (\%)} = \frac{\text{Number of babies with NON – SGA birthweight that had one or more antenatal referrals for suspected SGA or FGR}}{\text{Number of all babies with birthweight NOT SGA}} * 100$$

4a. SGA detection rate: the proportion of babies SGA at birth that had an ultrasound estimated fetal weight (EFW) below the tenth centile.

$$\text{Detection rate (\%)} = \frac{\text{Number of babies with an SGA birthweight that had one or more antenatal EFW < 10th centile}}{\text{Number of all babies with SGA birthweight}} * 100$$

4b. False Positive (FP) SGA detection rate: the proportion of babies NOT SGA at birth that were suspected antenatally to be SGA by scan EFW

$$\text{FP detection rate (\%)} = \frac{\text{Number of babies with NON – SGA birthweight that were suspected to be SGA on antenatal scan EFW}}{\text{Number of all babies with birthweight NOT SGA}} * 100$$

Tongue tie service for Breastfeeding Babies

The Trust has a Midwife Led Tongue Tie service for Breastfeeding babies at Altnagelvin Hospital. This is only the second such clinic within the region. This ensures that babies are assessed prior to Frenotomy and is increasing breastfeeding sustainability. This service will

be replicated in South West Acute Hospital when a Midwife completes her training in 2021. Mothers previously had to travel with their babies to Belfast for this service.

Obstetric Anal Sphincter Injury (OASIS)

Congratulations to our Midwifery and Medical team who have been shortlisted in the Team of the Year category for the Royal College of Midwives (RCM) Awards 2021 for the OASIS project. This project which began 5 years ago has reduced perineal trauma at vaginal birth within the Trust to the lowest in the region.

PAEDIATRIC QUALITY IMPROVEMENT



Western Health and Social Care Trust



Improving Quality of Care Together

Hypertension in children.. Surely not?

Improving recognition of Hypertension in a Paediatric Setting

C. Diamond, K. McBride, J. Clarke
Paediatric Department, Western health & social care trust

Aim

- Hypertension in childhood is underdiagnosed and undertreated.
- We aim to improve the percentage of abnormal Blood pressures (as per standard guidelines) recognised in Children's department, Altnagelvin from 50% to 90% by May 2021.

Background

Paediatric hypertension is common and serious! BPs are notoriously difficult to measure in children and hypertension is underdiagnosed. This inevitably leads to:

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

Method

Following an initial data collection, we set a gold standard

★ ALL children aged 3-12years admitted to ward 5/ ward 6/ APAU should have a BP completed and measurement plotted on PEWS chart

Data collection: x5 patients/ week x16weeks

Process Change

Interventions put in place after Week 4:

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

Conclusions

Through basic reminders of gold standard guidelines, we achieved our aim of improving recognition of hypertension in children aged 3-12years over a 4 month interval. Education is key when hoping to involve a large cohort of staff to improve patient care. Together, a difference can be made.

Next steps

Our next step is ensuring those children who are highlighted as having abnormal blood pressures are adequately investigated, treated and referred onto appropriate specialist centres if indicated. We are hoping to develop a guideline to ensure the appropriate steps are taken and support our colleagues to maintain our significantly improved results.

Results

BP recordings on Paediatric ward



% BPs completed and acted upon



Key results:

- Significant improvement in admission BPs from 55% to 95% by Data set 2. Sustained above 85%.
- Significant improvement in percentage of abnormal BPs not acted upon from 27% to 0%.

Key Reference Materials

- NICE guidelines through BNFC on Paediatric Hypertension: <https://bnfc.nice.org.uk/treatment-summary/hypertension.html>
- The fourth report on the diagnosis, evaluation and treatment of high blood pressure in children and adolescents. National High Blood Pressure Education Program Working Group on High Blood Pressure in Children and Adolescents. 2004 Aug;114: 555-76.
- 2016 European Society of Hypertension guidelines for the management of high blood pressure in children and adolescents. Lurbe et al. J Hypertens 34:1887-1920.



STEP WEST
2020 - 2021
Medical and Dental Education & Training

Further information contact: catherinediamond90@gmail.com

There are 2 further quality improvement projects currently ongoing:-

1. Improvement of urine collection due to the increased numbers of urine results stating mixed growth. This meant bringing parents back to get another urine sample which has proved timely and costly. Following retraining of staff we have seen a significant improvement of correct collection of urine samples and less children having mixed growth urine results.
2. Acute Paediatric Assessment Unit (APAU) flow chart - we have seen an increased number of children being sent to the Assessment unit. Measures put in place included discussions with our primary care colleagues / usage of a traffic light system / an appointment system following triage / referral to appropriate professional. This is being audited presently to see if our measures have reduced our referrals to APAU.

FALLS

Facts & Figures

In 2020/21, the Trust recorded 1670 falls of adult patients in hospital, an increase of 38 on the previous year.

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 2020 – 2021 per 1000 bed days.

Year	Period	ADULT INPATIENT ONLY		PART A ADULT INPATIENT ONLY			PART B ADULT INPATIENT ONLY			ADULT INPATIENT ONLY			Beddays	Rate per 1,000 beddays for No. of Falls	Rate per 1,000 beddays for No. of Falls resulting in harm (Moderate Major or Catastrophic)
		No. of Falls	Moderate to Major/ Catastrophic Falls	No records audited achieving 95% compliance with bundle PART A	No. Records Audited PART A	Process Outcome PART A %	No records audited achieving 95% compliance with bundle PART B	No. Records Audited PART B	Process Outcome PART B %	No. Adult Inpatient Wards Spread	Total Number Adult Inpatient Wards	% Spread			
2020/21	YTD totals	1,670	35	2,002	2,160	93%	1,956	2,100	93%	36	36	100.0%	232,305	7.19	0.15

Falls continue to remain the most frequently reported incidents. Causes for falls are usually complex and multifactorial, including issues such as medications, medical condition and mobility.

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

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

Actions taken to reduce the incidence of falls 2020/21 have continued throughout the pandemic.

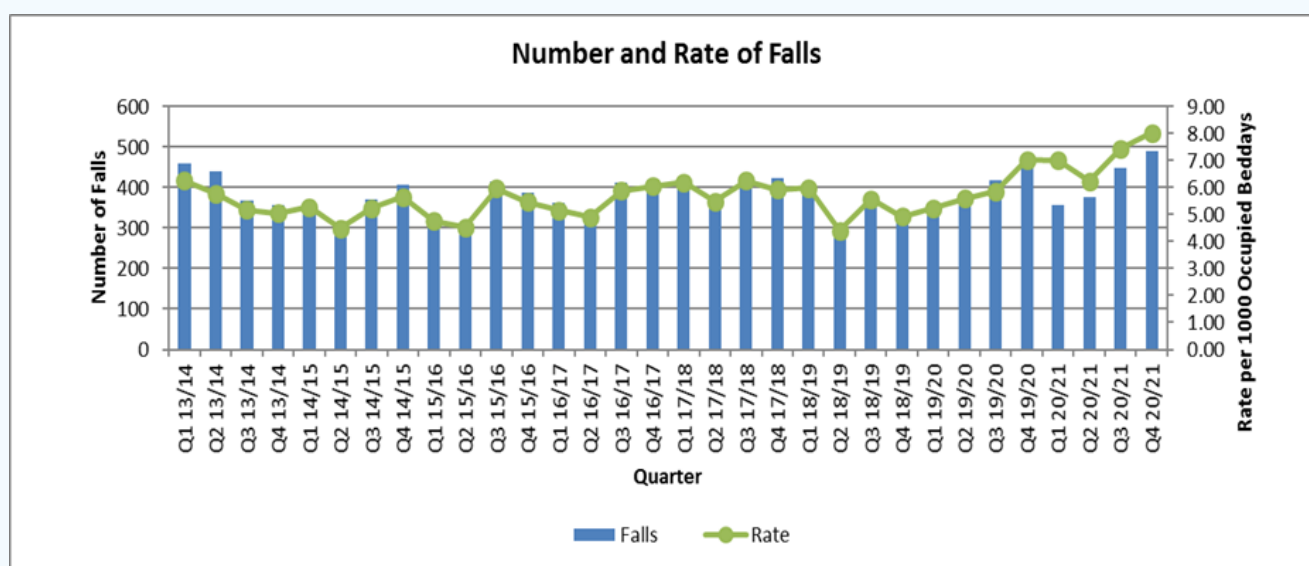
It should be recognised that the ongoing COVID-19 pandemic has delayed progress in many areas including falls work within the Trust.

Collaborative work took place with the Clinical Education Centre and staff working in falls services regionally to agree the content of Falls Awareness Programmes and e-learning programmes for preventing falls in Hospital, Community and Care Home Settings.

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

All learning from falls causing moderate and above harm is shared regionally using the approved regional documentation.

Number and Rate of Falls in adult inpatient areas.



There has been a slight increase in reported falls this year. This may be in part due to the ongoing COVID-19 pandemic. COVID-19 has caused many challenges that may have contributed to this increase such as, a reduction in staff due to positives cases and/or staff required to isolate; patients needing to be nursed in isolation preventing opportunities to mobilise effectively and; visiting having been restricted preventing family / carers staying with or supervising patients. There is also a positive reporting culture within the Trust.

Actions taken during 2019/20 to reduce incidence of falls

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

The Trust policy to support the reduction of slips, trips and falls in adult inpatients / residents within the Western Health & Social Care Trust has been updated.

Key changes in the updated policy now include:

- Additional falls risk assessment for those who report a fear of falling, a fall in the last twelve months or assessed as a risk of falling is now captured in a booklet

- A body map that must be completed immediately post fall and 24 hours later to record injuries
- Post fall Nursing and Medical algorithm.
- Information leaflet regarding reducing falls added.

Quarterly engagement meetings with the Regional Inpatient Falls Prevention Group led by the PHA have continued. The group has been formed to set direction and inform strategy on falls prevention for adult inpatient wards. It will provide advice, support and share regional learning as well as lead on the development of regional tools / pathways when deemed appropriate, regarding falls prevention and management across Northern Ireland.

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

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

These groups were unfortunately put on hold due to the pandemic, however they have now been re-established. Each group will be setting out terms of reference and objectives to be achieved within the next twelve to eighteen months. Shared learning from falls is reviewed and disseminated through this group.

The falls safe bundle continues to be used throughout the hospital, which is audited as part of nursing KPI's. Compliance as of March 2021 was 95% for Part A and 95% for Part B.

All inpatient falls graded as moderate or above harm are subject to a post fall review. This is undertaken by Ward Sisters / Charge Nurses and other relevant multidisciplinary staff. During 2020/21 the Integrated Falls Pathway Co-Ordinator continued to support staff to complete these reviews and has delivered training on the same both at ward level and through the Safe and Effective Care Forum. Learning identified is shared both locally within the Trust and regionally to the Public Health Agency. Work is ongoing regarding use of learning identified to inform action plans for improvement. The rate of falls resulting in moderate, major or catastrophic per 1000 bed days has been 0.15%.

The Falls Integrated Pathway Co-Ordinator delivered falls prevention training to Nursing Staff as part of Nurse Induction programme in addition to other Trust Staff as requested.

Modifications to bathrooms and toilets within the Waterside Hospital were carried out to improve the environment in relation to falls.

Community / Nursing Home / Residential Fall prevention

A falls action plan has been designed by the Falls Prevention Occupational Therapist.

A falls checklist for Nursing Homes has been designed by the Falls Integrated Pathway Co-Ordinator.

The Care Home Support Team have started to deliver falls prevention training to care homes in conjunction with the Falls Integrated Pathway Co-Ordinator.

Collaborative work has taken place with the Northern Ireland Ambulance Service (NIAS) to deliver falls prevention information at the point of contact. NIAS continue to refer people who have fallen to a falls clinic. Over 400 people have been referred 2020/21. These people are assessed via telephone triage currently, due to the pandemic. The Falls Clinic and Older Person Assessment and Liaison Service (OPALS) were stood down due to the pressures from the pandemic.

The Trust currently collects data at Altnagelvin Emergency Department (ED) on service users who present post fall. In 2020/21, 1072 people aged over 65 could have benefited from further follow up at a falls prevention clinic.

People who attend ED following a fall are screened and those from care homes are referred to the care home pharmacist for medication review. All of these residents now have some form of bone protection prescribed.

There have been two successful virtual falls roadshows delivered collaboratively by the PHA, Trust, Healthy Living Centres, local Council, and Healthy Aging Networks – with 55 people attending in the Southern Sector of the Trust and 60 people in the Northern Sector.

