Annual Quality Report

2024/25

Chief Executive's Foreword

I am pleased to present the 13th edition of the Western Health and Social Care Trust Annual Quality Report for the year 2024-25. This was a year of significant change and preparation for the implementation of the Encompass programme introducing a digital integrated care record supporting the HSCNI vision to transform health and social care in order to improve patient safety and health outcomes. I want to pay tribute to all staff, who have shown remarkable commitment and professionalism during this challenging year. Everyone should be immensely proud of their ongoing contribution and strive to provide high quality and safe care services to our patients, service users and staff. It is clearly evidenced within this report they are at the heart of everything we do and provide care to the highest standard focusing on quality and safety.

The demands on Trust Services have continued in 2024/25 and I want to commend the dedication and innovative approaches by all staff throughout the Trust. It is recognised that in many hospital and community services, demand exceeds the commissioned capacity. The Strategic Change Board and the Delivering Value Management Board are the primary corporate structures to set direction and oversee the agreed service reforms and efficiency improvements which will increase capacity, however demand/capacity gaps remain across many services. During the year a Director Led Improvement Board has continued to apply quality improvement thinking and methodology to help improve and inform services.

Workforce stabilisation and staff wellbeing continues to be a priority, and we are committed to further developing a culture which is open, just and always learning. In 2024-25, the Trust undertook a staff culture survey, which helped inform and support these services. Feedback from the "What Matters to You Day", held as part of the "We Are West Festival in June shows that staff value the importance of collective leadership, team work, respect, support and feeling valued. The introduction of the "We Are With You", Staff Wellbeing Project, provided the opportunity to further enhance Training and Learning provision for our Trust colleagues.

2024/25 was also a year of significant achievement for the Trust. A very small selection of our achievements in 2024/25 are:

- Implementation of a single electronic Health & Social Care Record, Northern Ireland has now a single electronic record for all its population and all staff in Trusts will have access to all records required to deliver safe and effective care for patients and clients.

- I want to welcome our international recruits to our medical workforce. We have worked in partnership with the Medical School in Mumbai, India and have had successful recruitment to many medical vacancies. These medical staff will underpin the stability of many of our acute services over the medium-longer term. I want to highlight the work done by our International Medical Recruitment team.

- The Trust has seen a significant increase in user feedback through the Care Opinion platform – 1,245 patient / client stories, with 154,815 views which represents an increase of 26% on last year. Feedback continues to be very positive, with less than 1% strongly critical of Trust services.

- Ulster University Graduate Entry Medical School have now achieved final approval from the General Medical Council, which now enables approval of medical degrees as an organisation. The first cohort will graduate this summer and this represents many years of close working between the Trust and University.

- Supporting the stabilisation of 5 GP Practices across the Trust's geography. I pay tribute to the team in our Community and Older People's Directorate, along with the corporate teams for stepping up to ensure patient services have been sustained.

Safe, effective treatment and a good service user feedback, whether in hospital or the community, lies at the heart of a high quality service. We continue to monitor the key performance indicators such as Incidents, Complaints, Compliments, Care opinion stories and ensure prompt action is taken and learning is shared and implemented across our services. One area that we need to do further work on is our complaints response times. Introduction of new Complaints Handling Procedures in in 2025-26 will encourage a cultural change of early resolution where possible.

We all have 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 highlights just some of those achievements and improvements made and the ongoing work in delivering health and social care services. Improving the quality and care will continue to be a key priority for all of us as we modernise health and social care in our Trust.

I commend this report to you.

CONTENT

WHAT IS THE ANNUAL QUALITY REPORT?

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 thirteenth quality report.

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

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

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

ABOUT THE WESTERN HEALTH & SOCIAL CARE TRUST (WHSCT)

The Trust is a statutory body which is responsible for the delivery of safe and effective health and social care services to a population of approximately 300,000 people across the western part of Northern Ireland, covering an extensive rural and urban geography. The Trust also provides a range of specialist acute services to the population of the northern part of the Northern Trust area, and to people in north Donegal through specific commissioning arrangements. The Trust employs approximately 12,000 staff. The Trust provides services across 4,842 sq. km of geography and delivers services from a number of hospitals, community based settings and directly into individuals' homes.

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

This comprehensive range of services is provided through the following Operational Service Directorates:

- Adult Mental Health and Disability Services
- Children and Families
- Community and Older People's Services
- Unscheduled Care, Medicine, Cancer and Clinical Services
- Surgery, Paediatrics and Women's Health

The Operational Service Directorates are supported by the following Corporate Directorates:

- Chief Executive's Office
- Performance, Planning and Corporate Services
- Finance, Contracts and Capital Development
- Human Resources and Organisational Development
- Medical Directorate
- Nursing, Midwifery and Allied Health Professionals

Further information on the services provided by the Trust can be obtained from the website: https://westerntrust.hscni.net

Our Services at a Glance

We Deliver Services From:

- 7 Hospitals
- 8 Children's Homes
- 1 Hostel
- 12 Administration Hubs
- 11 Health Centres and Clinics
- 30 Day Care Centres
- 6 Training Centres
- 8 Residential Homes

We Provide Support to People in our Communities Through Approximately:

- 1,800 Residential & Nursing Home Placements
- 3,700 Domiciliary Care Services to People in Their Home
- £4.5 Million Annually spent on Community Equipment
- 218,000 Community Allied Health Professional contacts e.g. Physiotherapy, Occupational Health
- 96,000 Mental Health Outpatient Contacts
- 218,000 District Nursing Contacts
- 17,000 Social Work contacts
- 4 GP Practices

Each Year in our Hospitals we Handle Approximately:

- 55,000 Hospital Admissions
- 32,500 Day Cases
- 3,300 Births
- 23,000 Regular Day Attenders
- 126,000 Emergency Department Attendances
- 345,000 Outpatient Appointments
- 314,000 Imaging Tests

Western Health and Social Care Trust

we are west
Caring together
Committed to better

OUR STRATEGIC PRIORITIES

Quality & Safety

We put patients and service users at the heart of everything we do and provide care to the highest standard focusing on quality and safety.

Our People

We strive to be a place where we attract, retain and develop compassionate and talented people, creating an environment where they can thrive.

Performance & Access

We strive to achieve and maintain high levels of performance using our resources as effectively and efficiently as possible to improve access to our services.

Delivering Value

We aim to achieve financial stability through sound financial governance and effective use of our resources to deliver greater value and efficiency.

Our Culture

We are committed to a culture which is open, just and always learning.

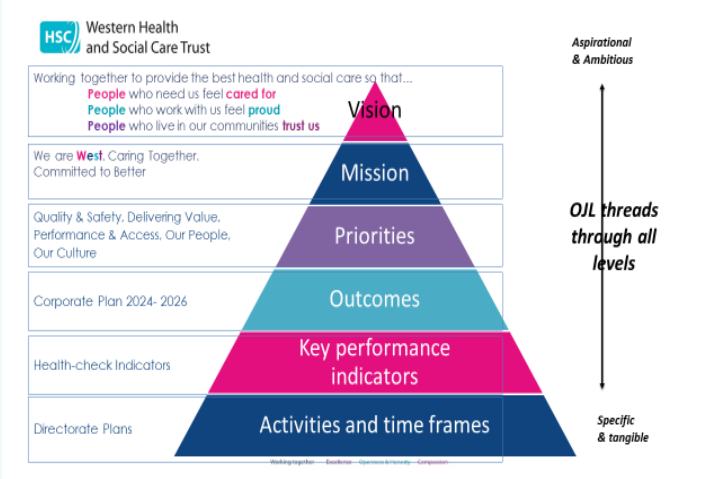
Theme 1

Transforming the Culture

The Western Trust continues its work to implement the Trust mission, vision and values with a specific focus on developing an open, just and learning culture (OJL) at all levels within the organisation.

Trust Mission and Vision

The development and launch of our Trust mission and vision created through a series of Corporate Management Team (CMT) development days provided the bedrock for the organisational culture by bringing together a shared purpose and direction.



A full implementation plan was put in place to embed the vision and mission into all aspects of Trust business:

- Mission, vision and values integration within Trust Corporate Plan 2024 – 2027 with specific strategic priority on culture.
- We Are West branding and resource pack developed.
- Trust Board and CMT report templates asked authors to connect topic/issue to both vision and mission.

- We Are West Festival 2024 programme aligned to the Trust vision and mission with speakers and events held across all Trust locations and open to all bands of staff. In 2024, a Dragon's Den event was added to recognise and reward innovation with investment from Endowments & Gifts (E&G) granted to all shortlisted 'pitches'.

- Trust induction / corporate welcome has been updated with mission and vision.
- The vision and mission has been built into all development programmes – Leader & Manager Framework levels 1, 2 & 3, Clinical Lead Induction and Postgraduate Diploma.
- The 'We Are West Mission Cup' continued in 2024/25 to recognise teams who are actively living our Trust Mission. This peer recognition initiative has been operational since 2023 and has now rotated across 5 teams.

Open, Just and Learning (OJL) Culture

The Trust's Organisation Development Steering Group focused on the development of the OJL culture with the following pieces of work completed during 2024/25:

- OJL Charter: ratified by CMT March 2024
- Culture Survey: April 2024
- Survey toolkit focusing on engagement and psychological safety to be used in conjunction with the survey outcomes
- OJL integrated into all Trust leadership and management development programmes.

Culture Survey

The Trust undertook a Staff Culture Survey in 2024 and received 2,305 responses (19.7% of staff). The two areas of focus were staff engagement and psychological safety. Engagement looked at the areas of involvement, advocacy and motivation. Psychological safety asked staff how they feel about sharing concerns, questions and ideas. By monitoring these on a regional basis, the Trust will identify areas for support and review progress of the organisation over time. The baseline results were as follows:

Staff Survey Factor	Score (1- 5)
Engagement Score	3.60
Psychological Safety Score	3.49

The full survey outcomes were shared at all staff forums and formal training programmes including CMT, Senior Leaders Forum, Clinical Lead Induction, Leader and Manager Framework and at all Directorate Senior Management Team meetings (SMT). An engagement toolkit was developed alongside the survey so that managers could use a range of tools and approaches to improve their engagement and psychological safety within teams. All Directorates were provided with Directorate specific analysis to allow targeting and design of specific actions to address areas identified for improvement.

Team Development and Team Support

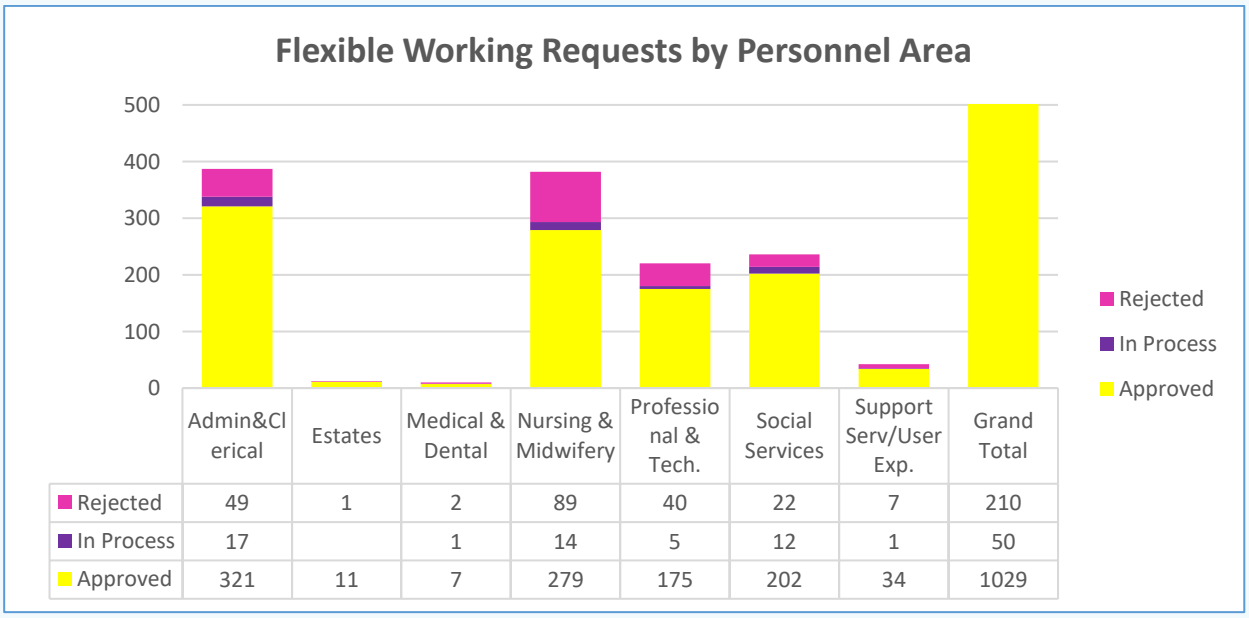
Organisation and Workforce Development (OWD) continued to support staff wellbeing through team development throughout 2024/25 in two ways depending on their specific needs:

- Team Building aims to strengthen teams enabling staff to work well together with improved communication, collaboration and camaraderie which can ultimately increase engagement, productivity and performance. During 2024/25, the OWD team facilitated sessions with 39 teams attended by 607 staff.

- Team Support provides a range of interventions to support teams in a challenging environment to continuously improve services. Bespoke intervention over a 6 month period supports teams to manage challenges, achieve goals, develop and continuously improve performance. During 2024/25, the OWD team worked with 22 teams across 54 sessions supporting 444 staff.

Flexible/Agile Working Culture

The Trust continues to see a significant interest and uptake of flexible working arrangements from staff across the Trust. Monitoring continues through bi-annual reporting. Year-end report for 2024/25 reports a high volume of requests and approvals from staff across all professional groups with 1,289 requests received from 872 individual staff members with an approval rate of 79.82%. This is an increase from the approval rate in 2023/24. Services continue to investigate opportunities for flexible working within their teams with HR continuing to promote the positive impact that can be seen from fair and reasonable consideration of all requests.



	Admin&Clerical	Estates	Medical & Dental	Nursing & Midwifery	Professional & Tech.	Social Services	Support Serv/User Exp.	Grand Total
Rejected	49	1	2	89	40	22	7	210
In Process	17		1	14	5	12	1	50
Approved	321	11	7	279	175	202	34	1029

Staff Equality, Diversity & Inclusion

In December 2024, a new Human Resources (HR) role was put in place to give a focus on staff Equality, Diversity, Inclusion & Belonging (EDIB). This facilitated progression of the Disability and Equality Action Plans. The Trust also participated in the review of 3 key regional policies: the Disability Equality Policy; Equality, Diversity & Inclusion Policy; and the Gender Identity and Expression Policy. These policies will be launched in 2025/26.

Work is ongoing within the Trust's Ethnically Diverse Staff Network and the Network Chairperson presented at a launch event for the new Regional Cultural Competency Framework. Links have also been established with the Regional LGBTQ+ Staff Forum and a collaborative approach will be taken in promoting engagement with this forum and its objectives.

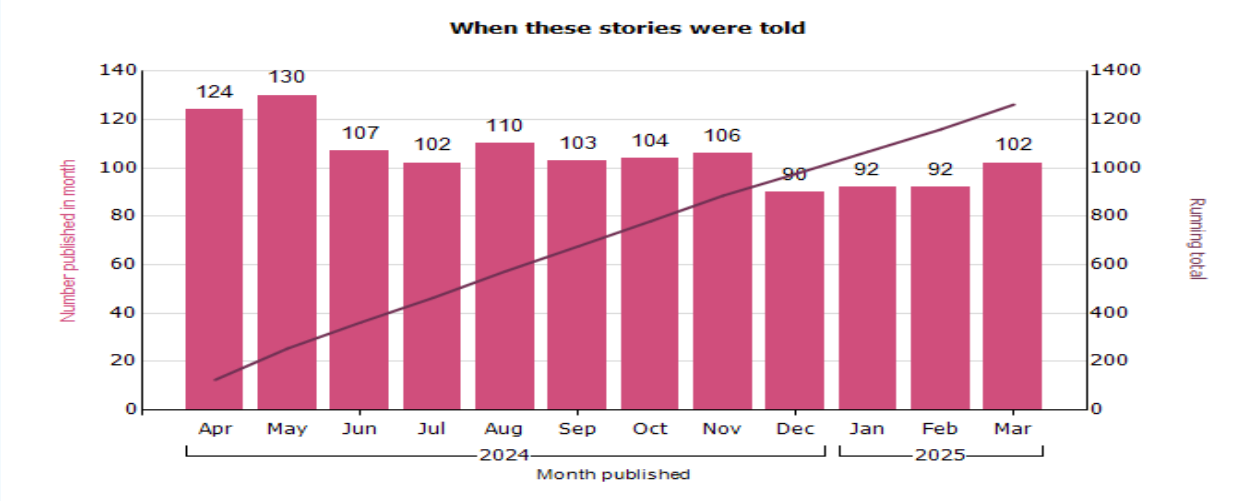
A plan for regular EDIB communications is being developed in conjunction with the Staff Wellbeing team and will be published within 'THRIVE' magazine. Each article will focus on a different topic in the areas of equality and diversity to improve understanding, awareness and encourage positive conversations about how we can continue to foster an inclusive environment for all.

PATIENT AND CLIENT EXPERIENCE

Care Opinion

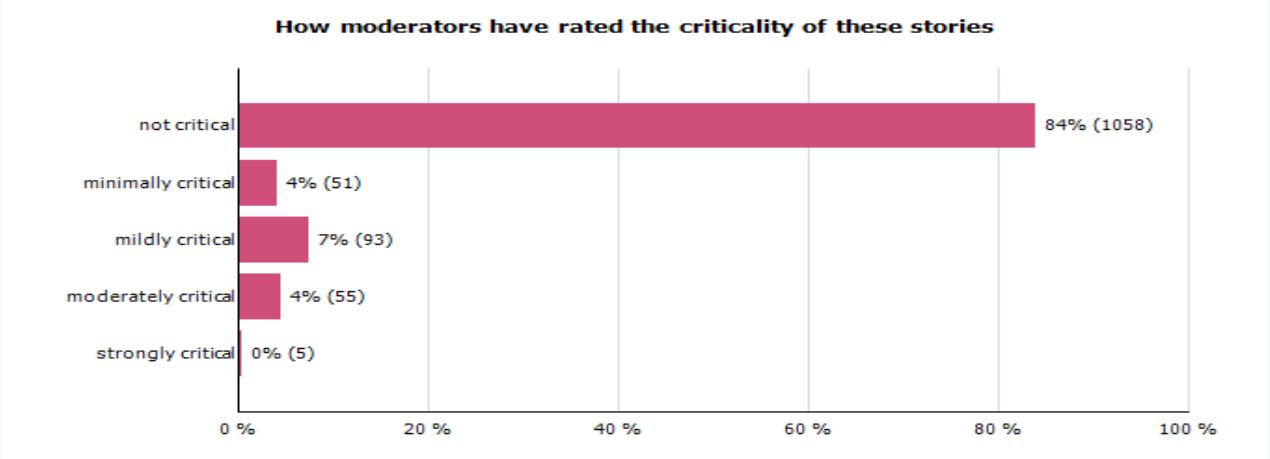
From 1st April 2024 to 31st March 2025 there were *1,262 stories* posted on Care Opinion with public views of 153,934 averaging 105 stories per month (1,067 stories posted during 2023/24). Figure 1 shows how many stories were received each month. Care Opinion continues to gather momentum as the public have an opportunity to share their experiences in a safe and simple way to tell us what was good, how services made them feel and what improvements could be made. In September 2025, the Trust will celebrate it's 5th anniversary of the online service user feedback platform.

Figure 1



A criticality score is assigned to each story ranging between 0 (extremely positive with no element of criticism) to 5 (extremely critical). To date the Western Trust has no stories rated at level 5. Over the last five years, there has been a consistent yearly increase in extremely positive stories. A total of 1,058 (84%) were published compared to 909 stories (85%) for 2023-24. However, due to overall increase of stories received the overall percentage of extremely positive stories has fallen by 1%. The number of strongly critical stories has risen by 1 over the same reporting period to a total of 5 compared to last reporting period 2023-24. Figure 2 below shows the number of stories each criticality rating received.

Figure 2



- Some examples of themes generated from criticality 1 stories include: communication; inadequate information leaflets; waiting times and lack of beds to admit; being treated outside of a commissioned bed space; smoking and vaping on site; building work affecting quality of therapy treatment; uncomfortable seating in ED; lack of signage; parking; overcrowding in waiting area; no shop in Altnagelvin; poor quality and lack of menu choices for patients; poor cleanliness; long drive to access services; issues with interpreter service; busy under staffed environment; lack of activities available.
- Some examples of themes generated from criticality 2 stories include: staff attitude and behaviour; very long waiting times; lack of support and feeling dismissed/not heard; lack of empathy and compassion; poor standard of care; lack of discharge advice; difficulty getting through to booking services.
- Some examples of themes generated from criticality 3 stories include: feeling unsafe due to building work; delays in red flag referrals; lack in communication; poor staff attitude and behaviour; poor treatment and care; long waits.
- Some examples of themes generated from criticality 4 stories include: missed diagnosis; delay in emergency general surgery; lack of access to pain relief; poor staff attitude and behaviour; lack of empathy and compassion; poor quality of treatment and care.

Advantages of Care Opinion for Services

There are many advantages of the online service user platform and new applications for using the information are still being identified for staff and the service user.

- Feedback is anonymised which is as an advantage for authors to protect their personal details online.
- There are several ways a service user can leave their feedback which include a Freephone number, feedback form or directly online through the web address / invitation link / QR code.
- The platform offers many accessible features which includes a loud reader, choice of many languages, font and text size and theme menu bar. In Northern Ireland there is a choice to request responses in British or Irish sign language.
- The platform offers a transparent two way communication process between staff and the service user.
- Staff can notify the author when a change has been planned or made from feedback received.
- Staff showing they are listening and responding to feedback through the platform is important for building public confidence, encouraging a culture of openness and transparency to respond directly to the feedback received and help improve practice to enhance the patient / user experience. This also helps and supports Quality Improvement and service development.
- Staff can use feedback information for professional development activities such as professional appraisal, revalidation, reflection and reflective supervision.
- Feedback received can be used to evidence direct patient / client engagement and involvement opportunities.
- Care Opinion feedback has been analysed for policy making and updating current local policies.
- Research has shown that staff receiving positive feedback can help boost staff and team morale, increase workplace satisfaction and improve staff absenteeism.
- Staff are able to run reports to further analyse the data, identifying many different topics such as demographic information, service user identification, criticality of stories received and the common themes and trends running through the feedback received. These have been categorised into “what was good”, “what could be

improved" and "feelings". Figures 3, 4, 5 and 6 demonstrate some of the information staff can analyse which include how the author identifies themselves, which method was chosen to leave feedback and demographic information of the author. At a glance, staff can see trends and themes (Figure 6) within their services highlighting potential service improvement initiatives and areas of celebrating good practice. Senior staff can use trends and themes for triangulation of learning and sharing of learning and changes planned / made.

Figure 3

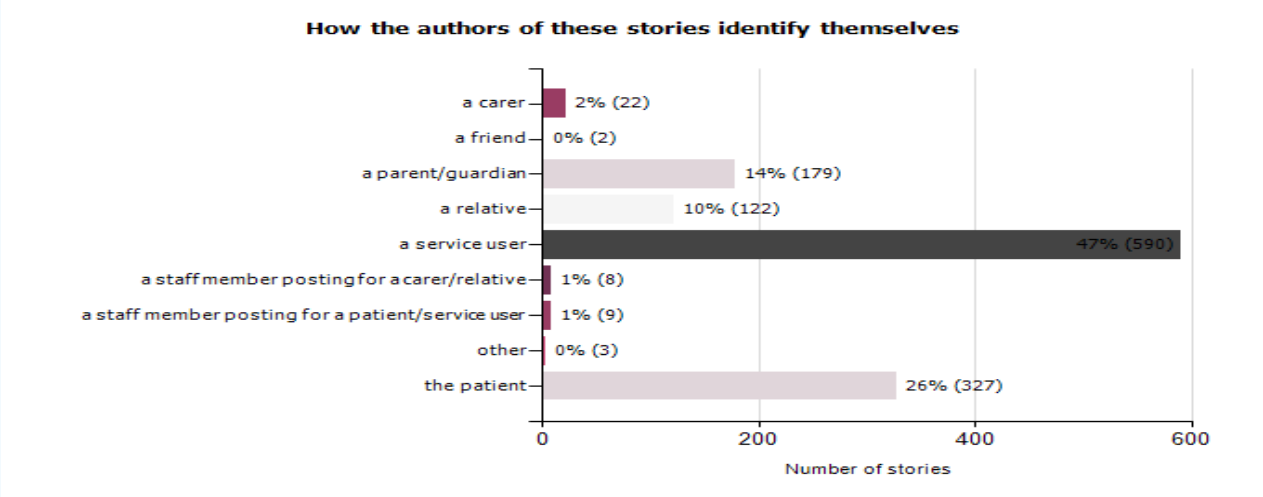


Figure 4

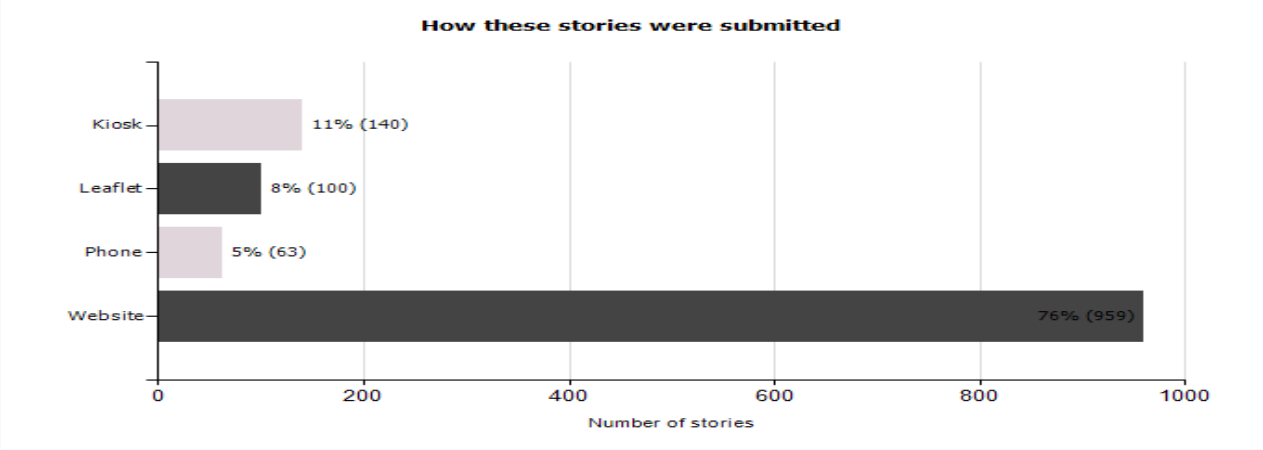


Figure 5

Where these stories have come from	
Derry City	**452**
Omagh	**190**
Fermanagh	**186**
Unknown	**142**
Strabane	**136**
Limavady	**90**
Dungannon	**15**
Coleraine	**12**
Carrickfergus	**9**
Magherafelt	**5**

Newtownabbey	3
Cookstown	3
Belfast	3
Lisburn	2
Moyle	2
Ballymoney	2
NHS Greater Glasgow & Clyde	1
Ballymena	1
NHS Wiltshire CCG	1
NHS South Warwickshire CCG	1
Ards	1
Castlereagh	1
Craigavon	1
Armagh	1
Banbridge	1
North Down	1

Figure 6

Most common tags added by authors to these stories

What's good?		*What could be improved?*		*Feelings*	
Staff	463	communication	44	Thankful	228
professional	185	waiting time	24	grateful	137
Friendly	166	food	17	supported	137
Nurses	163	long wait	15	reassured	134
Helpful	156	information	12	at ease	87
Care	148	staff attitude	12	listened to	85
Kindness	121	lack of support	9	put at ease	83
communication	117	more staff	9	cared for	80
level of care	94	waiting area	9	comfortable	74
Amazing	91	noise	8	informed	73
Caring	91				

Services will respond to feedback within 7 days of publication and there will be changes identified and recorded as a response to online feedback. For details on response rates by service please follow the link: Care Opinion Response Quality Report

During this time period, 16 stories have led to either change planned and/or made. Examples of change include: consideration of gynaecology services to include review of treatment plans; new signage within Outpatients Department; improvement of ordering meals for patients; additional cleaning round during daytime; change in food suppliers; attempts to improve verbal communication between staff and patient; increased public awareness regarding bouncy castles; new catering equipment; review of endoscopy

patient information leaflet; mental health questionnaire within a mental health facility; increasing parking plans; future staff recruitment plans; planning of new pathways for anti-D injections within ED.

Responder training has been facilitated by the Patient Client Experience (PCE) Lead via face to face / virtual or hybrid methods. A data cleanse was carried out during January 2025 as part of a response to ensure an efficient amount of account holders. To date there are 670 out of the 750 subscriptions including Band 8a, 7, 6, 5 & 3 across Directorates that are either readers of stories or responders.

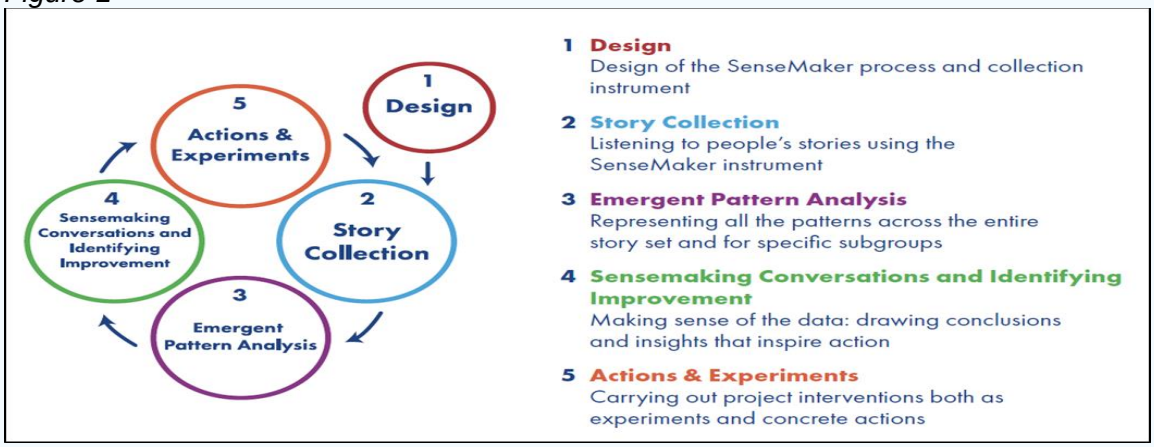
10,000 More Voices Update

The 10,000 More Voices (10KMV) initiative is focused on gathering stories from people who receive services in Health and Social Care so that we can make timely improvements to the delivery of care.

The initiative 10,000 MORE Voices is part of the Regional Patient Client Experience Programme led by the Public Health Agency. The initiative seeks to:-

1. Support service users, families and carers to share their experiences in a way which can be robustly analysed using Sensemaker® (computer software which supports a deeper understanding of narrative or stories).
2. Empower stories to be shared using the same co-designed tool which can be translated into a variety of accessible forms. This includes:
    - Online link
    - Printed form with stamped addressed envelope
    - Translation to easy read format and where required translation into alternative languages
    - Recorded as a facilitated conversation through face to face, telephone or virtual platforms (for example Zoom)
3. Enable data to be collected centrally which can be shared at all levels of the Health and Social Care system. This means learning is available locally to services, to trusts and collectively across the region.
4. As part of a model of change (see Figure 1) the initiative seeks to identify areas of good practice, highlight areas for improvement and understand what matters most to service users, families and carers. This information should be used to drive learning and change to support more positive outcomes.
5. Figure 1. The 5 step approach to all 10,000 MORE Voices Project.

Figure 1



Current Live Projects within the Trust include:

- Shared Decision Making - currently in phase 2 story collection. In May 2022, the Department of Health endorsed the NICE Guideline NG197 Shared Decision Making (June 2021). Shared Decision Making is defined as a joint process where healthcare providers and service users work together, using the best available evidence, to decide on care plans that align with the service user's preferences and values. It emphasises mutual respect and open communication, enabling the service user to be actively involved in making informed decisions about their health care. A task and finish group has been setup to identify services for participation in the approved survey.
- My experience of a Care Home - A Resident's perspective currently in phase 3. Story collection has been carried out in up to ten care homes identified within the Trust. The results of this survey will be shared with care homes and Trust leads when available.

PERSONAL & PUBLIC INVOLVEMENT (PPI)

The Trust remains steadfast in its commitment to the meaningful engagement and involvement of service users, carers, the public and staff across all levels and programmes of work. We continue to ensure that involvement is integral to the commissioning, planning, delivery and evaluation of all services. We recognise the critical role that involvement and co-production play in addressing health inequalities and effectively meeting the diverse needs of our community.

Five Standards

Leadership

The Trust has established a clear and robust PPI / leadership structure to ensure that service user / carer involvement is embedded at all levels across the organisation. Leadership for involvement is strategically positioned at both executive and operational levels, ensuring alignment with corporate priorities and frontline delivery.

The Trust continues to strengthen and evolve the PPI Lead model in operation to ensure visibility and accessibility across all Directorates. Each Directorate has an identified PPI point of contact, ensuring staff can readily access for support, advice and guidance to embed involvement in planning, delivery and evaluation of services.

Davin Corrigan Legacy Award for Improving Patient and Service User Safety through Engagement

The Trust announced the winners of the 2024 Davin Corrigan Legacy Award for Improving Patient / Service User and Carer Safety through Service User and Carer Engagement. The winner, with 59% of the public votes, was the Children and Young People's Autism Service, Early Intervention Service (EIS), an initiative that has made significant strides in improving services for young people with autism and their families. The award was presented by Karen O'Brien, Director of Adult Mental Health and Disability Services at a ceremony held in November 2024 at the Fir Trees Hotel, Strabane.

Governance

The Trust has established comprehensive governance arrangements to ensure that PPI is embedded in policy, practice and decision-making across the organisation.

The PPI / Involvement team reports routinely to both the Improvement through Involvement (ITI) Committee and the Corporate Management Team ensuring senior-level oversight and accountability. The ITI Committee provides a formal governance mechanism for service user and carer involvement, driving consistency and quality across all programmes of work.

A Trust-wide PPI Action Plan underpins this governance framework, guiding implementation and monitoring of involvement activity. The Involvement Team have also established structured communication and reporting processes within each Directorate, including the dissemination of monthly PPI updates, training opportunities and collection of directorate level returns to track progress and impact.

The ITI Committee continues to oversee and lead service user and carer involvement efforts.

Opportunities

The Trust maintains and continually updates a comprehensive stakeholder database and consultee list, which includes individuals from a broad spectrum of communities, including service users, carers, community and voluntary sector representatives, schools, universities, the business community and more. This database underpins the Trust's 'Register of Opportunities', ensuring that opportunities for involvement are coordinated, targeted and widely promoted through a centralised process managed by the PPI / Involvement Team.

In collaboration with the Public Health Agency (PHA), the Trust promotes regional opportunities via the 'Engage' website, supporting equitable access to involvement activities across Northern Ireland.

To ensure individuals are well supported, the Trust has developed standardised support request templates for involvement, with a centralised 'Involve' email serving as the first point of contact for guidance and assistance. Named staff provide personalised support to both staff and service users / carers throughout the involvement journey.

The Trust remains fully compliant with all regional reporting mechanisms and will continue to contribute to the annual PHA assurance process scheduled for June 2026.

Strategic Engagement Forum (SEF)

A year on, the SEF approved by the Strategic Change Board, represents a significant development in strengthening governance. The forum brings together service users and carers from diverse backgrounds with lived experience. The forum reflects the people we serve and represents each of the Trust Directorate's area of work. It plays a key role in informing strategic priorities, contributing to service redesign and supporting the Trust's ambition to deliver inclusive and person-centred care.

Involvement and Engagement Forum

This forum has been established this year to bring together staff and areas of work with a priority for involvement and service improvement. The forum has established a formal structure and is in the development of a terms of reference and action plan to align with the department lead Integrated Involvement Plan.

Knowledge and Skills

The Trust is committed to building the knowledge, skills and confidence of its workforce to ensure that PPI is understood, valued and delivered as a core element of practice.

Basic PPI awareness is now embedded within the corporate induction process, ensuring all new staff receive an introduction to PPI and understand their statutory responsibilities from the outset of their employment.

To support ongoing learning, PPI e-learning modules are available and actively promoted across the organisation. These accessible resources provide staff with flexibility to engage with key concepts and practical approaches to involvement at a time and pace that suits them.

348 completed Engage / Involve and Co-Production online modules throughout 2024-25.

Measuring Outcomes

The Trust is committed to systematically measuring the impact and outcomes of PPI activity to ensure continuous learning, improvement and accountability.

The Trust has fully embedded the Regional Involvement Monitoring Tool within its reporting structures. This tool is used across all Directorates and programmes of work and has been actively promoted and supported by the Involvement Team, who provide ongoing guidance and professional input to ensure high-quality, meaningful returns.

To meet regional expectations and maximise report compliance, the Trust has developed an internal Involvement Monitoring Implementation Plan, which outlines clear processes, timelines and responsibilities for data collection and submission.

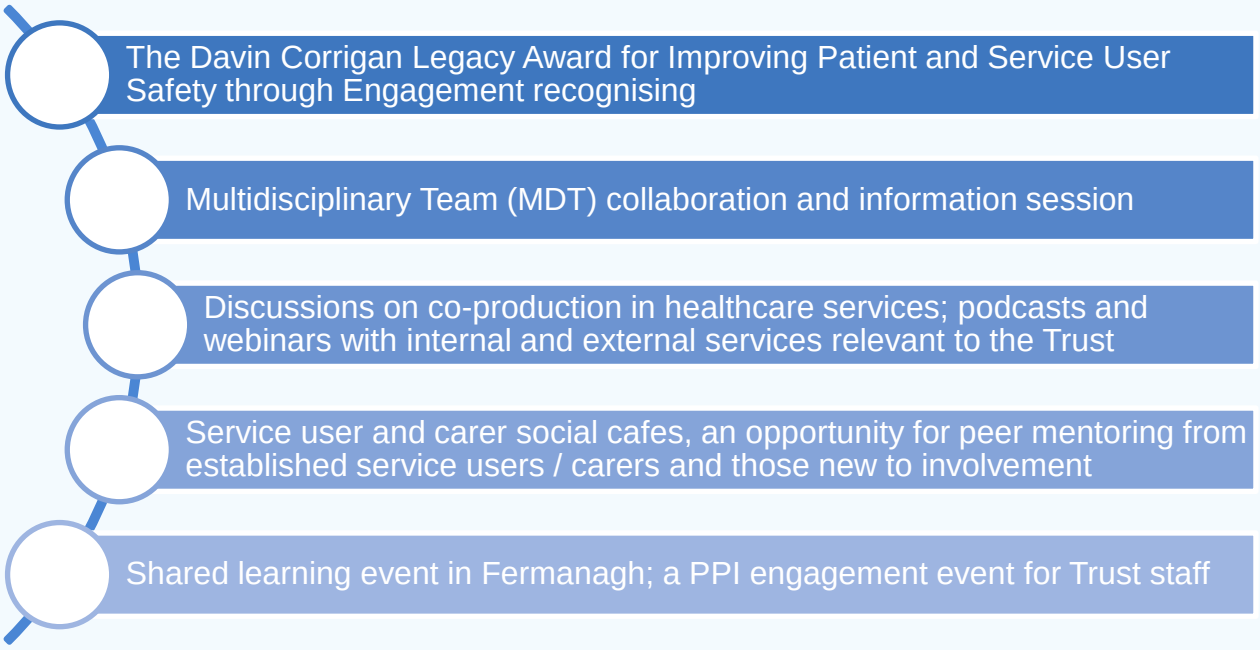
The Trust's internal governance structures receive regular updates through this monitoring process, providing assurance that PPI is not only taking place but is being meaningfully integrated and evaluated across planning, implementation and service evaluation stages.

There are clear mechanisms in place to embed PPI and co-production into all major decision-making processes, particularly in relation to the development and delivery of significant projects. Examples of service user and carer involvement are well documents and serve as evidence of effective practice and impact.

Good Practice involvement throughout Western Trust

Involve Fest West 2024

Involve Fest West 2024 was a weeklong celebration of Personal and Public Involvement within the Trust. The events showcased models of good practice, encouraged engagement from staff, service users and carers, and highlighted the value of co-production in healthcare service design and delivery. Key Involve Fest West highlights included the following: -



17 events delivered across the Western Trust area	364 attendees participated in sessions and workshops	45,793 people reached via social media engagement	122 staff members actively engaged in PPI events

Future Plans

Involvement Monitoring, Recognition, Learning and Assurance Process
In June 2025, the Western Trust Involvement Team with colleagues and service users / carers will participate in the "Involvement Human Library Process" as part of the PHA Involvement monitoring and accountability and leadership responsibility.

The Involvement Team are excited to have PPI Projects, with their service users and/or carers sharing experiences of their involvement journeys and highlighting the positive impact of involvement.

PPI Champions
The Involvement Team are currently in the process of integrating and seeking nominations of PPI champions within each directorate. This process will assist to fulfil the statutory requirement of PPI, an opportunity to enhance skillset around involvement and share best practice.

PPI Training
The Involvement Team are concentrating on developing new regional PPI training modules and refreshing existing materials to better reflect emerging priorities and staff needs.

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 be dealt with as quickly as possible. We recognise that everyone has a right to make a complaint and we can learn valuable lessons from them – a complaint may well improve things for others.

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

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

Facts and Figures

697 formal complaints were received by the Trust. This is a further 7% increase from the previous year (647).

99% of the formal complaints received were acknowledged within 2 working days.

7,186 compliments were received during 2024/25 (includes 4,753 received via Care Opinion).

Response Times

Out of the 697 formal complaints received, a total of 133 (19%) were responded to within 20 working days.

The timeliness of response times to formal complaints has been an ongoing concern throughout the year. Some of the delays can be attributed to the receipt of a number of complex complaints involving more than one service area in many cases, as well as time and resources required for a thorough investigation and the development of responses at service level.

Telephone Resolution Form

Regional learning has led to the launch of a direct complaint resolution method using a Complaint Telephone Resolution form in September 2024.

The Trust has typically always provided a written complaint response. The complainant often waits in excess of the 20-day target for a response. Written responses require a more formal approach to their administration, with the approval of response letters can involve a number of management levels, from service to Chief Executive Level. The resultant delay can make resolution of the complaint more difficult.

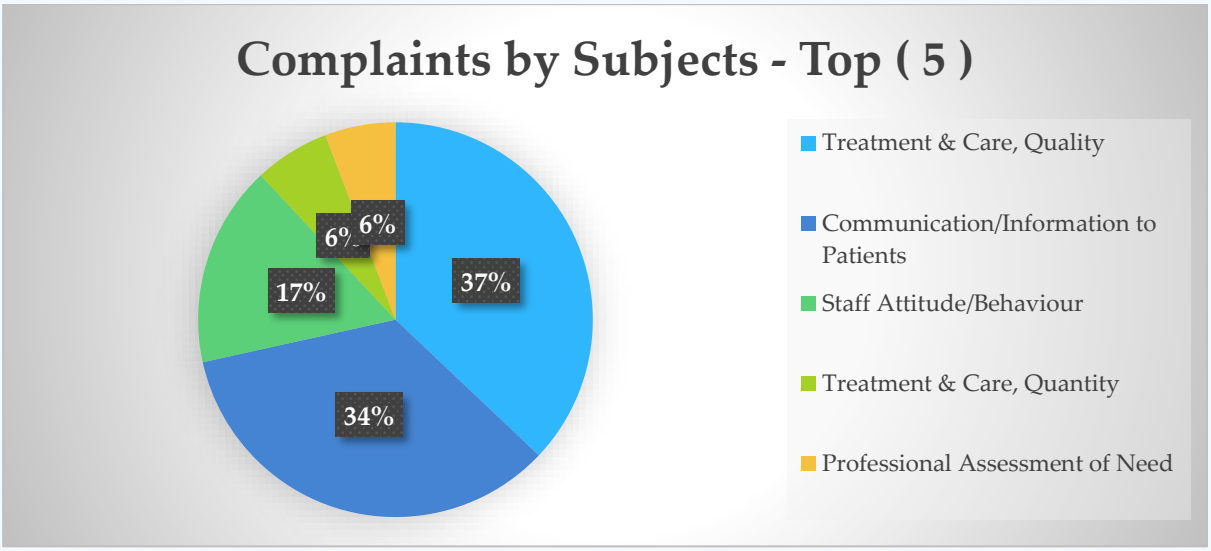
The introduction of the alternative form of resolution approach will help improve response times significantly and aligns more closely with the pending new Complaints procedure being launched in 2026.

Reopened Complaints

Of the 697 formal complaints received, a total of 40 (6%) were reopened. This is consistent with the previous year and there is no evidence of an increase in the number of reopened complaints.

Complaints by Subject – Top 5

The top 5 categories of complaints received during 2024/25 are set out below:



Top 5 subjects

- 1. Treatment & Care (Quality)
- 2. Communication & Information to Patients
- 3. Staff Attitude / Behaviour
- 4. Treatment & Care (Quantity)
- 5. Professional Assessment of Need

Lessons Learned and Service Improvements

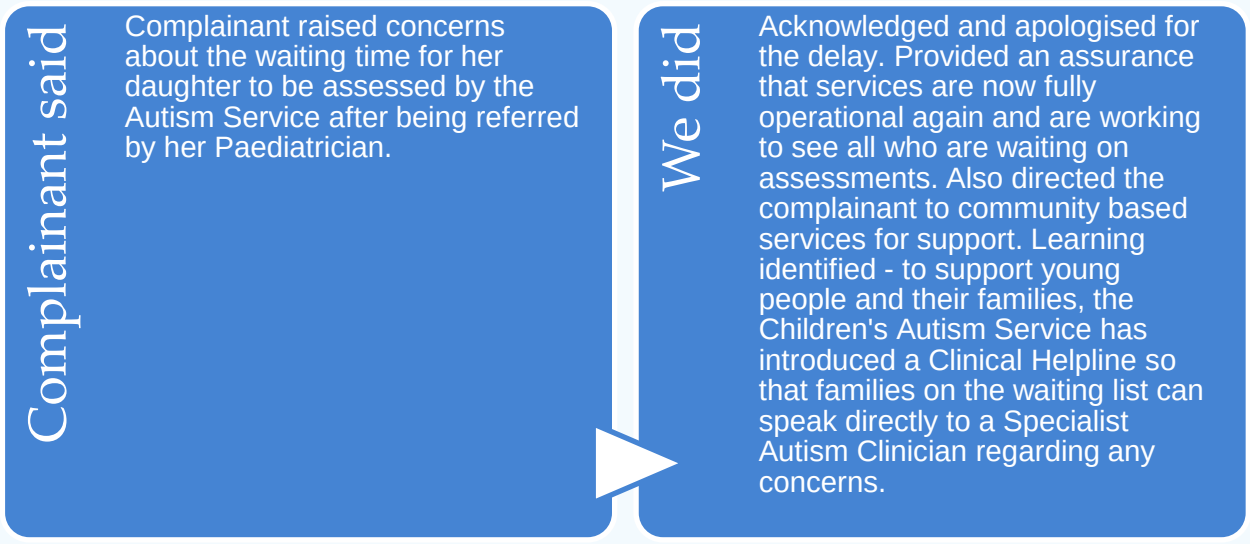
We welcome complaints so that we can learn lessons and improve our services. An action plan is completed, where appropriate, following the investigation of complaints.

Complaints trends and learning to help prevent recurrence are presented within the Assurance Framework and Directorate Governance forums to support collaborative learning and sharing of same. We use this information to feed back to patients and staff on changes and improvements made.

Complaints are discussed with staff concerned and often the issues are brought to staff meetings and other professional forums for discussion on how services can be improved.

Following the investigation of complaints during 2024/25 the following comments were captured as part of the learning: -

Complainant said	We did
There was no communication regarding father's discharge and only found out about this when the Nursing Home informed her that her father had arrived there.	Staff have implemented a system where nursing staff proactively contact families on a daily basis with an update.
Complainant raising concerns about the attitude of a staff member when he made contact with the Booking Team.	Staff have reflected on the need to deal with all queries empathetically and sensitively.
Complainant's daughter received a letter stating that she had an appointment to pick up her long awaited cardiac monitor. She immediately phoned the Cardiac Investigations Department and spoke with a staff member who advised her that she had been given a new appointment for a later date. No apology was given to her daughter for the Trust's failure to advise of her new appoinment details nor for the additional stress this caused.	Arrangements were put in place to ensure the patient's appointment letter is posted to them with more than 1 week notice to appointment time. Process also put in place to contact patients if they do not attend their appointments to try and fill the slot for another patient.
Eye drops that were issued for her granddaughter were already open and had a differed name and date of birth on them.	Lessons learned in ensuring medication is opened and checked and any unused medication to be returned to Pharmacy.



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 focused on the following issues: -

(i) •Whether the Occupational Therapy assessments in relation to applications for Disability Facilities Grants between 2000 and 2021 met the relevant standards, including the Best Practice & Criteria Guide for the Procedure of Housing Adaptations and made appropriate recommendations.

(ii) •Whether Children's Services carried out appropriate and timely assessments, particularly in relation to the provision and delivery of Speech and Language Therapy and Positive Behaviour Support.

(iii) •Whether the Trust appropriately managed the transition from Children's to Adult Learning Disability Services.

(iv) •Whether Adult Learning Disability Services carried out appropriate and timely assessments in relation to the provision and delivery of Speech and Language Therapy, Positive Behaviour Support, Psychological and Physical Therapies.

The following recommendations were highlighted as part of their investigations: -

(i)	The Trust reviews its current processes, guidance, training and documentation associated with the Occupational Therapy (OT) assessment for adaptations under the DFG process. The review should ensure that, in their assessments, OTs consider all the legislation, guidance, policies and strategies, which the investigation has determined are applicable, but which are additional to the Sick and Disabled Persons Act and the Housing Order.
(ii)	The Trust should provide evidence of the review outcomes. Further, where the Trust identifies that changes are required to ensure compliance, the Trust should provide details of measures to address this. The Trust should also evidence the completion of any necessary actions.
(iii)	The Trust ensures it continues to meet relevant legislation, policies and strategies in the provision of appropriate OT expertise for those with Autism. This should be evidenced by providing an assessment of the current staff capacity and expertise. Where the Trust identifies gaps in provision, the Trust should also provide a mitigation action plan to address this. The Trust should also evidence its completion of this.
(iv)	The Trust should ensure relevant staff, including OTs and social work units, are reminded of the importance of the applicable legislation, guidance, policies, strategies and standards referenced in this report. In relation to social work units, this should include NISCC Social Work Standards and the published standard, '*Records Matter, a view from regulating and oversight bodies on the importance of good record keeping*' (The Public Services Ombudsman, the NI Audit Office and the Information Commissioner's Office, January 2020).
(v)	The Trust should review the process of undertaking assessments and monitoring the implementation of actions associated with client needs within Children's Services to ensure effective and consistent management of these. This should be evidenced through a report of the review and follow-up sample audits.

LEARNING FROM INCIDENTS

Facts and Figures

- **In the year 1st April 2024 - 31st March 2025, 20,764 incidents were reported, an increase of 7% over the previous year.**

Incident Reporting and Review

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

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

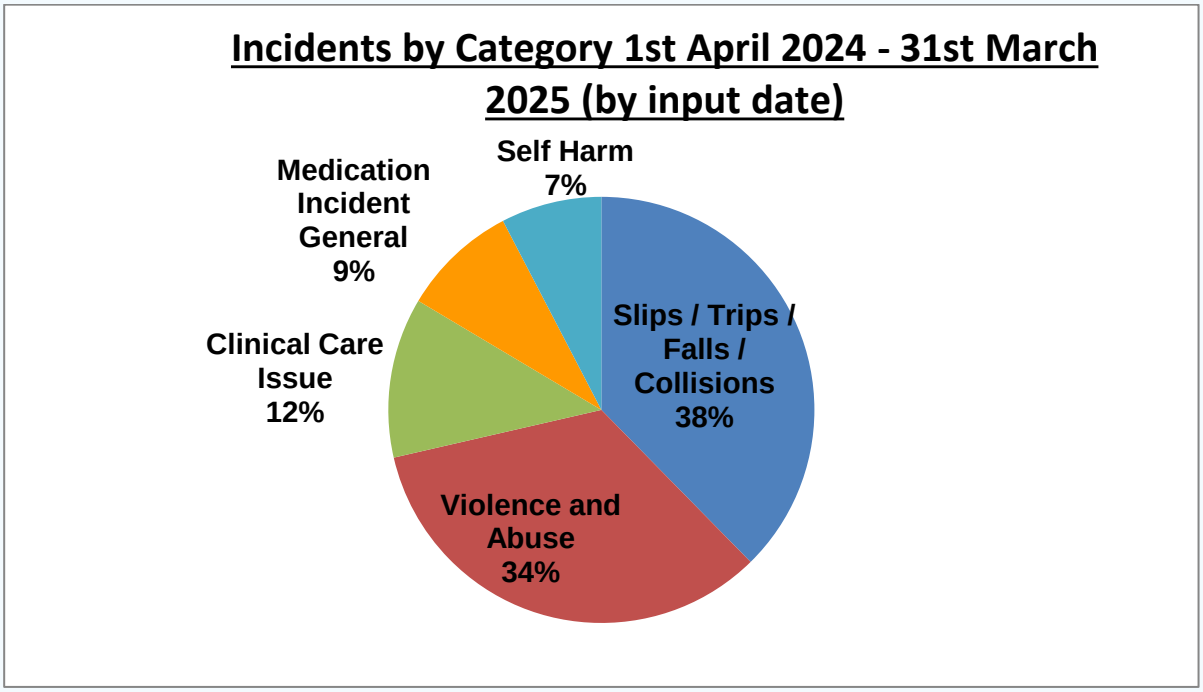
The Trust actively encourages reporting of incidents and the open review of incidents by the staff involved. Incident training continues to be provided for staff both through e-learning modules and virtual advanced classes. Incidents are reviewed and learning is identified and shared at a number of forums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

The Trust shares learning primarily through a network of Governance forums and also through communications such as a staff newsletter called “Share to Learn” and a safety message to staff, ‘Lesson of the Week’, accessible through a prominent icon on the Trust’s intranet site. The Trust Rapid Review Group (RRG) meets weekly and identifies any urgent learning from serious incidents for sharing across the Trust and/or regionally.

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

Top 5 Reported Categories

The top five categories of incidents reported within the 2024-25 period is detailed in the graph below:



Slips / Trips / Falls (38%)

- The percentage share of incidents relating to slips, trips and falls decreased by 3% on the previous year. The Trust encourages the reporting of all falls to determine if anything could have been done to prevent what can be a distressing experience for the victim regardless of the level of physical harm.

Violence & Abuse (34%)

- The percentage share of incidents relating to behaviour increased by 4% on the previous year. The Trust continue to see a reporting of incidents under this category. Again, staff are encouraged to report such incidents. The Management of Violence & Aggression (MOVA) Group is a key working group, and provides a focal point for the discussion of all relevant matters. It works to review / produce procedures for use throughout the Trust. It also monitors all security related incidents and ensures that any issues with meeting standards are escalated as required. The MOVA Group have recently agreed an action plan relating to the implementation of the Management of Violence and Aggression Framework issued by the Department of Health in December 2023. Working groups have been established to take this work forward.

Clinical Care Issue (12%)

- The percentage share of incidents relating to clinical care issues decreased by 1% on the previous year. Staff are encouraged to report all incidents locally. Amber incidents relating to clinical care are discussed and actioned through Corporate Safety Huddle on a weekly basis and Red clinical care incidents are reviewed at RRG on a weekly basis.

Medication (9%)

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

Learning

The Trust Rapid Review Group (RRG) continued to meet weekly throughout 2024-25 to improve the identification and sharing of learning. During that period, reviewed and authorised learning from SAIs, Complaints, Claims, Coroner's Inquests and Incidents was shared trust-wide where appropriate.

Serious Adverse Incidents (SAIs)

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

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

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

Table of SAI deaths by Directorate

The Trust places the management of all incidents as a high priority. When an incident results in a death it is acknowledged that this is a particularly difficult process for everyone involved, not least the families and the staff directly involved in the incident, and therefore must be prioritised for completion in a sensitive but effective way. The Trust will continue to work with all stakeholders to identify and embed the learning from these reviews to ensure that 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 2024-25 for the Trust.

SAI Criteria	Unscheduled Care, Medicine, Cancer & Clinical Services	Surgery, Paediatrics & Women's Health	Adult Mental Health & Disability Services	Community & Older People's Services	Children & Families	Total
4.2.1. Serious injury or unexpected / unexplained death	7	8	1	2	2	**20**
4.2.2 Unexpected serious risk	2	1	0	0	0	**3**
4.2.6. Suspected suicide of a service user.	0	0	21	0	1	**22**
Total	**9**	**9**	**22**	**2**	**3**	**45**

The top 5 Serious Adverse Incident (SAI) learning themes from April 2024 to March 2025 are:-

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 SPPG to share any regional learning from the final report across the region. RRG also decide if regional learning is required to be urgently shared during the SAI review and share it with SPPG using a Regional Learning Alert prior to the SAI being completed.
- Learning is also shared generally through a number of mediums including Safety Lesson of the Week (on Staff-West website); Share to Learn newsletter; Trust SAI Learning workshops.
- If appropriate, RRG will create a learning template and share with specific teams following SAI approval.

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

Safety Messages

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

The Trust Rapid Review Group meets weekly to review serious incidents, complaints and inquests to improve the identification and sharing of learning and within this remit, will identify a safety lesson of the week. The following is a sample of topics shared from RRG as safety messages of the week: - Managing incidents involving illicit substances, mealtime matters & importance of maintaining clear escape routes.

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. Executive 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.

Non-Executive and Executive Directors value these walkrounds. It gives them the opportunity to meet front line staff and hear first-hand of their safety initiatives and their safety concerns. In addition, it provides them with the opportunity to elicit information not normally garnered in papers presented at formal Board and Committee meetings.

A total of 373 leadership walkrounds have been carried out since they were introduced in April 2008. During the year 2024/25 a total of 27 leadership walkrounds were held.

In October 2024 the Assistant Director of Quality and Safety attended a Trust Board Workshop and led members through a presentation on leadership walkrounds which included:-

- The history of walkrounds;
- What are walkrounds;
- The aim of walkrounds;
- Practical hints;
- Undertaking walkrounds.

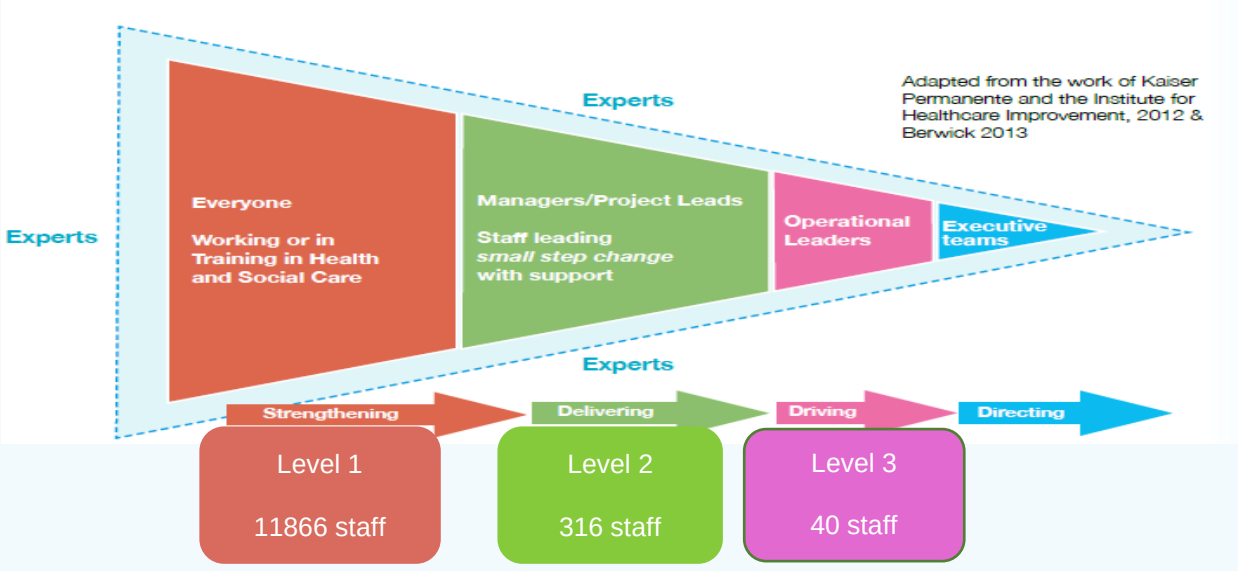
The leadership walkround question proforma, guidance documentation and the process on how the facilities visited are selected is to be reviewed. More emphasis is to be placed on learning from good practice and any learning identified for sharing widely through Clinical & Social Care Governance / Governance Committee sub-committees as relevant.

QUALITY IMPROVEMENT (QI)

Introduction

Amidst a challenging year of priorities and continuous change those with a passion and commitment for Quality Improvement have continued to excel in the use of QI methodologies when tasked with a problem whether it be large or small. In these areas we find a great synergy with staff at point of care and senior leadership as they are encouraged to be innovative and creative, challenging the status quo, holding true to data telling the story for improvement alongside co-production with those we serve.

QI Trained Staff 2024-25



QI West Connect Newsletter

We continue to keep our staff informed of local, regional and national news and events through our QI West Connect Newsletter. With a down turn in engagement with the newsletter we moved to a quarterly production this year.

QI West Connect Forum

This forum holds a psychological safe place for our QI Enthusiasts to share, learn and motivate each other, with an average attendance of 14 staff per month.

QI & Innovation Showcase Event 2024

Held on 14 November 2024, this in-person event enabled approximately 90 staff to come together for the day and celebrate, share and learn about some of the improvement and innovation that is taking place within the Trust. There were 25 projects presented and the event was themed on 'Improving Access & Outcomes'. The Guest Speaker Dr Tom Foley, Clinical Lead for Electronic Health Record Systems HSE Ireland, shared with us his expertise on "Building a Learning Health System in a Digital Word", very timely in our preparation for encompass.

Health and Social Care Quality Improvement (HSCQI) Northern Ireland

Delivering Value Programme: Facilitated regional collaboration and shared learning for 2 work streams, Reducing Mental Health Inpatient Length of Stay; Improving Timely Discharge for Older People. Participating Trusts progressed their associated improvement projects through a programme of in-person workshops and online training in collaboration with various external and voluntary agencies. Following an assessment process, the Northern Health & Social Care Trust have 2 projects that will be taken forward in the year ahead. Enhanced Patient Care Observation Toolkit to improve timely and appropriate discharge for Older People and the other will be a project using a purposeful admission toolkit and infrastructure to support reducing inpatient mental health length of stay.

Opioid Improvement Collaborative Programme: Aimed to foster collaboration between primary and secondary care teams and also community groups, focusing on improving opioid prescribing for non-malignant pain. 9 project teams, working across primary and secondary care designed and conducted an improvement project within their scope of practice. 30 participants successfully attained their level 2 Q2020 qualification. This collaborative successfully created an environment for learning with positive outcomes achieved. It will be essential to leverage these established networks, programme

momentum and policy motivation for long lasting improvement and scale and spread of these innovations.

Health Improvement Alliance Europe (HIAE)

The HIAE is a coalition of progressive leaders and experts by experience who are united for change, driven by collaboration and focused on achieving the best possible healthcare results. The HIAE brings together some of the most accomplished leaders and innovators responsible for driving quality and improvement across the complete spectrum of healthcare in Europe and Canada. The Trust continues to be a member of this coalition in Year 9. The focus this year is on embedding Quality Management Systems in Healthcare and Staff Wellbeing Collective Impact Groups and a monthly newsletter. Multi-day site visits were facilitated in Brussels, Northern Ireland and Wales to enable leaders to share approaches, innovations, successes and failures as they strive to secure transformational improvement in healthcare. Together we continue to identify and disseminate new effective approaches to challenging issues.

IHI Quality & Safety Conference - London April 2024 hosted world leaders in change, innovation and continuous improvement such as Amy Edmondson, Don Berwick, Jason Leitch, Kedar Mate, Pedro Delgado with a focus on healthcare inequality, whole system thinking and working closely with our patients, communities and voluntary groups to co-produce the change we want to see. Sustainable healthcare and the quick wins we can easily put in place for lasting change was a featured topic alongside the benefits realisation of building a Quality Management System. The Trust was represented at this conference.

What Matters to You Day held on 6 June every year was celebrated as part of the Leadership Festival in 2024. Feedback from staff reflected the importance of collective leadership, team work and feeling respected, supported and valued. Good communication and opportunities to share opinions and ideas and the merit of professional learning and development opportunities.

Service User Engagement

We continue to keep our patients voice at the centre of our improvement work through patient conversations, surveys and stories or comments shared on Care Opinion. Our vision is that more patients will become part of the improvement project team. We are working closely with our colleagues in the Trust Involvement Team to scope out the interest, feasibility and support required to ensure this is a success.

Standards, Audit & Quality Improvement Group (SAQI)

QI is an integral part of the SAQI group which reports through the Trust Assurance framework and is working to further integrate QI projects with indicators for improvement such as action plans from Serious Adverse Incidents, Lookback reviews and external reviews including RQIA inspections. This will help ensure QI methodology is utilised to implement learning identified through these indicators with benefits including improved outcomes and more focused work through informed priorities.

Theme 2

Strengthening the Workforce

INDUCTION

During 2024/25 **1591** Trust staff completed Corporate Induction/Onboarding module, this included **769** new starts.

Induction & N2NI Induction

Postgraduate and undergraduate inductions are a continuous part of our education governance. In addition, an extended induction programme was offered to the new to Northern Ireland (N2NI) and new to the NHS doctors to include simulation training.

LEADERSHIP PROGRAMMES

"We are West Leadership Festival 24" was held from 3rd to 7th June 2024, offering 5 days of events, which included 10 in-person events, 5 hybrid events and 3 virtual sessions including the manager framework awards ceremony. Based on feedback there was more interaction with, and celebration of staff at all levels incorporating also the return of the dragons den competition, from which 6 projects were awarded funding for their innovation. A 'Lessons in Leadership' panel discussion was included with Non-Executive Directors, offering staff a unique opportunity to meet and engage with the Board and learn from their knowledge and experience.

531 attendances by a range of staff:

- Bands 2 - 4 **15%**
- Bands 5 - 7 **53%**
- Bands 8+ **26%**
- Other **6%**

Each day of the festival had a theme and content which were based around the Trust Vision and Mission Statements as these continue to be embedded in our culture with sessions exploring how our leaders (all staff, at all levels) can create and contribute to a culture of belonging, trust, mutual respect and inclusivity.

Training and Development

A total of 103 managers completed the Trust's Leader and Manager Framework (LMF) across Levels 1 and 2 (Bands 3 – 7). The LMF Level 3 (Band 8A+) launched in 2023/24 and 20 senior leaders completed this programme in May 2024. Group mentoring was built in to each of the 3 levels of the framework, and in a first for those on Level 3 they were able to avail of 3 group mentoring sessions with the Non-Executive Directors which benefitted all parties greatly.

LEARNING AND DEVELOPMENT

Vocational Training

The Vocational Training Team facilitated 121 learners to complete Vocational Training Qualifications ranging from Level 1 to Level 5 covering Support Services, H&SC and Health sectors. Business & Admin Level 3 Certificate was reintroduced into the Trust to provide more qualifications for a wider variation of staff within admin and clerical. The team also introduced partnership working with The Sisters of Mercy Convent and have delivered L3 Award in H&SC – End of Life and are due to deliver Level 2 Dementia Awareness Award.

The Post Graduate Diploma in Health and Social Care Leadership & Management is an Ulster University accredited programme delivered within the Trust in collaboration with HSC Leadership Centre. During 2024, 10 students successfully completed the programme graduating in October 2024 with 70% progressing onto study the Masters in Public Administration at Ulster University. In September 2024, 14 Trust staff enrolled in year 1 of the programme and are expected to complete the Post Graduate Diploma in Health and Social Care Leadership & Management in June 2026.

COACHING AND MENTORING

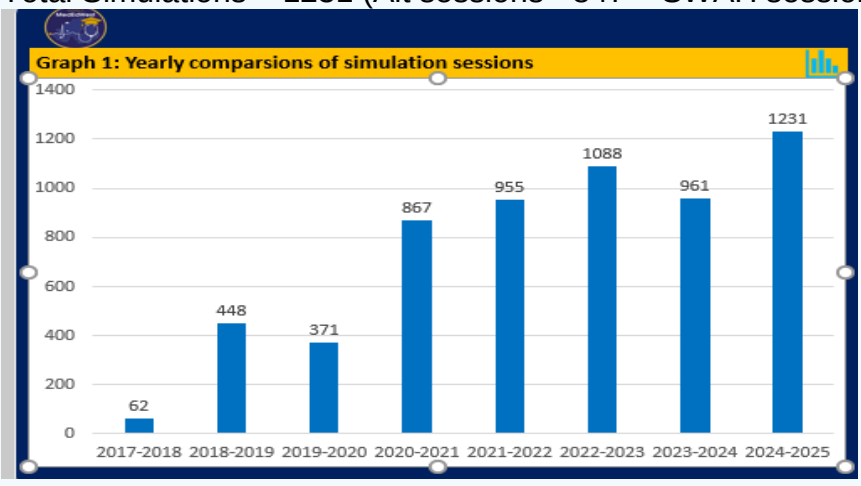
Coaching Network

There are a total of 36 trained coaches on the Trust's Coaching Network. During the period of April 2024 to March 2025, OWD received a total of 32 coaching referrals, with approximately 44 coaching sessions having taken place. Development of Trust coaches is ongoing with 10 Coaching Supervision and Professional Development group sessions having taken place throughout the year.