Falls improvement work has been carried out by the Falls Integrated Pathway Co-Ordinator, in one of the local Nursing Homes. This work was presented at a regional PHA workshop.

The Falls Occupational Therapy (OT) service standardised practice Trust-wide moving their referral pathway onto PARIS. This enables improved communication across different care providers as staff can identify if someone has been referred to the Falls OT service and what interventions have been provided.

The Trust has a newly established Independent Sector Assurance Forum that looks at reporting of falls within the Independent Sector and is commencing work on monitoring figures and patient/client outcomes.

Information packs regarding falls prevention resources for hospital and community continue to be shared across a number of different facilities.

The Trust's Stepping On Programme which is funded by the PHA and delivered by the Healthy Living Centres has concluded its most recent cohort in Derry and Fermanagh, new programmes will begin again in September in all locations throughout the Trust area.

Next Steps:

- Continue work with Regional falls inpatient prevention group and continue to share learning.
- Further Quality Improvement work with the Stepping On Programme to incorporate the use of 'Florence' which is a text messaging service that can be used to send motivational messages and capture outcomes for service evaluation.
- To develop a co-designed regionalised approach to falls in care homes through prevention, management and follow up led by the Frailty Network.

- Progress work streams of the Trust Slips, Trips and Falls Prevention Committee subgroups.
- Review current falls clinic data to secure resources to deliver a falls prevention service to people currently on the waiting list and to improve services.
- Use the data on ED attendances at Altnagelvin Hospital to inform the development of falls services and create public messages regarding falls prevention.
- Recommence falls clinic and OPALS team, which had been stood down due to the pandemic.
- Re-Establish the falls learning collaborative within the acute hospital setting.
- Promote falls prevention during *SAFE*tember within the Trust.

PRESSURE ULCERS

Facts & Figures

In 2020/21, the Trust recorded 386 pressure ulcers compared to 462 for the previous year across the acute hospital adult sites, a decrease of 16.5% with 43 deemed to be avoidable from the 110 grade 3 & 4 pressure ulcers investigated. This is almost 11 times more since the initial recording of Avoidable Pressure Damage in 2015 when only 4 were recorded.

Reducing the Number of Pressure Ulcers

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

Pressure injuries are preventable if appropriate measures are implemented. Prevention involves ongoing risk assessment of all patients, implementation of prevention strategies through the use of the aSSKINg bundle including skin inspection and repositioning patients at regular intervals, analysis of the causal



factors in the event of pressure ulcer development and the selection of appropriate pressure relieving devices. Skin damage has a number of causes; a pressure ulcer is defined as a localised injury to the skin or underlying tissue, usually over a bony prominence, as a result of

pressure, or pressure in combination with shear. A number of contributing factors are also associated with pressure ulcers. The significance of these factors is yet to be elucidated.

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

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

Figure 1 below illustrates the Trusts position on pressure ulcer development across the acute sectors since 2013 when data collection commenced. Hospital acquired pressure injury data reported for 2020/21 showed a decrease of 16.5% on the previous year however illustrated an increase in both the total number of Stage 3 and above pressure damage and the avoidable stage 3 and above pressure damage, the highest recorded to date. Regional Lead Nurses, Tissue Viability Services report an increase in the overall reporting of pressure injury for 2020/21 across all Trusts in Northern Ireland. This has been very evident during the COVID-19 Pandemic where staff have also reported incidents in relation to PPE pressure injuries experienced.

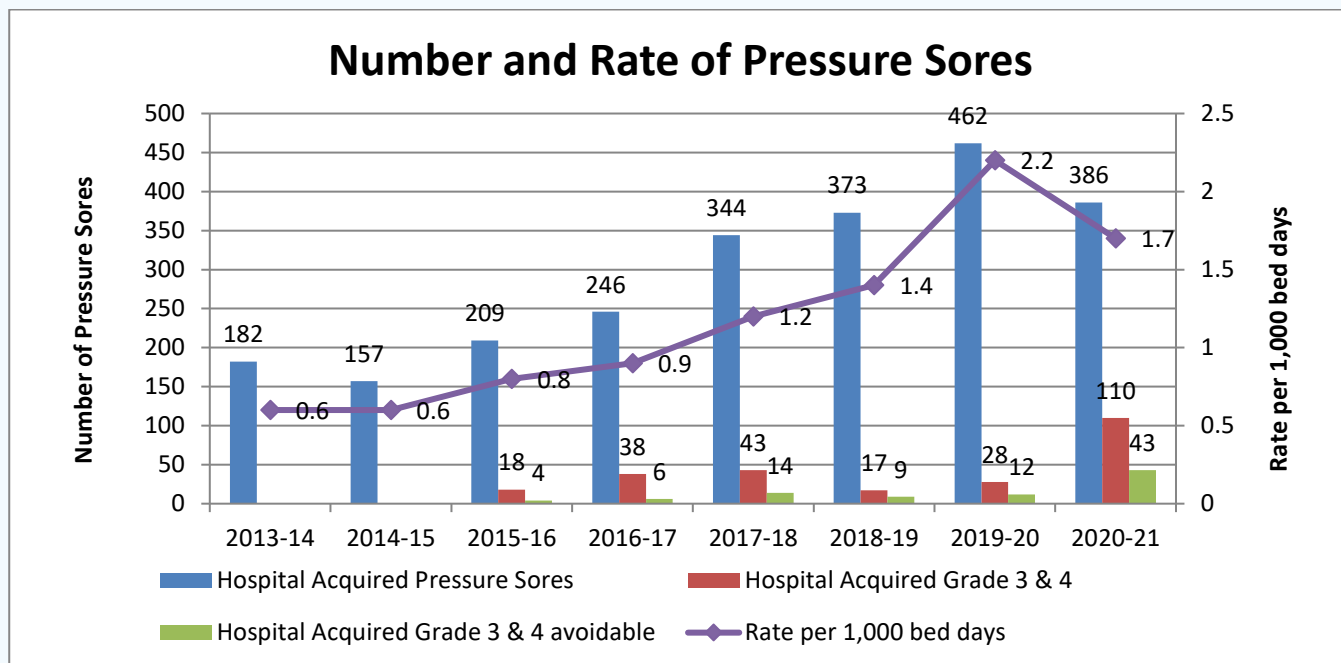
Pressure ulcer rates per 1000 bed days Year	Rate per 1000 bed days	Hospital acquired pressure ulcers	Percentage Increase / decrease	Hospital acquired Stage 3 and 4 pressure ulcers	Hospital acquired Stage 3 and 4 avoidable
2013-14	0.6	182	baseline	N/A	N/A
2014-15	0.6	157	-13.7	N/A	N/A
2015-16	0.8	209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

INCREASE OF 112% HOSPITAL ACCUIRED PRESSURE ULCERS OVERALL FROM 2013 - 2021

Figure 2: Skin Bundle Compliance:

2021/21	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: 93%	92%	97%	95%	89%
Overall PU Rate: 1.7 per 1000 bed days	2.12	1.35	1.71	1.54

Figure 3: Reports the number and rate of pressure injury development from 2013/14 - 2020/21



The statistics clearly illustrate that not only is pressure damage increasing within our acute settings but that avoidable pressure damage is increasing significantly. This received media attention in August 2020. It is noteworthy from the figures illustrated above that this trend continues despite interventions outlined below.

The management of pressure ulcers forms a significant element of the role of the Tissue Viability Team.

Tasks associated with the care of pressure ulcers include:

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

Actions taken during 2020/21 to reduce pressure ulcer development

Education:

- Tissue Viability (TV) Service hosted two of our quarterly Tissue Viability Link Nurse meetings, as a direct result of covid-19 large scale gatherings were not permitted until late 2020. At both of these meetings time was given to discuss current issues around trends and management of Pressure Ulcers (PU) across the WHSCT. (Note in recent years these meetings are predominantly community and private nursing home staff with poor attendance from the Acute Sector.)
- The Annual STOP Pressure Ulcer Day was held in November 2020. The TV Team liaised with TVN2gether from across the UK to develop educational videos in the lead up to

STOP the Pressure Ulcer Day. This was shared across social media and is available via SharePoint for future reference. The TVN team walked the wards on all hospital sites throughout this week distributing an A3 size laminated HSC “Apples - getting to the heart of pressure ulcer staging” posters for display at each nurses station. This poster was agreed by the PHA regional pressure ulcer group and endorsed by the HSC. Throughout this week Tissue Viability Nurses actively engaged with and encouraged staff to discuss pressure ulcer prevention and management. The Tissue Viability Team also used the WHSCT coms department to have Pressure Ulcer Prevention and management as the safety lesson of the week.

- Ward based specific training was provided to areas on request with social distance and infection control measures adhered to at all times.
- Regionally agreed Pressure Ulcer Prevention leaflets are available to order for all wards/teams/departments for distribution to all patients at risk of pressure damage. Order codes are on the TVN SharePoint and have been disseminated to all staff. Copy of same included in ward wound care folder.
- Regionally agreed PHA endorsed online training is available for all staff to access. Pressure Ulcer Prevention training has been deemed mandatory in all other trusts in Northern Ireland. The TV team is advocating for this to be made mandatory in the WHSCT.
- WHSCT Prevention and Management of Pressure Ulcer guidance was updated in May 2020 for review again in May 2023.
- The TV Team developed a comprehensive wound care folders for all wards which includes all trust relevant documentation and up-to-date evidence based best practice. This folder was distributed in January 2021, to each ward and community team – it is the responsibility of the Link Nurse to maintain this folder.
- The TVN Team regularly update our SharePoint site to reflect current best practice in relation to wound care.
- The TV Team has commenced a Quality Improvement project with the Institute for Healthcare Improvement (IHI) to introduce a new aSSKING Booklet in Ward 24, Altnagelvin Hospital to reduce the incidence of pressure ulcers.

Operational:

- The TVN Team has liaised with Risk Management on updating the Datix system to streamline the process. This is ongoing into 2021.
- The TVN Team have introduced a daily check of Datix reports. This allows the team to respond to the handler and request clarity on obscure reports. This subsequently allows the TV nurse to identify and remove inaccurate DATIX reports i.e. Moisture Lesions in a timely manner to allow for learning.
- With regard to Stage 3, 4, Unstageable and Deep Tissue Injury (DTI) pressure ulcer development the Tissue Viability Team completed paper Root Cause Analysis (RCA) deeming pressure ulcer avoidable/unavoidable in a timely manner following wound assessment and update the Tissue Viability section on DATIX accordingly. Following this process feedback was given to the ward/department on the outcome of the RCA and highlighting areas for improvement and learning.
- The TV team implemented the aSSKING bundle into all wards to improve compliance with the skin bundle.
- TV team re introduced the pressure ulcer safety cross to monitor PU incidents on the ward.

Actions planned for 2021/22

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

Pressure Ulcer Prevention Plan WHSCT

Education:

- Compile an updated list of all Link Nurses (LN) for each department within the Trust to ensure they are on TV mailing list. Inform Ward Sisters of their responsibility to update this list as necessary. Discuss with Assistant Director and Senior Nurse the possibility of making the Tissue Viability quarterly Link Nurse Meeting mandatory.
- Plan education sessions for all Directorates which cover PU prevention, assessment and management. Launch aSSKING bundle, Safety Cross and wound care folder at these sessions. This needs supported by all Senior Nurses, Practice Facilitators, Assistant Directors 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 Clinical Education Centre (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 as Topical Negative Pressure (TNP), staging pressure ulcers, documentation are possible topics for this training.
- Regionally agreed Pressure Ulcer Prevention leaflets are available to order for all wards / teams / departments. Order codes are on the TVN SharePoint and have been disseminated to all staff. Copy of same included in wound care folder. Despite these actions it has come to our attention that these leaflets have not been ordered or provided for the at risk patients. Further education is needed to ensure staff avail of these resources.
- TV Service continues to promote the regionally agreed PHA endorsed online training to all staff. Pressure Ulcer Prevention training has been deemed mandatory in all other trusts in Northern Ireland. The TV team is advocating for this to be made mandatory in the WHSCT.
- TVN liaise with ward staff to offer training on learning identified through the Trust incident reporting database DATIX.

Operational:

- Monitor DATIX system daily for Stage 3 or higher grade pressure ulcers (PU) to ensure timely follow up (including referral to TVN) and to assess the validity of the PU.
- Liaise with the handler and Risk Management to remove any inappropriate DATIX reports.
- Inform the handler in a timely manner to investigate and close all Stage 2 reports.
- The Tissue Viability Nurse (TVN) service continues to conduct an independent investigation (RCA) to determine if the injury was avoidable for all reported stage 3, 4, unstageable and deep tissue injuries and provided feedback to the ward/department on areas for improvement.

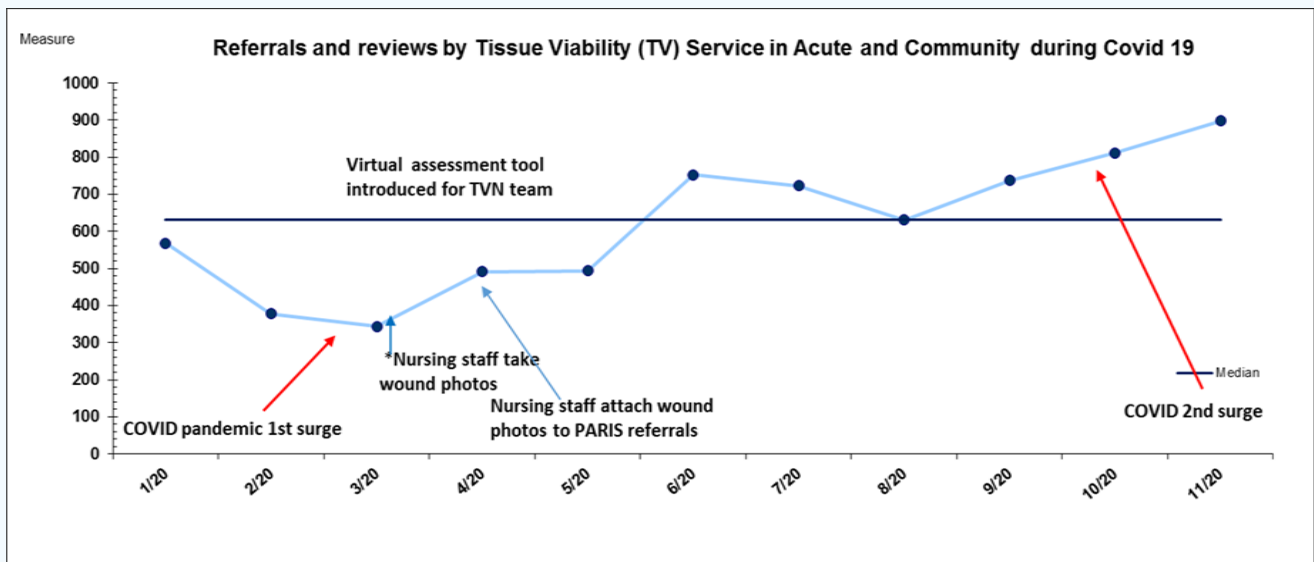
- The TV Service will continue to provide quarterly wound link meetings with staff to provide updates on all aspects of wound care in line with COVID-19 guidelines.
- The TV Service will hold the Annual STOP Pressure Ulcer Day in November 2021 to educate staff on Pressure Ulcer Prevention and to update on our progress in reducing the incidence of pressure ulcers. It is hoped to have a prominent guest speaker from mainland UK at this meeting.
- The TV team will complete the IHI project to introduce a new aSSKINg booklet to improve compliance with the skin bundle and introduce to all wards by 2022.
- The TV service will introduce independent spot audits to quality assure the auditing process. This will be triggered by an Avoidable RCA in an area. Following an Avoidable RCA and failed audit the TV team will arrange a meeting with the Ward/Department Manager, Ward/department deputy and Link Nurse to develop an action plan. This meeting will address the RCA, Audit and number of pressure ulcers compared to previous months. The ward are then responsible for implementing the action plan and to review and update the TV team monthly.
- Mattress audits are to be increased to monthly in line with current guidelines.
- Trial Arjo SEM scanner in conjunction with manufactures. Review in 3 months to identify any reduction in PU formation.
- Trial Purpose T risk assessment tool, review in 3 months to identify any reduction in PU incidence or increased adherence to aSSKINg bundle. (This will be led by PHA work. WHSCT have currently trialled this tool in community with 10 patients as part of PHA fact finding exercise). From August 2021 Purpose T will be trialled in all wards in SWAH.
- The TV team has developed a pressure ulcer pathway flowchart which has been through Trust record keeping in June 2021 and is now an endorsed document.

This is the proposed action plan for April 2021 to March 2022, however in light of current resource issues, elements of this action plan may be delayed as patient care will take priority.

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

At the outset of COVID-19 in March 2020 the WHSCT's Tissue Viability (TV) Team redesigned the service to reduce face to face contact with patients and staff in both acute and primary care settings, and to allow for virtual/remote working. This redesign also allowed for triaging of complex wounds to decide on those that still required face to face assessment. During this period the team experienced further pressure due to staff shortages as a result of maternity leave and vacancies.

Since this redesign in March 2020 the TV Team have seen a steady increase in patient contact. See below run chart which shows rise in contacts including 1st and 2nd COVID-19 surges.



The TV team have identified a steady rise in patient referrals from teams such as District Nursing and Nursing Homes who are dealing with complex COVID-19 cases. Many of these patients had complex needs and deteriorating conditions which impacted on skin integrity coupled with newly recognised COVID-19 associated skin conditions. Many patients who were shielding chose to self-care in relation to their wounds. To facilitate this practice, an evidence based personalised self-care care plan was drawn up with a facility within to personalise in relation to identified patient needs. Clear guidance was also included for the patient on when to seek professional help or advice in relation to the wound. In the acute sector TV saw an increase of acutely unwell patients who obtained unavoidable pressure damage in particular due to proning in Intensive Care Units (ICUs). A new source of referrals came to the fore; that of PPE and hand cleansing related skin damage within our cohort of staff. This type of damage represents pressure damage and will therefore be reported to the PHA accordingly. In conjunction with TV colleagues NI wide and with the support of the PHA, regional guidelines on management have been produced. In response to these guidelines our team have been providing individual care plans for staff involved. With the current surge we are experiencing another peak in these referrals. Over the year there has been an alarming rise in the number of stage 3 and above avoidable pressure ulcers in the acute sector in particular, many of which have been attributed to staff pressures as a result of COVID-19; higher use of Agency staff, who in many instances were unfamiliar with our pressure ulcer prevention bundles; and a rise in more acutely ill patients.

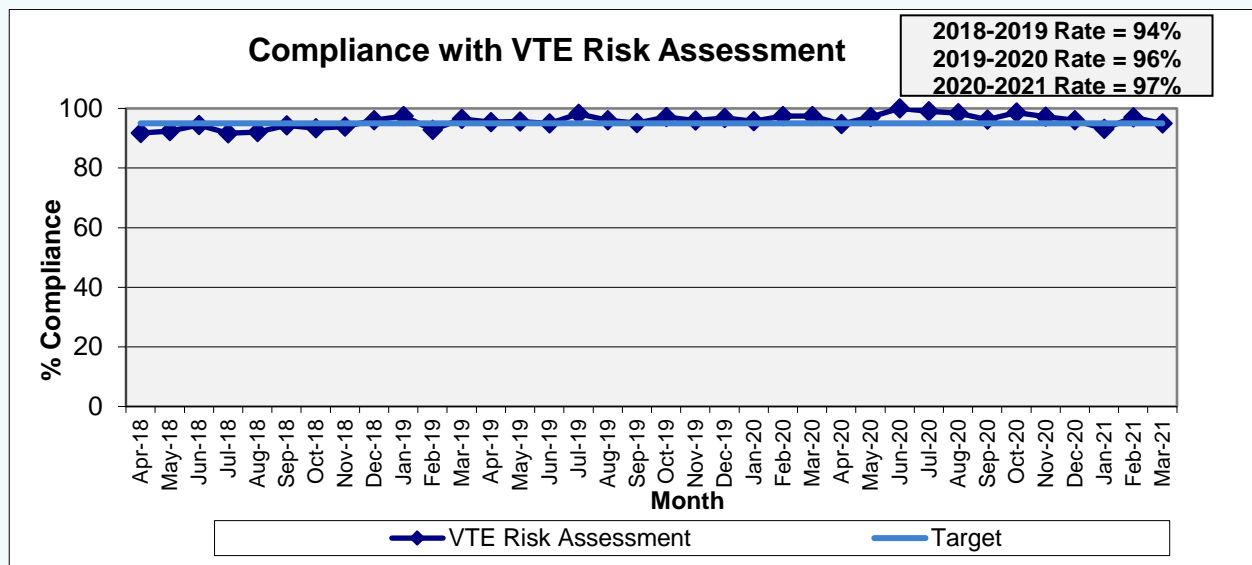
TV nurses also helped in the COVID-19 response to set up testing hubs, assisting in the Trust vaccination hubs and cover on COVID-19 Wards. Although this assistance was essential, it impacted on the TV service.

PREVENTING VENOUS THROMBOEMBOLISM (VTE)

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

The Trust aimed to achieve 95% compliance with VTE risk assessment completed within 24hrs of admission across all adult inpatient hospital wards by March 2021. During 2020/21

data was collected on a monthly basis from a random selection of patient notes in adult inpatient wards. The compliance rate for 2020/21 was 97%. Monthly compliance is displayed in the graph below:-



MEDICINES MANAGEMENT

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

Medicines Optimisation

The Trust reported a substantive level of compliance against the medicines management and medicines optimisation controls assurance standards (78%).

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

- ❖ Medicines reconciliation activity (one week per month);
- ❖ Antimicrobial Review Kit (ARK) (audit of antimicrobial use in December 2020);
- ❖ Internal monthly aseptics audits;
- ❖ Completion of the Venous Thromboembolism (VTE) section of the kardex monthly audit (paused from April to June 2020 due to COVID-19);
- ❖ Oxygen prescribing; and
- ❖ Ward-based Controlled Drugs Medicines Management audits (paused by the COVID-19 pandemic and reinstated by Q4 Jan – March 2021).

Ongoing Quality Improvement work led by or involving pharmacy and medical staff included:-

- ❖ Patient self-administration of Insulin
- ❖ The use of rasburicase in the prevention of tumour lysis syndrome
- ❖ Good Diabetes Days in Ward 2
- ❖ Increasing medication interventions by a pharmacist on Ward 42. (SQW 2)
- ❖ Improving administration of pancreatic enzyme replacement Therapy (PERT) (SQW 2)
- ❖ Project looking at the number of returned, expired and destroyed medicines on Ward 22.

- ❖ Reducing medicines waste on Ward 22 Specialist Medicines. (SQW 2) (Completed December 2020)

Medicines Reconciliation

NICE highlighted that, '*medicines-related patient safety incidents are more likely when medicines reconciliation happens more than 24 hours after a person is admitted to an acute setting. Undertaking medicines reconciliation within 24 hours of admission to an acute setting (or sooner if clinically necessary) enables early action to be taken when discrepancies between lists of medicines are identified.*' (Quality Standard 120, March 2016).

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.

Collection of data on the number of medicines reconciled was halted because of the COVID-19 pandemic. The Pharmacy Department in the South West Acute Hospital continued to sample from April to August 2020.

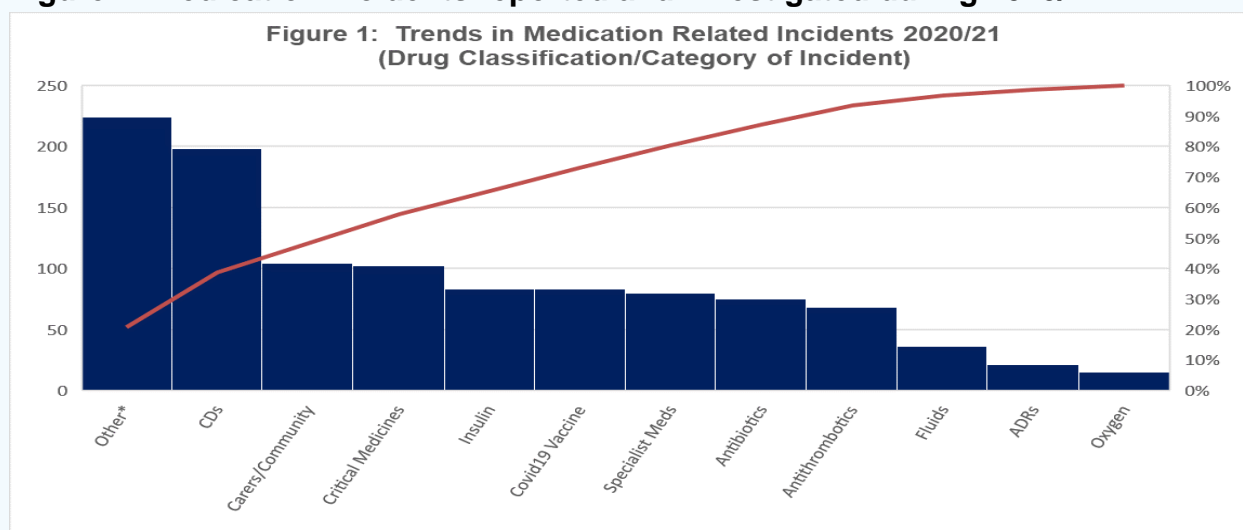
Number of patient episodes sampled across wards that have a clinical pharmacy service (partly or fully).	709
Number of patient episodes that had medicines reconciliation completed on admission.	693 out of 709 (97.8%)
Number of patient episodes that had medicines reconciliation completed within 24 hours of admission.	509 out of 709 (71.8%)

These figures should be read within the context that not all wards receive a clinical pharmacy service. The reduced number of medicines reconciliations carried out within 24 hours of admission is due to the 5-day provision of clinical pharmacy services.