Simulation & VR

Simulation steadily grows and develops in MedEdWest. Learning in simulation requires psychological safety where participants feel comfortable engaging to their fullest extent, speaking up, or asking questions without fear of embarrassment to themselves or others. MedEd simulation statistics reflect the continuing value of the investment in terms of training provided and continued expansion to simulation training provided.

Total Simulations – 1231 (Alt sessions - 847 SWAH sessions – 384)



Teach the Teacher (TTT)

Our Teach the Teacher (TTT) accredited programme remains popular. Medical teaching cannot be provided unless this course has been completed. This academic year, 50 resident doctors and 22 medical staff/trainers completed the programme. This approach expands the medical educator workforce and ensures education governance and sustainability of medical education teaching.

Clinical Education Teaching Fellows

Founded in 2014, the MedEdWest teaching fellowship is now in its 11th year and continues to recruit at least 10 participants every academic year. MedEd has continued on this innovation approach, recruiting 8 GPs on a sessional contract which help meet the continued demands in MedEd with continued expansion of medical students and resident doctors.

Ulster University Graduate Entry Medical School

The Ulster University Graduate Entry Medical School is now fully GMC approved and the first cohort of graduate doctors will graduate on 30th June 2025. To celebrate this momentous event and significant milestone for medical education in the Trust, MedEdWest plan to host a celebratory event with Ulster University on 13th June 2025. This was an opportunity to acknowledge the collective dedication, mentorship and support over the past 3 years by the MedEdWest team, educators and placement leads. The commitment of Trust staff has played a vital role in delivering high quality clinical placements and shaping the future of healthcare at Trust level and throughout Northern Ireland, providing a firm foundation to begin to meet the recommendations of the Gardiner report

SUPERVISION

Medical Supervision

General Medical Council (GMC) Recognition & Approval of Trainers

Trainers carry out a vital role in ensuring safe and effective care through good clinical supervision and supporting and monitoring educational progress through education and clinical supervision. Training responsivities are reflected in medical staff job plans. There are currently 176 GMC recognised trainers.

Nursing and Midwifery Clinical Supervision

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

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

The Western Trust Policy and Procedures for Supervision in Nursing clearly highlights the processes and procedures for supervision for registrants within the Trust.

Significant work goes on to ensure that all registrants receive two sessions of supervision per year. Ward / Department Managers / Sisters / Charge Nurses alongside Lead Nurses / Midwives are responsible for facilitating, implementing and maintaining supervision for nurses and midwives within their teams. Records of how many staff receive one and two supervision sessions per year are held at ward / department level. Compliance is reported onto the Professional Nursing SharePoint site and is also included for discussion at the WHSCT Accountability and Assurance Committee meetings.

In August 2022, the Chief Executive of the Northern Ireland Practice and Education Council (NIPEC) issued a Reflective Supervision Framework that was endorsed for implementation by the Chief Nursing Officer, Midwifery Officer and Executive Directors of Nursing. Within the Trust there is a continued focus to develop the WHSCT Reflective Supervision Policy which aligns with the NIPEC Framework.

The implementation of Reflective Supervision is monitored through the Nursing and Midwifery Accountability and Assurance Framework. This has included seeking assurance in relation to training supervisors on the framework for those who are transitioning from the old framework and for new supervisors. The Clinical Education Centre (CEC) has supported this transition by training a total of 416 Trust staff as Supervisors in the new framework - 275 of this number were trained from 1st April 2024 - 31st March 2025.

The overall Trust performance for staff who have received two supervision sessions is 77%. This figure relates to formal supervision sessions but staff do avail of informal supervision that would not be recorded on the Professional Nursing SharePoint site such as debriefs, huddles and psychological support sessions offered by the Trust.

Social Work Supervision

The Social Work Workforce Review NI 2022 was published by DoH in March 2022, with 53 recommendations made across the following 6 strategic themes: Supply; Safe Staffing; Workforce Planning; Workforce Business Intelligence; Retention; and Workforce Development.

Within the Western Trust, a Social Work Workforce plan was launched on 21st March 2023, and focused on Recruitment and Retention of staff (2023-2025) based on the following themes:

Attract, Recruit and Retain to **build** the workforce.

Professional and wellbeing provision to **support** the workforce.

Learning, development and governance to **enhance** the workforce.

Compassion, quality and sustainability to **lead** to workforce.

In terms of reviewing the 2023-2025 plan, there have been a number of new initiatives that have been introduced:

- Social Work transfer policy
- Coaching Network
- Attracting Newly Qualified Social Workers
- Newly Qualified Social Work support
- ASW Hub
- Band 7 Leadership Programme

- Trainee Social Work Scheme
- Wellbeing support to teams
- PHD pathway
- Professional Core Training
- Executive Director Social Work Forum

There are a number of areas in the plan where less progress was made which include:

- Reducing Bureaucracy
- Caseload Weighting (Safer and Effective Staffing Guidance being brought forward by Department of Health Office of Social Services will hopefully progress this)
- Permanent Contracts for all Social Workers

These areas will be carried forward into the 2025-2027 plan which will is currently being developed for September 2025.

Summary of some of work currently being completed/underway.

Recruitment of Newly Qualified Social Work Students

- In 2023, the Trust only attracted 30 Social Workers from those who qualified that year.
- In 2024, 55 Students commenced posts with the Trust. Of this year's cohort of students, another 55 have recently expressed an interest in working in the Trust. 30 of these have expressed an interest in working in Children's services. All 30 students have been offered permanent peripatetic Social Work posts. It is anticipated they will commence employment from July 2025. This will have a significant impact on reducing vacancies, possibly to an all-time low in Children's services, since reporting on same in 2022.
- The additional 25 students have been offered a range of temporary and permanent positions across adult services.

Trainee Social Work Scheme

Progress Achieved:

- At the time of compiling this report last year, there was hope of rolling out an innovative Trainee Social Work Scheme, initially in Enniskillen, where there has been traditionally significant vacancies.
- The scheme was successfully introduced in October 2024 and there are currently 6 trainee Social Workers in Enniskillen Family and Childcare. The plan is to incrementally add to this pool of trainees in Enniskillen in an effort to tackle a long standing problem that has existed in that location.
- An additional 6 Trainee Social Workers will commence in October 2025 in Family and Childcare posts across all locations in the Trust.
- The Western Trust remain the only Trust currently offering this bespoke arrangement.

Band 7 Social Work Leadership Programme

Progress Achieved:

- In partnership with the Learning, Development and Governance (LDG) Team, and in line with supporting the Social Work Workforce, a bespoke Leadership Programme has been designed for all Band 7 Social Worker Managers and Senior Practitioners across Children and Families. To date, 70 of 130 Band 7 staff have taken part in the 4 week programme, with the remainder of the staff due to attend the course by December 2025.

The Key Aims of the programme are to:

- Increase Leadership and Management confidence and capabilities across the services.
- Support development of compassionate and effective leadership within social work to ensure quality outcomes for staff and service users.
- Develop Social Work staff for key roles in the future. Connect the role of Leadership with Social Work practice.
- Create space for senior Social Work staff to learn from each other and apply to own context and network.

There is a strong emphasis in the programme on culture and supporting the Band 7s, whilst encouraging them to pay attention to the psychological safety of the staff. The three Assistant Directors meet with all staff on the programme and provide an input on the type of leadership that is encouraged with a view to promoting the well-being of staff, promoting psychological safety, and driving for improvement through learning and development.

This programme will be rolled out across adult services in 2026.

Social Work Supervision is central to good social work practice. It should provide a structured space and utilise different methods for practitioners to reflect on complex case work, manage emotional challenges, and ensure their practice aligns with legal and ethical standards.

Social work is emotionally demanding and involves assessing and managing complex situations, with varying levels of risk, in order to safeguard the wellbeing of adults and children that they work with. Decision making needs to balance, proportionally, restrictive interventions with upholding the rights of those involved, utilising an evidenced informed and relationship based approach. Supervision plays a key role in ensuring that practice demonstrates the appropriate balance in accordance with policy, legislation and social work values. As any one situation is never the same, supervision discussions supports practitioner to reflect on practice, to challenge and be challenged, and to both offer and receive guidance.

The new regional Supervision Policy for Social Work (2024) has been gradually implemented across teams and reflects progress by services in facilitating supervision flexibly, promoting collective responsibility and using different approaches to facilitate the functions of supervision. The progress is on-going and LDG(SW) Governance lead is working closely with the other Governance lead within service directorates and regionally to ensure teams are compliant with the policy.

LDG(SW) continues to deliver the 3-day mandatory Intermediate supervision training, and positive feedback from those attending indicates that the content supports supervisors to develop their practice. SW supervision trainers are members of a regional group, chaired by Development lead in LDG(SW). The group meets 4 times a year for the purpose of sharing resources, review content, ensure consistency of the training across NI and collaborate on projects that aim to enhance and improve SW supervision.

One recent project is the completion and launch of SW supervision training for supervisees. An e-learning available on LearnHSCNI. All social work staff who receive supervision is to complete this training as part of their CPD and Social Work Supervision Plan.

The Leadership programme for Band 7 Social workers complement the SW supervision training, supporting those in Team lead and Senior Practitioner position to enhance their knowledge and skills to supervise staff through a systems approach that promotes a just culture, accountability and compassion. Those attending are encouraged to avail of coaching, and the LDG(SW) team, in collaboration with OWD, have brought together the SW Coaching Network and the Trust Coaching Network. The LDG(SW) will continue in 2025/2026 to support OWD in promoting coaching across social work and the Trust.

Approved Social Work (ASW) Hub

Progress Achieved:

- As part of the Social Work Workforce Plan, the Learning, Development and Governance team commissioned an independent review with Phil Hughes to assist with planning in respect of an ASW model for the Western Trust. Following the report, an ASW project board was set up and co-chaired by Karen O'Brien and Tom Cassidy.
- The project board has overseen a significant improvement in ASW services in the Trust, including a dedicated hub. Currently the Trust has 41 ASWs, which has improved from 23 in 2023. This has been possible through additional places commissioned on the ASW course and an internal drive to promote the ASW as a professional career pathway

Training compliance for core professional Social Work Training

The new Learn HSCNI Learning Management System (LMS) has made it easier for the Learning, Development and Governance (LDG) team to run reports against core professional training compliance. As a result, in late 2024 the LDG team reported to the Child Protection and Adult Protection Forums, that there were extremely low compliance figures in relation to Children and Adults Protection Training.

The LDG service worked with professional social work leads to take forward measures to rapidly improve the figures. At present, 83% of Social Workers in Children's and Families are now compliant with Child Protection Training and 80% of Adult Social Workers are currently certified or booked on Adult Protection training in the coming months. Additionally work will continue to improve these figures.

Compliance figures for Children and Adult Social workers in respect of Domestic Violence training are also of concern and will receive a concerted effort to improve these significantly by the end of 2025

Future Pressures

In previous reports, it was noted that the roll out of MDT model in GP practices in Omagh and Fermanagh would have an impact on the Social Work workforce. The plan proposed to roll out the model has, thankfully, taken consideration of the current workforce. The roll out will be over a four year period and should have less impact than previously noted.

The Adult Protection Bill is currently being introduced to the NI Assembly. The Bill is extremely welcomed and will support with the protection and safeguarding of adults who are at risk of, or experienced harm. A business case has been prepared to consider the implications of introducing the bill and, at present, it is estimated that this could require an additional 160 Social Workers across the five Trusts. Most of these posts are band 7 and above, which is likely to lead to a drain on front line services. At present, there is no funding available to implement the bill. Based on the current workforce, it remains a concern if the funding became available in the absence of the workforce. The Social Services Learning Development and Governance (SSLD&G) team have completed a re-structure to enable

additional support for newly qualified social workers (NQSW) completing their assessed year in employment (AYE). NQSWs, have reported that they are receiving excellent support as a result of this dedicated support. The Trust have an increased level of students completing the AYE within 12 months and higher levels of NQSWs remaining in the current posts.

NIPSA Action

Progress Achieved:
NIPSA action in Children's Services is ongoing; albeit that since the action commenced in Belfast in May 2024, the Western Trust has not been affected by this. Our lower vacancy rates compared to other Trusts has been a factor in this action not being rolled out in the Western Trust to date.

Work is ongoing with DoH OSS to resolve the action. NIPSA were involved in the Safer and Effective Staffing Guidance paper recently published. The paper, whilst aspirational, sets out a vision for delivering manageable workloads for all social work staff, including Children's Services.

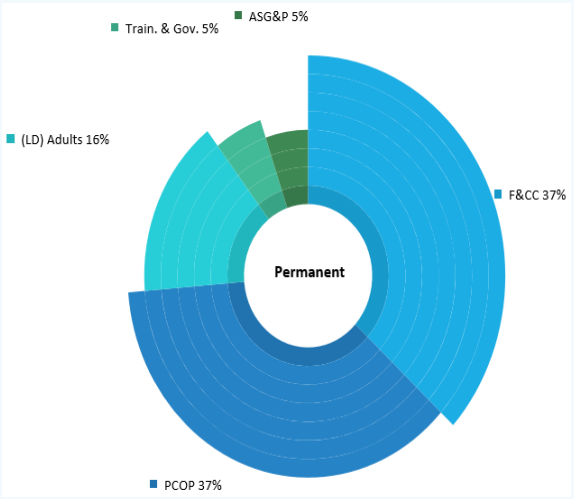
Social Work Workforce Data

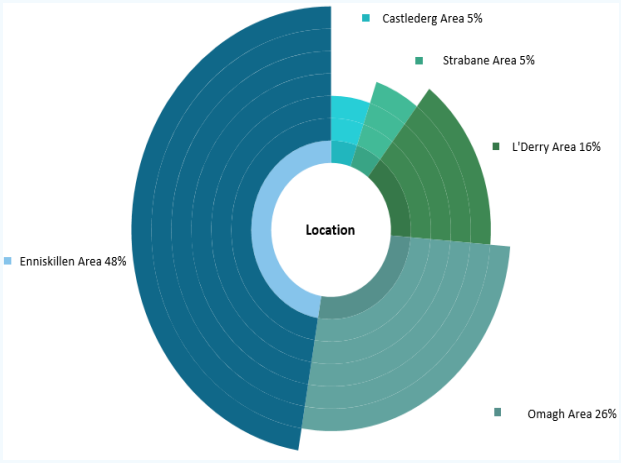
The Data 7 report is Social Work workforce data sent once per year to SPPG to cover the period at 31st December. Below is comparisons of Data 7 reports since 2022, which was at the height of vacancy rates in Social Work in the Western Trust and across the region. Additional Social Work data is collected for Children's services by SPPG on a monthly basis and analysed across the five Trusts. Tables below also show a comparison of Western Trust Children's workforce data against the other four Trusts. The Western Trust's Social Work Workforce Plan 2023-2025 was introduced as a result of the vacancy rates and in an effort to stabilise the Social Work Workforce.

WHSCT Permanent Vacant Posts (as at 31st December 2022-2024) - Data 7 Returns

Permanent Vacancy by Service	Band 5-6					Band 7				
	2022	2023	Variance on 2022	2024	Variance on 2023	2022	2023	Variance on 2022	2024	Variance on 2023
Adult Safeguarding & Protection	0	0	0.0►	1	1.0▲	1	1	0.0►	0	1.0▼
CAMHS/Autism/ADHD	0	0	0.0►	0	0.0►	0	0	0.0►	0	0.0►
Children's Disability Service	0	8	8.0▲	0	8.0▼	0	0	0.0►	0	0.0►
Family and children's services	27	14	13.0▼	4	10.0▼	7	4	3.0▼	3	1.0▼
Learning Disability	2	2	0.0►	2	0.0►	1	1	0.0►	1	0.0►
Mental Health	1	1	0.0►	0	1.0▼	0	2	2.0▲	0	2.0▼
Older People's Services	0	3	3.0▲	5	2.0▲	0	0	0.0►	2	2.0▲
Physical and Sensory Disability	0	1	1.0▲	0	1.0▼	0	1	1.0▲	0	1.0▼
Training and Governance	0	0	0.0►	0	0.0►	2	2	0.0►	1	1.0▼
Grand Totals	**30**	**29**	1.0▼	**12**	17.0▼	**11**	**11**	0.0►	**7**	4.0▼

WHSCT Permanent Vacant Posts by location, as at 31st December 2024

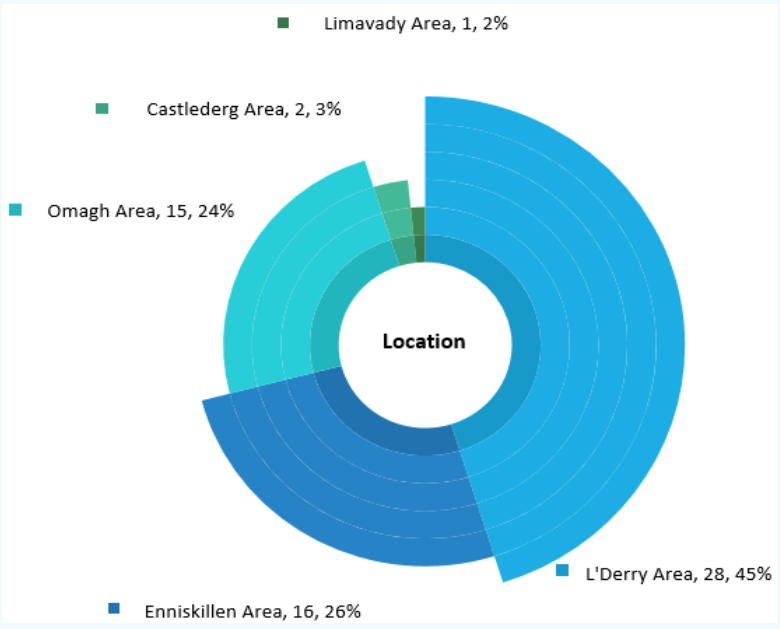




WHSCT Temporary Vacancies as at 31st December 2024

Temporary Vacancy by Service Area	2024		
	Band 5-6	Band 7	Total
Adult Safeguarding & Protection Team	0	0	0
CAMHS/Autism/ADHD	3	0	3
Children's Disability Service	1	0	1
Family and children's services	28	11	39
Learning Disability	4	1	5
Mental Health	2	1	3
Older People's Services	9	0	9
Physical and Sensory Disability	1	1	2
Training and Governance	0	0	0
Grand Totals	**48**	**14**	**62**

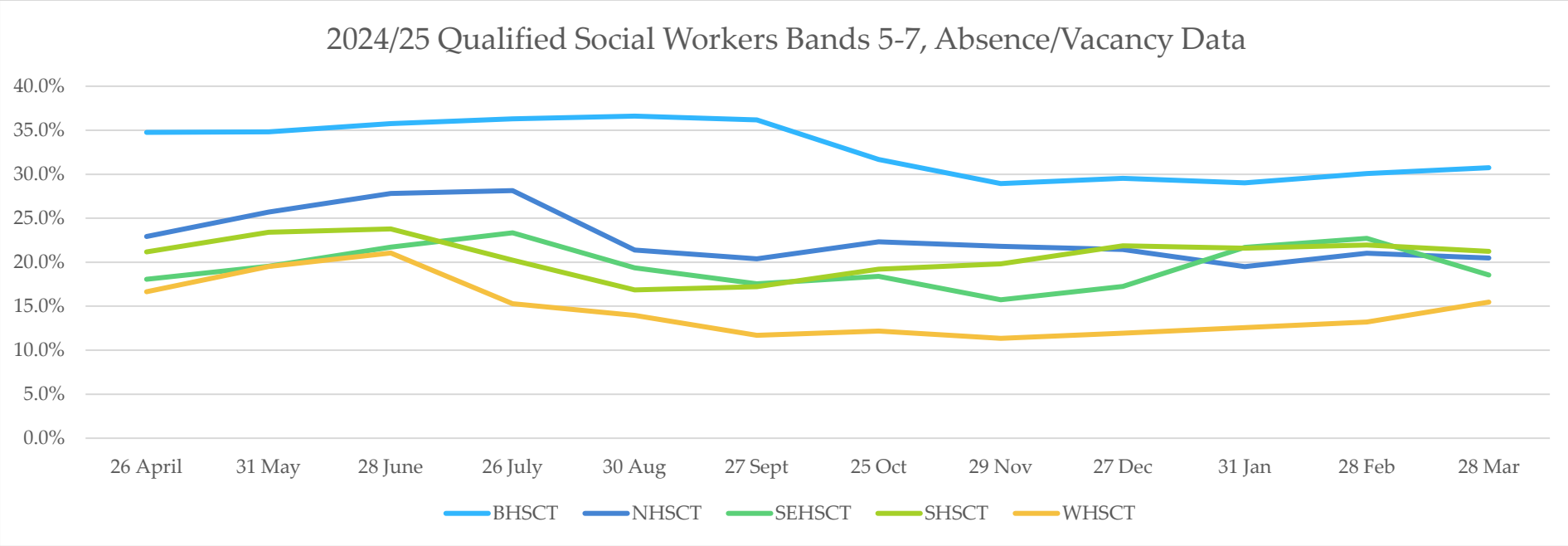
WHSCT Temporary Vacancies by location, as at 31st December 2024

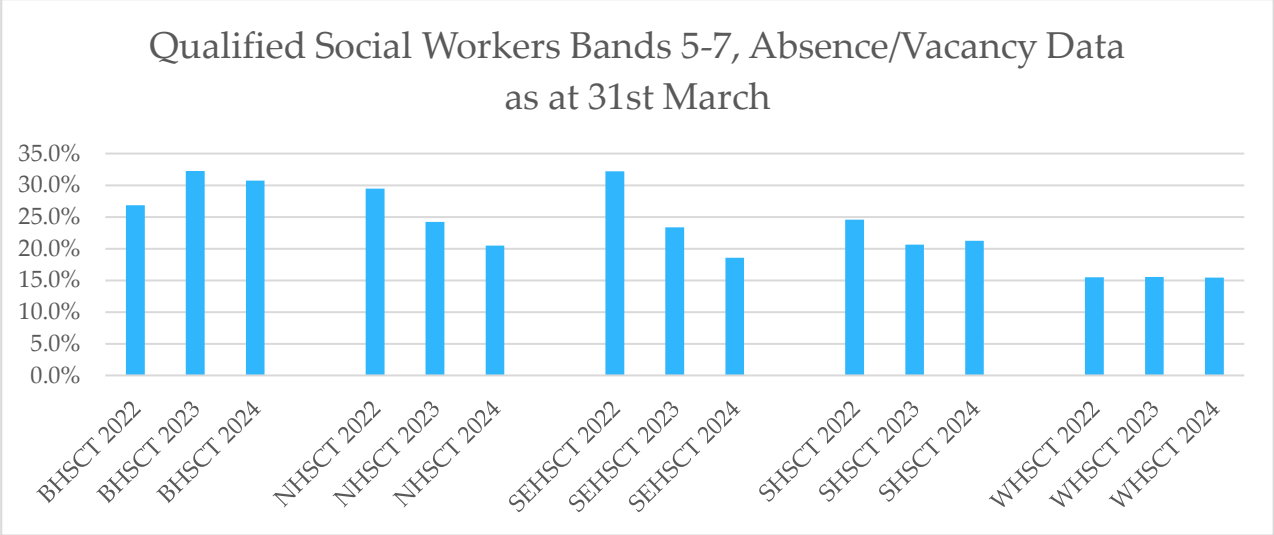


Monthly SPPG Vacancy Data in respect of Children's Services

2024/25 Absence/Vacancy Data – Qualified Social Workers Band 5-7

	Absence/Vacancy Trended Data - Qualified Social Workers Bands 5-7											
	2024/25											
Trust	26 April	31 May	28 Jun	26 July	30 Aug	27 Sept	25 Oct	29 Nov	27 Dec	31 Jan	28 Feb	28 Mar
BHSCT	34.8%	34.8%	35.8%	36.3%	36.6%	36.2%	31.7%	28.9%	29.5%	29.0%	30.1%	30.7%
NHSCT	22.9%	25.7%	27.8%	28.1%	21.4%	20.4%	22.3%	21.8%	21.4%	19.5%	21.0%	20.5%
SEHSCT	18.1%	19.5%	21.7%	23.3%	19.4%	17.6%	18.4%	15.7%	17.2%	21.7%	22.7%	18.5%
SHSCT	21.2%	23.4%	23.8%	20.2%	16.9%	17.2%	19.2%	19.8%	21.9%	21.6%	22.0%	21.2%
WHSCT	16.6%	19.5%	21.1%	15.3%	14.0%	11.7%	12.2%	11.3%	11.9%	12.6%	13.2%	15.5%





Absence/Vacancy Data – Qualified Social Workers Band 5-7 – March 2025

March 2025 - Qualified Social Workers Bands 5-7					
Trust	**Bands 5-7 including Senior Practitioners**	**Workforce Related Absence Inc. Sickness and Covid**	**No of vacancies**	**Total Absence/Vacancy**	**% Absence/Vacancy**
BHSCT	336.68	40.70	62.76	103.46	**30.7%**
NHSCT	299.81	18.25	43.16	61.41	**20.5%**
SEHSCT	279.09	23.80	27.96	51.76	**18.5%**
SHSCT	271.0	25.50	32.00	57.50	**21.2%**
WHSCT	306.10	20.20	27.11	47.31	**15.5%**

Allied Health Professionals (AHP) Supervision

Supervision for AHPs is a structured process of professional support, guidance and development that is essential across all AHP professions. It is well embedded in the Trust AHP services with staff receiving a minimum of 4 sessions per year, in line with Regional AHP Supervision Policy.

These sessions can take various forms – individual one to one sessions, group supervision, peer supervision or mixed models. The frequency and intensity will depend on the practitioners experience level with newly qualified professionals requiring more frequent supervision that gradually transitions to more autonomous practice with periodic check-ins.

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

The regional supervision training model has been redesigned and a blended learning approach is in place where e.g. Tier one is available on an eLearning platform and tier two a mix of eLearning and face to face. This hierarchal framework will support AHP staff at each stage of their career and enable effective supervision practice as set out in the revised Regional AHP Supervision Policy (NI) 2022.

STAFF ACHIEVEMENTS

Health and Social Care Workers awarded Council's Freedom of the Borough

Health and Social Care workers were granted the Freedom of Causeway Coast and Glens Borough Council, honouring the selfless and high-quality lifesaving care they provide to local patients.

In October 2023, Council resolved to grant The Freedom of the Borough to health and social care workers "who have and continue to provide selfless, dedicated and high-quality life-saving care to patients and family members in NHS facilities, community settings and households across Causeway Coast and Glens Borough".






QI & Innovation Showcase Event

The Trust's Quality Improvement Team hosted its annual QI & Innovation Showcase event on World Quality Day 14 November 2024.

Winner of the Improving Access and Outcomes Award
The Adult Mental Health Crisis and Inpatient Improvement Journey Project

Winner of the Innovation Award
The shared Care Model for Management of Coronary Artery Disease Project

Winner of the best Poster Award
Improving breastfeeding continuation following hospital discharge

Winners of the People's Choice Award was presented to Siobhan Martin and colleagues for their collaborative approach in supporting children with worry and anxiety

We Are West Mission Cup Winners

The Mission Cup is an initiative recognising teams that epitomise and live by the Western Trust's mission statement, 'We Are West; Caring Together; Committed to Better'. It is part of the Trust's wider staff recognition programme that aims to shine a light on the commitment, compassionate care and innovative practices demonstrated by effective Trust teams. The trophy is presented bi-monthly and is decided on by the current champions – in the spirit of peer to peer recognition. Winners throughout the year were:

Pre-Operative Assessment Team


Acute Liaison Nurses for Learning Disability


Adult Acute Specialist Speech and Language Therapy Team (SLT)


Professional Awards

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

Medical Education Training Awards (META)

The second METAs (Medical Education and Training Awards) will take place 13th June 2025 celebrating and recognising the contributions and achievement of resident doctors, medical students and staff.

King's Birthday Honours

Professor Max Watson became Member of the Order of the British Empire (MBE) for services to Palliative Care Medicine.

Mrs Alison Cairns became Member of the Order of the British Empire (MBE) for services to renal patients and their families within the Western Trust.

UNICEF UK Baby Friendly Initiative Gold Award Celebrated at a special reception hosted by Mayor of Derry and Strabane District Council

Altnagelvin's Maternity and Derry/Limavady and Strabane Health Visiting Services received the Baby Friendly Award Gold from UNICEF recognising the commitment of both maternity and health visiting staff across the Western Trust area in supporting families.









UNICEF UK Baby Friendly Initiative Gold Award

South West Acute Hospital and Omagh Hospital and Primary Care Complex's Maternity Teams and Health Visiting Services once again received the Baby Friendly Award Gold Award from UNICEF recognising the commitment of both maternity and health visiting staff across the Western Trust area in supporting families.



Western success at RCN Northern Ireland Nurse of the Year Awards 2024
Congratulation to Teresa Frazer, Practice Educator; Brendan McGrath, Assistant Director of Nursing; Aneica Duffy, Staff Nurse; Laura Mitchell, Child Health Assistant; April Canning, final year student at Ulster University; Oonagh Andrews, Rapid Response Team Lead and Melanie Stronge, Health Care Assistant who were all recognised at the Royal College of Nursing (RCN) Northern Ireland Nurse of the Year Awards 2024.

Regional SAS Awards

The Inaugural awards were hosted by NIMDTA. The purpose of the awards are to offically recognise and celebrate the successes achieved by SAS Doctors and Dentists across Northern Ireland. The Trust was delighted that Mr Ahmed Marzouk, Consultant General and UGI Surgery and Clinical Lead General Surgery was successful in winning the Champion Award.

Advancing HealthCare Awards

The Western Trust had great success at this year's Advancing Health Care Awards to celebrate Allied Health Professionals and Healthcare Scientists

Congratulations to Paddy McCance, Manager of Orthoptics Services who was the winner of the prestigious Patricia Blackburn Award for Significant Contribution and Achievement.

Catriona Breen, Dietician won the Rising Star Award for her leadership, motivation and dedication to patient outcomes and Lisa McManus, Chief Respiratory Physiologist who won the award for Outstanding Leadership.

Regional Social Work Awards 2025

World Social Work Day (Tuesday 18 March) highlights the achievements and invaluable work of social workers and social care professionals by promoting the contributions of the profession to individuals, families, communities and wider society. World Social Work Day also signals the build-up to the Regional Social Work Awards, which were hosted by the Western Trust on Wednesday 26 March.

The Western Trust finalists were:
Grace O'Neill, Family & Childcare Social Worker (Rising Star),
Angelina McCann, Community & Mental Health Team Manager, (Contribution to Social Work Leadership),
Norma Cairns, Service Manager, Learning Development & Governance (Sunshine Awards),
Mathew Golding, Residential Social Worker (Spirit of Social Work),
Nicola Farren, Family and Childcare Social Worker (People's Choice) and
Christine Brace, Senior Social Work Practitioner in the Primary Care MDT

Northern Ireland Foster Care Awards

Foster carers from across Northern Ireland gathered together at the weekend for the Northern Ireland Foster Care Awards, a ceremony co-hosted by HSC NI Foster Care and The Fostering Network.

Now in its eighteenth year, the Awards recognise the critical role foster carers have in providing stability, love and care for children and young people who are unable to live with their birth families. A number of HSC NI foster carers and kinship foster carers received special recognition for their outstanding contribution to fostering.

Excellence in Foster Care Award was won by Maggie Crawford from the Western area.

Autism Services Project Winner of 2024 Davin Corrigan Legacy Award

The winner, with 59% of the public votes, was the Children and Young People's Autism Service, Early Intervention Service (EIS), an initiative that has made significant strides in improving services for young people with autism and their families.

Inaugural NI Hummingbird Awards

Congratulations to Jonah Atos, International Nurse Coordinator, who was a finalist at the very first NI Hummingbird Awards. Jonah was nominated for the inspirational Role Model Award in which she received a highly commended award.

LOOKING AFTER OUR PEOPLE

Improving the Health and Wellbeing of Trust Staff

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

The Staff Wellbeing Team within the Health Improvement Equality & Involvement (HIEI) Department continue to promote and enhance provision of staff health and wellbeing through a range of services to maintain and improve wellbeing at work.

The introduction of the We Are With You (WAWY), Staff Wellbeing Project, funded by NHS Charities, provided the opportunity to further enhance programme provision for our Trust colleagues, resulting in the total number of wellbeing sessions delivered, 448 with a total of 14,431 staff participant engagements.

The project has also recruited a total of 72 health champions across the organisation to take a lead in promoting health within their team / department. In addition, The WAWY project supports the Health Champions by providing training and facilitation opportunities and coordinates quarterly meetings with Wellbeing Guardians, so as they can provide feedback and updates to Trust Directors relating to staff wellbeing.

All Trust Directors have been invited to support and promote the health and wellbeing of staff by actively and visibly supporting the 'We are with you Wellbeing Project' by becoming 'Wellbeing Guardians' on a topic of their choice and furthermore fulfilling a visible and supportive role to promote key wellbeing initiatives within the organisation. To date, 8 Trust Directors have held the title of Wellbeing Guardian, each for a period of 3 months.

HIEI along with representatives across all directorates coordinate and provide a monthly Menopause Cafe for Trust staff. The Cafes are delivered using a hybrid approach i.e. both in-person and face to face, and are facilitated by various subject matter experts along with the opportunity for participants Q&A.

During this reporting period, there have been a total 10 Menopause sessions provided, with 247 staff participation.

In addition, the Trust have developed a 'Managers Menopause Toolkit' as 'The Trust recognises that a large and increasing proportion of employees will be working through and well beyond the menopause. This policy recognises the impact of menopause on the working lives of employees'.

On February 2025 The Wellbeing Team launched 2 new wellbeing initiates for staff with the aim to both highlight and address health inequalities, whilst encouraging staff to prioritise their wellbeing. This included a new monthly Staff Wellbeing Magazine, THRIVE along with a Podcast, The TRUSTed Pod, hosted by the Director of Children and Families, Dr Tom Cassidy.

Numerous articles have been published and conversations held, with subject matter experts within the Trust, including, Prostate Cancer, Women's Health, Bowel Cancer and Heart Health. In addition, each THRIVE article has a dedicated space for a piece on Equality, Diversity and Inclusion, written by, HR Manager, Human Resources, Joanne Scott.

The Staff Wellbeing Team within the HIEI Department have produced a well-being guide as a tool to encourage staff to look after their wellbeing during the transitional time of encompass go-live

The online document provides well-being information, resources and opportunities to attend online mental health and well-being sessions.

The Trust values its broad and diverse workforce and is committed to supporting staff wellbeing. The Staff Wellbeing Team is dedicated to designing and delivering accessible health and wellbeing programmes, incentives, campaigns and information initiatives for all employees.

Examples of these initiatives include, but are not limited to:

The Health Improvement Officer collaborated in the development of a tailored health and wellbeing programme specifically designed for support services staff, consisting of six sessions.

The Staff Health and Wellbeing Team collaborated with The Occupational Health Department to develop and deliver online 20-minute Gentle Exercise for Musculoskeletal Health (MSK). A physio led, full body, chair-based exercise programme focusing on breathing, core, strength and mobility. Additionally, printed materials were provided for those without online access.

The Staff Wellbeing Team collaborated with The International Nurse Coordinator, Acute Services to coordinate and deliver an in-person session celebrating and exploring the diverse native languages of our WHSCT staff i.e. Languages Around the World. The session was facilitated by Trust Staff who volunteered their time to teach short phrases such as; 'Hello', 'Welcome', 'Friend', 'Thank you' in another language. The session was both extremely well received and attended with positive outcomes.

The Staff Wellbeing Team collaborated with the Chaplaincy Team to coordinate a staff blessing for all staff inclusive of all religious backgrounds. The blessing took place across all hospital sites within the Trust, eight in total.

The Staff Wellbeing Team collaborated with the Perinatal Mental Health Team to co-design and deliver a 4-week programme for staff members who currently care for or expecting a child. Topics explored included; preparation for birth, emotions & feelings in the postnatal period, how we nurture the mother and baby connection, taking time for you.

Supporting Improved Attendance and Wellbeing

The Trust's cumulative absence percentage for 2024/25 was 7.68%, this meant it exceeded the Department of Health's required reduction target of 7.5% on the previous year's cumulative absence percentage of 8.34%.

During 2024/25 a restructure of the HR Directorate Support Teams was undertaken which enabled the establishment of a dedicated Attendance Team in December 2024 to focus on the provision of support for staff who are absent from work and close alignment with Occupational Health to promote early and safe return to work.

The team has adopted a proactive approach to supporting managers to adopt a timely and supportive approach to all absence cases, with a particular focus on reducing long term absence. There was a 28% reduction in long term absence cases from 348 cases in September 2024 to 249 in April 2025.

Managers are equipped and guided to use data to support their approach and decisions relating to management of absence cases to facilitate early intervention and consistent application of the Attendance at Work Policy. A range of tools are available to support managers and staff including the long term absence tool, Stress at Work and Bereavement Toolkits and a range of additional supports on the HR Hub.

REVALIDATION

Appraisal & Revalidation - Medical Staff

During 2024/25, the Trust Responsible Officer submitted a total of 108 recommendations and all recommendations were upheld by the General Medical Council. The table below provides a breakdown of recommendations submitted:

Revalidation Recommendation	Number submitted
Deferral	25
Non Engagement	0
Revalidate	83
Total	**108**

In relation to the theme of 'Strengthening the Workforce' there were 25 recommendations for 'Deferral' submitted to facilitate Medical Practitioners in situations where not all key supporting information requirements were present. Two deferrals were submitted by the GMC for doctor's ongoing local processes. Such deferrals can be regarded as being positive recommendations as the Trust continues to support our doctor's Appraisal & Revalidation activities.

The Trust Appraisal & Revalidation Team continue to support our Medical Practitioners with appraisal and revalidation activities providing advice, guidance, key supporting information and training. The engagement protocol is in place to support our Medical Practitioners and ensure a timely approach towards the completion of appraisals. To note there was one occasion whereby the Responsible Officer referred a doctor to the GMC due to non-completion of an outstanding historic appraisal. The matter was subsequently resolved within the agreed timeframes.

During 2024/25, the Appraisal & Revalidation Team facilitated a number of Appraisal & Revalidation online training sessions attended by 87 Medical Practitioners. 67 attended for Appraisee training and 20 attended for Appraiser training. The provision of Appraisal & Revalidation training, for both the Appraisee and Appraiser, is key to the development and maintenance of the Trust Appraisal & Revalidation support structure. The Appraisal and Revalidation Team also held an Appraiser Forum to support our current trained appraisers. This forum proved to be beneficial in encouraging appraisers to share their concerns and listen to advise on how to ensure they can carry out a meaningful appraisal meeting. We had 14 appraisers in attendance and will run this forum again in the autumn.

During the latter part of 2024, the GMC had requested for Physician Associates and Anaesthetic Associates to register with the GMC over a two year period and to undertake appraisals. We can report there are 10 Physician Associates working within the Western Trust, 9 of these Physician Associates have registered with the GMC. We have provided targeted Appraisal training to these staff members.

The Appraisal and Revalidation Team have been involved in the ongoing Regional Working Group, it is suitably represented, which meets regularly and is tasked in taking forward various initiatives and dealing with any regional matters. This will include the implementation of recommendations from independent inquiries and the application of GMC (General Medical Council) 2024 Guidance.

Revalidation of Nursing & Midwifery Staff within the WHSCT

Revalidation is a mandatory requirement of the Nursing and Midwifery Council (NMC) for all registered nurses and midwives. This requires registrants to complete a revalidation portfolio every three years in order to maintain their registration. The revalidation process allows nursing and midwifery staff to continually develop and reflect on their practice to ensure they practice safely and effectively.

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

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

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

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

are any concerns regarding a particular registrant this will be discussed between the AD's and a plan initiated for supporting / managing the registrant.

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

To avoid the situation where a registrant's revalidation has lapsed, managers are encouraged to keep a register at a local level of revalidation / registration dates to minimise the occurrence of registrations lapsing. Some clinical areas in the Trust use the Trust E-roster and others have now moved to the Allocate system – both have a function to alert managers to upcoming revalidation due dates for registrants.

Nursing and Midwifery bank and agency registrants utilised by the Trust are managed by the Nurse Bank Team. When on boarded with the Trust the Nurse Bank Team verify the NMC PIN received and registration expiry and revalidation details are recorded on the electronic roster. Monthly checks are carried out for existing bank and agency workers to ensure NMC pins due to expire have been renewed.

Revalidation of bank nurses is completed by the bank coordinator or Trust nurse manager.

There were six reported lapsed registrations from 1st April 2024 - 31st March 2025.

It is our intention during 2025/26 to audit the compliance with the local processes to ensure that the lapses in revalidation / registration are being minimised.

MANDATORY TRAINING

	April 2023	April 2024	April 2025
Onboarding (Induction)	**90%**	**94%**	**94%**
Quality 2020	**77%**	**84%**	**88%**
Fire Safety	**72%**	**76%**	**80%**
Information Governance	**80%**	**85%**	**86%**
Equality	**69%**	**77%**	**85%**
Moving & Handling	**70%**	**77%**	**85%**
Cyber Security	**N/A**	**72%**	**87%**

There has been an improvement in all of the core mandatory training elements, with significant improvement in Cyber Security. Targeted emails sent to staff by the Digital Learning Team, renewal reminders sent from Learn HSCNI and Trust Communications reminders has ensured that staff are constantly reminded of the importance of keeping their training up-to-date

STAFF TRAINING

Medical Education & Training

MedEdWest continues to strive for excellence in education. MedEdWest is now three years into a major change process. The impact of the changes continues to be felt across all levels of training requirements, despite this MedEd continues to be dynamic and agile, driving forward quality improvement methodology.

Widening Participation

MedEdWest continues to support and facilitate initiatives that engage school age children from all academic, social and ethnically diverse backgrounds to consider future careers in the healthcare system. This year, we were able to return to face-to-face student open evenings providing sessions in both MedEdWest Centres in conjunction with the Trust volunteer team. Over 150 students from 28 schools across the Trust attended these sessions in both MedEdWest Altnagelvin and South West Acute Hospital (SWAH), giving students the opportunity to speak to professionals in over 20 different specialities. Staff hosted interactive stations where students had a chance to try their hands at skills such as laparoscopic surgery, suturing, cardiac arrest simulation, lumbar puncture, orthopaedic surgery and more. Students then attended discussions by resident doctors and students, who spoke of their journeys into medicine.

Undergraduate & Postgraduate Quality Assurance Systems and Processes

Quality management processes are in place, this allows the Trust, in collaboration with Queens University Belfast (QUB) and University of Ulster (UU), and to ensure DoH that the Supplement for Undergraduate Medical and Dental Education (SUMDE) is being used to deliver appropriate outcomes in the support of undergraduate medical education. The annual QUB clinical visits to Altnagelvin and SWAH took place with excellent feedback from the medical students. Specialties achieving quality scores of greater than 80% are deemed excellent and considered to reflect high standard clinical teaching. The trust was praised for the quality of clinical teaching provided to QUB and UU medical students.

UU:

Out of 16 specialty placements – all 16 over 80%

QUB:

Out of 20 specialty placements – 17 over 80%

Not achieving 80%

- ACE4 (Emergency Medicine SWAH) – 62.5%
- Year 4 Ageing Health ALT – 78.5%
- Year 4 Child Health SWAH – 63.7%

Postgraduate quality assurance systems are in place between the Trust and NIMDTA. Deanery visits take place every year. The GMC NTS (National Training Survey) identifies area of good practice and improvements required that are monitored as part of MedEdWests quality report returns to NIMDTA.

MedEdWest App

MedEdWest continues to make use of our space on the Eolas medical app. This valuable space is our one stop shop for all medical education resources. Combined with our major communication tool 'MedEdWest Medics', we continue to provide students and residents who cannot attend training a wealth of information including access to recorded

resources. MedEdWest are able to add medical students and residents to the app, reducing delays in accessing information, enabling us to support users in their communication needs. The recording facility is incredibly time efficient in terms of staff input and enables a greater flexibility of service provision and getting the right information to the right users at the right time, reducing the amount of emails to users.

Reducing the Risk of Hyponatraemia

The Trust leads the very highest standards in relation to safe fluid therapy for children and we continue to implement the Regional Fluids Policy. Professionals now can easily benchmark their own best practices in line with the Regional Competency Framework and we also promote fluids safety at our twice yearly face to face Medical and Dental inductions. We also mandate that Medical Staff undertake the British Medical Association (BMA) and HSC online training modules on fluid therapy.

The Trust action plan from the Inquiry into Hyponatraemia Related Deaths continues to be monitored to completion by the Standards, Audit & Quality Improvement Group which reports through Quality & Standards sub-committee to the Trust Governance Committee.

Infection Prevention and Control (IP&C) Training

Induction and Mandatory Update Training

During 2024-25 Infection Prevention & Control (IPC) Induction Training and Mandatory Update Training continued to be delivered via an e-learning programme. This was developed regionally for use by all health and social care organisations in Northern Ireland. The e-learning programme is hosted on the regional learning management system, LearnHSCNI. It comprises two modules: the Tier 1 module is aimed at non-clinical staff and the Tier 2 module is aimed at clinical staff.

The IPC Team also delivered a series of virtual training sessions via Microsoft Teams. These Tier 1B sessions were aimed at staff with minimal or no patient / client contact or healthcare staff with patient contact who require role specific training, e.g. Support Services, HSDU, Estates, Transport, Social Workers, Chaplains, etc. The Team also facilitated face-to-face Induction Training for large groups of new staff in departments, e.g. Support Services staff.

Attendance at IPC Training is required on a biennial basis. The attendance rate over the 24-month period ending March 2025 was 63%.

Aseptic Non-Touch Technique (ANTT) Training

ANTT is a technique to prevent micro-organisms from being introduced to sterile / susceptible body sites during invasive procedures, such as wound care or when handling or manipulating devices (urinary catheters, peripheral and central venous cannulas).

An ANTT e-learning programme is available on LearnHSCNI. In 2024-25, a total of 938 staff completed this training. A further 98 staff received ANTT training as part of ward-based enhanced support / improvement work.

Ward-Based Enhanced Support/ Improvement Work

The IPC Team continued to provide IPC enhanced support / improvement work programmes to wards / departments during 2024-25. This involved on-the-spot education of staff, as well as ward-based training sessions. The support was a component of a programme to reduce healthcare-associated infections (HCAIs) and its focus was led by the needs of the wards /

departments in conjunction with surveillance information. Topics covered included ANTT, insertion and ongoing care of peripheral intravenous cannulas and urinary catheters, and compliance with the Methicillin-Resistant *Staphylococcus aureus* (MRSA) Screening and Management Policy.

High Consequence Infectious Disease (HCID) Training
During 2024-25 the IPC Team delivered a series of face-to-face training sessions focusing on the use of personal protective equipment (PPE) when in contact with a patient with a HCID, such as Mpox. This included the type of PPE to be used and the donning and doffing procedure. A total of 251 staff participated in this training.

Haemovigilance Training

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

Trust staff can update their knowledge in transfusion practice by completion of e-learning modules via LearnHSCNI or attendance at a face to face Haemovigilance training session delivered by a Haemovigilance Practitioner.

The Haemovigilance Practitioners also provide training sessions for 'New Assessors' (face to face) and 'Current Assessors' can avail of an update every 18 months (face to face). The 'Assessors' and Haemovigilance Practitioners then undertake assessments in the clinical areas with staff who require competency assessments to be completed (face to face at ward level).

Other Training
The Haemovigilance Practitioners deliver ward-based training sessions as requested by the Clinical Area (face to face) e.g. WHSCT Major Haemorrhage Protocol, Transfusion Associated Circulatory Overload (TACO) or Blood Collection and any other topics identified in response to learning from Haemovigilance incidents. The Haemovigilance Practitioners deliver training and competency assessment yearly for the 'new FY0' to ensure they meet "Right Patient Right Blood" requirements for when they take on their roles in the Trust. Agency/Locum staff also have access to our training and competency assessments. With the introduction of Encompass in May 2025 the Haemovigilance team completed Super User training and provided training via User labs and at the elbow teaching for staff involved in the blood transfusion process in the run up to and after go live.

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

Practitioners have also produced Blood Transfusion training videos that offers visual demonstration of key points of the blood transfusion process to strengthen learning. (Feedback from the videos has been very positive).

Theme 3

Measuring the Improvement

REDUCING HEALTHCARE ASSOCIATED INFECTIONS (HCAIs)

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

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

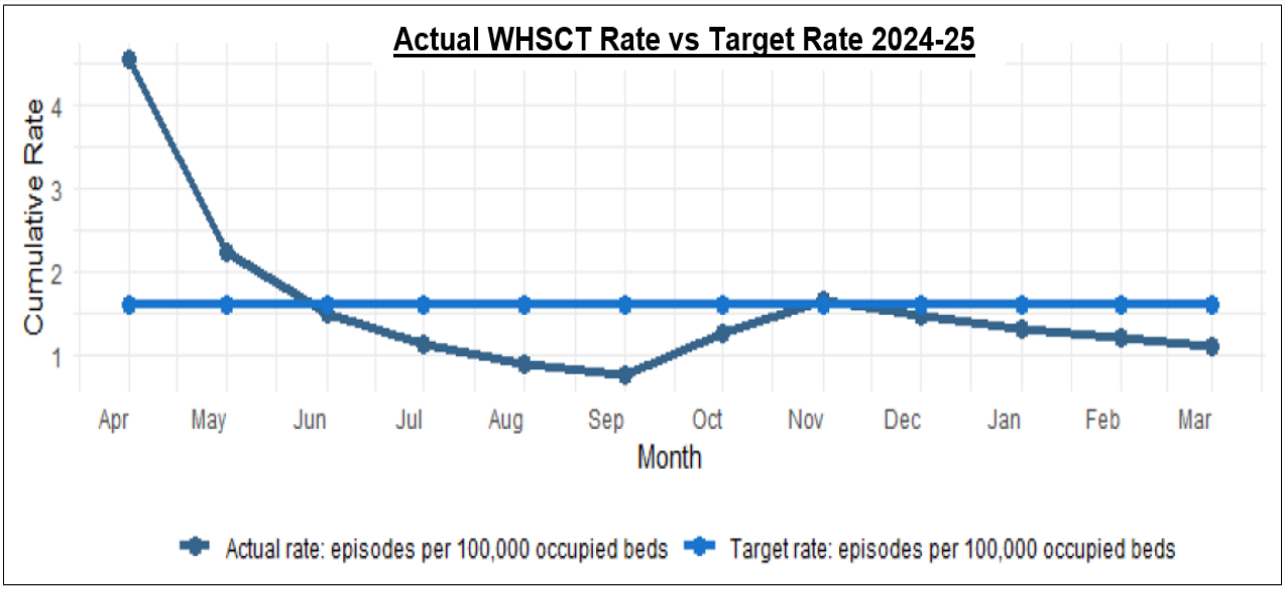
MRSA is an antibiotic resistant organism which can be carried on the skin and not cause illness. This is referred to as colonisation. However, when a person becomes ill for other reasons they become more vulnerable to infections caused by MRSA. The organism can cause serious illness, particularly for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

Facts and Figures

The reduction target set for MRSA bacteraemia in 2024-25 was an incidence rate of 1.613 cases per 100,000 occupied bed days.

The Trust reported a total of three cases for the year. Two of the patients came to hospital with MRSA already in their bloodstream. This equated to a rate of 1.102 cases per 100,000 occupied bed days, meaning the target was achieved.

This was a reduction of 32% compared to the baseline year of 2019-20, when four cases and a rate of 1.613 per 100,000 occupied bed days were reported.



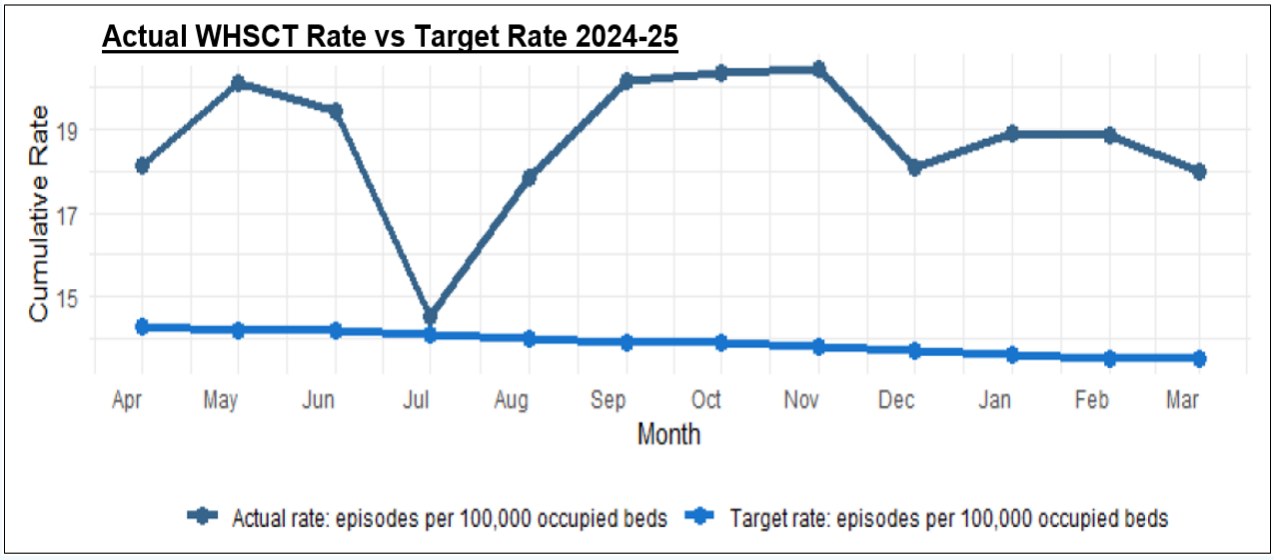
Clostridium difficile (C. difficile) Associated Disease

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. Improvement measures have been implemented to reduce the increased burden of both hospital and community-associated *C. difficile.*

Facts and Figures

The *C. difficile* reduction target set for 2024-25 was an incidence rate of 13.5 cases per 100,000 occupied bed days	The Trust identified a total of 49 cases for the year, 15 of which were community-associated. This equated to a rate of 17.99 cases per 100,000 occupied bed days, meaning the target was not met.	This was an increase of 25% compared to the baseline year of 2023-24, when 36 cases and a rate of 14.4 per 100,000 occupied bed days were reported.



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 mandatory enhanced surveillance programme for GNBs was introduced. The specific bacteria to be monitored were *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*. The surveillance programme is part of the Department of Health Northern Ireland's (DoH NI) response to the O'Neill Review's two ambitions for human health; namely reduction of healthcare-associated GNBs and reduction of inappropriate antimicrobial prescribing.

Facts and Figures

- Given the challenges associated with reducing healthcare-associated GNBs in secondary care to date, the DoH NI decided not to set a target for 2024-25. Rather, Trusts were encouraged to minimise risk factors for GNB infections where possible.
- The Trust reported a total of 39 cases for the year.
- This was a decrease of 15% compared to the previous year when 46 cases were reported.

Methicillin-Sensitive *Staphylococcus aureus* (MSSA) Bacteraemia

MSSA is the same type of bacteria as MRSA. It can have the same effects on vulnerable people, ranging from minor skin infections to much more serious illness, such as if it gets into the bloodstream and causes a bacteraemia. MSSA differs from MRSA in that it is sensitive to more antibiotics and so may be more easily treated. MSSA is also much more common; approximately 30% of the population carry it on their skin. It is, therefore, more difficult to control self-exposure (meaning acquisition from sites on the patient's own body). The controls in place for MRSA go some way to also protect patients from MSSA, but do not provide the same level of safeguard because of the ubiquitous nature of the organism.

Facts and Figures

- No reduction target was set for MSSA bacteraemia in 2024-25, however surveillance remained mandatory.
- The Trust reported a total of 52 cases for the year. 46 of the patients came to hospital with MSSA already in their bloodstream.
- This was an increase of 6% compared to the previous year when 49 cases were reported.

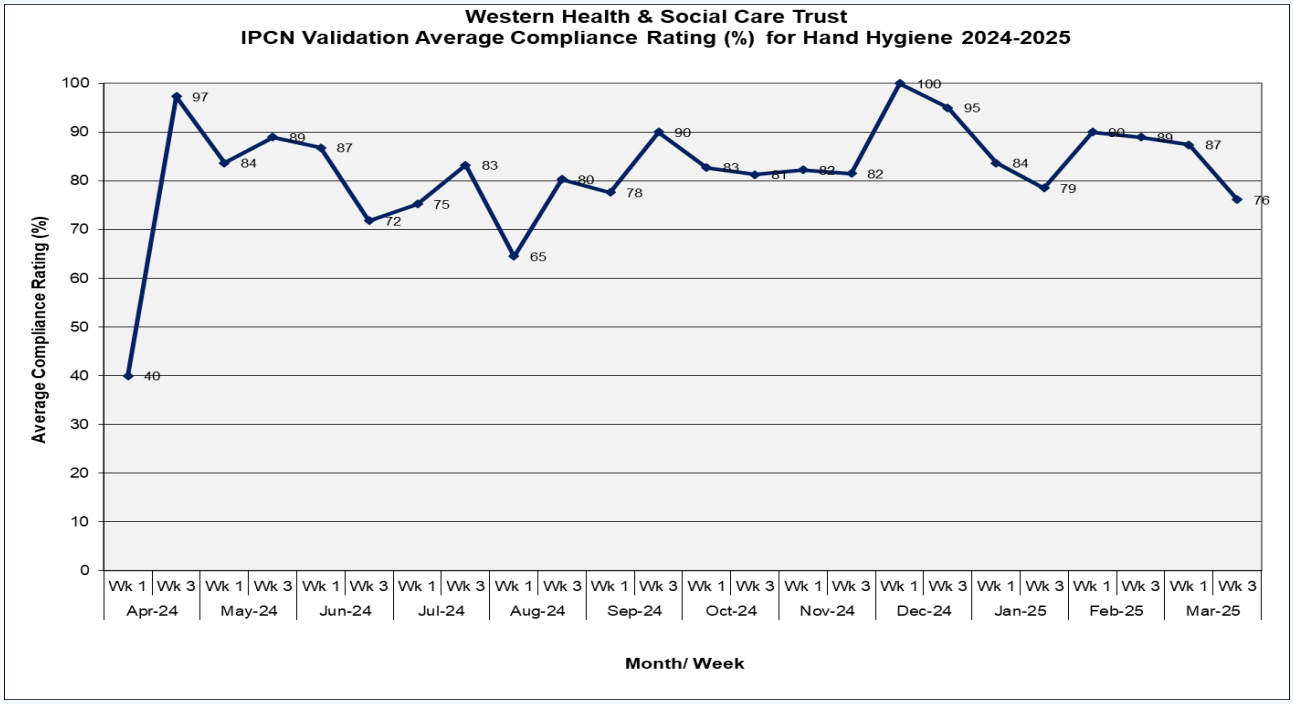
Hand Hygiene

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

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

Self-reported hand hygiene audits are carried out by core ward / department staff on a regular basis and this is validated by peer / professional lead independent audits. The 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.

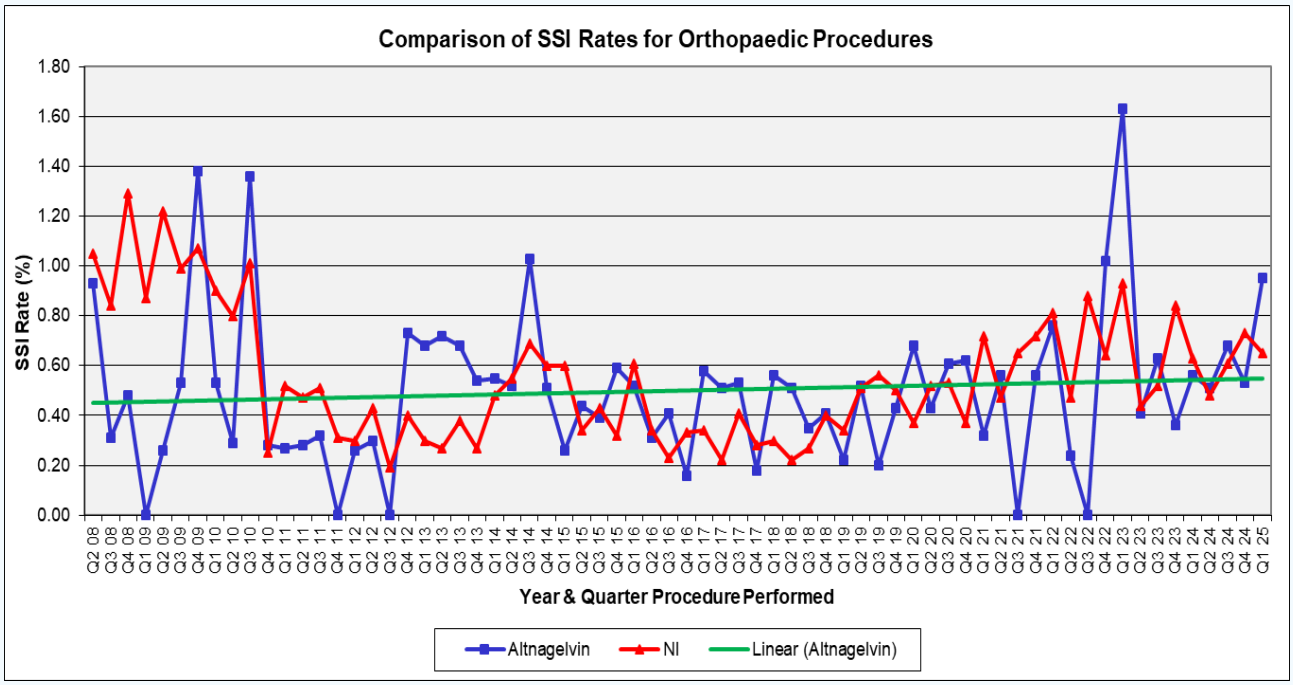
During 2024-25, average self-reported compliance was 100% and average IPCN validation compliance was 82%. The graph below outlines only the IPCN validation average compliance rating for hand hygiene and does not include peer / professional lead independent audit figures.



Orthopaedic Post-Operative Surgical Site Infection (SSI) Surveillance

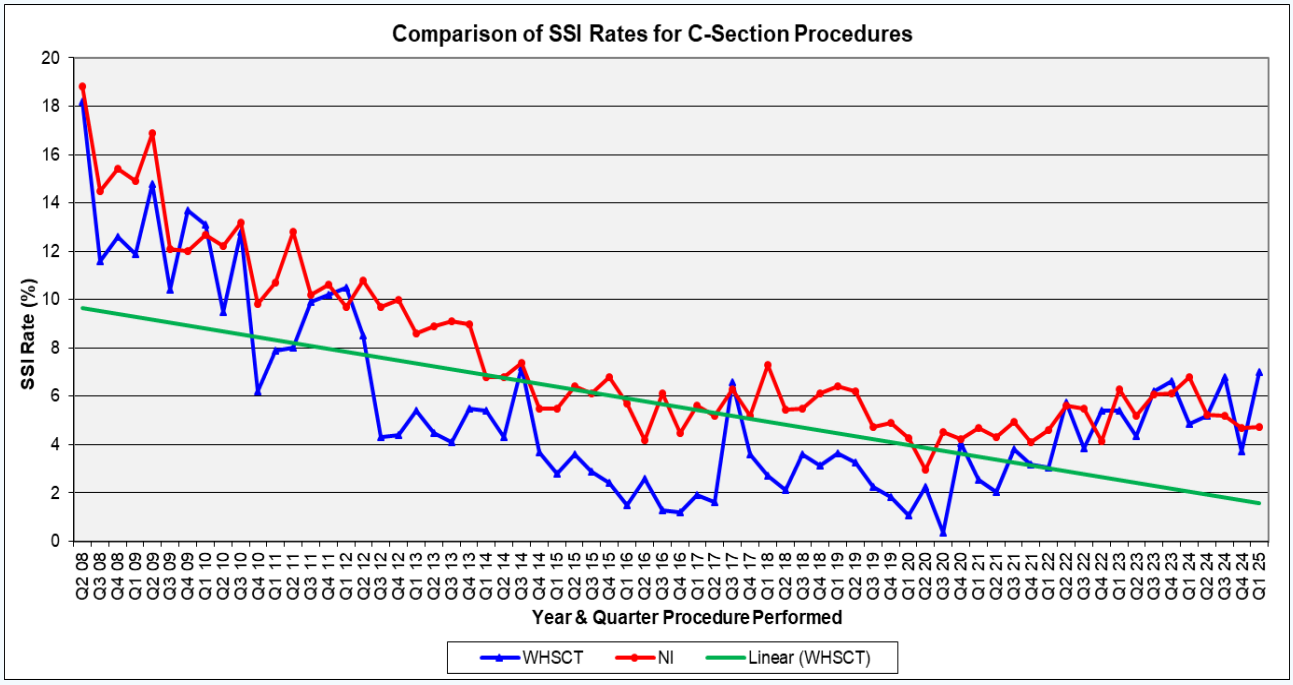
Regional surveillance of orthopaedic post-operative infection has been continuous since July 2002. The Trust's SSI rate in orthopaedic surgery has routinely been below 1% since surveillance commenced, and the variation on the few occasions when it went above 1% was not statistically significant. The IPCNs continue to work collaboratively with the

multidisciplinary team in developing further improvement strategies regarding SSI prevention.



Caesarean Section Post-Operative SSI Surveillance

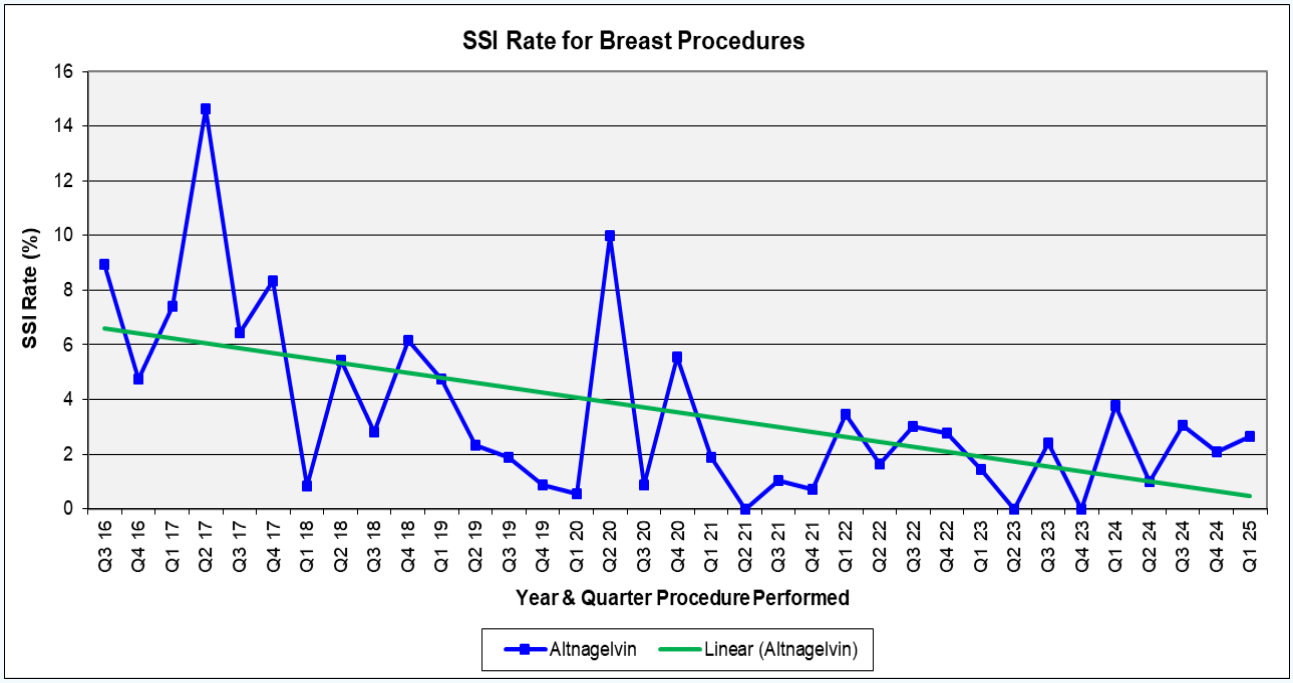
The Trust began contributing to the regional post-operative Caesarean section SSI surveillance programme in February 2008. The Trust performs well compared with the NI average and has seen a significant reduction in the SSI rate over time. There was however, a slight upward trend in the SSI rate during 2024-25 and work is ongoing with the clinical team to investigate and develop improvement plans.



Breast Post-Operative SSI Surveillance

A pilot surveillance programme for breast post-operative SSI commenced in the Trust in July 2016. At the end of March 2025, the SSI rate was 2.63%. There is no comparative NI data

as the Western Trust is the only Trust undertaking this surveillance at present. Work continues with the multidisciplinary team regarding surveillance of SSIs and the implementation of improvement measures.