Medication Incidents

The Trust continues to encourage staff to report medication incidents as part of its safety and quality culture to help us to learn as well as inform changes in practice.

Figure 1: Medication incidents reported and investigated during 2020/21

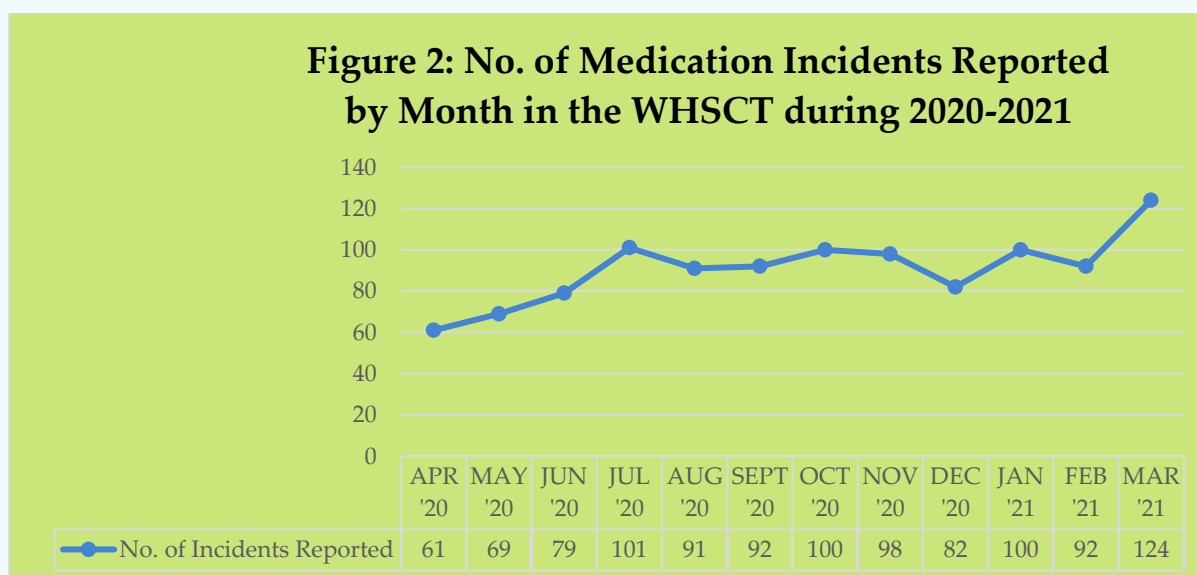


*Other includes allergy, Adverse Drug Reaction (ADR), discharges, incorrect patient, Kardex rewrites, medicines reconciliation, extravasation, steroids, methotrexate and management of medicines keys.

The Trust's multi-disciplinary, Medicines Governance Working Group meets each month to review the learning from incidents and identify areas for education and training. Staff were encouraged to report all incidents relating to COVID-19 vaccines. There is specific work being carried out to support the safe use of drugs in the classes highlighted in Figure 1.

The number of medication incidents reported and investigated continued to increase from 741 incidents during 2017/18 to 1089 incidents during 2020/21. This is a recognised measure of quality within an organisation. Figure 2 shows that these numbers continued to increase during 2020/21.

Figure 2: No. of Medication Incidents Reported by Month in the WHSCT during 2020-2021



Insulin

Insulin continues to be a high-risk medicine and it is important to use it safely. 80 incidents relating to the safe use of insulin were reported during the year.

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

The Trust continued to be proactive in improving the safety of insulin use throughout the year. It delivered on the following initiatives:

1. Insulin Safety Working Group

The Insulin Safety Working Group was re-established and formalised within the Trust, with updated, defined terms of reference and reporting structure. The Group met four times during the year. It proactively reviewed and responded to Datix-reported incidents relating to insulin dispensing, administration, prescribing, and monitoring. Discharge and care issues and incidents were also identified together with the recording of any needle-stick injuries.

The Group has a number of sub-groups working on areas for further development including trust-wide education and consolidation of online resources. The Group is well-attended. Some members sit on the regional Insulin Inpatient Group.

Regional funding secured for Making Insulin Treatment Safer (MITS) resulted in a number of WHSCT staff being trained.

2. Insulin Safety Week Campaigns

- **Insulin Safety Week and Hypo Awareness week 5th – 11th October 2020**

The Trust participated in Insulin Safety Week which on this occasion was combined with Hypoglycaemia Safety Week. Activities focused on themes including: hypoglycaemia; omitted doses/timings of insulin; high strength insulins; and needle-stick injuries and injection technique.

A two-page, insulin safety bulletin with key insulin safety messages was developed and disseminated to all Trust staff via a Trust communication.

Insulin safety messages were shared using social media during the week. There were over 13,000 impressions and 900 engagements via Twitter. There was also spread via Facebook and Instagram.

There was good engagement especially from community and mental health teams with the online Insulin Safety Quiz for Trust staff. There were 141 entries and a prize was given to the clinical area that submitted most entries.

3. Other initiatives

A number of other initiatives were taken forward including:

A Specialist Diabetes Pharmacist in Altnagelvin Hospital is working as one of Diabetes UK Clinical Champions from 2020-2022.

Insulin Safety Training for FY1/FY0 trainee doctors is provided on an ongoing basis.

Specialist Diabetes Pharmacists are involved in regional Insulin safety training for pharmacists and pre-registration pharmacy graduates.

Three Quality Improvement projects relating to the safe use of insulin were carried out during the year:

- Reducing hypo and hyperglycaemia on Trauma and Orthopaedics Ward, Altnagelvin Hospital - completed September 2020.
- Hypoglycaemia in the South West Acute Hospital (SWAH) - completed June 2021.
- Improvement project with mental health teams with a focus on monitoring and insulin prescribing - ongoing.

The diabetes pharmacist developed a quality improvement approach to enhancing the care of the diabetes patient within surgical wards.

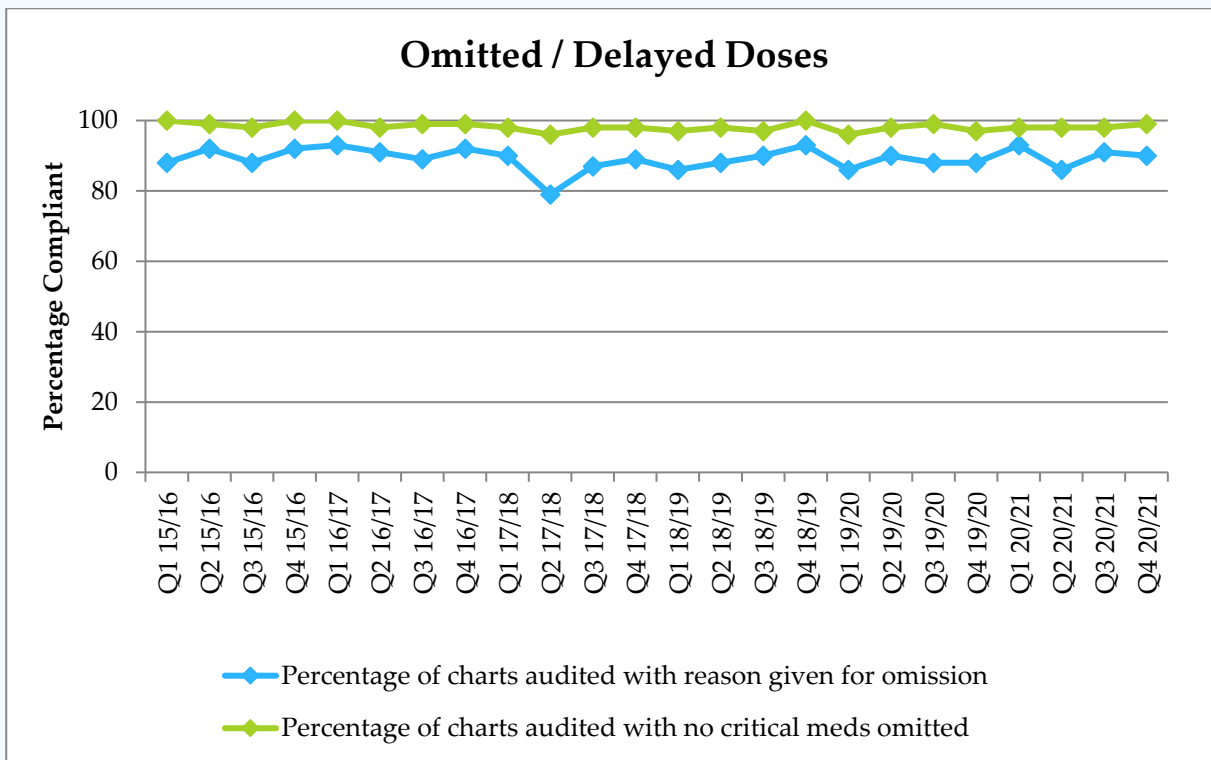
Learning from insulin events and near misses is key to improving its safe use. Safety lessons are shared with all staff across the Trust using the 'Lesson of the Week' and the Trust's 'Share to Learn' Newsletter and regionally using the Medication Safety Today Newsletter.

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. By May 2020, 17 junior medical staff (FY1) in Altnagelvin had been interviewed. It was proposed that MITS be extended to FY0s; this was achieved virtually due to the onset of the COVID-19 pandemic with 77 MITS team reviews completed by May 2020. MITS was however then paused due to the pandemic.

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 2020/21 data was collected quarterly on all adult inpatient wards from a random selection of 10 patient case notes. Compliance is displayed in the graph overleaf:



During 2020/21 Omitted Doses continued to be monitored. As a number of staff have retired or moved post, there is currently a review of the Western Trust Omitted Doses group membership. Moving forward Terms of Reference will focus on patterns and trends from DATIX incidents with a focus on quality improvement, safe and effective medication administration with shared learning across Directorates.

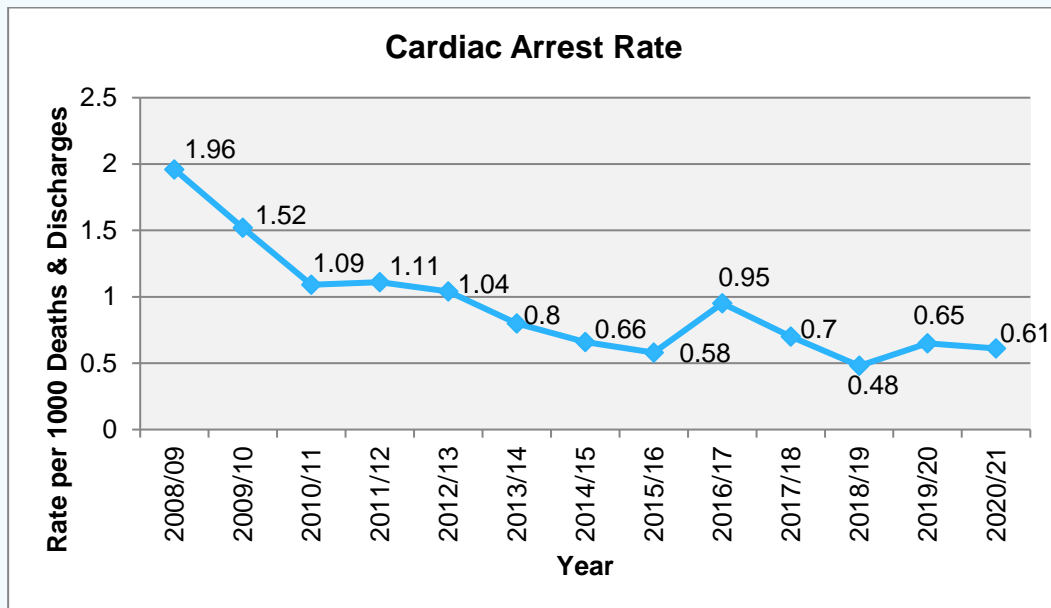
REDUCING CARDIAC ARREST RATES IN HOSPITALS

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, updated and adopted Trust wide to maintain staff knowledge and skills. To assist staff in assessment and management of the acutely ill patient and more intensive observation a Critical Care Outreach Team and Hospital at Night Team are in place.

Figure 1 below details the Trust crash call rate to general wards (excluding Cardiology, Emergency Department, Critical Care and Theatres) for 2020/21 which was 0.61.

Figure 1



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 NCAA 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.

During 2020/21 specific flow charts for the management of a cardiac arrest in a suspected / confirmed COVID situation were devised and approved for use in both Acute and Primary Care settings. No issues with either a delay in starting resuscitation or with the donning of appropriate PPE were identified.

In 2020/21, the survival to discharge following an in hospital cardiac arrest in the WHSCT is 27% compared to the most recent reported NCAA data for 2019/20 which reports a survival of 23.9%.

Theme 4

Raising the Standards



MORTALITY RATIO

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

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

The Risk Adjusted Mortality Index (RAMI) 2019 is an SMR which takes case complexity into account, by comparing the actual number of deaths, with the predicted number of deaths, based on historic outcomes with similar characteristics, i.e. age, 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 2020 to March 2021.

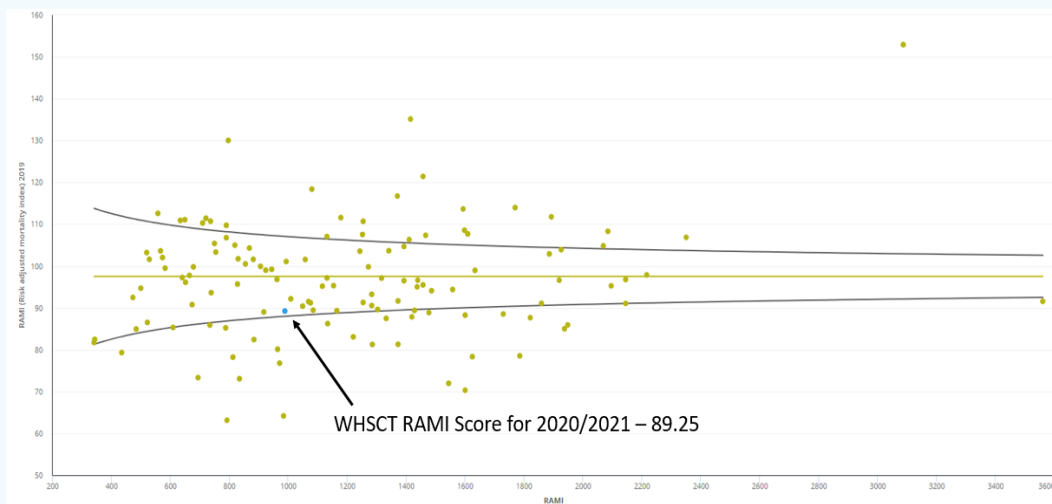
RAMI Score - 2020/2021			
Month	Trust	NI Peer	UK Peer
April 2020	97.90	105.54	121.32
May 2020	91.24	103.39	104.79
June 2020	87.78	89.77	91.50
July 2020	76.24	80.32	83.89
August 2020	86.21	98.23	92.99
September 2020	99.79	92.06	88.85
October 2020	81.34	98.38	90.83
November 2020	79.08	99.54	97.98
December 2020	92.16	96.61	102.80
January 2021	102.83	99.26	120.00
February 2021	96.53	95.83	103.83
March 2021	80.76	82.95	91.07

The RAMI funnel plot below, based on RAMI 2019, shows that the Trust with a score of 89.25 which was within the mid-range of NI and UK (HES) peer population.

The UK (HES Acute Peer) average score was 97.54 and the NI peer average score (excluding the Western Health & Social Care Trust) was 94.43.

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 2020/21



Please Note

Risk adjusted measures such as RAMI are not designed for pandemic activity such as that observed during 2020/21, 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.

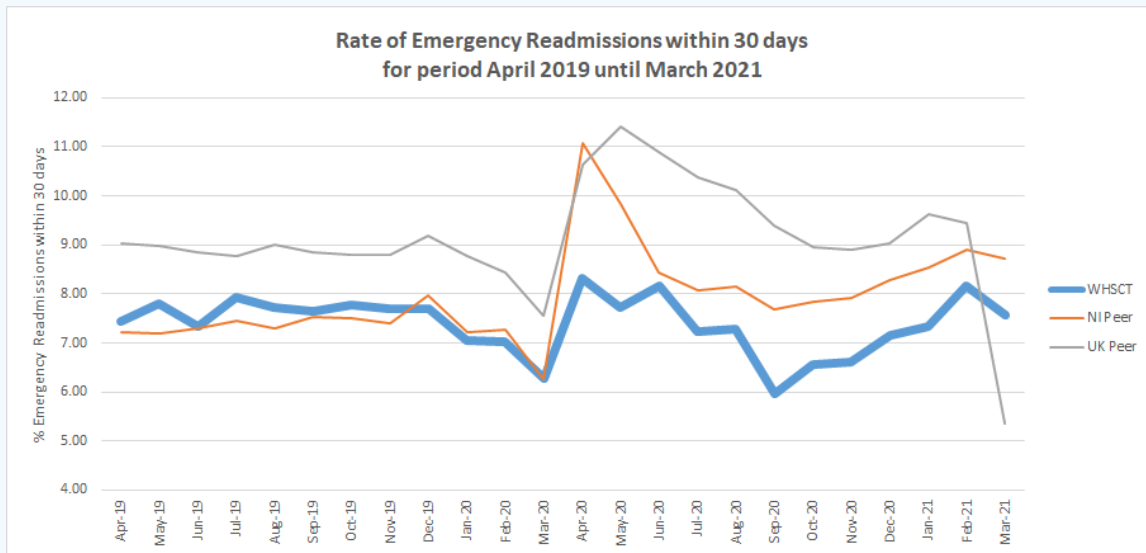
The Trust has engaged with the development of COVID-19 related matters moving forward.

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 for the period April 2019 until March 2021 was 7.40%, compared to 9.01% for the UK (HES Acute peer) and 7.81% for the NI peer (excluding the Western Health & Social Care Trust).

The graph below illustrates the monthly readmission rate for the Trust compared to the UK and NI Peer, for the period April 2019 until March 2021.



EMERGENCY DEPARTMENT (ED)

Facts & Figures

97,595 people attended ED during 2020/21. This was a 21% decrease from the previous year.

64% of these patients were seen within the 4hr target which is a 1% increase from the previous year.

6.72% of these patients waited longer than 12hrs which is an increase of 0.74% from the previous year.

7.91% of these patients were unplanned re-attenders.

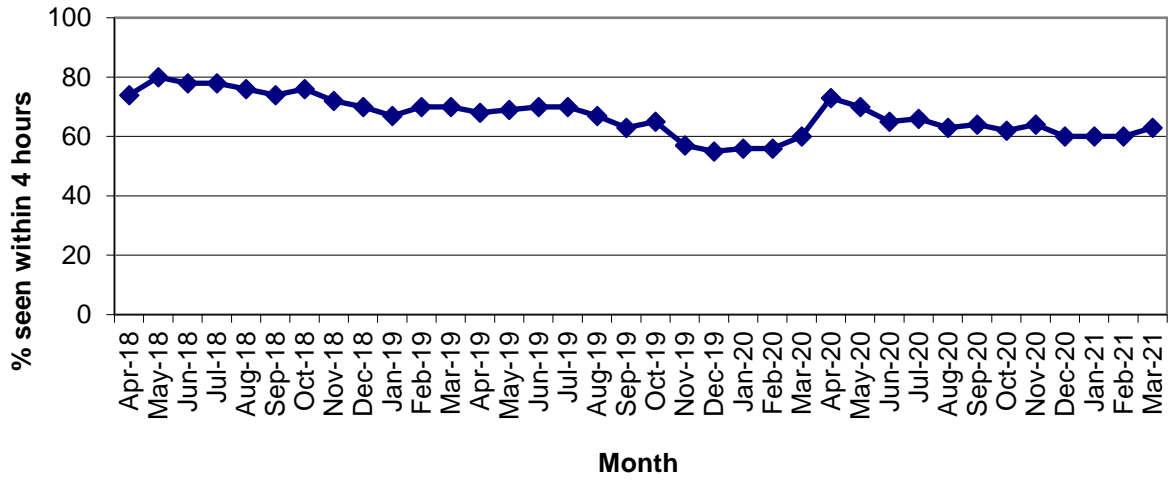
4 Hour and 12 Hour Standards

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

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

Percentage of Emergency Department patients seen within 4 hour target

2018-2019 Rate: 74%
2019-2020 Rate: 63%
2020-2021 Rate: 64%

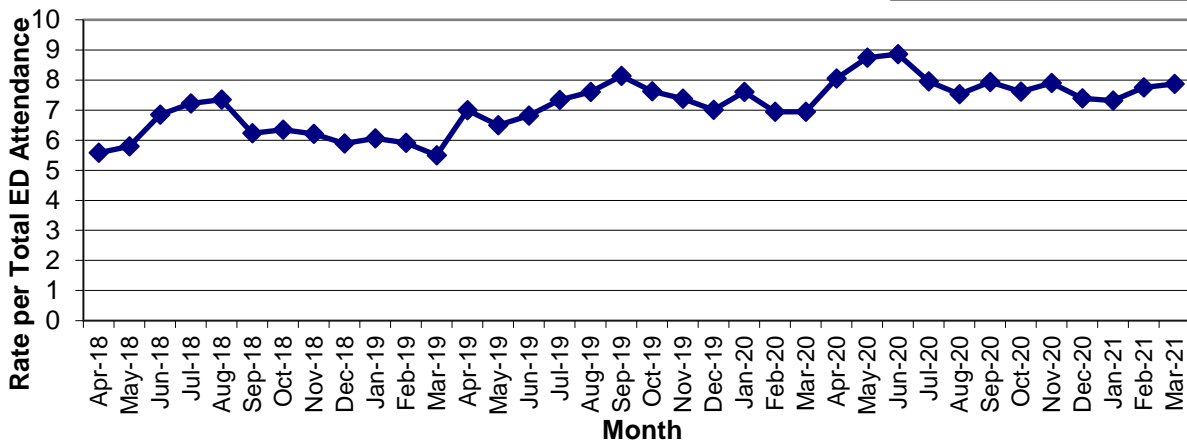


Unplanned Re-attendance 2020/21

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

2018-2019 Rate: 6.24%
2019-2020 Rate: 7.24%
2020-2021 Rate: 7.91%



People who leave without being seen

	Total Number of Attendances 2020/21	Percentage of patients who did not wait to be seen
Western Trust	97,595	3.2%

Actions Taken to Improve the Trust's Provision of ED

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

There is ongoing work to improve nurse staffing levels within our Emergency Departments in both Altnagelvin and South West Acute Hospitals to manage the complexity of patients with non-COVID-19 and COVID-19 needs.

Ambulatory Care Unit (ACU)

The Ambulatory Care Unit reopened on the 2nd Floor of the Altnagelvin Tower Block in a newly refurbished department. This area can accommodate 13 assessment spaces and is in line with the regional No More Silos project in redirecting patients away from the Emergency Department who do not require hospital admissions. The Trust continues to expand medical ambulatory pathways across a number of specialities including neurology and plans for a frailty pathway is being progressed.

Sepsis Improvement Work

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

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

Due to the impact of the pandemic the Department of Health suspended the endorsement of NICE Clinical Guidelines, Technology Appraisals and Public Health Guidance during the 2020/21 year.

National Institute for Health & Care Excellence (NICE) developed a series of rapid guidelines on the active management of patients with suspected and confirmed COVID-19 in a number of clinical areas over the year. They provided 18 COVID-19 rapid guidelines to support decision making and service delivery as well as many updates reflecting the changing situation and the latest evidence based practice.

In the interest of speed of implementation during the pandemic these guidelines were brought into effect immediately on publication without the need for endorsement by Department of Health (DoH), as outlined in circular HSC (SQSD) 12/20.

The Trust established a Clinical Advisory Group in April 2020 to provide assurance that an effective and robust system is in place to address key areas related to the management of all COVID-19 and non COVID-19 patients. The NICE COVID-19 rapid guidelines were shared with the Clinical Advisory Group and provided a benchmark of good practice, which the Trust used along with other recognised best practice documents to provide safer care to patients.