Critical Care Device-Associated Infection Surveillance

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

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

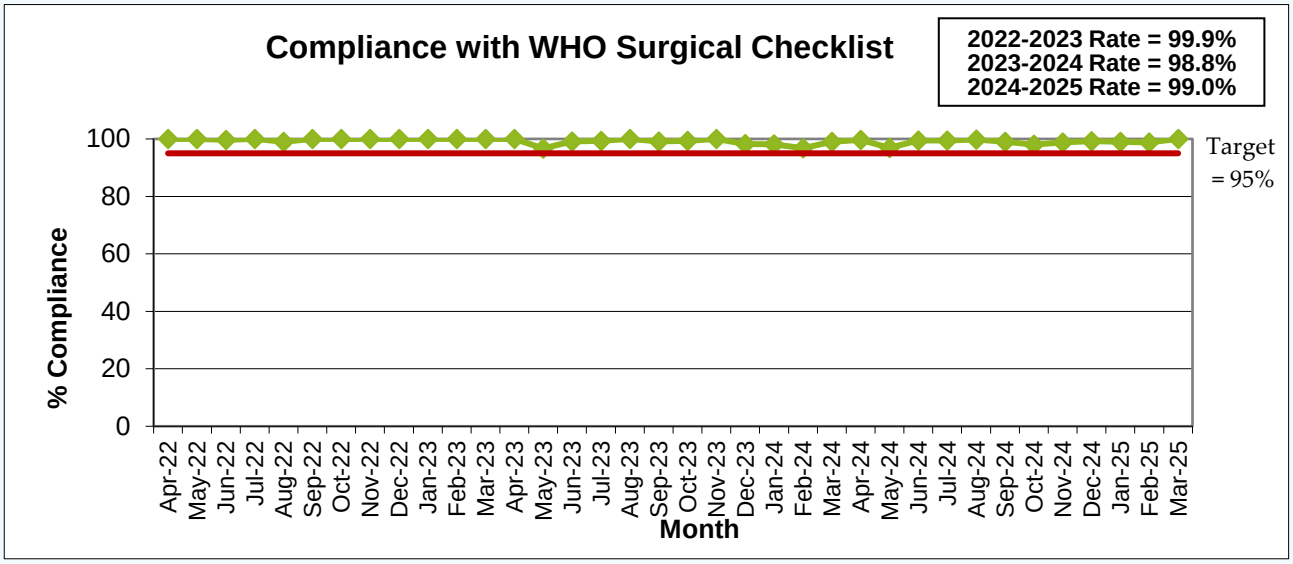
SAFER SURGERY

World Health Organisation (WHO) Surgical Safety Checklist

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

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

Monthly data is collected from a random selection of 20 patient case notes within each Theatre speciality. Compliance measurement is based on the percentage of surgical safety checklists filed in patients' notes and the percentage of surgical safety checklists signed at each stage of the process. The compliance rate for 2024/25 was 99% and monthly compliance is displayed in the graph below.



MATERNITY QUALITY IMPROVEMENT (QI)

Administration of Uterotonics during Caesarean Section / Operative Vaginal Delivery in theatre – Introducing Carbetocin

Rationale: It is routine to give an uterotonic drug following delivery of the neonate during caesarean section. Carbetocin or Oxytocin are recommended uterotonic agents for routine administration after delivery of the foetus during caesarean section both as prophylaxis and also to prevent postpartum haemorrhage secondary to atony.

Oxytocin administration can cause a decrease in mean arterial blood pressure (MAP) and tachycardia when given to women delivering by caesarean section. Rare side effects include chest pain, ECG ST segment changes and dysrhythmias.

Carbetocin is a longer acting analogue of Oxytocin with similar mechanism of action and adverse effects profile. The increased duration of action of Carbetocin up to 2 hours (4 to 7 times longer than Oxytocin) eliminates the requirement of an infusion after the initial bolus. Also, this avoids the antidiuretic and potential hyponatraemia effects associated with Oxytocin infusion. This is of particular relevance in patients with pre-eclampsia.

Recommendation: Carbetocin should be used as first line uterotonic especially for high risk caesarean sections as per NICE recommendations.

- Carbetocin 100 micrograms by slow IV injection over one minute
- There is no need to commence Oxytocin infusions following administration of Carbetocin bolus as it is long acting

Implementation Date: This recommendation was implemented from 1st March 2025 following development of guidance, approval by the Trust Drugs & Therapeutics Committee and staff training.

Outcomes: An Anaesthetic Consultant is currently monitoring the outcomes of this QI project.

PAEDIATRIC QUALITY IMPROVEMENT (QI)

Attention Deficit Hyperactivity Disorder (ADHD) QI Project

Within the Trust, the Children and Adolescent Mental Health Service (CAMHS) has responsibility for the assessment and management of children with ADHD. Although, there is an exception due to a legacy trust that Community Paediatrics assess and manage Primary School aged children in Fermanagh with ADHD. The waiting list for ADHD assessment in Fermanagh has been within Department of Health targets since December 2024 (figure 1). However, the waiting list for ADHD assessment throughout the Trust continues to grow (figure 2).

Figure 1
Length of waiting list by days for initial appointment for ADHD assessment for Primary School in Fermanagh

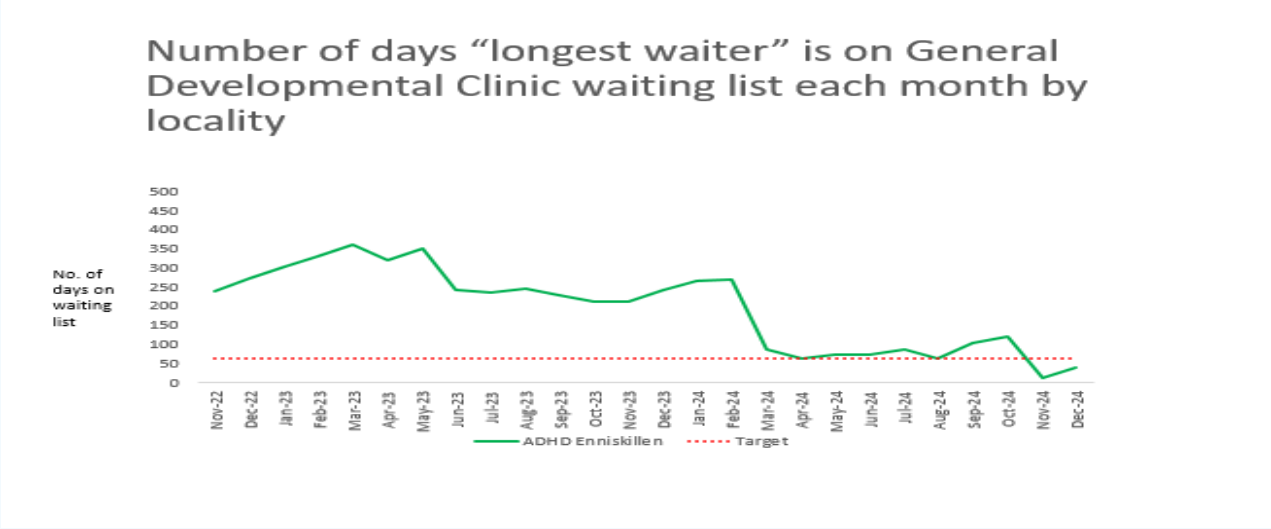
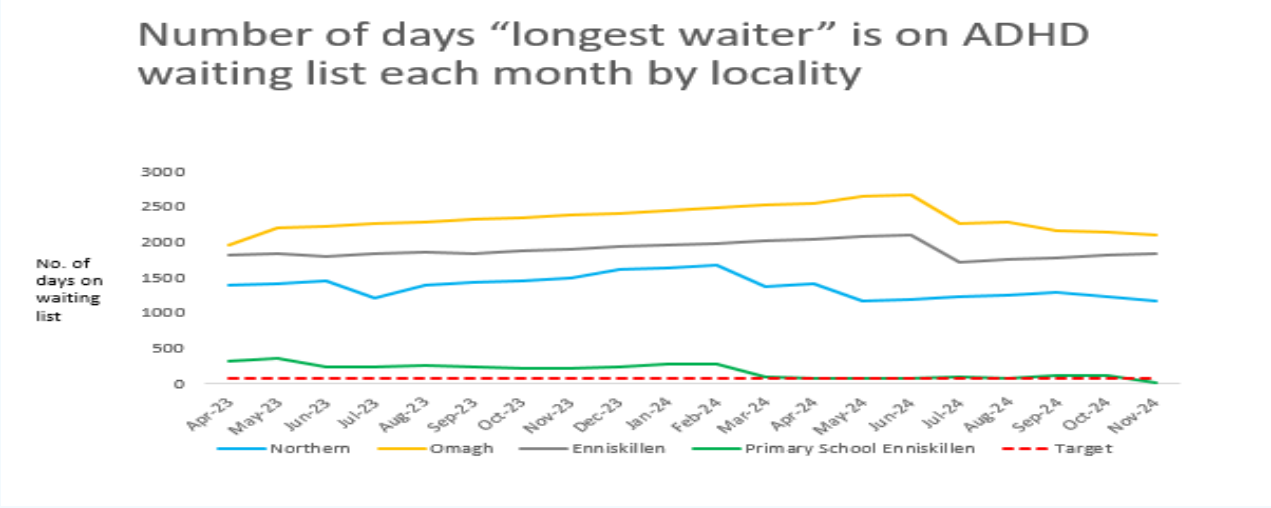


Figure 2
Length of waiting list by days for initial appointment for ADHD assessment in WHSCT by sectors

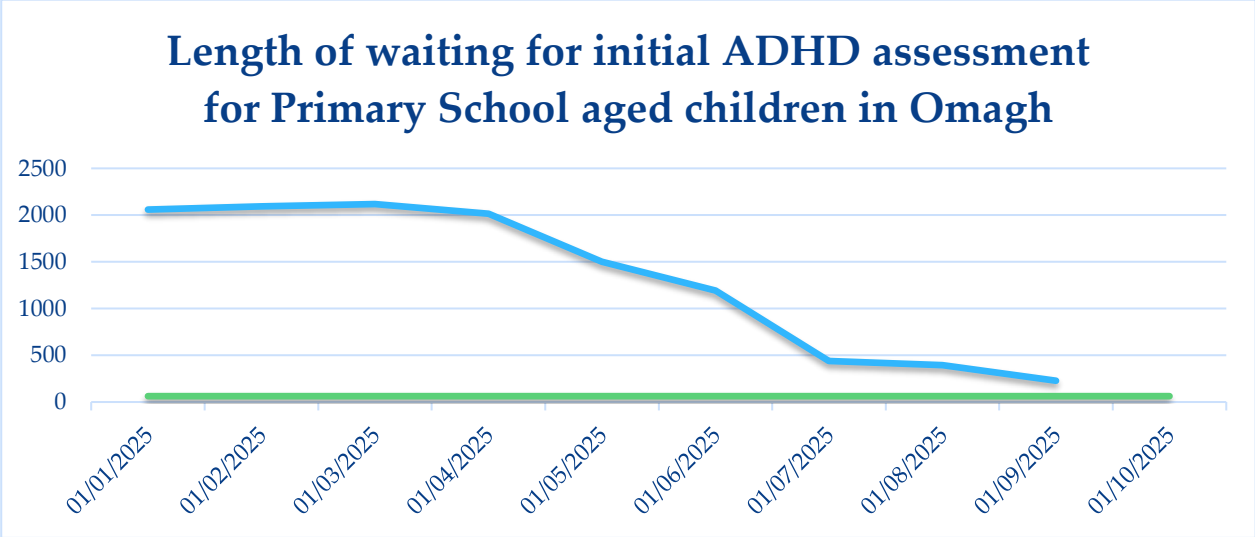


There appeared to be a significant difference between waiting lists within the services providing ADHD assessment. In early 2025, meetings were held with the Community Paediatric and CAMHS teams to discuss the way forward. It was agreed that a pilot would be trialled whereby Community Paediatrics would replicate the service provided in Fermanagh i.e. assessing Primary School aged children for ADHD.

Aim: To reduce the length of time between referral to and initial appointment for Primary School children awaiting an ADHD assessment in the Southern Sector of the Trust to less than 63 days by 31st December 2025.

Method: Understanding the basis of Demand, Capacity, Activity, Queue (DCAQ) was fundamental to this project.

Results to date:



Conclusion: As of 1st July 2025, the length of time a Primary School aged child is awaiting an initial appointment for an ADHD assessment in the Omagh area has reduced from 2,059 days (5 years 7 months) to 439 days (1 year 2 months). By 1st September 2025, it is predicted that the wait will be further reduced to 228 days (7 months). Working across services and directorates is beneficial. We should no longer be working in our own silos. Further work is needed to reduce the waiting list for Secondary School aged young people.

Neonatal Unit, South West Acute Hospital (SWAH) QI Project

Aim

- To evaluate the appropriateness of IV antibiotic prescribing in the Neonatal Unit and Maternity Ward by measuring compliance with Neonatal Network Northern Ireland (NNNI) antimicrobial guidelines and to promote safe, evidence-based prescribing practices in line with antimicrobial stewardship.

Background

- Overuse or inappropriate prescribing of antibiotics in neonates can contribute to antimicrobial resistance, unnecessary medicalisation and disruption of the neonatal microbiome. The NNNI guidelines are designed to support risk-based prescription. However, variation in practice was observed, prompting a targeted QI audit.

Methodology: A retrospective review of neonates who received IV antibiotics over a defined three-month period (N=42). Each case was scored against NNNI and NICE guidelines that incorporate the risk factors for sepsis and also the Kaiser Permanente sepsis calculator. Data was also reviewed to assess:

Indication for antibiotics	Prescribed correctly	Documentation of rationale in chart
Duration of treament and indication for continuing treatment	Review points (36hr stop/review)	Culture and sensitivity outcomes

Key Findings

- 38% of prescriptions were compliant with Trust guidelines
- 87% instances identified where antibiotics were commenced without documented risk factors or clear clinical indications
- Variable documentation of stop/review times, inconsistent throughout all reviewed charts
- 78% antibiotics were continued past the 36hrs negative cultures and clinical stability
- 88% of babies in the study did not meet the threshold for blood cultures or IVAB

Actions Taken

Individualised feedback provided to prescribers	Development of a prescribing prompt/sepsis checklist for notes as evidence of clinical decision making	Reinforcement of antimicrobial stewardship principles via team teaching	Case discussion at neonatal / paediatrics and maternity MDT meetings	Engagement with Infection Prevention Control (IPC) team

Impact

- Raised awareness of antimicrobial stewartship in neonatal care
- Reduction in inappropriate antibiotic and blood cultures by 78%
- Enhanced documentation standards across the service
- Improved MDT discussion around antibiotics initiation and review

Conclusion: By embedding the FiCare principles into every thread of our practice, SWAH neonatal team has redefined neonatal care through enhanced parental involvement in decision-making, updated training in tube feeding and improved communication during ward rounds. The introduction of a FiCare-friendly environment, including dedicated family spaces and tailored nursing support, strengthens parental engagement to ensure a cultural shift towards partnership-driven neonatal care.

Children's Ward, Altnagelvin QI Project – Improving the Care and Management of Peripheral IV Cannulas in an Acute Paediatric Setting

Background and Rationale: An increased number of incident reports were submitted relating to complications with peripheral intravenous (IV) cannulas in the paediatric population. These incidents included pressure damage, tissue damage at cannula sites. On investigation, numerous failings were identified within both the Acute Paediatric Ward and the Emergency Department (ED), particularly regarding documentation, line labelling, assessment frequency and adherence to Trust policies.

Interventions and Actions Taken:

Trust audits

- 1. Peripheral line insertion audit
- 2. Ongoing peripheral line management audit

Ward-level weekly audits

- Cannula care audits to identify gaps and track improvements

Staff engagement

- Rotational audit participation to build awareness

Incident reporting

- Staff encouraged to DATIX all cannula-related incidents

Shared learning

- Newsletters, bulletins and staff meetings disseminated learning from incidents

Education and training

- On-site teaching sessions, training during nurse enhancement courses, ANTT and CEC course promotion

MDT inclusion

- Education extended to ED and wider multi-disciplinary team

Infection Control Link Nurses

- Allocated to support ward staff and maintain standards

Outcomes and Improvements Over 6 Months:

Documentation of insertions details	• Baseline Compliance - 35% • After 6 Months - 90%
Proper labelling of cannulas	• Baseline Compliance - 40% • After 6 Months - 92%
Correct VIP chart in use	• Baseline Compliance - 0% • After 6 Months - 100%
Documented ANTT practice	• Baseline Compliance - 25% • After 6 Months - 98%
Cannula site visibility	• Baseline Compliance - 45% • After 6 Months - 98%
Assessment documentation compliance	• Baseline Compliance - 30% • After 6 Months - 89%

Conclusions and Recommendations: The implementation of structured audits, regular education and enhanced visibility of standards resulted in significant improvements in cannula care. Staff were more compliant with documentation and assessment protocols, leading to a marked reduction in cannula-related harm.

Recommendations for Sustained Improvement:

FALLS

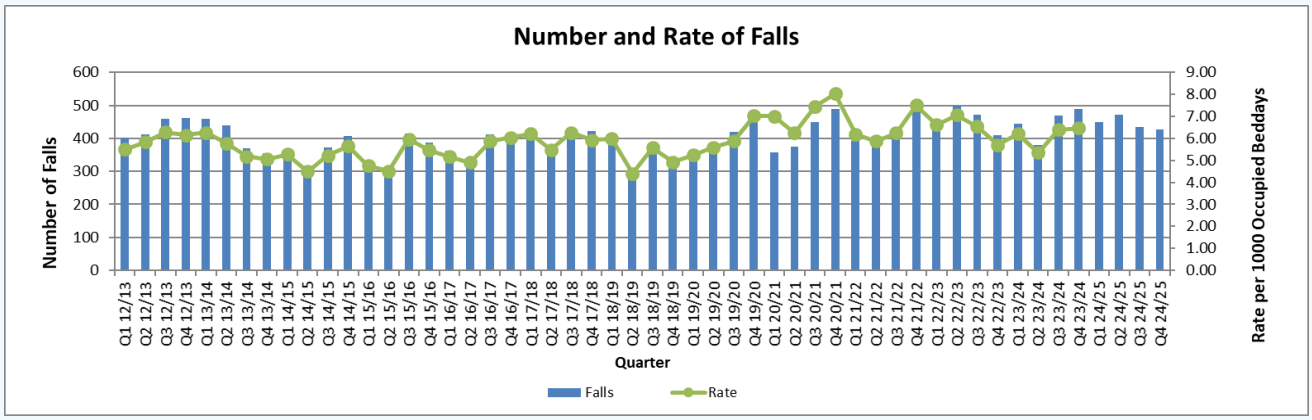
Facts & Figures
In 2024/25, the Trust recorded 1783 falls of adult patients in hospital, which was equal to the previous year.

Of the falls recorded, 31 led to a moderate and above injury (i.e. an injury that lasted more than one month such as a fracture and/or led to an extended hospital stay over 4 days or required surgery). These falls accounted for 1.7% 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 2024 – 2025 per 1000 bed days.

		ADULT INPATIENT ONLY		PART A ADULT INPATIENT ONLY			PART B ADULT INPATIENT ONLY			ADULT INPATIENT ONLY					
Year	Period	No. of Falls	Moderate to Major/Catastrophic Falls	No records audited achieving 95% compliance with bundle PART A	No. Records Audited PART A	Process Outcome PART A %	No records audited achieving 95% compliance with bundle PART B	No. Records Audited PART B	Process Outcome PART B %	No. Adult Inpatient Wards Spread	Total Number Adult Inpatient Wards	% Spread	Beddays	Rate per 1,000 beddays for No. of Falls	Rate per 1,000 beddays for No. of Falls resulting in harm (Moderate Major or Catastrophic)
2024/25	YTD totals	1,783	31	4,290	4,555	94%	4,282	4,555	94%	39	39	100.0%	TBC*	TBC*	TBC*

Rates for 2024/25 are not yet available from the PHA



Falls can have a very serious negative effect on a person's quality of life, causing fear, distress, injury, decreased mobility and social isolation. They continue to remain one of the most frequently reported incidents within the Trust.

The causes for falls are usually complex and multifactorial. Contributing factors include how people interact with their environment, side effects of medications, visual impairment, underlying medical conditions, frailty, confusion because of delirium or dementia, infection and reduced levels of mobility in addition to human error.

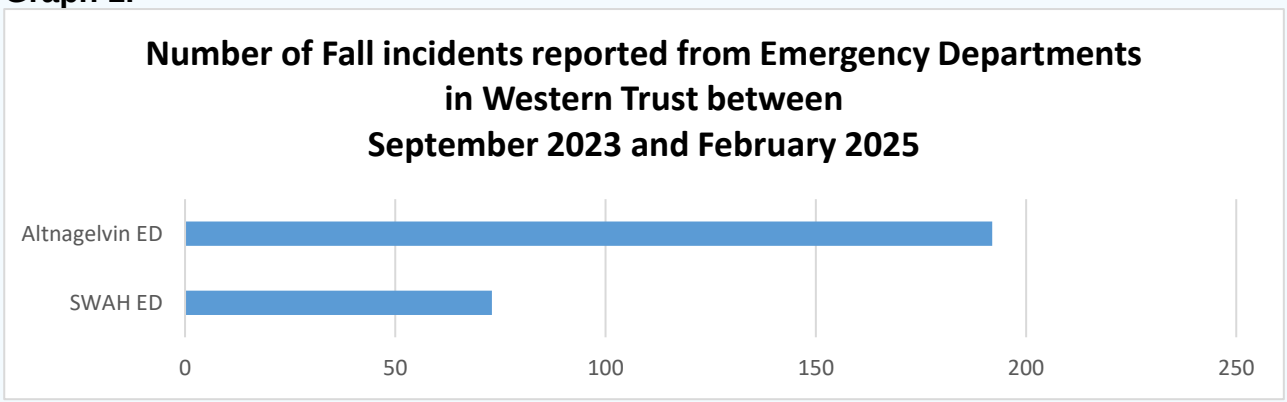
There are increasing numbers of older people living with frailty in the community many of which present to Trust Emergency Departments (ED) following a fall. Deconditioning in both hospital and community environments increases risk of falls and this has been a challenge across all age groups and settings. The impact of bedrest and delays in transfers of care contributes to deconditioning in care settings. Many patients are experiencing delays in

transfer from ED to a ward environment. This contributes increasing risk of falls and contributes to increasing levels of frailty for older people.

In 2024-25, the number of falls reported from hospital inpatient settings including maternity and Emergency Departments was unchanged when compared with the number of falls reported the previous year. However, the number of fall incidents resulting in patient harm increased with 31 patients experiencing a fall incident resulting in moderate / above levels harm compared with 22 reported incidents in 2023-24.

Acute Care of the Elderly wards, Altnagelvin ED and Acute Medical wards are reporting the highest incidence of falls at this time. Information also suggests that there are higher incidence of falls in wards where there are rooms of single occupancy and patients with cognitive impairment. Altnagelvin Emergency Department is reporting a significantly higher incidence of falls occurring within the department compared with South West Acute Hospital (Graph 1).

Graph 1.



Contributing factors include high numbers of patients living with frailty attending the Emergency Department and there are challenges in relation to patient flow through the hospital. This increases pressures on staff to care for acutely unwell patients requiring hospital admission within an Emergency Department setting. The design of Altnagelvin Emergency Department makes patient observation difficult for staff when there is overcrowding and lack of space.

The provision of minor injuries services in Altnagelvin and Omagh Hospital Primary Care Complex has been a very welcome change, reducing waiting times for patients in addition to reducing the number of people attending ED following a fall where a minor injury has occurred.

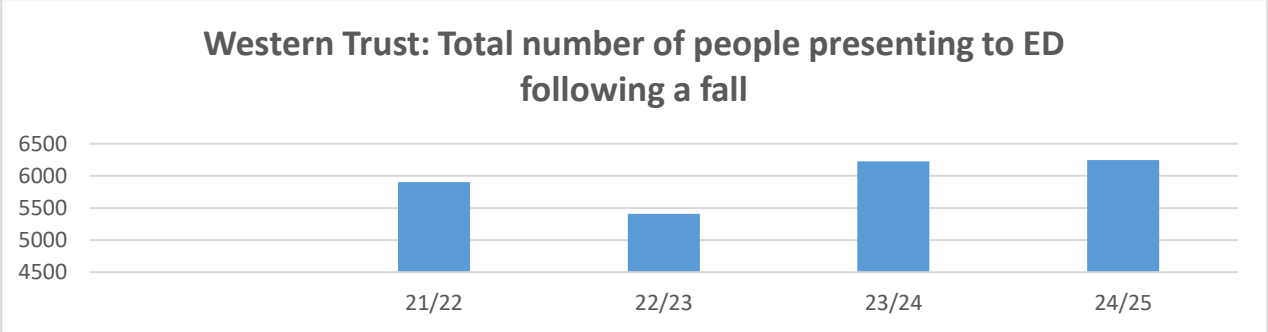
Feedback from patients has also been very positive in relation to their experience of attending the minor injuries unit following a fall. There were 8 stories on Care Opinion within the financial year 2024/25 relating to care received in the Minor Injuries Unit in Altnagelvin following a fall, and 5 in relation to care received when attending the Urgent Care and Treatment Centre in Omagh Hospital Primary Care Complex (OHPCC).

12 of the 13 stories reviewed in relation to care received in these areas was positive with people commenting on the staff being ‘outstanding, caring, kind, helpful, reassuring, friendly, thorough, sympathetic, supportive, attentive, professional, efficient, knowledgeable, respectful and exceptional.’ There was positive feedback in relation to the ‘provision of pain relief, prompt attention, quick efficient service and treatment, positive quality of treatment

and care, staff attention, explanation and communication, with short waiting times and the level of compassionate care provided.'
There were positive comments in relation to the environmental cleanliness in the Urgent Care and Treatment Centre in OHPCC with1 negative comment on the Minor Injuries Unit in Altnagelvin in relation to 'long waiting times and poor quality of treatment at times.'

The total number of patients presenting to Emergency Departments following a fall in the Western Trust has increased by 15.5% when compared with numbers attending in 2022/23 (Graph 2).

Graph 2

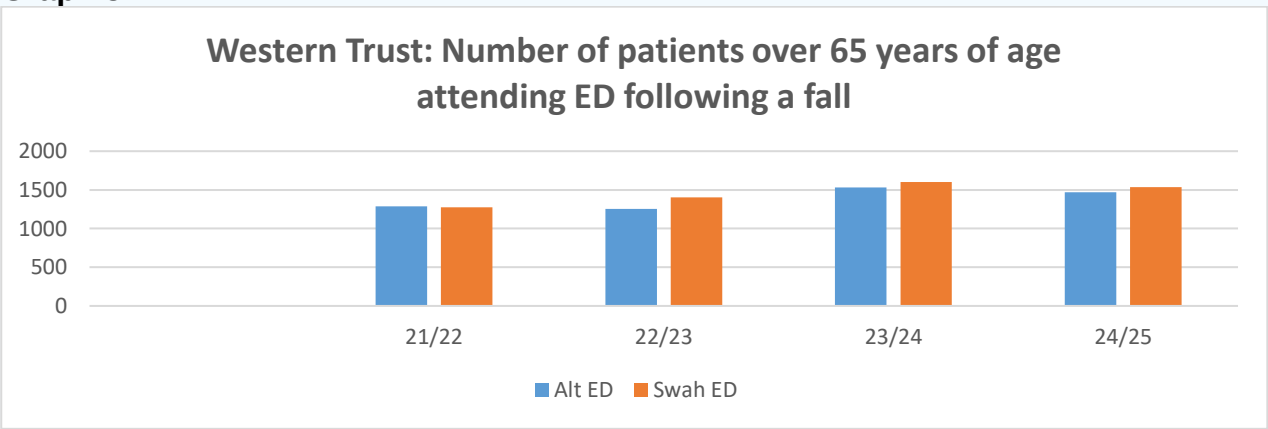


In 2024/25 there was a 4.2% decrease in the number of people over 65 years of age attending the Emergency Departments following a fall when compared with 2023/24 (Graph 3).

There was a 2% decrease in attendances at Altnagelvin ED in the under 65 years of age category in 2024/25 and a 12% increase in attendances in the same age category at South West Acute Hospital (SWAH) ED during the same period.

The number of patients under 65 presenting to South West Acute Hospital Emergency Department since 2022/23 has been increasing, however, details on different age ranges and contributing factors for this increase is not available from current information collated.

Graph 3



The Western Trust does not have a single point of access to a Multi-disciplinary Falls Prevention Service where patients can access a multi-factorial falls and / or comprehensive geriatric assessment. Currently patients can be referred to a range of different services e.g. physiotherapy; occupational therapy; podiatry; stepping on programme; council home safety officers or specialist clinics e.g. cardiology, neurology, rheumatology etc. for further assessment and treatment depending on identified need.

Patients receiving a Northern Ireland Ambulance Service (NIAS) response following a fall are more likely to attend ED for further assessment or not receive any follow up in the absence of a single point of contact to access a falls prevention service. The Older Person's Assessment and Liaison service (OPALS) was stood down in 2023/24 which resulted in NIAS no longer having a referral pathway to a single point of contact for further patient assessment and treatment when responding to a fall incident. Since this change, the Hospital at Home Service have supported NIAS with a medical review of acutely unwell patients and patients who may be at risk of complications following a fall and a long lie where they have capacity within existing staff resource.

A review of the number of ED attendances following a fall in 2024/25 found that there was 3% decrease in attendances at Altnagelvin ED following a fall and a 3.7% increase in attendances at SWAH ED following a fall when compared with attendance figures for 2023/24.

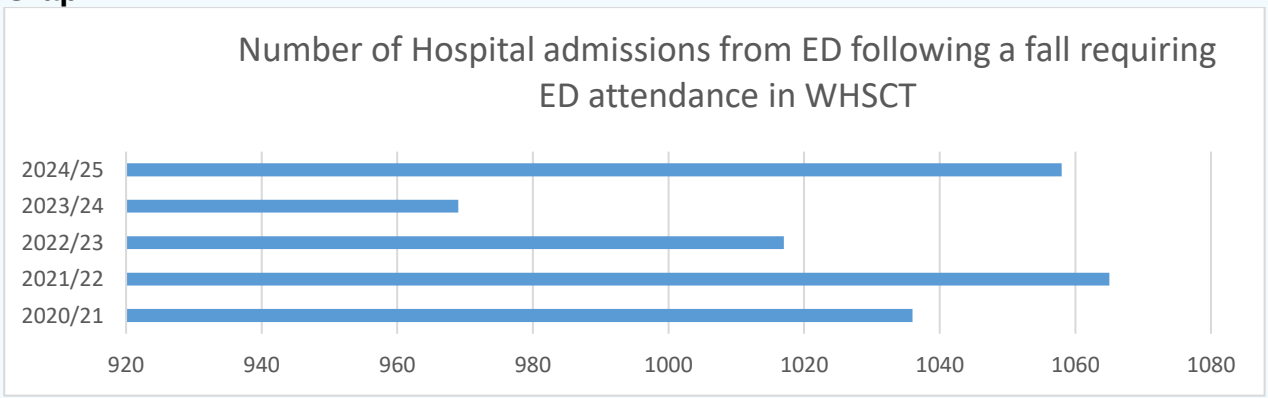
A review of the number of hospital admissions following a fall in 2024/25 found that there was a 9% increase in the number of patients admitted to hospital in 2024/25 when compared with 2023/24 (Graph 4 and 5). The majority of these patients are over 65 years of age (Graph 6).

In 2024/25 there has been an increase in the overall number of *patients over 65 years of age* admitted to hospital from ED's following a fall, when compared with the previous year (Graph 4).

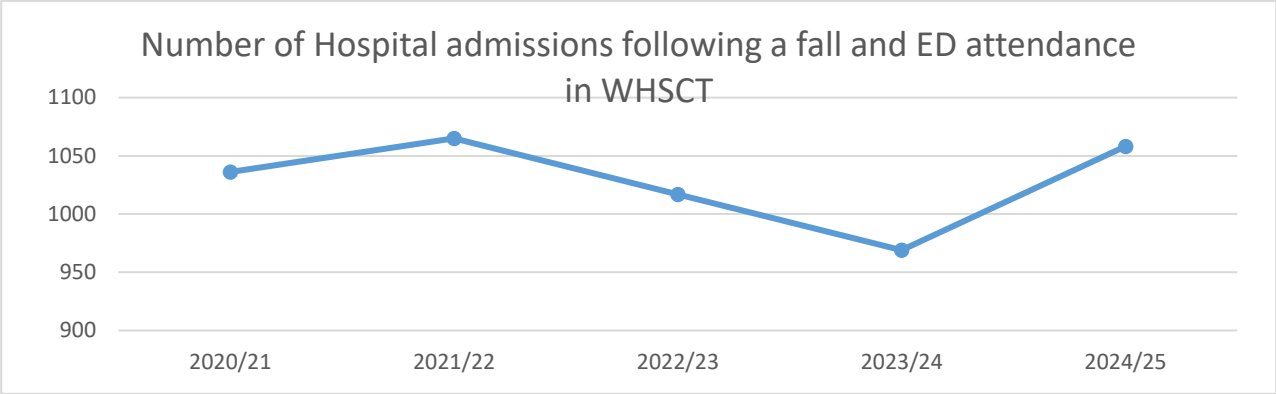
In 2024/25 there was a slight decrease in the overall number of *patients under 65 years of age* admitted to hospital from ED's following a fall, when compared with the previous year (Graph 6) even though the number of ED attendances for people under 65 years of age has been increasing during this time.

Older people are likely to be living with multiple co-morbidities including frailty and are therefore more likely to require admission to hospital for treatment when they present to ED following a fall. Many health conditions, medications, diet and lifestyle factors affect bone health and older people are more likely to sustain injuries resulting in harm in the event of a fall, which may explain the differences in hospital admissions between the different age groups.

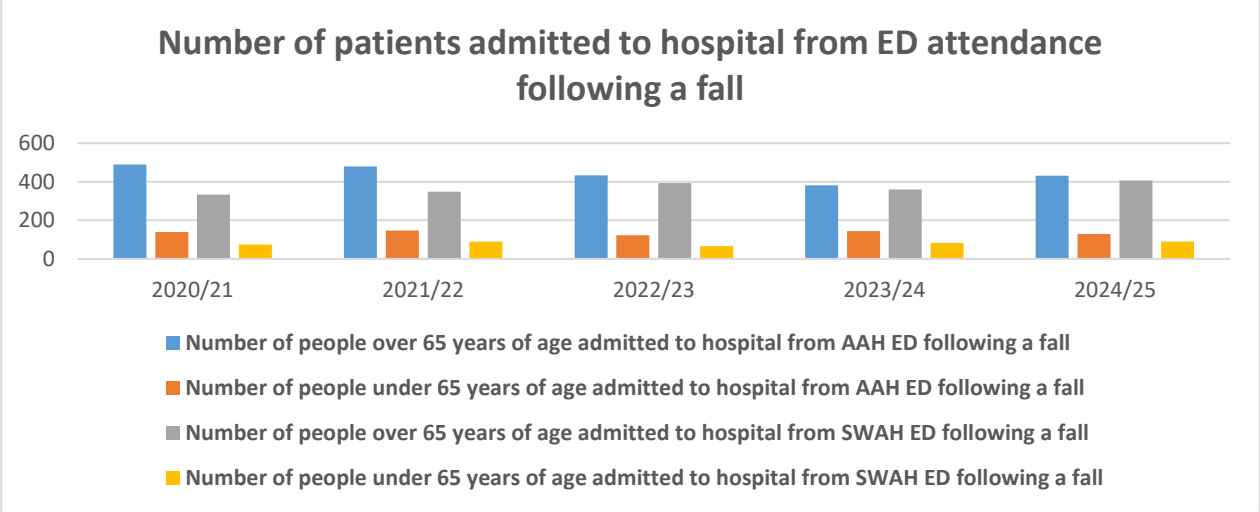
Graph 4



Graph 5



Graph 6



The majority of patients attending the Emergency Department following a fall go home with 30% of patients over 65 years of age attending Altnagelvin ED following a fall receiving an assessment by a physiotherapist or occupational therapist at time of ED attendance.