A business case was developed during the year to provide specialist technical support and enhance the software solution for management and implementation of NICE Guidelines. Subject to funding approval it is the vision that this system will be rolled out to also support the management of Safety Quality Alerts, Patient Safety Alerts, NICE Technology Appraisals and Interventional Procedures Guidance and other quality and safety related DoH Circulars.

Workshops are planned for 2021/22 to review the corporate and directorate governance arrangements for management of NICE guidelines.

NATIONAL / REGIONAL AUDITS

Trust Participation in National/Regional Audits

Our Trust proactively participates in national and regional audits, allowing us an opportunity to benchmark our services against other hospitals, using evidence based practice for example from Royal Colleges, NICE guidelines and Clinical Outcome Review Programmes. Findings from these audits highlight areas of good practice, i.e. where services provided are in line with recognised standards, as well as demonstrate where improvements are needed. Examples of regional audits undertaken during the year is outlines overleaf.

Patient Satisfaction with Respiratory Consultant Telephone Consultations during COVID-19 Pandemic 2020

Background

During the Coronavirus pandemic increasing use of telephone consultations with patients has been made by multiple specialties. This reduces the risk to patients by avoiding having to attend a healthcare setting and those shielding can continue to do so. This enables patients to be assessed in a community setting by a Consultant using a structured telephone consultation.

The Department of Health issued a circular to Trusts advising that an audit of user experience of telephone clinics should be undertaken. The aim of this audit is to assess user [patients] experience with the telephone consultation service.

Criteria

Prospective administration of a questionnaire to 80 randomly selected patients/parents utilizing the service between the dates 01/05/2020 to 30/06/2020 - Consultant consultations only.

Standards – 80% of questions being rated as 'Agree' or 'Better' by respondents.

Summary Results

- A vast majority 62.5% had a phone consultation for follow up of an on-going chronic health issue, whilst 18.8% had a phone consultation for a routine check-up.
- 77.1% of patients audited were age 60 & above.
- 85.5% felt that the phone consultation service met their appointment needs.
- 81.2% felt they were given adequate clinical information over the phone.
- 70.9% of patients felt comfortable discussing their clinical issues over the phone.
- 56.4% of patients felt that it was acceptable to receive results or clinical advice over the phone.
- 43.8% of patients felt phone consultations were equally as good as seeing clinicians face to face.
- A further 47.9% of patients would be happy to be contacted via phone consultations in the future rather than attending Outpatient Department clinics.
- Overall 39.6% of patients were satisfied with the quality of the service provided by the phone consultations.

Areas of good practice

- Reduces the risk of virus transmission.
- Convenience e.g. avoids waiting room queues, travel.
- Maintenance of clinical continuity for patients who are COVID-19 shielding and may not have attended face to face consultations.
- Suitable for patients who require routine check-ups.

Areas where improvement is required

- Video Consultations where applicable.
- Appointment Time as opposed to 'cold calling' especially in context of elderly patients who may need Next of Kin present.
- For breaking of bad news/new diagnoses phone consultations are unsuitable unless there are no alternatives or extenuating circumstances.
- Difficulty in assessing patients who have complex problems/symptomatically unwell e.g. unable to physically examine etc.
- Difficulty for patients who are hard of hearing or cognitive impairment in understanding or being able to communicate effectively during phone consultation.
- Does not allow investigations to be completed and reviewed at a single appointment e.g. CXR, lung function testing.

Action Plan

- Consider Video Consultation: Assess feasibility of video consultations.
- Consider setting up of mobile hubs to take service out to community: Link with trust mobile hub development team.
- Dedicated Deck Phone to Call Patients. ** Calling from hospital landline comes up as "No Number": Consider use of #74 prefix/trust mobile phone.
- Pre-Phone Clinic Questionnaire to highlight patients who are symptomatically unwell & may require Investigation: Discuss with central referrals team.

Western Health & Social Care Trust took part in a RQIA Regional Audit to assist with the continuous quality improvement of midwife-led care provision in NI. Three clinical audits were undertaken from December 2019 to March 2020.

- 1) **Northern Ireland Regional Individual Midwife Led Unit (MLU) Audit** which sought to collate data relating to service provision and outcomes from individual MLUs for the full calendar years 2015 and 2018. The year 2015, was chosen as the year prior to publication of the RQIA's Guideline for Admission to Midwife-Led Units in Northern Ireland and the Northern Ireland Normal Labour and Birth Care Pathway. The year 2018 was two years post publication therefore, allowing time for implementation.
- 2) **Regional Case Audit of the RQIA Guideline for Admission to MLUs in Northern Ireland & Northern Ireland Normal Labour and Birth Care Pathway.** This audit sought to collate maternal and neonatal clinical outcomes relating to the implementation of the Guideline and Pathway for a random sample of women who gave birth in all MLUs in Northern Ireland in 2018.
- 3) **Audit of Normal Labour and Birth Care Pathway within an Obstetric Unit.** This was a pilot audit, of a random sample of women (who had a straightforward pregnancy) and gave birth in 2018, within one of two obstetric-led care units, where there is no designated MLU.

Aim/Objective

These audits focused on the maternal and neonatal clinical outcomes when caring for a woman with a straightforward pregnancy.

Criteria

RQIA's Guideline for Admission to Midwife-Led Units (MLUs) in Northern Ireland and the Northern Ireland Normal Labour and Birth Care Pathway.

Northern Ireland Regional Individual MLU audit Summary Results

- There were no maternal or neonatal deaths in the MLUs in 2015 or 2018.
- Birth rates in MLUs across Northern Ireland have increased from 2,937 in 2015 to 3,397 in 2019. This represents an increase from 12% (2,937/24,215) (NISRA, 2020) x100) in 2015, to 15% (3,397/22,466 (NISRA, 2020) x 100) in 2019 of total births. There is still room for improvement given that the percentage of women who are predicted to have a normal labour and birth at the onset of labour is 45% (Sandall *et al.*, 2014) although not all women will choose to birth in an MLU.
- Maternal and neonatal clinical outcomes for 2018 are presented for eight MLUs, one unit opened from October - December 2018 and statistics are not included.
- Initiation of breastfeeding by women in MLUs ranged from 63% (54/86) - 90% (165/183); with an average breastfeeding initiation rate of 71% across eight MLUs.
- Breastfeeding rates on discharge home from an MLU ranged from 42% (173/410) to 61% (19/31), with average breastfeeding on discharge rate of 52% across the eight MLUs. Overall, the breastfeeding rate on discharge from an MLU was higher than those reported for women discharged home from all birth settings (48%) across NI (Public Health Agency, 2018).
- Formula feeding rates on discharge home ranged from 34% (29/86) to 67% (122/183), with an average formula feeding on discharge rate of 45% across eight MLUs (2018).
- Percentage of women who chose to mix feed their infant i.e., breast and formula feed on discharge home ranged from 3% (3/86) to 11% (32/303) (in 2018).
- The number of women who birthed in a MLU and had an episiotomy, for seven MLUs ranged, for the majority, from 0% (0/86) to 7% (20/303); one unit had an incidence of 10% (39/410).
- The incidence of a third degree tear among women in 7 of the MLUs ranged from 0.2% (1/410) – 2% (4/131); one unit recorded 6% (2/31).
- The incidence of a fourth degree tear among women who birthed in a MLU, in 2018 ranged from 0% (0/920) – 1% (1/86).
- The number of women who transferred from an MLU to an obstetric unit following birth in 2018, ranged for the majority from 15% (139/920) to 30% (26/86); with two MLUs recording a rate of 43% (97/223) to 46% (188/410). There are no additional data to confirm the percentage of those who transferred to the obstetric unit in relation to parity. There is also no information in relation to the number of women who transferred to antenatal ward or postnatal ward from MLU. A range of reasons for transfer were noted including delay in labour progress, pain relief, significant meconium and abnormal foetal heart rate. The percentage relating to each transfer rationale reported is not available, as some women may have transferred for a number of different reasons.
- In 2018, the number of babies, admitted to the Neonatal Intensive Care Unit (NICU) or the Special Care Baby Unit (SCBU) from the eight MLUs, ranged for the majority from 0% (0/303) to 2% (11/665), with one unit recording 5% (4/86). The average admission rate to NICU or SCBU from eight MLUs equalled 1% (one MLU, N/R), in 2018.
- Not recorded (NR) was noted on a number of occasions

Key findings: Regional Case Audit of the RQIA Guideline for Admission to MLUs in Northern Ireland & Northern Ireland Normal Labour and Birth Care Pathway

Audit Criterion 1: The majority of women admitted to a Midwife-Led Unit should meet the RQIA (2016) criteria for admission to a MLU in Northern Ireland OR an individualised care plan should have been developed

No	Standard	Number of cases audited (n/N)	2018	Compliance Rating
1	In the Maternity Hand Held Record (MHHR), the woman met the criteria for admission to MLU as per the RQIA guideline	335/352 [*]	95%	≥90% G ≥70% A ≤69 R
2	An individualised care plan was developed, when the woman did not meet the RQIA admission criteria (For 3/17 women an individualised care plan was reported as not applicable)	9/14	64%	100% G ≥80% A ≤79 R

Audit Criterion 2: All women's individual birth preferences and care during each stage of the pathway should be documented in their Maternity Hand Held Record (MHHR)

No	Standard	Number of cases (n/N)	2018	Compliance Rating
1	Labour/birth preferences recorded in the body of the MHHR or on the guideline documentation	244/352	69%	≥90% G ≥70% A ≤69 R

Audit Criterion 3: The majority of women are assessed to be in active labour on admission to the MLU, commenced on and follow the Normal Labour and Birth Care Pathway

No	Standard	Number of cases (n/N)	2018	Compliance Rating
1	The labour assessment documentation was fully completed in case notes	220/352	63%	≥90% G ≥70% A ≤69 R
2	It was evidenced that the Normal Labour and Birth Care Pathway was commenced	219/352	62%	≥90% G ≥70% A ≤69 R
3	Full dilatation of cervix <u>not</u> confirmed by vaginal examination	288/350 [*]	82%	≥90% G ≥70% A ≤69 R
4	Frequency of vaginal examination as per pathway	298/350	85%	≥90% G ≥70% A ≤69 R
5	Frequency of ARM as per pathway (includes ARM not required)	328/350	94%	≥90% G ≥70% A ≤69 R
6	All women should be in active labour prior to admission to an MLU	277/352	79%	≥90% G ≥70% A ≤69 R

Key

[^] 352 case notes were randomly selected and audited, three of these had been included unintentionally as the women had not birthed in the MLU per sampling criteria – they were transferred (two in the first and one in the second stage of labour) and birthed in OU. Only related data is reported.

(* as per [^] two of the woman had been transferred in the first stage of labour, both not included)

Audit Criterion 4: What was the maternal outcome indicators related to giving birth in the MLU for the individual woman?

No	Standard	Number of cases (n/N)	2018	Compliance Rating
1	All women have an unassisted cephalic vaginal birth/water birth	349/349**	100%	100% G ≥80% A ≤79 R
2	Mother-baby skin to skin for at least 1 hour uninterrupted following birth	124/349	36%	100% G >80% A ≤79 R
3	Initiation of Breastfeeding at birth	235/349	67%	>100% G ≥80% A ≤79 R
4	Breastfeeding on discharge home	207/349	59%	≥90% G ≥70% A ≤69 R
5	Responsive infant feeding by woman (including formula feeding)	343/349	98%	100% G ≥80% A ≤79 R
7	No Significant postnatal blood loss >500mls	337/349	97%	≥90% G ≥70% A ≤69 R
8	No Obstetric Emergency	332/349	95%	≥90% G

11

Audit Criterion 5: What was the neonatal outcome indicators related to being birthed in the MLU for the baby?

No	Standard	Number of cases (n/N)	2018	Compliance Rating
1	Live birth	349/349	100%	100% G ≥80% A ≤79 R
2	Baby did not require additional care	299/349	86%	≥90% G ≥70% A ≤69 R
3	Delayed cord Clamping (> 1 min)	283/349	81%	≥90% G ≥70% A ≤69 R
4	APGAR at 5 minutes of 9-10	340/349	97%	≥95% G ≥70% A ≤69 R

Audit Criterion 6: All women who required transfer were offered transfer to another MLU or Obstetric Unit and rationale provided.

No	Standard	Number of cases (n/N)	2018	Compliance Rating
1	Woman who transferred (3 women transferred intrapartum^ and 56 transferred postnatally)	Total 59/352	17%	Not applicable
2	Rationale for Transfer documented	37/59	63%	≥90% G ≥70% A ≤69 R

Key findings: Audit of Normal Labour and Birth Care Pathway within an Obstetric Unit

Audit Criterion 1: Women with a straightforward pregnancy are assessed to be in active labour on admission to the obstetric labour ward, commenced on and follow the Normal Labour and Birth Care Pathway

No	Standard	Number of cases (n/N)	2018	Compliance Rating
1	The initial labour assessment documentation was fully completed	38/62	61%	≥90% G ≥70% A ≤69 R
2	It was evidenced that the normal labour and birth care pathway was commenced	53/62	86%	≥90% G ≥70% A ≤69 R

Audit Criterion 2: What were the maternal outcome indicators for women with a straightforward pregnancy giving birth in an obstetric labour ward following the Normal Labour and birth care pathway?

No	Standard	Number of cases (n/N)	2018	Compliance Rating
1	Mobilisation in labour - changing position in labour	54/62	87%	≥90% G ≥70% A ≤69 R
2	Full dilatation of cervix <u>not</u> confirmed by vaginal examination	24/48*	50%	≥90% G ≥70% A ≤69 R

3	Frequency of vaginal examination as per pathway (includes 23% (n=11) where VE not required)	27/48	56%	≥90% G ≥70% A ≤69 R
4	Frequency of ARM as per pathway (includes ARM not required)	42/48	88%	≥90% G ≥70% A ≤69 R
5	No significant postnatal blood loss of >500mls	45/48	94%	≥90% G ≥70% A ≤69 R
6	No obstetric emergency	48/48	100%	≥90% G ≥70% A ≤69 R

Key:

* Denominator change, as four women accessed an epidural and one women had a spinal anaesthetic for caesarean section. There were nine women who used Remifentanil, and as their care deviated from Normal Labour and Birth Care Pathway, their outcomes were not reported on after Q10.

Audit Criterion 3 What was the neonatal outcome indicators related to being birthed in the obstetric labour ward for the baby using the normal labour and birth care pathway?

No	Standard	Number of cases (n/N)	2018	Compliance Rating
1	All women have an unassisted cephalic vaginal birth/water birth	44/48**	92%	≥90% G ≥70% A ≤69 R
2	Mother-baby skin to skin for at least 1 hour uninterrupted following birth	9/48	19%	100% G >80% A ≤79 R
3	Initiation of breastfeeding at birth	28/48	58%	100% G >80% A ≤79 R
4	Breastfeeding on discharge home	25/48	52%	≥90% G ≥70% A ≤69% R
5	Responsive infant feeding by woman (including formula feeding)	48/48	100%	100% G >80% A ≤79 R

Key:

** Four women had an assisted birth either by forceps (n= 2) or vacuum (n= 2).

Audit Criterion 4 All women who require transfer to another obstetric Unit or ICU are transferred and rationale provided

None of the women in the case notes that were audited were transferred to another obstetric unit or ICU.

Recommendations

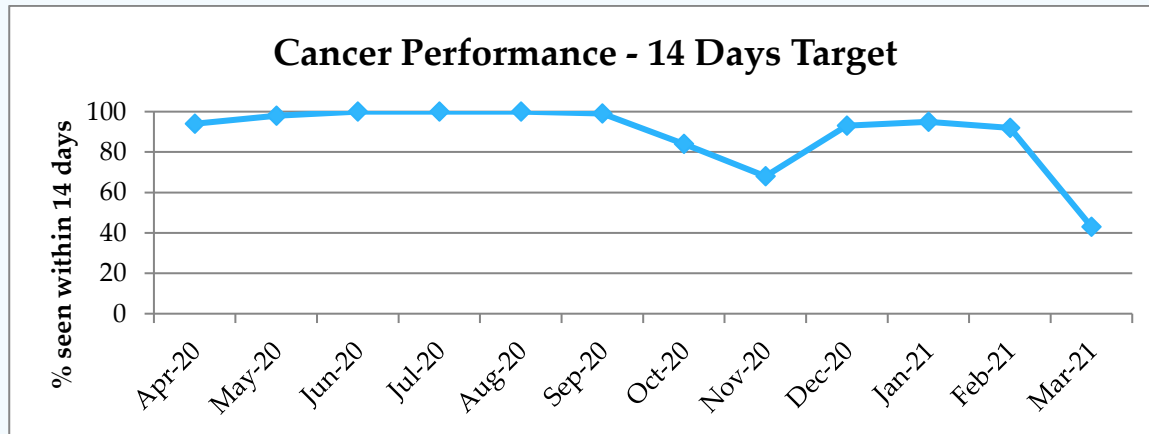
1. By January 2022, commencement of a review of the current evidence and update the RQIA Guideline for Admission to Midwife-Led Units (MLUs) in Northern Ireland, the Northern Ireland Normal Labour and Birth Care Pathway and the Women/Partner/Significant Other Resource Leaflet. In addition, the development of best practice guidance on individualised care planning for women who do not meet the guideline for admission to MLUs. This is essential as new evidence continues to be published.
2. There is an immediate need to raise the profile of MLUs as an evidenced based choice of place of birth for all women with a straightforward pregnancy across NI. This can continue to be actioned using all public health platforms and via maternity care providers during each maternity care contact.
3. There is also an immediate need for the outcomes and evidence relating to birthing in all birth settings to be made more accessible to women and their partners through a wider range of platforms, to inform their choice of place of birth. An MLU self-referral form should be accessible and made available to all women. Click on a link below for access to the relevant Trust self-referral form.
4. By January 2022, ensure that there are consistent categories of data collated from each MLU in relation to the care provision and maternal and neonatal outcomes. NIMATS or the proposed new regional health data system needs to be designed to enable recording of the agreed maternal and neonatal outcome data.
5. By January 2023: Where each obstetric unit is located, a midwife-led unit(s) (an alongside MLU) should be commissioned, and where appropriate an FMU; thereby providing MLU service provision for all women with a straightforward pregnancy in Northern Ireland.
6. By September 2022: All MLUs should have completed Midwifery Unit Standards Self-assessment Tool (Midwifery Unit Standards, 2019) and developed an improvement action plan. These action plans should include work force planning to optimise staffing in MLUs to ensure staff shortages in obstetric units do not normally impact on care provision in an MLU. Also that Trust wide evidence informed policies are developed, for example, that one significant other can stay with a woman in the MLU postnatally (if the woman chooses).
7. By September 2021: Establish a midwife-led unit/care network across Northern Ireland to share evidenced-based good practice and decrease variability of practice/performance across MLUs.
8. By September 2022: Explore women's experiences of birthing in MLUs in Northern Ireland, as it is important to research women's MLU care experiences.
9. By June 2023: Undertake a re-audit of the Regional Individual MLU audit, Regional Case Audit of the RQIA Guideline for Admission to Midwife-Led Units in Northern Ireland & Case Audit of Northern Ireland Normal Labour and Birth Care Pathway within Midwife-led Units and Obstetric Units.

ACCESS TARGETS

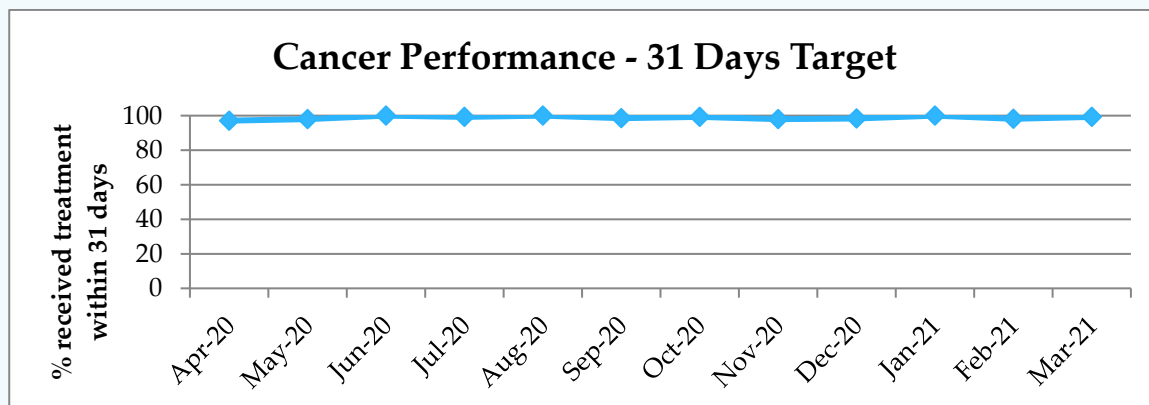
The Western Trust is recognised as a high performing Trust within Health & Social Care. Examples of performance in relation to Cancer Services are included below:

Cancer Services

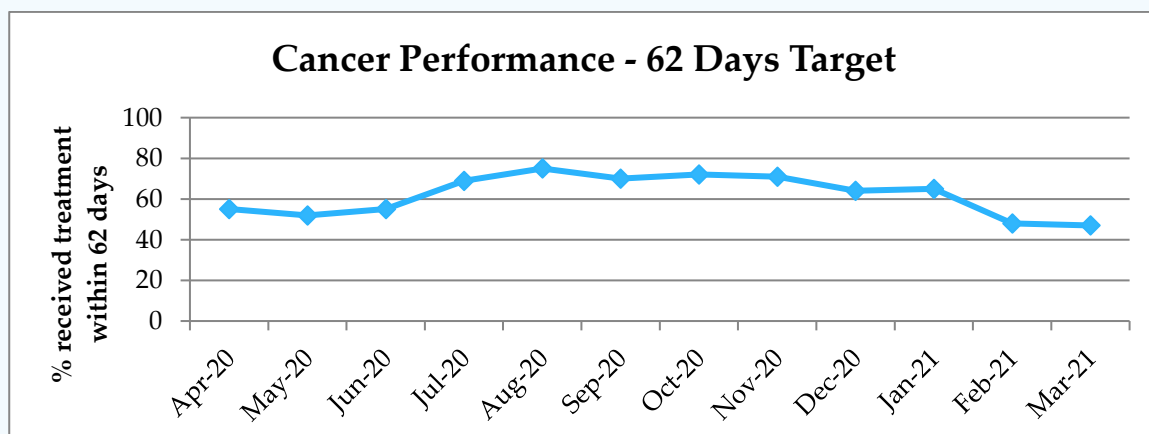
14 day Breast target 2020/21 – 86.7% urgent suspected breast cancer referrals seen within 14 days



31 day target 2020/21 – 98.8% of patients diagnosed with cancer who received their first definitive treatment within 31 days of a decision to treat.



62 day target 2020/21 - 62% of patients urgently referred with a suspected cancer who began their first definitive treatment within 62 days.



Theme 5

Integrating the Care



COMMUNITY CARE – SUPPORTING PEOPLE IN THE COMMUNITY

Introduction

Community services faced significant service challenges during 2020-21 year with the onset of the Covid-19 pandemic. Outlined below is an overview of the continued work to establish, improve and maintain service improvements and the rebuilding of its service delivery, using a wide range of opportunities to harness innovative practice.

Care Home Support Team (CHST)

The Covid-19 care home support model for care homes, which was developed in April 2020, provides dedicated care and support to almost 70 care homes from both the statutory and independent sectors. This required an extension of the team's roles and function and redeployment of staff to include providing support to the community testing team.

The scope of the CHST has significantly widened to include other elements of clinical support through a Single Point of Contact (SPOC) for Care Homes. This included PPE, IP+C, outbreak advice, workforce monitoring/staffing support, Covid Testing –National Testing Initiative & Outbreak, clinical acuity measures, clinical equipment etc. The Team also supported the vaccine program rollout and development of a Covid 19 surge palliative care support operational plan in collaboration with the Palliative Care Team. One of the key pieces of work of the Care Home Support model is supporting care homes with Covid Testing and staffing challenges. This required a sizeable amount of planning, coordination, education/training and operational management. At the height of the pandemic, the team was providing support on a given day to 23 care homes across the Trust that had a Covid outbreak.

Co-ordination of the Care Home vaccination programme involved working with Primary Care colleagues regarding each residents consent/best interest, linking with the pharmacy team to ensure accuracy and efficiency, supporting the care homes with documentation and preparation for the vaccinating teams visit, risk assessments for outbreaks homes and regular contact and updates with the Public Health Agency.

This has all resulted in improved relationships and partnership working with our providers due to regular engagement, an enhanced insight into the challenges and variances within the Independent Sector, and has highlighted the need for and ongoing dedicated resource to continue the fundamental support elements and develop the training/education and monitoring schedule for our care homes.

Dementia and Mental Health in Old Age Training

Older People's Mental Health Service developed an online training programme on dementia and mental health in old age. This was based on training needs analysis carried out with Trust staff.