This has helped to support secondary falls prevention or falls management reducing the risk of harm in the event of another fall. Extension of this service to other patients across the Trust to reduce their risk of falls and harm needs explored further.

There is a limited staffing resource funded to deliver falls prevention services to the high numbers of people in the population of the Western Trust experiencing a fall. The falls integrated pathway co-ordinator has worked collaboratively with staff and teams within the organisation as well as outside the organisation and regionally to enhance knowledge and skills with the aim of empowering people to help reduce risk of falls and serious harm with people they encounter. The aim being to 'make every contact count' as well as making 'falls prevention everyone's business.'

Actions taken to reduce the incidence of falls in 2024/25

In 2024-25, quarterly engagement meetings with the Regional Inpatient Falls Prevention Group led by the Public Health Agency (PHA) have continued.

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

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

The regional falls collaborative, consisting of falls leads in each of the 5 Trusts met throughout 2024-25 to share learning from the Trusts that had implemented the digital health care system (encompass). Moving forward processes area in place to continue reviewing and updating the digital system in relation to falls.

Population Health

In 2024-25, the Trust delivered 4 Falls Events across the Trust in Derry, Omagh and Enniskillen with approximately 250 people attending these events. Service providers shared knowledge and information on their services. In addition, information was given on strategies to reduce risks of falling. The focus of these events was to reinforce the importance of 'making every contact count' to make 'falls prevention everyone's business'. Chest, Heart and Stroke have included information talks and resources to reduce risk of falling into one of their weekly sessions within the Chest, Heart and Stroke program.

These events provided members of the public with access to service providers where they could ask questions, obtain information and advice and self-refer to some services. At the Omagh event, attendees had access to a physiotherapist to support with screening of mobility. There were staff available to support with public education and information to reduce risk of falls in addition to making a plan to avoid a long lie in the event of a fall incident.

In addition to the falls events, the Falls Integrated Pathway Co-ordinator worked collaboratively with a number of staff groups within and outside the Trust

- Delivering Falls Prevention sessions, resources, answering questions and signposting when required.
- Pop up events took place in South West Acute Hospital, Waterside Hospital and Altnagelvin Hospital during 2024/25.

The Health Improvement Team continue to disseminate resources developed by the Western Falls Prevention Group to a range of organisations and stakeholders across the Western Trust area. The Health Improvement Officer delivered 22 falls awareness sessions in the 2024-25 financial year, to approximately 336 older people across the Western Trust area. The falls awareness sessions lasted between 45 minutes and 1 hour 15 minutes, depending on the size of the group and level of interaction and engagement. The sessions covered a range of topics regarding falls including falls statistics, why falls occur, practical measures to prevent falls, fear of falling, and what to do if you have a fall and how to get up safely if appropriate. There was a focus on staying active and maintaining/improving strength and balance, maintaining a healthy diet and creating safe home environments.

The Health Improvement Officer delivered falls sessions to a number of groups across the Western Trust area working in partnership with the home safety officers in Fermanagh and Omagh District Council, Derry City and Strabane District Council and Causeway Coast and Glens Borough Council. These were open for members of the public to attend.

Falls Awareness sessions were advertised on a number of platforms including the Happy at Home Newsletter, the Derry and Strabane District Council Age Friendly Newsletter, WHSCT social media, numerous health events and networking events and word of mouth. The target of 10 sessions set for 2024/25, was achieved and exceeded.

The falls awareness sessions continue to provide many benefits to the Trust, the Health Improvement Department and the older population and their carers across the Western Trust Area. Relationships between the Trust and local community groups has gone from strength to strength, and has provided an avenue for ensuring the falls resources are distributed right across the Western Trust, particularly into rural areas.

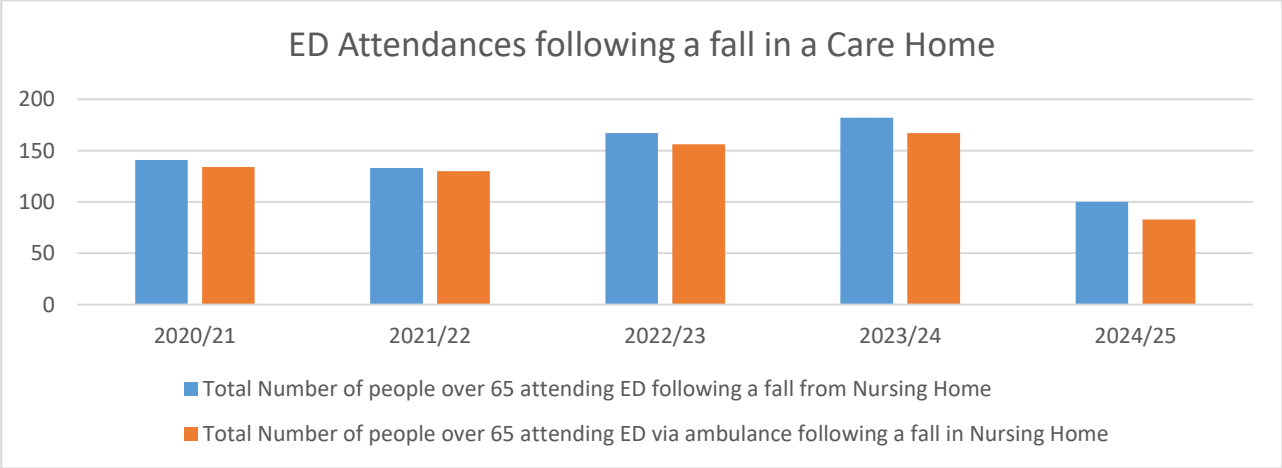
Nursing Homes

In 2024-25, the Care Home Support Team have worked with another 3 care homes to reduce the incidence of falls occurring in these settings and staff in care homes reported benefits of improvement work in terms of increased awareness of falls prevention including the Regional Falls Bundle for care homes.

There was a slight decrease in the number of calls to NIAS for residents having a fall in a care home within the Western Trust area in Q1 of 2025 when compared with Q1 of 2024. 12 less residents were conveyed to hospital by ambulance in Q1 of 2025 compared with Q1 of 2024. There was a slight increase in the number of residents having a 'hear and treat' approach in Q1 of 2025 when compared with Q1 of 2024.

There was a significant reduction in the number of residents attending Altnagelvin ED following a fall in a care home in 2024/25 when compared with 2023/24. In 2024/25 17% of patients attending Altnagelvin ED following a fall in a care home were admitted to hospital. This is an improvement from 20% in 2023/24. The majority of patients attending ED following a fall in a care home attend by ambulance (83%) (Graph 7).

Graph 7



The majority of hospital admissions from a care home following a fall are to the trauma and orthopaedic wards.

The Care Home Support Team continued to deliver face-to-face training on Falls Awareness and Prevention Training in care homes. There were 23 sessions delivered with 189 attendees between June 2024 and June 2025.

The Falls Integrated Pathway co-ordinator supported social workers, nurses and care home managers with planning care to reduce or manage risk of falls for a number of residents in care homes who were presenting with recurrent falls, and complex needs. Care homes continue to be encouraged to implement the regionally agreed Falls Bundle for Care Homes at this time.

Training

The Falls Integrated Pathway Co-ordinator has continued to deliver training to a number of staff groups in 2024-25. This has included nursing staff working in the Emergency Departments across the Trust, Physiotherapy Assistants, Physiotherapy and Occupational Therapy Staff working in Intermediate Care, nursing staff as part of Nurse Induction to the Trust, District Nursing Teams and Nursing Practice Educators who support with cascade Training.

The Falls Integrated Pathway Co-ordinator supported the Neighbourhood District Nursing ECHO Network meetings delivering an information session on areas for consideration when visiting someone in their own home to reduce their risk of falling and coming to harm because of the fall.

The Falls Integrated Pathway SharePoint site continues to be live and has information and resources for staff working in Hospital, Community, Care Home and Emergency Department settings. All staff across the organisation have access to the information, training and resources on the site.

Regionally agreed eLearning in relation to falls continues to be available to staff via the HSC Learn Platform.

Training on the use of lifting equipment to assist patients following a fall in hospital and community settings is included in training for Trust staff who attend moving and handling induction as appropriate.

Quality & Safety – Inpatient Falls

Inpatient falls incidents graded as moderate or above harm continue to be subject to a post fall review. Ward Sisters / Charge Nurses undertake the post fall review in the main, with input from multidisciplinary staff as appropriate. The lead nurse or service manager for the area oversees the process ensuring that where there are areas of learning, that this is shared and acted upon appropriately. The Falls Integrated Pathway Co-ordinator continued to support staff with the identification of shared learning from fall incidents in 2024-25 through the provision of feedback on post fall reviews and attending meetings in relation to SAIs upon request.

Shared learning from fall incidents resulting in moderate and above levels of harm within the Trust is shared and disseminated through the ‘Slips, Trips and Falls,’ sub-group and Professional Nursing Forums.

Shared learning templates from falls sent to the Public Health Agency undergo a thematic analysis each year to inform the content of the Regional Falls Newsletter.

In 2024/25 falls leads regionally reviewed the content of the minimum dataset for the investigation of fall incidents for shared learning. This is ongoing work in progress with the latest version submitted to the PHA to take forward through regional meetings with assistant directors from each Trust at this time.

All adult ward settings implement the Fallsafe Bundle. Monthly audits measure compliance as part of nursing Key Performance Indicators. The overall fall safe compliance for 2024-25 was 94% for Bundle A and 94% for Bundle B.

In 2024/25 the Regional Nursing Midwifery Quality Assurance Network reviewed and agreed Key Performance Indicators (KPI) for Falls for the region to be implemented in adult inpatient settings.

Falls Awareness Questionnaire Findings

In 2024-25, a Falls Awareness Survey questionnaire was shared with the 3 council areas within the Western Trust. The questionnaire is designed to support members of the public identify risk factors for falls in addition to signposting / prompting people to identify actions that they can take to support self-management of their risk factors for a fall. In addition to helping respondents identify key actions that they could implement to reduce their risk of falls, it provides the Trust with valuable information in relation to falls. It is hoped that this questionnaire can be shared more widely as part of the ongoing regional work around safer mobility.

Current staffing resources, workloads and competing priorities for staff within the Falls Integrated Pathway are finding it challenging to provide timely and personalised recommendations to people completing questionnaires at this time.

A digital artificial intelligence system providing an immediate response to people completing questionnaires could support staff and people completing the questionnaire to formulate an action plan for implementation to reduce risks of falling. The questionnaire also has the potential to support with triage of patients who could benefit from further follow up by services that support with falls prevention at this time. This is something for consideration within the HSC – Safer Mobility NI collaborative in 2025/26.

Stepping on – Strength and Balance Programme.

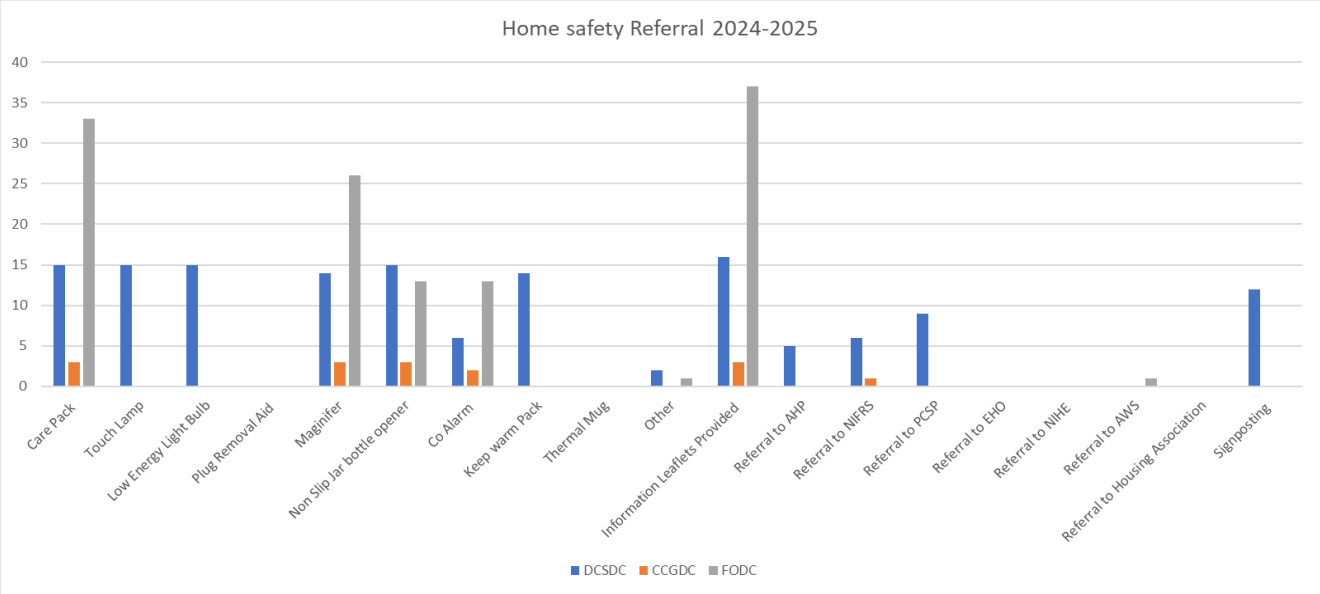
In 2024-25 Trust staff continued to support Steering Group meetings and the delivery of the Stepping on programme. Eight delivery partners across the Western Trust Area delivered 11 Strength and Balance Programmes to 155 people over 65 years of age in 2024/25. 364 people were invited to attend the Stepping on Programme with 204 attending the Pre-Assessment day. 75% of people attending the programme for Pre-Assessment completed the programme. The main source of referral to the programme was physiotherapy services.

Trust staff supported programme delivery with community physiotherapy staff screening people for suitability before commencing the programme as well as supporting end of programme evaluation. Staff from the healthy living centres, Council Staff and Trust staff supported programme delivery with information talks on Occupational Therapy services including equipment, home safety, falls messages, looking after your feet, looking after your eyes.

88 referrals were made to council home accident prevention services from the Stepping on Programme, with 55 home accident prevention visits complete across the three council areas. 15 were complete in Derry and Strabane District Council, 3 were complete in Causeway Coast and Glens Council area. Fermanagh and Omagh district council received 70 referrals and completed home accident prevention visits in 37 homes. 21 people were waiting on a home safety visit and 12 people were no longer interested in receiving a home safety visit.

193 items to support home safety were distributed across 3 council areas with 90 onward referrals to statutory agencies (Graph 8).

Graph 8



There was a decrease in the number of people reporting between 1 and 3 falls 6 months after the programme when compared with reported falls prior to the programme (Table 2).

Table 2 Reported falls prior to and post Programme at 6/12 months.

Timeframe	No Falls	1–3 Falls	Total Participants
Before	22	73	95
6/12 Months After	76	26	102

This shows a strong positive trend in fall reduction. It would suggest that a program involving, physical activity, medication review and environmental changes is effective in reducing the incidence of falls in people over 65 years of age.

An evaluation of the impact of the programme on emergency service usage over a 12-month period before and after the programme.

104 people provided feedback on use of Ambulance, Emergency Department and GP services prior to the programme.

98 people provided feedback on their use of ambulance, Emergency Department and GP services after the programme as part of the 6-month evaluation. Figures would indicate a substantial reduction in the use of healthcare services aligned with the reduction in falls. The impact of these programmes on the use of emergency services is positive.

The evaluation demonstrated a reduction in demand for Ambulance, ED and GP services at the 6 month up (Table 3 and Table 4). This would suggest that services provided within the healthy living centres support people to consider alternatives to the use of emergency services in addition to providing support to enable people to live healthier lives.

Table 3

6 month evaluation of the follow on Strength and Balance Programme		Ambulance service	ED Services	GP Services
Before the programme use of Emergency & GP Services	None	88	79	73
	Once	12	17	24
	Twice	4	8	5
	Total	104	104	102
After the programme use of Emergency & GP Services	None	93	89	93
	Once	3	6	6
	Twice	2	3	0
	Total	98	98	99

Table 4 Overall Impact Summary

Service	Used (Before)	Used (After)	% Reduction
Ambulance	16	5	–69%
ED	25	9	–64%
GP	29	6	–79%

A number of people participating in the follow on Strength and Balance programme delivered by the healthy living centres reported improvements in physical abilities.

A number of people were referred to other services from attending the programme. This would suggest that Community based strength and balance programmes have to potential to contribute to:

- Better physical health or mobility
- Improved confidence in relation to reducing risk of falls
- Preventing loneliness and social isolation
- Supporting people to consider alternatives to the use of emergency services, reducing strain on emergency and primary healthcare services.

A number of participants reported making changes to their home environment to reduce their risk of falling because of attending the programme.

Telecare

A review of information provided in relation to Falls from Telecare falls sensors has shown a reduction in the total number of Fall Detector Fallen alerts in 2024-25 when compared with 2023-24.

There was a decrease in the median number of fall detector alerts (2023-2025) 157.5 alerts per month compared with 163 in 2023-24. It is difficult to confirm the accuracy of this information with the information provided as some of the information could include fall detector alerts that are false alerts where an alarm has triggered, however the person has not fallen.

From the information available at this time it is not possible to identify if this is due to the reduction in the number of ‘fall detector fallen’ alerts or other factors e.g. less false alerts at

this time, less people in receipt of telecare at this time. At the time of writing the report, this information was not available.

Care Opinion Feedback

In 2024-25 31 people provided feedback through care opinion on a range of services they received following a fall incident. The majority of these used the Care Opinion Website to provide feedback. This was an 82% increase in the number of stories shared in 2023/24. 84% of stories reported a positive experience of care received following a fall.

These stories noted outstanding compassionate care, kindness, professionalism, teamwork, knowledgeable staff, specialist nurses, communication. Items of note included clear explanation of procedures, provision of pain relief, feeling listened to, exemplary care from consultant, nurses, radiographers, occupational therapist, physiotherapists, paramedic staff, nursing, health care assistants and catering staff. Feedback commented on attentive staff who were supportive, sympathetic, and respected patient dignity when meeting patient needs.

People also appreciated efficient service provision. A prompt response is an important theme emerging in patient care stories.

There was positive feedback in relation to the environment within the minor injuries unit in Altnagelvin and the Urgent Care Centre in Omagh with people commenting on a clean environment staffed by knowledgeable staff.

There were 5 stories that had critical reflections of care received, two of these were highly critical of care received at time of ED attendance. Themes emerging included overcrowding in emergency departments with overstretched staff. Long waits for assessment of a frail elderly patient. Pain not recognised at time of ED attendance, poor quality of care in terms of fracture care. There was a fracture diagnosis missed, this resulted in delayed diagnosis and management of injuries for several days. Patients received a fracture diagnosis when they attended a minor injuries unit or fracture clinic.

Themes emerging from negative comments included - lack of communication, staff attitudes, and information received in relation to injury and follow up at fracture clinic.

Conclusion

Falls continue to be the main reason for incident reports on the Datix system and are one of the main reasons for people requiring support from emergency services. Injuries sustained following a fall are one of the main reasons for hospital admission.

With an increasing population of older people, many of whom are living with varying levels of frailty. The risk of falls remain high for many people. Resources in the hospital and community remain finite.

Whilst improvement measures this year have shown a decrease in demand for emergency services in terms of NIAS call outs and ED attendances, the number of people admitted to hospital following a fall has increased. There has also been an increase in the number of patients having a fall resulting in harm compared with last year.

Many people continue to present to emergency departments in a crisis state because of not accessing services in a timely manner.

The population of older people in Northern Ireland in increasing and the demand for falls prevention services is increasing. Waiting times for specialist hospital services including allied health services such as physiotherapy and occupational therapy that could support with falls prevention continue to increase.

Many of the services currently supporting falls improvement work have not received funding for the delivery of falls services. Many and are delivering improvement work within existing resources. A lack of funding, investment and staffing in falls prevention services impacts on workforce capacity and caseloads. Many areas are experiencing capacity and workforce challenges at this time. This has resulted in increased pressure on staff as caseloads increase.

GP services are under pressure and many service users continue to experience difficulty accessing GP appointments. Waiting times for access to exercise classes delivered by the Healthy Living Centres continues to increase due to demand.

Staffing resources and funding for preventative interventions / treatment is limited. This results in a number of people presenting at services following fall incidents. Many people who have a fall do not report the fall to anyone.

Investment, resources to meet the demand for care and services and collaborative multi-agency working, has the potential to reduce falls and patient harm from a fall. This in turn will reduce demand on already pressurised health and social care services.

Next Steps:

- Support the work of the Regional Inpatient Falls Group led by the PHA to progress regional work in relation to the minimum dataset for investigation of fall incidents.
- The falls integrated pathway co-ordinator will continue to support new ward managers and lead nurses with the investigation of fall incidents for shared learning upon request.
- Continue to share learning from the investigation of fall incidents resulting in moderate and above levels of patient harm.
- Use shared learning from investigation of fall incidents to inform improvement work within the Trust and Regionally.
- Support regional work to integrate the post fall medical assessment into Encompass.
- Report compliance with regionally agreed Key Performance Indicators (KPI) for Falls using Encompass Dashboards to support the audit process.
- Support collaborative work on HSC – SaferMobility NI
- Explore how technology enabled care can support with preventing falls.
- Support collaborative work regionally in relation to the NIAS referral pathway to falls prevention services.
- Develop a Trust Falls Strategy to set direction for Falls Services.
- Continue working with different staff groups and organisations, to increase public awareness regarding actions that people can take to reduce their risk of falling.
- The falls integrated pathway co-ordinator will continue to support with staff education in the prevention of falls in various settings.
- The falls integrated pathway co-ordinator will continue to support staff with planning care for patients at risk of falls across all settings.
- Work with Falls Leads regionally to develop regional training in relation to Falls risk assessment documentation on Encompass.

- Review and update the Trust Slips, Trips and Falls Policy
- The Care Home Support Team is working with additional care homes to reduce incidence of falls as part of the Quality Improvement Project in 2025-26.
- The Care Home Support Team will continue to deliver face-to-face falls prevention training for staff in Care Homes.
- The Care Home Support team will continue to work collaboratively with Trust residential homes, independent sector care homes, GPs and the Public Health Agency to promote the amended regionally agreed Falls Bundle for Care Homes as part of the Enhanced Clinical Care Framework work piece.
- The Falls Integrated Pathway Co-ordinator will continue to support staff in planning care for residents at risk of falls in Care Home Settings upon request.
- The moving and handling team plan to work collaboratively with practice educators to support the delivery of Flo Jac demonstrations to colleagues targeting areas where there are higher reported incidents of falls and staff are reporting low levels of confidence in use of the equipment.
- Explore opportunities to integrate Falls Prevention information and resources into Telecare monitoring services.

PRESSURE ULCERS

Reducing the Number of Pressure Ulcers

Pressure Ulcers are recognised as an international patient safety problem, they increase morbidity and mortality. Pressure Ulcers adversely affect patients' quality of life; many experience increased pain, social isolation, and increased risk of infection including sepsis and in some cases death. The treatment of Pressure Ulcers incurs significant cost to the health service as a result of use of wound care products, hospital admissions, antibiotic treatment, surgery, staff resources and litigation. Preventing pressure damage is therefore more cost effective than treating these wounds when they develop. Risk assessment, subsequent skin management and provision of appropriate pressure redistributing devices is instrumental in preventing pressure damage. It is however widely recognised that despite ongoing education and these interventions many Pressure Ulcers that occur in our care are avoidable. This is a key performance indicator (KPI) reported to the PHA and is used to monitor the care delivered to patients within each Trust.

A Pressure Ulcer is defined as a localised injury to the skin or underlying tissue, usually over a bony prominence, as a result of pressure, or pressure in combination with shear (EUPAP, 2019). Pressure Ulcers are in most instances preventable if appropriate measures are implemented. Prevention involves ongoing risk assessment of all patients, implementation of prevention strategies through the use of the Regional SSKIN Bundle. This bundle covers skin inspection, pressure redistributing surfaces, repositioning schedule, continence management and nutritional needs. It provides an analysis of the causal factors in the event of pressure ulcer development and directs on the selection of appropriate pressure redistributing devices.

Guest et al (2020) identified that on average a Pressure Ulcer cost the NHS £5,972.28 per patient per year in 2017/2018. He further estimated that wound care cost increases on average 8-9% per year. Based on 8% rise annually a pressure ulcer will cost £10,282.83 per patient per year in 2024/25. This equates to a cost of £3,372,768 in WHSCT based on the total number of pressure ulcers (328) in 2024/25. Those complex pressure ulcers will cost significantly more therefore this figure is a conservative one.

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

Figure 1 below illustrates the Trusts position on Pressure Ulcer development across the acute sectors since 2013 when data collection commenced.

Pressure ulcer rates per 1000 bed days Year	Rate per 1000 bed days	Hospital acquired pressure ulcers	Percentage Increase/ decrease	Hospital acquired Stage 3 and 4 pressure ulcers	Hospital acquired Stage 3 and 4 avoidable
2013-14	0.6	182	baseline	N/A	N/A
2014-15	0.6	157	-13.7	N/A	N/A
2015-16	0.8	209	+33.1	18	4
2016-17	0.9	246	+17.7	38	6
2017-18	1.2	344	+39.8	43	14
2018-19	1.4	373	+8.4	17	9
2019-20	2.2	462	+23.9	28	12
2020-21	1.7	386	-16.5	110	43
2021-22	1.1	277	-28.2	76	36
2022-23	1.2	341	+23.1	108	37
2023-24	1.1	321	-5.9	73	28
2024-25	***TBC**	328	+2.2	61	34

****Rates for 2024/25 are not yet available from the PHA***

INCREASE OF 80% HOSPITAL ACCUIRED PRESSURE ULCERS OVERALL FROM 2013 - 2025

Guest et al (2020) reports on average an annual increase of 32% in Pressure Ulcer development. Hospital acquired Pressure Ulcer data (reported above) for 2024/25 showed an increase of 2.5% from the previous year. Overall there were 61 stage 3 & 4 PU's of which 34 (56%) were avoidable. This equates to a 16% decrease in stage 3 and above PU and a 21% increase in avoidable stage 3 and above PU. It is significant to note that although we had a notable decrease in stage 3 and above PU, that this is not reflected in the avoidable PU and in fact, we have seen a significant increase in the avoidable damage. A significant portion of which occurred in Quarter 1. Contributory factors to this development of PU include an increased aging population, frailty and multiple co-morbidities. The Tissue Viability Team have also noted that patients are presenting with more advanced disease and as a result need more complex interventions. It has also been noted regionally that the

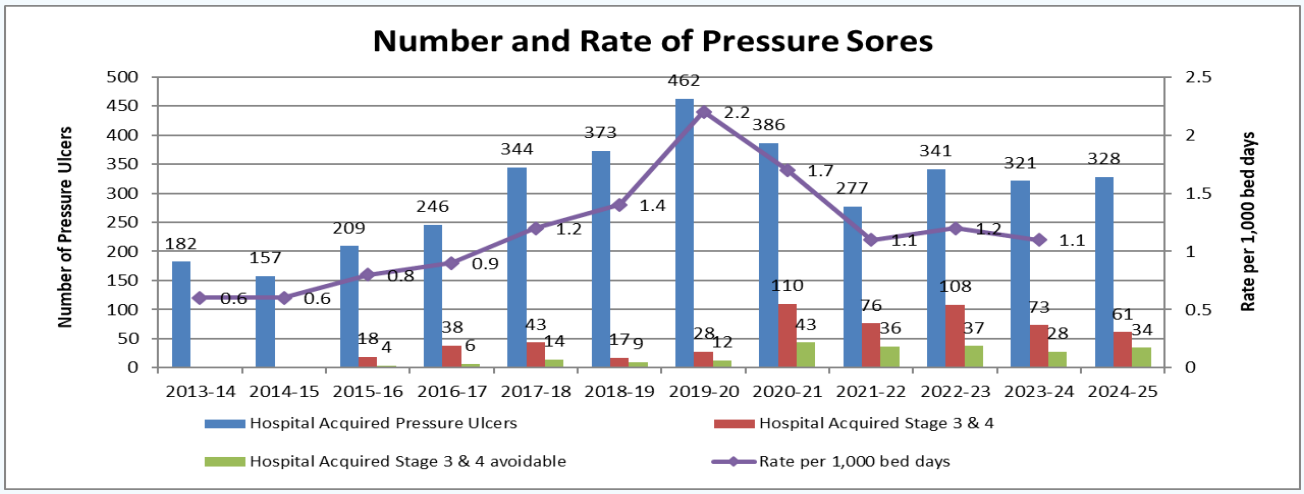
emergency departments are challenged with a higher acuity of patients resulting in increased waiting times, often on inappropriate surfaces such as hard waiting room chairs. The ongoing staffing crisis has necessitated a heavy reliance on bank and agency staff who are often in a department they are not familiar with, this has impacted on the care delivery around skin management.

Figure 2: Skin Bundle Compliance:

2024/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: **88%**	87%	87%	90%	89%
Overall PU Rate: per 1000 bed days ***TBC**	*TBC	*TBC	*TBC	*TBC

Rates for 2024/25 are not yet available from the PHA

Figure 3: Reports the number and rate of pressure injury development from 2013/14 - 2024/25



Outlined below are the numerous interventions the Tissue Viability Team have implemented or continued throughout the year in an attempt to reduce the rate of avoidable Pressure ulcers.

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

- Education of healthcare key stakeholders in the prevention, identification and management of Pressure Ulcers as appropriate.
- Provision of advice and guidance to healthcare key stakeholders on the management of individual Pressure Ulcers.
- Investigation of the provision of care prior to the development of stage 3, 4, deep tissue injuries and unstageable Pressure Ulcers, categorising as avoidable or unavoidable Pressure Ulceration. (PIR post incident review carried out by a tissue viability nurse with feedback on learning to the service caring for the patient).
- Collation of Pressure Ulcer data for reporting to the PHA.
- Trust Tissue Viability staff sit on the Northern Ireland regional Pressure Ulcer Group hosted by the PHA. This group brings together all disciplines involved in the prevention and management of Pressure Ulcers to share good practice, promote education and improved skills around Pressure Ulcers.

Actions taken during 2024/25 to reduce Pressure Ulcer development

- Tissue Viability Service hosted our quarterly Tissue Viability Link Nurse meetings, attended by 80-100 nurses from across all sector of the Trust and Private Nursing Homes. Pressure Ulcers are a standing item on the agenda at each meeting with time dedicated to discuss current issues around trends and management of Pressure Ulcers across the Trust.
- The Annual STOP Pressure Ulcer Day was held in November 2024. A patient presented on their experience with a Pressure Ulcer, The Director of Nursing spoke about the impact of Pressure Damage and The Tissue Viability Team presented recent guidance and pathways relating to Pressure Ulcers and Moisture Associated Skin Damage (MASD).
- Ward based specific training has been provided following an identified need (i.e. avoidable pressure damage development).
- Regionally agreed Pressure Ulcer Prevention leaflets have been updated in 2024 and are available to order for all wards/teams/departments for distribution to all patients at risk of pressure damage. These are also available for paediatrics and available in all languages on request.
- The updated regionally agreed PHA endorsed online training is available for all staff to access.
- The Tissue Viability Team SharePoint site reflects current best practice in relation to wound care, with a section dedicated to Pressure Ulcers.
- We have developed strong links with our local Safeguarding team as we work closely on those complex cases to determine if acts or omissions had contributed to the development of the Pressure Ulcer.
- The team continue to work with Emergency Departments and other acute areas in response to identified needs, with an aim to reduce incidence and prevalence of pressure damage in these areas.

Operational:

- The team continue to check DATIX reports pertaining to Pressure Ulcers daily. This allowed the team to respond to the handler and request clarity on obscure reports. This subsequently allows the Tissue Viability Nurse to identify and remove inaccurate DATIX reports i.e. Moisture Lesions in a timely manner to allow for learning.
- With regard to Stage 3, 4, Unstageable and DTI Pressure Ulcer development the Tissue Viability team complete paper/electronic PIR deeming Pressure Ulcer avoidable/unavoidable in a timely manner. Following wound assessment the Tissue Viability section on DATIX is updated accordingly. This process completed, feedback was given to the ward/department on the outcome of the PIR and highlighting areas for improvement and learning.
- The Tissue Viability team implemented independent spot audits to quality assure the auditing process. An Avoidable PIR within the area triggers this process. Following an avoidable PIR and failed audit the team will arrange a meeting with the Ward/Department Manager to develop an action plan. This meeting will address the PIR, audit and number of Pressure Ulcers compared to previous months. The ward are then responsible for implementing the action plan and to review and update the Tissue Viability team monthly.
- Tissue Viability team continue to promote the use of the Pressure Ulcer safety cross to monitor Pressure Ulcer incidents on the wards across the Trust.
- Mattress audits continue to be completed quarterly in line with current guidelines.
- The updated Pressure Ulcer Guidance and associated documents have been approved by Trust record keeping and are promoted by the Tissue Viability Team.

- The Tissue Viability Team regularly liaise with our lead nurse for Safe and Effective Care, Assistant Director of Nursing and Director of Nursing in the event of complex Pressure Ulceration which is deemed as high risk on the DATIX Matrix. These incidents are dealt with on in individual case by case and can lead to MDT round table meeting, which produces action as appropriate.
- The Tissue Viability Lead Nurse sits on the regional CAG for therapy bedding. This process is recently been completed with a new framework for the next five years in place.
- The Tissue Viability Team collaborated with the PHA and NI Tissue Viability Teams in completing The Pressure Ulcer Definition booklet to promote continuity and accuracy in reporting Pressure Ulcers.
- The Tissue Viability Service collaborated with Infection control in developing a pathway for decontaminating pressure redistributing equipment.
- The Tissue Viability Team have supported Maternity Services Trust wide with the adoption of a new regionally agreed Maternity SSKIN Bundle.

Actions planned for 2025/26

The Trust and the PHA have tasked the Tissue Viability Team with reducing the incidence of avoidable Pressure Ulcers. As a result the Tissue Viability Team have developed an updated action plan as below.