The training programme began in November and will continue throughout 2021. There are approximately 2 to 3 training sessions per month. Staff members from the community and voluntary sector who deliver services to older people also attend the training where appropriate. All training sessions are recorded and loaded onto a Primary Care and Older People shared drive so that those Trust staff who cannot attend can access the training at a time that suits.

Homeless Transformation Project

The Trust's Homelessness Transformation Project, which commenced in late 2019, continued to operate throughout the pandemic.

The project began with the aim of improving access to services for this client group in Derry/Londonderry area, to identify their health needs and improve their health outcomes.

Included as part of this project, the Trust commenced a pilot of a nurse practitioner and a podiatrist. Their work has included scoping the current homeless cohort and offering podiatry assessment, which includes neuro and vascular foot assessment. This team has also provided support in vaccinating our homeless population. This important project will continue into 2021/22.

Acute Care at Home/Hospital at Home Service

The Hospital at Home Service (referred to as Acute Care at Home) has been in place in the northern sector of the Trust since 2014 and will be expanded to a 7-day model through 2021-22.

A Hospital at Home Development Group was formed to develop and oversee an action plan to put in place a test of change to establish a hospital at home service in the southern sector of the Trust. With support from the medical team in SWAH, Pharmacy and the Rapid Response Nursing Service the test of change commenced in December 2020. The service initially involved working with 4 care homes in Enniskillen, with the aim of assessing and treating patients in these care homes and avoiding the need to attend ED and an admission to hospital.

The service has been extended to all care homes in the Omagh and Fermanagh areas and is now treating patients in their own home. Feedback from patients who have received the services has been very positive.

mPower

The mPower project operates in the Fermanagh area of the Trust and continued during 2020-21 on its aim to increase the delivery of wellbeing plans across the Trust. The wellbeing plans included elements of health promotion; social supports; physical activity; transport; digital literacy; financial advice and home safety. The key to the delivery of these plans was the deployment of community navigators to work with professional staff and the individual to design personalised solutions that improve the individual's health and wellbeing, often using services provided by the community and voluntary sector.

District Nursing Service

District Nursing Service visits continued throughout the pandemic and, in support of GP Practices, put in place a Covid Community Rapid Response Team to provide a nurse led service for our housebound patients. This has included enhanced use of PPE and increased workload and length of time for each visit. District nursing teams were also required to swab patients with suspected COVID 19 symptoms and those who were requiring respite in a care home or reason to attend a hospital facility.

All district nurses were given access to smart phones to enable them to carry out virtual home visits with a patient. They can also use the smart phone while in the patient's home to video and/or voice call the patient's GP for further advice that determines the most appropriate intervention for the patient. Advice given by the GP may lead to the patient remaining in their

own home rather than being admitted to hospital. The district nursing team leaders also use the phones to allocate calls to the nurse without the need to go to the office, which has reduced travel time and costs.

District Nursing staff were seconded from all four localities to support the trust mobile vaccination teams delivering the care home vaccination programme from December 2020 to March 2021. The District Nursing Service then commenced the administration of the AstraZeneca vaccine to housebound patients in January 2021, the programme is continuing with administration of the second dose of the vaccine to housebound patients and those new Care Home patients requiring the vaccine.

District nursing service has continued to promote their keyworker role in Palliative care participating in a regional ECHO project producing a poster to promote their role. The Omagh DN team participate in weekly virtual meetings with the Specialist Palliative Care Team, which is proving beneficial for service users and staff.

Service managers continue to participate in regional working groups originating from the District Nursing framework 2018-2026. The career pathway group drafted a band 7 regional job description, this has been agreed and adopted for use in all trusts, and work is ongoing on remaining job descriptions. Safer caseloads, introduction of Post-Acute Care Enablement (PACE) to community nursing, improved ICT and new Key Performance Indicators (KPIs) work is ongoing. Agreed regional standards for application to the specialist district nurse qualification has been agreed.

The Neighbourhood District Nursing Coach was redeployed to the Care Home Support Team for the majority of 2020; however has returned to post since March 2021.

Following guidance from the Department of Health, a second Delivering Care Phase 3 consultation process has taken place, which will inform the implementation of the District Nursing Framework 2018-2026 within the Trust.

PARIS has been implemented across all District Nursing Teams.

The District Nursing Service has also introduced Care Opinion with all District Nurse Team Leads receiving Care Opinion responder training.

The Limavady District Nursing Team has extended its working hours and now operates 8am – 6pm.

Specialist Nursing Services

In the absence of Consultant Reviews and reduced access to Primary Care Services during the height of the pandemic, Specialist Nursing Teams introduced virtual clinical reviews to respond to the clinical and symptomatic concerns of people with long terms conditions.

People with long term conditions represent a highly vulnerable group of people who were very anxious about their personal safety during the Covid pandemic surges. Home Oxygen assessments were introduced to support patients being discharged from hospital and to support and sustain their recovery at home. Pulmonary Rehabilitation, which has a strong evidence base for improving the recovery of people with long term respiratory disease, was modified and presented as a virtual and home based programme both of which have been positively evaluated by the service users.

People with diabetes were supported through telephone and virtual clinical support to provide the expertise and clinical guidance to people newly diagnosed with diabetes or indeed needing to change treatment modalities at short notice.

Older People's Mental Health and Geriatric Services

In an attempt to ensure service continuity as far as possible, older people's mental health out-patient appointments; geriatric medicine out-patient appointments and psychology assessments were all offered to service users as virtual appointments, either via telephone or video call. It has been found that virtual consultations do not work as well for the older population due to difficulties with technology, seeing and hearing the professional member of staff. In addition, some aspects of the functional assessment process required a "hands on" approach. These services will revert to face-to-face contact to ensure the best possible outcomes for service users.

Independent Sector Contracting and Governance Group (ISCGG)

The Independent Sector Contracting and Governance Group was established to oversee the development of a robust governance framework in relation to Independent Sector community services contracted by the Trust and also to support contract managers in the oversight of governance and contracting issues.

This includes the implementation and monitoring arrangements for a robust contracting framework that assesses service need and cost and benefits analysis.

The group provides assurances to the Corporate Management Team and Trust Board, including monthly update report to the Director Oversight Group, regarding appropriate governance arrangements to ensure due attention is being paid to patient and client safety.

MENTAL HEALTH

The Service User Consultant, in order to assist Adult Mental Health Service development works, has established a Virtual Reference group of service users with varied mental health experiences.

A Trust implementation group has been established to support rollout of 'You in Mind' care pathway documentation. It is a regional initiative that will improve consistency of assessment, documentation and care planning. This has begun in the Recovery teams and is spreading throughout Adult Mental Health services to support care planning and improving collaborative working with service users and carers.

The Electroconvulsive Therapy (ECT) service in Omagh Hospital & Primary Care Complex has had an interim, virtual inspection from the RC Psych ECTAS programme and continued approval has been independently endorsed.

Mental health liaison services continue to develop under transformation funding, with re-establishment of the project board and relevant work streams. These all have service user and care input, at times making use of the virtual reference group too.

Great progress has been made within the Delivering Value Workstream seeking to improve Mental Health Pathways in the Emergency Departments. The working group is in the process of finalising a new mental health patient care-pathway document for use Trust Wide. The Recovery College has developed a 'What I Need' (WIN) Card. This provides information about

service users presenting to the acute hospitals, for any reason, in order to build understanding, thereby improving care and reducing stigma.

A number of diverse hospital and community groups across adult mental health services participated in the latest cohort of Safety Quality West (SQW), achieving level 2 qualifications in Quality Improvement. These projects included – Carers conversation wheel, safety planning improvement. There are a further 2 applications submitted for 2021/22 Safety Quality West Cohort 4 with projects focusing on Recovery Star Assessments and Medication Management.

As part of the Adult Mental Health & Disability Quality Improvement Team, a monthly newsletter has been developed which provides regular support for staff through QI Clinics and Learning Events. [AMHD QI Newsletter](#)

A Bed Flow co-ordinator has been appointed as part of a regional initiative to better manage in-patient capacity and promptly link well patients back to suitable community placements.

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

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

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

Facts & Figures

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

75% of looked after children had their living arrangements and care plan reviewed within regionally agreed timescales.

90% 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

91% of adults referred for investigation and identified as at risk of abuse, neglect or exploitation during the year had an adult protection plan.

1345 adult carers were offered individual care assessments during 2020/21.

Direct Payments

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

Direct payments provide service users and their family an element of choice in determining the care they receive. Direct payments received increased by 16.5% since last year.

Facts & Figures

1540 adults received direct payments during 2020/21

3 carers received direct payments during 2020/21

Mental Health & Learning Disability Indicators

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

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

Facts & Figures

The Trust has continued to face “difficulties in effecting appropriate accommodation and community support options”, especially for individuals with complex health and/or behavioural needs due to lack of suitable options within Northern Ireland. Three individuals were discharged to placements in the Republic of Ireland (ROI), which given Covid-19 travel restrictions created added burden on both the individuals and their families.

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 borne by families, in order to preserve on-going relationships and not to threaten necessary support during and after detention in hospital. These actions are always considered alongside an individual’s human rights, particularly Article 5 and Article 8 of the European Convention of Human Rights.

Facts & Figures

99% of applications for assessment were made by Approved Social Workers during 2020/21.

Learning Disability

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

Facts & Figures

0% of adults with a learning disability had an annual health check due to the impact of the pandemic on services.

NEXT STEPS

In 2021/22 we will focus on quality in the Trust using improvement science to move forward with our key priorities of Transformation, Financial Recovery, Quality and Safety of Care, Pathfinder project, and the Rebuild of Services following the COVID19 emergency.

Transformation

Quality Improvement Team: Build upon the permanent staffing commitment achieved in 2020/21 and increased connection of QI methodology to Trust priorities and challenges. The application theme for Safety Quality West in 2021/22 is related to 'access' to services.

Improvement and Involvement: The Trust will prioritise the development of a single organisational approach to Involvement through the continued implementation of the Integrated Involvement Plan. This aims to build on existing work of Personal & Public Involvement (PPI) with service users & carers, Patient / Client Experience, learning & improvement work and engagement with staff. The Organisation and Workforce Development Team will continue to implement the Engagement and Involvement Strategy to support staff to develop local implementation plans to ensure that they are involved in any decisions and improvements related to their area of work.

Acute Care at Home: The Hospital at Home Service known as 'Acute Care at Home' will be expanded to a 7-day model in the northern sector of the Trust during 2021/22.

Midwife Led Tongue Tie Service: The Midwife Led Tongue Tie Service for Breastfeeding babies currently operational in Altnagelvin Hospital will be replicated in the South West Acute Hospital.

Financial Recovery

Working Together, Delivering Value: The Trust will continue to implement the 3-year Recovery Plan. Working Together, Delivering Value is the Trust's strategic programme of recovery, spanning three years which is focussed on reforming and improving services to deliver improved value and support financial recovery. The Trust established a Programme Management Office (PMO) to bring a range of project management, quality improvement, workforce and financial skills to the programme, and to support nine main Programmes of Work.

Quality and Safety of Care

Governance Review: Work will continue to implement the remaining actions and this work will be monitored via the Safety Quality Management System to ensure full implementation in the year ahead.

Serious Adverse Incidents: A number of staff to be recruited to include a family liaison support, professional timeline support and administration staff to support SAI teams on a one year pilot.

Risk Appetite: Following a process of risk review of corporate risks, the risk appetite model will be fully adopted over the next year. Risk appetite is the level of risk that an organization is prepared to accept in pursuit of its objectives, before action is deemed necessary to reduce the risk.

Reducing Avoidable Pressure Ulcers: The Pressure Ulcer Prevention Plan will be implemented throughout 2021/22. Actions will include education sessions for staff, workshops, questionnaires, training programmes and the development of a pressure ulcer pathway flowchart.

Falls Prevention: In order to reduce the incidence of falls within the Trust, a number of actions are planned for implementation during 2021/22 such as:-

- Further quality improvement work with the Stepping On Programme to incorporate use of the 'Florence' text messaging service;
- Progress work streams of the Trust Slips, Trips and Falls Prevention Committee subgroups;
- Review current falls clinic data to secure resources for a falls prevention service for people currently on waiting lists;
- Review data on ED attendances at Altnagelvin Hospital to inform the development of a falls service and create public messages regarding falls prevention;
- Recommence falls clinic and OPALS team;
- Re-establish the falls learning collaborative within the acute hospital setting.

Pathfinder Project

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 following the COVID19 emergency

Rebuild of Services: The Trust will continue to work with our health and social care partners to support staff in assessing the impact of scaling up or restarting services.