Pressure Ulcer Prevention Plan WHSCT

Education:

- Maintain a list of Wound Care Link Nurses (LN) for each department within the Trust. (LN are practising nurses with a specialist interest in, and additional training around an area of specialism. They are the first point of call at department level and are the link with the specialism, commonly used to support many areas of specialist nursing practice). Inform Ward Managers of their responsibility to update this list as necessary.
- Discuss with Assistant Director's (AD's) and Senior Nurse the possibility of making Tissue Viability quarterly Link Nurse Meeting mandatory.
- The Tissue Viability service will hold the Annual STOP Pressure Ulcer Day Link Nurse meeting in November 2025 to educate staff on Pressure Ulcer Prevention and to update on our progress in reducing the incidence of Pressure Ulcers. On the day we will have a guest speaker, whose topic will be based on the prevention and management of Pressure Ulcers
- Continue to provide workshops at all link nurse meetings to cascade learning.
- Plan education sessions for all Directorates, these will cover Pressure Ulcer prevention, assessment and management. This needs supported by all LN, Senior Nurses, Practice Facilitators, AD's and Chief Nurse.
- Continue to support staff in the use of Tissue Viability documentation within the encompass system/Digital Health Records.
- Encourage all ward Staff to look at Clinical Education Centre (CEC) Courses and our LN to undertake Pressure Ulcer standalone module in QUB.
- Tissue Viability Service continues to promote the regionally agreed PHA endorsed online training to all staff.
- Tissue Viability Nurses liaise with ward staff to offer training on learning identified through the Trust incident reporting database DATIX and post incident reviews.
- The Tissue Viability Network Northern Ireland (TVNNI) in conjunction with the PHA are hosting a Pressure Ulcer Conference in November 25 to coincide with World Stop the Pressure Ulcer Day. The WHSCT Tissue Viability Nurses will present at this conference. Attendance will be promoted across all sectors of the Trust.

Operational:

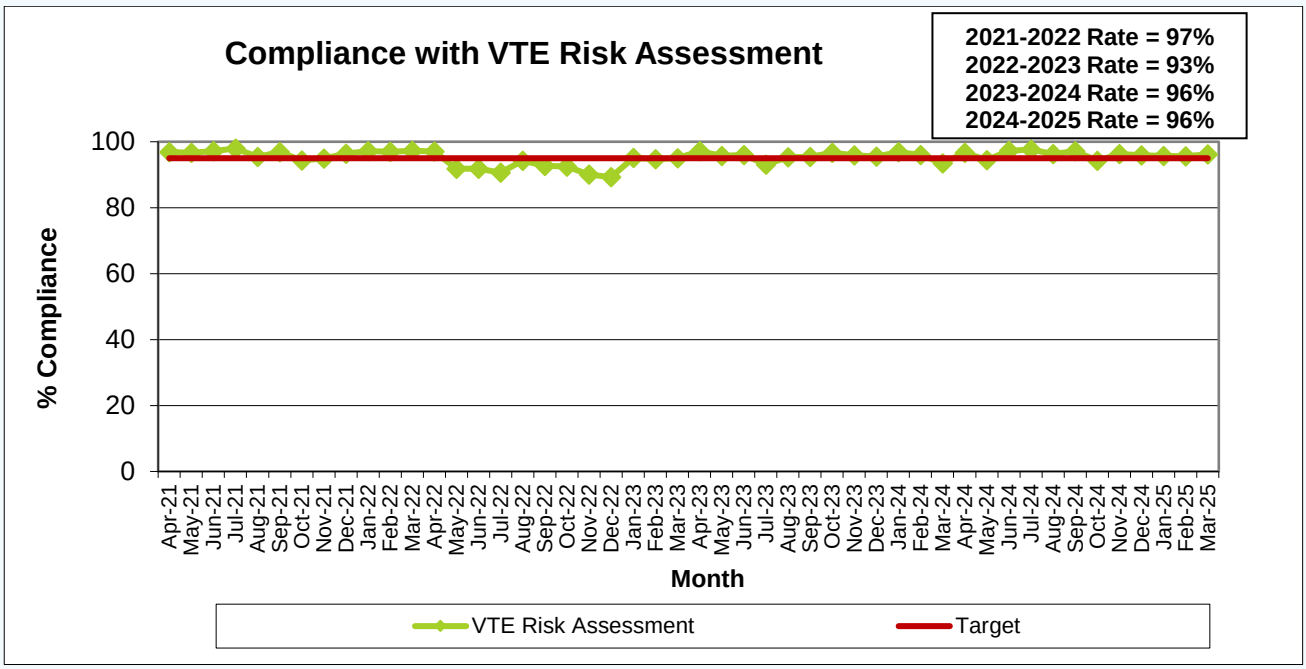
- Monitor DATIX system daily for Stage 3 > to ensure timely follow up (Including referral to TVN) and to assess the validity of the Pressure Ulcer.
- Liaise with the handler and Risk Management regarding DATIX reports.
- Inform the handler in a timely manner to investigate and close all Stage 2 reports.
- The Tissue Viability service continues to conduct an independent investigation (PIR) to determine if the injury was avoidable for all reported stage 3, 4, unstageable and deep tissue injuries and provide feedback to the ward/department on areas for improvement. This can include an action plan, meeting with the ward/department manager and subsequent independent spot audits.
- World Stop Pressure Ulcer Day will be marked across Trust with pop up stands in hospital foyers and visits to wards and departments with literature and educational material.
- The Tissue Viability service will continue independent spot audits to quality assure the auditing process. An Avoidable PIR in an area triggers this process. Following an Avoidable PIR and failed audit the Tissue Viability team will arrange a meeting with the Ward/Department Manager to develop an action plan. This meeting will address the PIR, Audit and number of Pressure Ulcers compared to previous months. The ward are then responsible for implementing the action plan and to review and update the Tissue Viability team monthly.
- Tissue Viability Nurse will continue to monitor and support the wards/departments in completing Tissue Viability documentation on Digital Health Records providing additional education support where required.
- The Tissue Viability Team continue to liaise with The Regional Pressure Ulcer Group regarding the increase in Avoidable Pressure Damage noted in The Trusts who preceded us in going live with encompass to minimise this risk.

Currently there is no requirement to report on PU development in paediatric patients. The absence of an allocated Paediatric Tissue Viability Nurse is recorded on the Trust Risk Register as an unmet need for this cohort of patients. The current Tissue Viability Team do support Paediatrics' as required.

PREVENTING VENOUS THROMBOEMBOLISM (VTE)

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

The Trust aims to achieve 95% compliance with VTE risk assessment completed within 24hrs of admission across all adult inpatient hospital wards. During 2024/25 data was collected on a monthly basis from a random selection of patient notes in adult inpatient wards. The compliance rate for 2024/25 was 96%. Monthly compliance is displayed in the graph below:



MEDICINES MANAGEMENT

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

Medicines Reconciliation (MR)

The Clinical Pharmacy team complete medicines reconciliation for patients on wards across the Trust where cover is provided. Approximately 80% of wards have a clinical pharmacy service. The National Institute for Clinical Excellence (NICE) standard states that 95% of patients should have their medicines reconciled by a pharmacist within 24 hours of admission.

The table below represents data for the period 1st April 2024 to 31st March 2025. South West Acute Hospital (SWAH) data is taken from an IT dashboard whereas Altnagelvin Hospital (ALT) data is based on snapshot audits completed throughout the year:

1st April 2024 - 31st March 2025	ALT	SWAH
% of patients that received medicine reconciliation on admission	65%	88%
% of patients that received medicine reconciliation within 24hours of admission	42%	76%

Flow pressures force many patients to remain in the Emergency Department (ED) for upwards of 24 hours. Achieving a 95% MR target within 24 hours of admission is therefore extremely challenging, especially when the department is experiencing significant Pharmacist recruitment problems. During 2024, funding was secured to provide clinical pharmacy cover in the ED in SWAH. This has provided significant clinical and safety benefits across all areas of medicines management. The MR process is supported across both acute

hospital sites by pharmacy technicians. In 2024, more than 55% of patients with MR on admission were supported by a pharmacy technician.

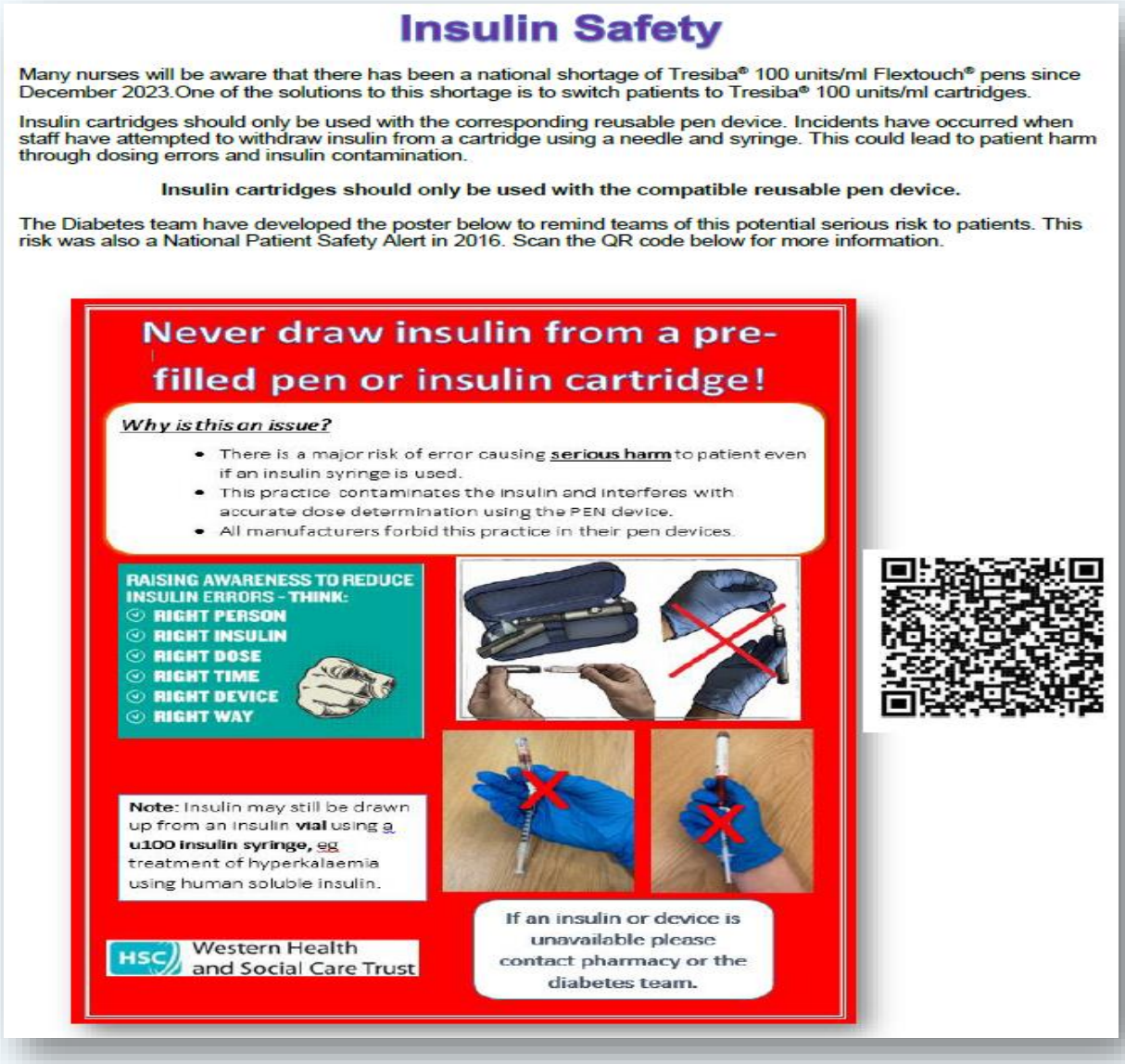
The majority of patients who do not receive a MR are admitted and discharged over weekend periods. Increased investment in seven day working within clinical pharmacy would further close the gap between current performance and NICE target performance.

Insulin Safety

Insulin continues to be a high-risk medicine and it is important to use it safely. Insulin incidents are reviewed at the Trust's Medicines Governance Working Group but also at the Insulin Safety Working Group – this group met three times in this period. The Insulin Safety Group has a remit to review insulin incidents and raise awareness of learning from these incidents. This is in the form of training or communicating good practice in newsletters.

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

The Trust continued to be proactive in improving the safe use if insulin throughout the year. One such initiative was during National Medication Safety Week.



OMITTED & DELAYED DOSES

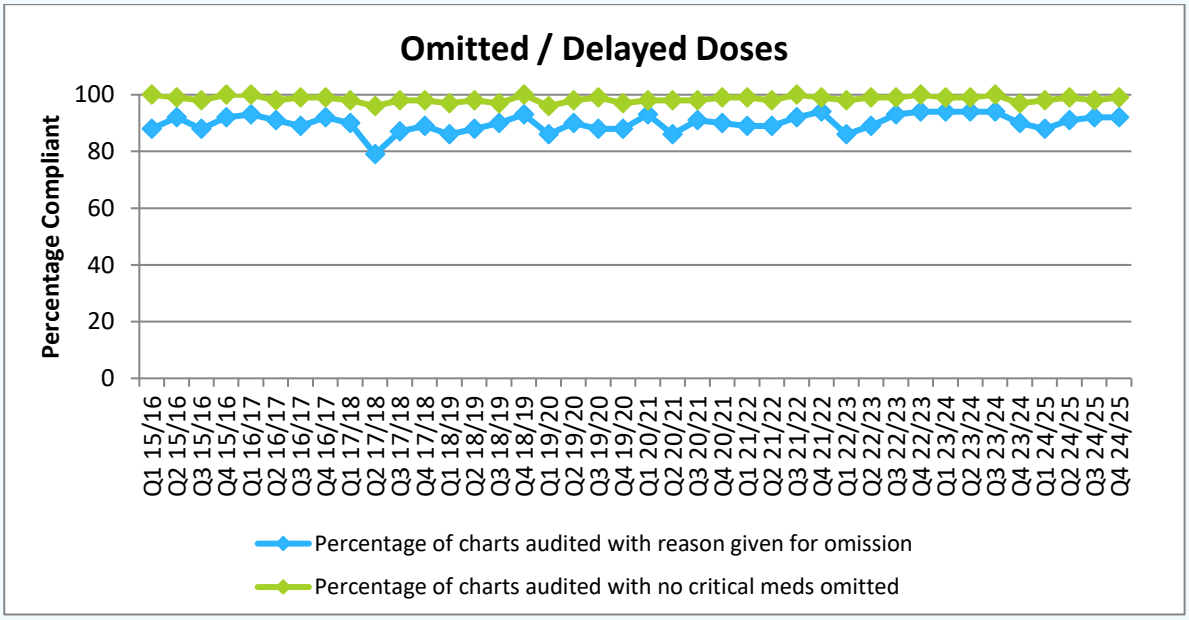
Omitted and Delayed Medicines

Since the publication of the National Patient Safety Agency's (NPSA's) Rapid Response Report "Reducing harm from omitted and delayed medicines in hospital" in 2010, there has been a regional focus to promote good practice in reducing harm from omitted and delayed medicines. A Key Performance Indicator (KPI) audit tool was developed regionally that captured information on the number of omitted medicines, the number of critical medicines omitted, the rationale for omission of critical medicines from a pre-defined list and the number of blank spaces. All Trusts in Northern Ireland reported the data to the Public Health Agency (PHA).

In January 2023, following a meeting with the Nursing and Midwifery Quality and Assurance Network (NMQAN), the Regional Senior Improvement Advisor from HSCQI (Health and Social Care Quality Improvement) and the HSC Lead Pharmacist for Medication Safety reporting the data on omitted and delayed medications to the PHA was stood down whilst the audit tool was reviewed.

At that time, the PHA advised that HSC Trusts may wish to continue to monitor the KPI in its current form but Trusts did not need to report the data to the PHA. The Executive Director of Nursing for the Trust decided that the Trust would continue to monitor the omitted and delayed medicines KPI using the current tool until the updated KPI audit tool is available.

The data has been monitored and reviewed through the Nursing Accountability and Assurance Framework, with compliance measured quarterly. During 2024/25, data was collected from inpatient wards using a random selection of 10 patient case notes. Compliance is displayed in the graph below:



Within the Trust, a multi-professional medicines governance group has been established to review and improve the processes around management of medicines to achieve the best outcome for patients. The group meet monthly and review all incidents related to medicines management, including omitted doses. In addition, a Task & Finish group meet monthly to review medication incidents including the omission and/or delay of critical medications in

both Emergency Department (ED) sites in the Trust. The aim is to avoid any critical medication being omitted whilst a patient is in the ED.

From 8th May 2025, the Omitted / Delayed Doses KPI was paused due to the introduction of the new regional digital system, encompass. The paper audit tool does not reflect the digital prescribing and administration of medications which uses unique patient and medication barcodes. There is ongoing work involving representation from the HSC Trusts and colleagues from the regional encompass team to ensure that we can run reports from the digital system to capture this data.

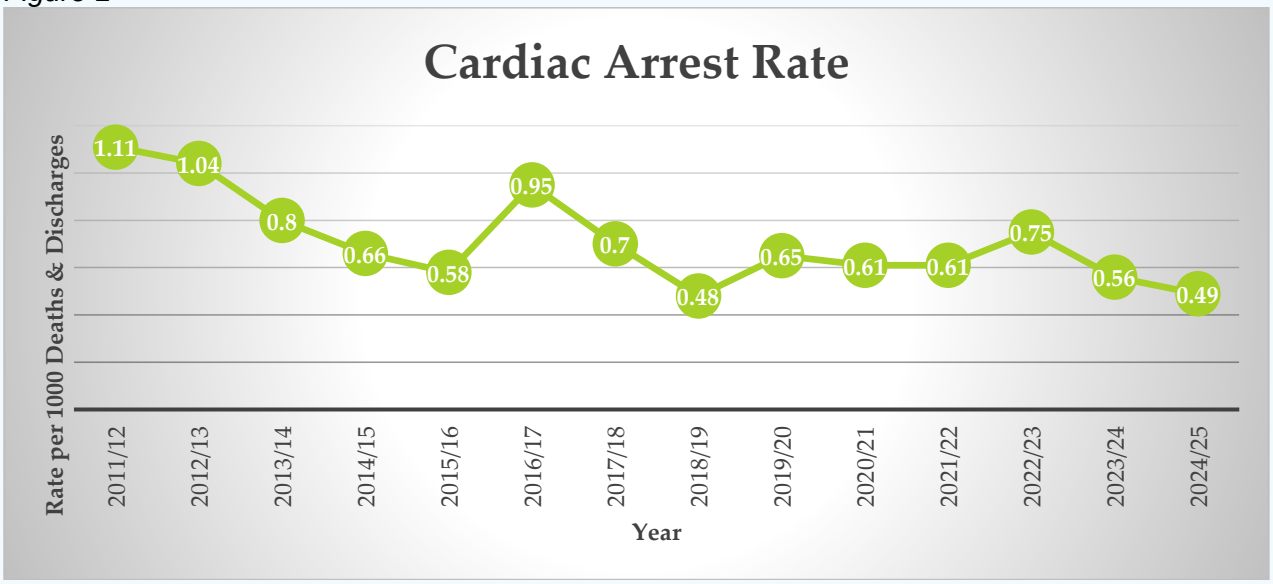
REDUCING CARDIAC ARREST RATES IN HOSPITALS

The Trust remains strongly committed to patient safety, focusing on the early identification and treatment of deteriorating patients to prevent cardiac arrests. In 2024/25, the Trust has seen a continued decrease in inpatient cardiac arrests in non-critical areas, reflecting the effectiveness of our targeted resuscitation training.

Our cardiac arrest rate stands at 0.49 per 1000 deaths and discharges, below the national average of 0.9. This reduction reassures both the Trust and the public that staff are effectively recognising and responding to patient deterioration.

Figure 1 below details the Trust crash call rate to general wards (excluding Cardiology, Emergency Department, Critical Care and Theatres). The rate for 2024/25 was 0.49.

Figure 1



All Advanced Life Support (ALS), Advanced Paediatric Life Support (APLS), Immediate Life Support (ILS), Paediatric Immediate Life Support (PILS) and Acute Life-threatening Events Recognition and Treatment (ALERT) resuscitation courses delivered in the Trust prioritise the deteriorating patient. This focus empowers 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. To maintain staff knowledge and skills, flowcharts indicating required training have been developed, updated and adopted Trust-wide.

Additional support is provided by the Critical Care Outreach Team and Hospital at Night Team on the Altnagelvin Hospital site, and a Hospital at Night Team at the South West Acute Hospital. The Resuscitation Service also conducts regular ward-based drills to reinforce training and test staff responses in real clinical settings.

All cardiac arrest calls within the Trust continue to be audited for compliance with local and national standards. Although data submission from Northern Ireland HSC Trusts to the National Cardiac Arrest Audit (NCAA) has been suspended since 2019 due to confidentiality concerns, NCAA has provided the Trust access to national reports for benchmarking purposes.

In 2024/25, survival to discharge following in-hospital cardiac arrest in the Trust is 23.7%, compared to the most recent NCAA reported rate of 25.8% (2023/24). Survival from shockable rhythms remains high in the Trust at 60%, outperforming the NCAA rate of 52.9%, reflecting the positive impact of early defibrillation training. Survival from a non-shockable rhythm is lower than the national figures. Asystole survival to discharge was 7.6% (vs NCAA 11.5%) and PEA 8.7% (vs NCAA 17.1%). Recognising the global challenge of poor outcomes from non-shockable rhythms, the Resuscitation Service continues to emphasise early recognition of ‘at risk’ patients during training and highlights both the benefits and limitations of the National Early Warning Score (NEWS) in predicting deterioration.

Encouragingly, there has been a continued downward trend in cardiac arrests among inpatients in non-critical areas in 2024/25. This reflects the effectiveness of targeted resuscitation training and ongoing work by the Resuscitation Service to improve the use of NEWS and other clinical indicators – including blood results, medications and comorbidities – in early detection of deterioration.

The Resuscitation Service validates all resuscitation calls by reviewing each patient’s NEWS and clinical background to identify opportunities for learning and further improvement. This comprehensive approach continues to support the Trust’s commitment to reducing avoidable cardiac arrests and improving patient outcomes.

Although the Trust’s overall survival to discharge following in-hospital cardiac arrest at 23.7% is slightly below the most recent NCAA national average at 25.8%, it is important to highlight that the overall number of in-hospital cardiac arrests within the Trust continues to fall. This reduction in the incidence of cardiac arrests, particularly in non-critical care areas, indicates that staff are successfully recognising and responding to patient deterioration at an earlier stage. Fewer patients are therefore progressing to cardiac arrest, which reflects the effectiveness of targeted training, enhanced use of early warning scores and improved multidisciplinary escalation processes across the Trust.

Theme 4

Raising the Standards

MORTALITY RATIO

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

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

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

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

For comparative analysis, the Trust RAMI score will be compared against a UK peer group (HES Acute Peer Group).

NI Peer Group has not been used as the peer data has been diluted due to implementation of Encompass commencing November 2023.

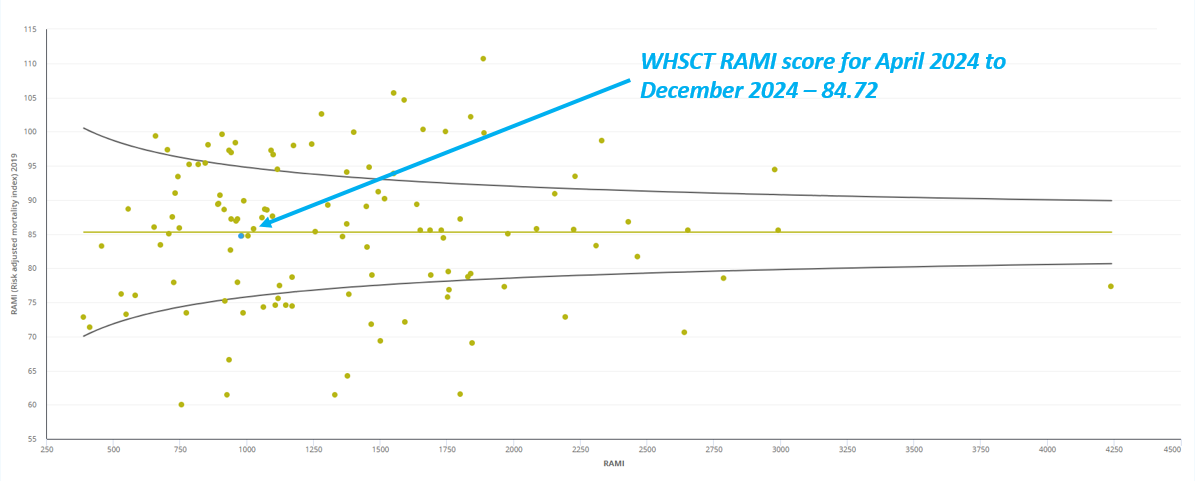
Facts & Figures

The table below provides details of the RAMI score for the Western Trust compared to the UK Peer for the period April 2024 to December 2024.

RAMI Score by month		
Description	**WHSCT**	**HES Acute Peer**
April 2024	80.91	83.47
May 2024	75.13	81.71
June 2024	94.44	84.81
July 2024	66.31	80.70
August 2024	84.24	81.19
September 2024	64.07	84.79
October 2024	102.93	84.16
November 2024	91.09	88.82
December 2024	108.72	97.00

The overall Western Trust RAMI score for April to December 2024 was 84.72 which indicates that the number of in-hospital deaths recorded for the Trust was less than the number of predicted deaths for the given period.

The UK Peer overall score was 85.28. The Western Trust overall RAMI score is lower at 84.72 being below mid-range and comparing favourably against the UK Peer as demonstrated in the funnel plot below.



It is important to note, due to encompass implementation, the data from September 2024 onwards may potentially change at a later date due to updated coding.

EMERGENCY READMISSION WITHIN 30 DAYS OF DISCHARGE

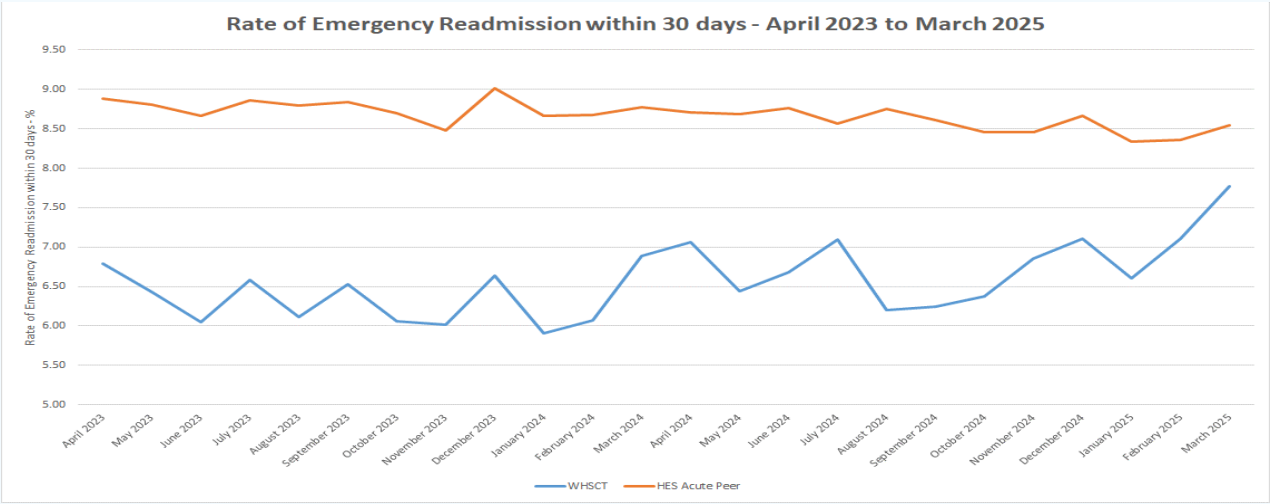
Readmission rate is one of a number of indicators used as a measure of quality of care. For the purposes of monitoring performance, the Trust has provided comparative data for the UK HES Acute Peer.

The Trust overall Emergency Readmission rate (within 30 days) for the period April 2024 until March 2025 was 6.80% compared to 8.58% for the UK HES Acute Peer.

The table below shows overall Emergency Readmission rates (within 30 days) for the Western Trust and selected peer for the last two years.

	2023/2024	2024/2025
Western Trust	6.32	6.80
HES Acute Peer	8.76	8.58

The graph below illustrates the monthly readmission rate for the Trust compared to the UK Peer for the period April 2023 until March 2025.



EMERGENCY DEPARTMENT (ED)

Facts and Figures

132,967 people attended ED during 2024/25. This was a 5% increase from the previous year.

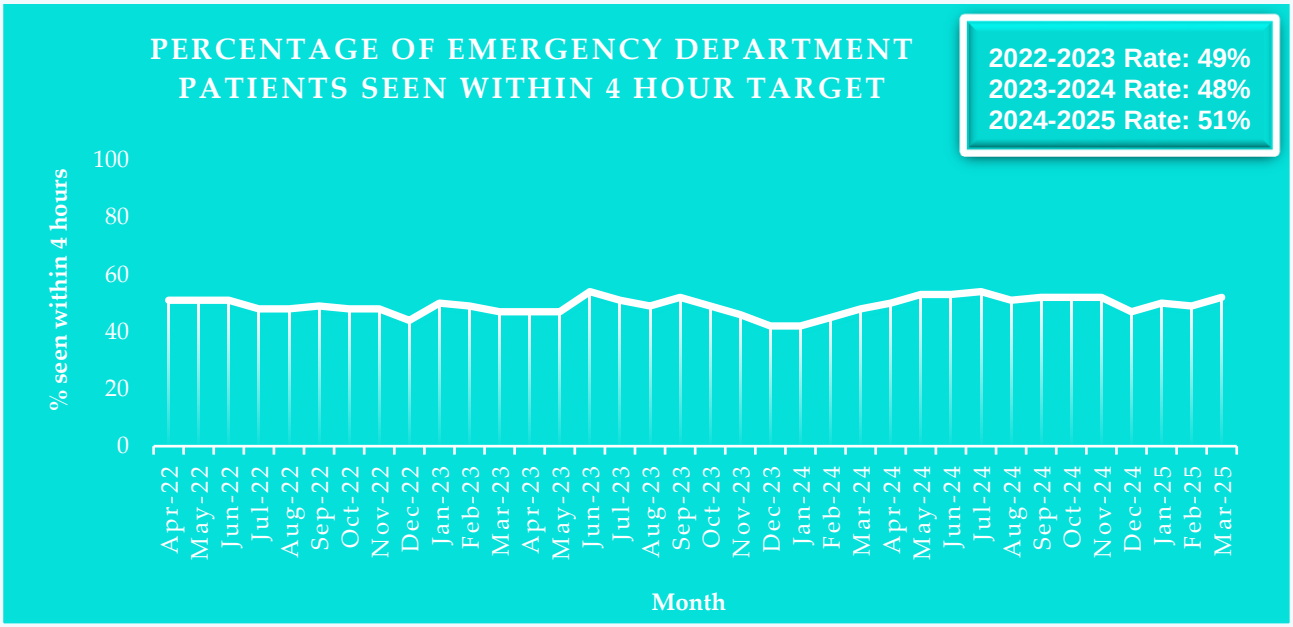
51% of these patients were seen within the 4hr target which is a 3% increase from the previous year.

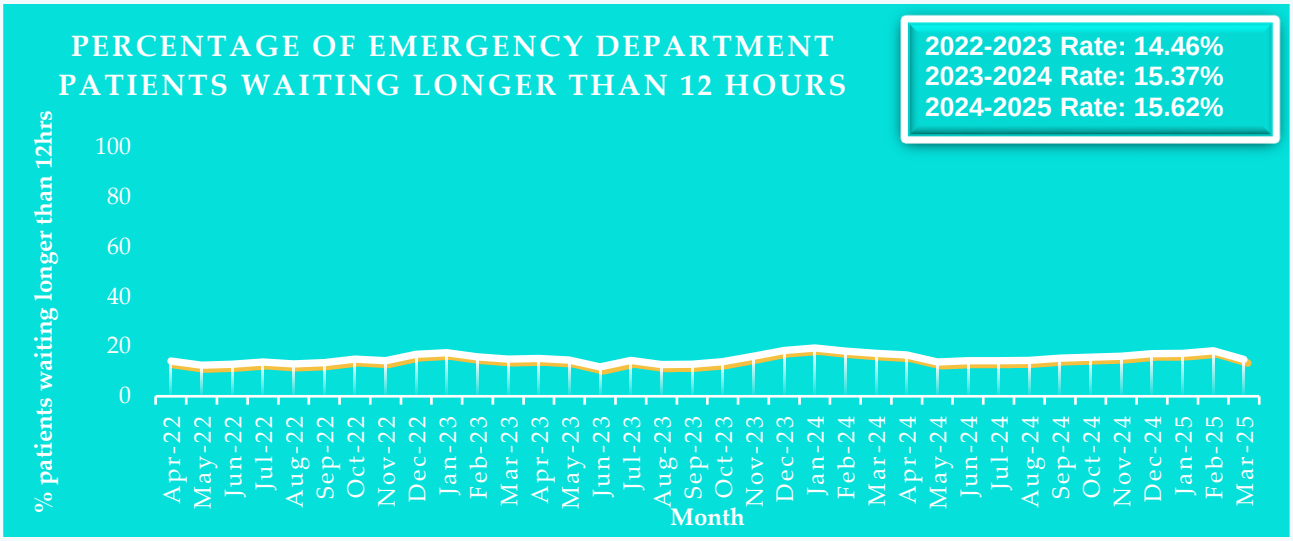
15.62% of these patients waited longer than 12hrs which is an increase of 0.25% from the previous year.

6.95% of these patients were unplanned re-attenders

4 Hour and 12 Hour Standards

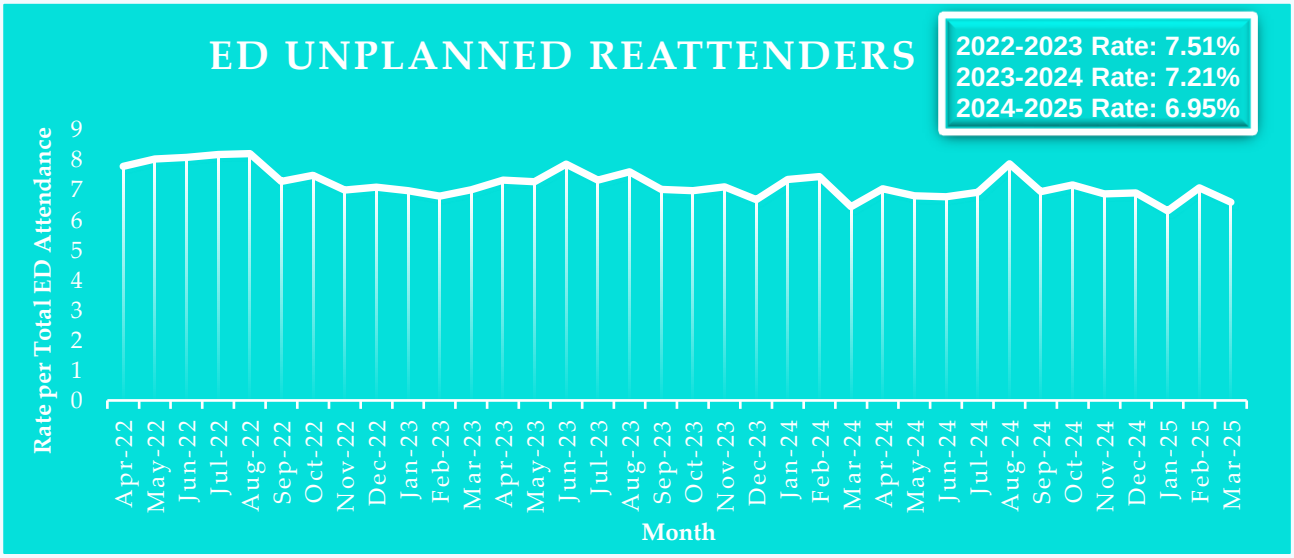
Both our Emergency Departments, similar to other EDs across the region, continue to experience challenges with congestion and long waits for our patients, alongside a 5% increase in attenders. This is reflected in our performance against both the 4 and 12 hour standards over the past 3 years.





Unplanned Re-attendance 2024/25

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



People who leave without being seen

Western Trust

Total number of attendances during 2024/25 - **132,967**

Percentage of patients who did not wait to be seen - **5.7%**

5.7% of all attendances did not wait to be seen, which is a reduction of 1% compared to the previous year. This is also reflective of the long waits patients are experiencing in ED.

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

During 2024/25, the Emergency Department in South West Acute Hospital developed a Paediatrics area which includes 2 treatment rooms with specific triage room and waiting area for Paediatrics patients adjacent but separate from the main Emergency Department.

In terms of workforce, the nursing workforce has stabilised within the Emergency Department in South West Acute Hospital with a low level of vacancies. The Band 6 Deputy Sister team is also fully recruited and stabilised during 2024/25. Band 6 development days have been held trust-wide. Also, following a trust-wide recruitment exercise for Health Care Assistants, the Band 2 / 3 workforce is also stable. The Emergency Department Practice Educator Band 7 has been made a permanent post and is a very welcome addition to the team. The rollout of the regional framework for agency nurses has been successful in managing the agency workforce.

Preparations for Encompass rollout in May 2025 have been ongoing within the Emergency Department in South West Acute Hospital with a huge commitment from all staff groups.

In 2024/25, Altnagelvin Hospital has seen the development of the Minor Injury Unit and the increased delivery of care through this service. The department utilised this space to develop the learning needs of the new cohort of Band 5 nurses through a rotational training programme to develop the skills of the Emergency Care Nurse. This year has seen the introduction of a Deputy Practice Educator for ED Altnagelvin to support with nurse staff training and development and support for the department with the rollout and training for Encompass Go-live.

ED Altnagelvin have made significant moves towards the stabilisation of the medical workforce in ED, employing two PEM Consultants. Stabilisation and agency reduction proposals have been submitted for consideration as invest to save measures for the department.

The Trust has been engaged in a range of work streams aimed at improving patient flow through our hospital system and onward to discharge from hospital including Safer Flow work on the South West Acute Hospital site and an external team reviewing processes in November 2022. The ED nurse stabilisation project 2023/24 delivered the successful recruitment of nursing staff and the development of these nurses continues through training and induction programmes with cross site collaboration.

In March 2024, a Minor Injury Unit was opened in Altnagelvin Hospital as part of the No More Silos programme. This successfully delivered dedicated minor injury space, Radiology provision and an alternative pathway from ED through a Phone First Led triage process.

The Discharge Lounge Team have been involved in a HSCQI project to develop the Discharge Lounge service and increase throughput by facilitating early admissions to ward areas from ED, reducing risk of significant overcrowding in our Emergency Department. This project has shown signs of growth and development through collaborative working across many services.

Through the No More Silos work stream the Ambulatory Care Unit is now a protected space, caring for patients under the Same Day Emergency Care Model for both General Surgery and Acute Medicine. This pathway focuses on ED avoidance and early discharge with planned ambulatory review. Direct GP referrals and direct referrals from ED triage are

ongoing. Direct referrals from Northern Ireland Ambulance Service (NIAS) are due to commence in the coming months.

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

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

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

The Department of Health has processes in place for the endorsement of NICE Guidelines, Technology Appraisals, Public Health Guidance and Interventional Procedures. NICE Guidelines are then forwarded to Trusts for implementation.

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

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

The Standards, Audit and Quality Improvement group (SAQI) oversees and monitors processes used by the Trust to implement NICE Guidelines. Compliance with NICE Guidelines continues to be shared with Directorates and monitored by the Quality & Standards Sub-Committee. Reports are also provided to Trust Governance Committee on a quarterly basis.

NATIONAL / REGIONAL AUDITS

Clinical audit has been defined as

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

Healthcare Quality Improvement Partnership (HQIP)

A total of 436 audits were carried out by Trust staff in the year 2024-25. Reasons for these audits varied from Compliance Assurance; Accreditation, Complaints/SAI, Risk or were a Directorate Priority.

Our Trust participates, where possible, in National and Regional audits, allowing us opportunities to:

- Compare our performance with other participating Trusts in Northern Ireland and/or England, Scotland and Wales.
- Measure our healthcare practice on specific conditions against nationally accepted standards.
- Receive benchmark reports on performance, with the aim of improving the care provided.
- Provide patients, the public, clinicians and health service managers with a clear picture of the standards of care being achieved by our Trust.

Examples of a national audit and a regional audit that the Trust participated in which were published during the 2024/25 year are outlined below:

National Audit – Do We Need to Perform 3 Monthly Liver Function Testing When Prescribed Antifibrotic Therapy

Background:
The Statistical Process Control (SPC) for nintedanib stated you should do monthly liver function tests for the first 3 months and then thereafter it is clinically defined. Throughout the UK and Northern Ireland liver function tests are performed every 3 months whilst on treatment. The hypothesis is that liver function abnormalities are rare after 3 months of treatment and any blood monitoring should be symptom driven rather than routine. This will save money for the NHS regarding blood monitoring, it will also save pharmacist or nursing time to provide forms and will be less inconvenience for patients.

Aims & Objectives:
To reduce blood monitoring to a symptom approached method. It will take 3-4 months to analyse all liver function tests for all patients prescribed antifibrotics in the last year to assess frequency of abnormalities and potential risk factors. This will then inform whether it is safe to change practise.

Criteria:
Standard is Statistical Process Control (SPC) symptom based approach.

Areas of good practice:
Regular monitoring as per SPC for nintedanib and pirfenidone with monthly monitoring for first 3 months and then 3 months thereafter.

Areas where improvement is needed:
Liver function test monitoring for nintedanib can be driven by symptomatology rather than routine as per nintedanib SPC for nintedanib. This will reduce cost and burden on patients and healthcare. This is evidenced by low percentage of liver function test abnormalities detected in 120 patients beyond 3 months.

Actions:
1. Liver function test monitoring for nintedanib can be driven by symptomatology rather than routine as per nintedanib SPC for nintedanib. This will reduce cost and burden on patients and healthcare. Disseminated via Interstitial Lung Disease Interstitial Lung Disease (ILD) network – results communicated.
2. Monitoring for pirfenidone to continue as 3 monthly as per SPC for pirfenidone. Disseminated via ILD network – results communicated.

Recommendations:
Liver function test monitoring for nintedanib can be driven by symptomatology rather than routine as per nintedanib SPC for nintedanib. This will reduce cost and burden on patients and healthcare. This is evidenced by low percentage of liver function test abnormalities detected in 120 patients beyond 3 months.

Lessons learned:
8.5% of patients prescribed antifibrotic therapies have 3 x Upper Level of Normal Liver Function Test derangements within < 3 months of treatment, principally with nintedanib, and 50% having symptomatology. Only 3.4% have derangements between 3 -12 months and the majority of patients with derangements >12 months were deemed end of life. We conclude that liver function test monitoring could be symptom driven due to its infrequent occurrence beyond 3 months.

Dissemination of learning

1. Oral Presentation at Ulster Thoracic Society September 2024
2. Oral Presentation at Northern Ireland ILD Network September 2024
3. Poster presentation at Irish Thoracic Society meeting November 2024

Regional Audit – Iron Deficiency in Pregnancy

Background:
This is a regional project to improve anaemia management in pregnancy with the introduction of a regional pathway (iron deficiency risk management) in the maternity hand-held record. The maternity collaborative has requested the design of a proposed regional audit tool.

Aims & Objectives:
This audit aims to access the effectiveness of the Iron Deficiency Risk Assessment In; Identifying and treating iron deficiency in pregnancy and Optimising outcomes for mother and baby by achieving the recommended Hb greater than or equal to 110 in the first trimester and greater than or equal to 105 in the second trimester.

Criteria:
NICE, Royal College of Obstetricians and Gynaecologists (RCOG), British Society for Haematology.

Areas of Good Practice:

1. Midwives competent in identifying antenatal women at risk of Iron Deficiency Anaemia (IDA) in pregnancy.
2. Guideline and Standard Operating Procedures updated to align with national recommendations which is essential for staff when managing IDA.
3. Introduction of GP recommendation letter to prescribe oral iron facilitates timely prescriptions to women.
4. Referrals for IV iron appropriate when oral iron regimes unsuccessful – IV iron outcomes subject to another ongoing audit.
5. Regional approach to risk assessing for IDA in pregnancy.
6. IDA risk assessment improves documentation regarding date and dosing of oral iron regimes which was a recommendation from the national anaemia comparative audit.
7. Multi-Disciplinary Team (MDT) training ongoing in clinical areas.

Areas where improvement is required:
Ensure MDT use of IDA risk assessments and GP recommendation letter to prescribe oral iron.

Actions:
Early identification of Risk factors for IDA and early treatment of confirmed IDA, aided by the use of the IDA risk assessment facilitates timely management and prevention of IDA. This is important for reducing maternal morbidity and mortality in relation to post-partum haemorrhage and the need for blood transfusion post-delivery.

Lessons Learned:
Early identification of Risk factors for IDA and early treatment of confirmed IDA, aided by the use of the IDA risk assessment facilitates timely management and prevention of IDA. This is important for reducing maternal morbidity and mortality in relation to post-partum haemorrhage and the need for blood transfusion post-delivery.

ACCESS AND PERFORMANCE TARGETS

Performance Overview

This section provides an update for Hospital and Community Services on progress for the full year 2024/25 (1 April 2024 to 31 March 2025). Information is provided on the Trust's performance against targets set out by:

- DoH Commissioning Plan Direction (CPD); rolled forward from 2019/20 and
- HSC Service Delivery Plan (SDP) 2024/25; (version 3, 17th July 2024)

Performance against the Service Delivery Plan targets is reported on a monthly basis to SPPG, the Trusts' Corporate Management Team via its Strategic Change Board. It is reported quarterly at the Finance & Performance Committee (a Committee of Trust Board), and specific service areas are selected for scrutiny by the Committee. The Trust Board Performance Report is presented to Trust Board on a quarterly basis, and each month the Director of Planning, Performance & Corporate Services can highlight any significant issues which need to be drawn to the attention of the Board. The report is published on the Trust website at Our priorities and performance | Western Health & Social Care Trust (hscni.net).

CPD Summary / Access to HSC Services
Since 2020, targets for performance have been contained in the SDP, however the ministerial standards for access remain and the end-of-year position on the Trust's performance against the Commissioning Plan Direction targets are summarised below.

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

Summary of Trust Performance against Commissioning Plan Targets	2024/25 Cumulative Position	2024/25 Cumulative RAG
By March 2025, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	**ALT : 9% of patients** **SWAH: 15% of patients**	R A
By March 2025, all urgent diagnostic tests should be reported on within 2 days.	**84%**	R

Summary of Trust Performance against Commissioning Plan Targets	2024/25 Cumulative Position	2024/25 Cumulative RAG
During 2024/25, all urgent suspected breast cancer referrals should be seen within 14 days.	**97% patients seen within 14 days**	A
During 2024/25, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	**97%* patients received first treatment within 31 days**	A
During 2024/25, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days	**42%* patients received first treatment within 62 days**	R
By March 2024, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	**15% < 9 Weeks (March 2025)**	R
By March 2025, no patient should wait longer than 52 weeks for an outpatient appointment.	**48,669 patients waiting > 52 weeks (March 2025)**	R
By March 2025, 75% of patients should wait no longer than 9 weeks for a diagnostic test	**48% < 9 Weeks (March 2025)**	R
By March 2025, no patient should wait longer than 26 weeks for a diagnostic test	**4,828 (March 2025)**	R
By March 2025, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test.	**62% < 9 Weeks (March 2025)**	R
By March 2025, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test.	**548 (March 2025)**	R
By March 2025, 55% of patients should wait no longer than 13 weeks for inpatient or day case treatment.	**26% < 9 Weeks (March 2025)**	R
By March 2025, no patient should wait longer than 52 weeks for inpatient or day case treatment	**8,533 patients waiting > 52 weeks (March 2025)**	R
By March 2025, no patient should wait longer than 13 weeks from referral to commencement of treatment by an Allied Health Professional.	**9,246 patients waiting > 13 weeks (March 2025)**	R
By March 2025, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department	**52% patients treated or discharged within 4 hours**	R
By March 2025, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours	**20,708 patients waited > 12 hours**	R
By March 2025, at least 80% of patients to have commenced treatment, following triage, within 2 hours	**68% patients commenced treatment within 2 hours**	R
By March 2025, ensure that 90% of complex discharges from an acute hospital take place within 48 hours	**47% complex discharges within 48 hours**	R
By March 2025, ensure that no complex discharge from an acute hospital takes more than seven days	**749 complex discharges > 7 days**	R
By March 2025, all non-complex discharges from an acute hospital to take place within six hours.	**94% of non-complex discharges within 6 hours**	A
By March 2025, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	**77% of patients waited no longer than 48 hours**	R
By March 2025, no patient waits longer than nine weeks to access adult mental health services.	**73 patients waiting > 9 weeks (March 2025)**	R

Summary of Trust Performance against Commissioning Plan Targets	2024/25 Cumulative Position	2024/25 Cumulative RAG
By March 2025, no patient waits longer than 9 weeks to access dementia services.	**278 patients waiting > 9 weeks (March 2025)**	R
By March 2025, no patient waits longer than 13 weeks to access psychological therapies (any age).	**1,013 patients waiting > 13 weeks (March 2025)**	R
During 2024/25, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge	**83% of discharges took place within 7 days**	R
During 2024/25, no learning disability discharge to take more than 28 days from the patient being assessed as medically fit for discharge	**1 patient waited > 28 days**	A
During 2024/25, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge	**98% of discharges took place within 7 days**	A
During 2024/25, no mental health discharge to take more than 28 days from the patient being assessed as medically fit for discharge.	**21 patients waited > 28 days**	A
By March 2025, no patient waits longer than 9 weeks to access child and adolescent mental health services.	**354 patients waited > 9 weeks (March 2025)**	R
By March 2025, secure a 10% increase in the number of direct payments to all service users.	**1,535 service users (March 2025)**	R
By March 2025, secure a 10% increase (based on 2019/20 figures) in the number of carers assessments offered to carers for all service users.	**2,331 Offered (March 25) (90% increase on 2019/20)**	G
By March 2025, secure a 5% increase (based on 2019/20 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	**31% increase on 2019/20**	G

***Initial Performance data – End of Year Position finalised June 2025.**

Service Delivery Plan (April 2024 – March 2025)

A detailed assessment of the Service Delivery Plan (SDP) performance for 2024/25 is provided in the tables in the section below.

The 2023/24 SDP was rolled forward into 2024/25 with some adjustments and/or uplifts to Baselines and Targets in line with commissioner investments, and agreed at the Performance and Transformation Executive Board (PTEB) meeting in May 2024, pending the introduction of the new Strategic Outcomes Framework and associated Systems Oversight Measures, which was approved by Minister in July 2024.

During 2024/25, the Trust reported against 60 metrics, across Hospital and Community Services, Public Health and Northern Ireland Ambulance Service (NIAS). This was reduced from 64 when reporting against the four District Nursing metrics was paused pending a review of the District Nursing Service. The Red, Amber and Green RAG rating continued to be the basis for the assessment of performance.

In addition, the Department of Health introduced a change to the methodology and baselines for the Public Health Agency (PHA) Health Care Acquired Infection (HCAI) for Methicillin-resistant staphylococcus aureus (MRSA) and Clostridioides Difficile (CDI); due to the launch of the new UK Antimicrobial Resistance National Action Plan 2024/29. These changes resulted in a material shift in the SDP target and Western Trust Quarter 1 (April to June 2024) performance. Trusts raised a number of queries with the PHA during 2024/25; pending resolution of these queries SPPG have advised that the Quarter 3 and 4 out turn

for 5 of the 6 metrics will not be RAG assessed and are deemed “assessment of performance not appropriate”.

The cumulative (full year) 2024/25 Trust Performance against the metrics was: **40%** assessed as “Red”, **15%** “Amber”, **37%** “Green” and **8%** where assessment of performance is not appropriate. It is important to note that the cumulative End of Year performance above reflects an improving position as the number of metrics RAG assessed “Red” remained consistent at 45% in 2024/25 Quarter 2, 3 and 4 (July 2024 to March 2025).

Factors Impacting Performance

The Trust successfully delivered more activity in 2024/25 across a number of Hospital and Community services when compared to 2023/24, however performance and outturn remained impacted by a number of factors which include:

- **Increased Targets:** The uplift in the Target across a number of service areas did increase the challenge to services, and could not always be achieved. Services with an increased target for 2024/25 included: Cardiac CT, Cath Lab, New Outpatients, Adult Mental Health and Dementia (New & Review Total) and Child and Adolescent Mental Health Service (CAMHS) (Review).
- **Workforce availability**: Recruitment and retention of appropriately trained staff remains a key priority for the Trust, and workforce gaps are a primary cause of under-delivery in some services. Long term and short term sickness absence also impacts available capacity. Services continue to progress recruitment through internal, regional and international processes and maximise skills mix. In addition and where appropriate impacted services utilised additional support for core service through requesting “mutual aid” from other Trusts, and out sourcing of clinical work to the Independent Sector.
- **Industrial Action**: Throughout 2024/25 Quarter 1 (April to June 2024) Industrial Action by resident doctors impacted delivery across our services. The service areas that were affected include Outpatients (Hospital and Community), Inpatients and Day Case Services.
- **Demand for services:** It is recognised that in many hospital and community services, demand exceeds the commissioned capacity. Within our planned care services, this results in long waiting times for assessment and treatment and the need to prioritise those patients or clients who’s clinical or care need is time critical, particularly suspect cancer patients and those in crisis in the community. This unfortunately results in very long waiting times for those patients or clients who are assessed to be routine. The Trust has been commissioned by SPPG to deliver considerable In-house and Independent Sector Waiting List Initiative (WLI) activity to manage risk with time critical hospital patients. The Trust has also continued its efforts to streamline pathways through QI and efficiency initiatives in order to maximise its capacity to see and treat those on the waiting list. The increasing levels of demand across unscheduled care, cancer, diagnostics/imaging, community services and children’s services is also acknowledged. Within the Trust, the Strategic Change Board and the Delivering Value Management Board are the primary corporate structures to set direction and oversee the agreed service reforms and efficiency improvements which will increase capacity, however demand/capacity gaps remain across many services.

The detailed breakdown of these metrics is provided below:

Western Health and Social Care Trust

HSC SERVICE DELIVERY PLANS
April 2024 to March 2025 End of Year Summary

40% (24 metrics)	15% (9 metrics)	37% (22 metrics)
HOSPITAL SERVICES		
Cancer Services: 62 Day Access performance	**Cancer Services**: 14 and 31 Cancer Access performance	**Cancer Services**: Red Flag 1st OP appointment
Cardiac: Cath Lab procedures	**Elective Care**: Theatre Operating Times (Main)	**Imaging**: MRI, CT and Non-Obstetric ultrasound
Elective Care: New Outpatients, Inpatient, Endoscopy and Theatre operating times (DPU)	**Antimicrobial Consumption** - use of antibiotics from the WHO Access AWaRe category	**Cardiac**: MRI, CT and Echo
Unscheduled Care: ED 12 Hour Performance, Weekend Discharges (Complex and Simple: Altnagelvin and South West Acute) and Average Length of Stay (Altnagelvin and South West Acute)		**Elective Care**: Review Outpatients, Day Case and Scheduled Theatre Minutes
Northern Ireland Ambulance Service (NIAS): Handover Times (4 metrics) and Ambulance Turnaround Times <30 minutes		
COMMUNITY SERVICES		
Allied Health Professionals: Dietetics, Orthoptics and Podiatry (New and Review Total)	**Community Care**: Domiciliary Care Unmet Need (Total packages) and Direct Payments	**Children's Social Care**: Child Protection Case Conferences (15 Days, 3 and 6 months) and Unallocated Cases
Stroke Service: Thrombolysis (Altnagelvin) and % Admitted <4 hours (Altnagelvin and South West Acute)	**Allied Health Professionals**: Physiotherapy and Occupational Therapy	**Mental Health Services**: Adult Mental Health, Psychological Therapies, Dementia (New and Review Total) and Child and Adolescent Mental Health Service (New and Review)
	Stroke Service: Thrombolysis (South West Acute)	**Allied Health Professionals**: Speech and Language (New and Review Total)
		Community Dental: Contacts and GA sessions (Total)

The level achieved in each of the services within the SDP is set out in the tables below:

Western Health and Social Care Trust

HSC SERVICE DELIVERY PLANS

HOSPITAL SERVICES 2024/25

			YEAR END 2024/25				
			BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
						DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
CANCER							
PERFORMANCE	14 DAYS	Total Performance	100%	100%	90.0%	-10.0%	**90.0%**
		Western Trust Performance Only			97.2%	-2.8%	**97.2%**
	31 DAYS		98%	98%	97%	-1%	**97%**
	62 DAYS		95%	95%	42%	-53%	**42%**
RED FLAG - FIRST OUTPATIENT APPOINTMENT (EXCLUDING BREAST) 110% OF 2019/20 BASELINE			7,758	8,534	11,284	2,750	**145.4%**
IMAGING							
MRI		TARGET SBA VOLUMES	16,584	16,584	17,136	552	**103.3%**
CT		TARGET SBA VOLUMES	32,352	32,352	43,161	10,809	**133.4%**
NOUS		TARGET SBA VOLUMES	42,505	42,505	45,181	2,676	**106.3%**
CARDIOLOGY / CARDIAC							
CARDIAC MRI		TARGET SBA VOLUMES	336	336	385	49	**114.6%**
CARDIAC CT		110% OF 2019/20 BASELINE	503	552	597	45	**118.7%**
ECHO		TARGET SBA VOLUMES	8,316	8,316	8,399	83	**101.0%**
CATH LAB		110% OF 2019/20 BASELINE	2,043	2,250	1,862	-388	**91.1%**
ELECTIVE							
NEW OUTPATIENTS 105% OF 2019/20 BASELINE		FACE TO FACE	73,257	76,881	54,449	-5,205	**97.8%**
		VIRTUAL			3,640		
		OTHER			13,587		
		TOTAL			71,676		
REVIEW OUTPATIENTS 100% OF 2019/20 BASELINE		FACE TO FACE	150,212	150,212	103,054	18,962	**112.6%**
		VIRTUAL			24,132		
		OTHER			41,988		
		TOTAL			169,174		
OUTPATIENTS (OVERALL)			223,469	227,093	240,850	13,758	**108%**
INPATIENT 100% OF 2019/20 BASELINE		CORE	6,077	6,077	5,151	-926	**84.8%**
		OTHER	1,272	1,272	1,457	185	**114.5%**
		TOTAL	7,349	7,349	6,608	-741	**89.9%**
DAY CASES 100% OF 2019/20 BASELINE		CORE	16,733	16,733	16,550	-183	**98.9%**
		OTHER	8,211	8,211	9,765	1,554	**118.9%**
		TOTAL	24,944	24,944	26,315	1,371	**105.5%**
OMAGH DPC Day Case Activity (Included above)			1,260	1,260	767	-493	**60.9%**
INPATIENT AND DAYCASE (OVERALL)			32,293	32,293	32,923	630	**102.0%**
ENDOSCOPY		2019/20 BASELINE + 3000 SCOPES PER YEAR (Additional 250 per month)	12,681	12,681	10,588	-2,093	**83.5%**
OMAGH DPC Endoscopy Activity (Included above)			3,000	3,000	2,122	-878	**70.7%**
THEATRE UTILISATION							
SCHEDULED THEATRE MINUTES		SESSION DURATION (MINS)	1,142,700	1,142,700	1,174,830	32,130	**102.8%**
THEATRE OPERATING TIMES		MAIN THEATRES	85%	85%	82.8%	-2%	**82.8%**
		DPU THEATRES	80%	80%	70.9%	-9%	**70.9%**
UNSCHEDULED CARE							
ED PERFORMANCES - 12 HOURS		10% REDUCTION OF 2022/23 BASELINE	17,932	16,141	20,708	2,776	**15.5%**
WEEKEND DISCHARGES							
ALTNAGELVIN		SIMPLE	80%	80%	52.6%	-27.4%	**52.6%**
		COMPLEX	60%	60%	24.4%	-35.6%	**24.4%**
SOUTH WEST ACUTE		SIMPLE	80%	80%	19.1%	-60.9%	**19.1%**
		COMPLEX	60%	60%	8.3%	-51.7%	**8.3%**
AVERAGE LOS							
ALTNAGELVIN		1 DAY REDUCTION OF Q4 2022/23 BASELINE	8.1	7.1	8.7	1.6	**8.7**
SOUTH WEST ACUTE		1 DAY REDUCTION OF Q4 2022/23 BASELINE	11.4	10.4	12.4	2.0	**12.4**

Western Health and Social Care Trust

HSC SERVICE DELIVERY PLANS

COMMUNITY SERVICES 2024/25

			YEAR END 2024/25				
			BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
						DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
COMMUNITY CARE							
DOMICILIARY CARE 2.5% REDUCTION OF MAR 24 BASELINE Q1 5% REDUCTION OF MAR 24 BASELINE Q2 7.5% REDUCTION OF MAR 24 BASELINE Q3 10% REDUCTION OF MAR 24 BASELINE Q4	UNMET NEED HOURS (FULL PACKAGES, ALL POCS)		2,992	2,693	2,679	-313	-10.5%
	UNMET NEED HOURS (PARTIAL PACKAGES, ALL POCS)		2,208	1,987	2,145	-63	-2.9%
	TOTAL		5,200	4,680	4,824	-376	-7.2%
DIRECT PAYMENTS	NO. OF CLIENTS IN EFFECT AT MONTH END 5% INCREASE OF MAR 24 BASELINE BY MAR		1,387	1,456	1,405	18	1.3%
CHILDRENS SOCIAL CARE							
CHILD PROTECTION CASE CONFERENCES		WITHIN 15 DAYS	N/A	84%	245	12%	96%
		TOTAL			254		
		% WITHIN 15 DAYS			96%		
		WITHIN 3 MONTHS	N/A	85%	174	3%	88%
		TOTAL			198		
		% WITHIN 3 MONTHS			88%		
		WITHIN 6 MONTHS	N/A	89%	428	6%	95%
		TOTAL			449		
		% WITHIN 6 MONTHS			95%		
UNALLOCATED FAMILY SUPPORT CASES QUARTETLY MONITORING WITH EFFECT FROM Q2 10% REDUCTION BY MAR 24 (JUN 23 BASELINE)			71.0	63.9	28.0	-43.0	-60.6%
MENTAL HEALTH SERVICES							
ADULT MENTAL HEALTH (NON INPATIENT) 110% OF 19/20 BASELINE	NEW		6,469	7,116	4,407	-2,709	68.1%
	REVIEW		49,738	54,712	57,985	3,273	116.6%
	TOTAL		56,207	61,828	62,392	564	111.0%
PSYCHOLOGICAL THERAPIES 100% OF 19/20 BASELINE	NEW		1,857	1,857	2,258	401	121.6%
	REVIEW		12,141	12,141	19,174	7,033	157.9%
	TOTAL		13,998	13,998	21,432	7,434	153.1%
DEMENTIA 110% OF 19/20 BASELINE	NEW		482	530	1,321	791	274.1%
	REVIEW		4,764	5,242	6,709	1,467	140.8%
	TOTAL		5,246	5,772	8,030	2,258	153.1%
CAMHS 100% OF 19/20 BASELINE (NEW CONTACTS) 110% OF 19/20 BASELINE (REVIEW CONTACTS)	NEW		1,075	1,075	1,233	158	114.7%
	REVIEW		7,619	8,382	8,787	405	115.3%
	TOTAL		8,694	9,457	10,020	563	115.3%
MENTAL HEALTH SERVICES (OVERALL)			84,145	91,055	101,874	10,819	121.1%
ALLIED HEALTH PROFRESSIONALS							
PHYSIOTHERAPY 100% OF 19/20 BASELINE	NEW		18,174	18,174	18,129	-45	99.8%
	REVIEW		53,433	53,433	49,961	-3,472	93.5%
	TOTAL		71,607	71,607	68,090	-3,517	95.1%
OCCUPATIONAL THERAPY 100% OF 19/20 BASELINE	NEW		10,039	10,039	7,950	-2,089	79.2%
	REVIEW		36,193	36,193	36,434	241	100.7%
	TOTAL		46,232	46,232	44,384	-1,848	96.0%
DIETETICS 100% OF 22/23 BASELINE	NEW		4,023	4,023	3,970	-53	98.7%
	REVIEW		13,819	13,819	12,256	-1,563	88.7%
	TOTAL		17,842	17,842	16,226	-1,616	90.9%
ORTHOPTICS 100% OF 19/20 BASELINE	NEW		2,562	2,562	2,571	9	100.4%
	REVIEW		9,975	9,975	7,816	-2,159	78.4%
	TOTAL		12,537	12,537	10,387	-2,150	82.9%
SPEECH & LANGUAGE 100% OF 22/23 BASELINE	NEW		2,806	2,806	2,622	-184	93.4%
	REVIEW		31,487	31,487	35,044	3,557	111.3%
	TOTAL		34,293	34,293	37,666	3,373	109.8%
PODIATRY 100% OF 19/20 BASELINE	NEW		4,525	4,525	4,243	-282	93.8%
	REVIEW		40,814	40,814	36,901	-3,913	90.4%
	TOTAL		45,339	45,339	41,144	-4,195	90.7%
ALLIED HEALTH PROFRESSIONALS (OVERALL)	**NEW**		42,129	42,129	39,485	-2,644	93.7%
	REVIEW		185,721	185,721	178,412	-7,309	96.1%
	TOTAL		227,850	227,850	217,897	-9,953	95.6%

Western Health and Social Care Trust HSC SERVICE DELIVERY PLANS COMMUNITY SERVICES 2024/25		YEAR END 2024/25				
		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
STROKE SERVICES						
THROMBOLYSIS RATE	ALTNAGELVIN	N/A	16%	9%	-7%	9%
	SOUTH WEST ACUTE	N/A	16%	15%	-1%	15%
% ADMITTED <4 HOURS	ALTNAGELVIN	N/A	43%	24%	-19%	24%
	SOUTH WEST ACUTE	N/A	90%	81%	-9%	81%
COMMUNITY DENTAL						
CONTACTS	NEW	3,158	2,911	2,477	-434	78.4%
100% OF 2019/20 BASELINE FOR Q1 & Q2 90% OF 2019/20 BASELINE FOR Q3 80% OF 2019/20 BASELINE FOR Q4	REVIEW	13,112	12,003	13,020	1,017	99.3%
	TOTAL	16,270	14,914	15,497	583	95.2%
GENERAL ANAESTHETIC CASES DELIVERED CHILDRENS CASES (SUBSET OF HOSPITAL DAY CASES)	ALTNAGELVIN	528	429	402	-27	76.1%
	SOUTH WEST ACUTE	228	185	257	72	112.7%
80% OF 2019/20 BASELINE FOR Q1, Q2 + Q4, 85% FOR Q3	TOTAL	756	614	659	45	87.2%

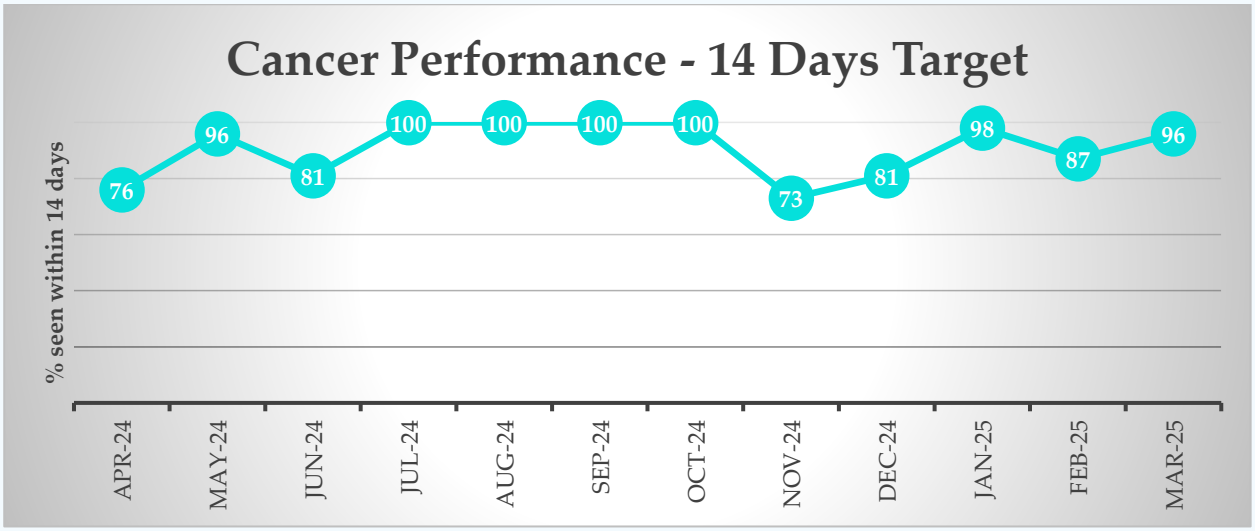
Cancer Services

The Cancer and Diagnostics Hospital Management Team have worked together with the shared aim of delivering high quality effective cancer diagnosis and treatment for the benefit of all patients. The Directorate continues to maintain accreditations across Pathology, Radiology, Radiotherapy and Medical Physics. The service continues to work closely with our colleagues in the Republic of Ireland to deliver cross border radiotherapy.

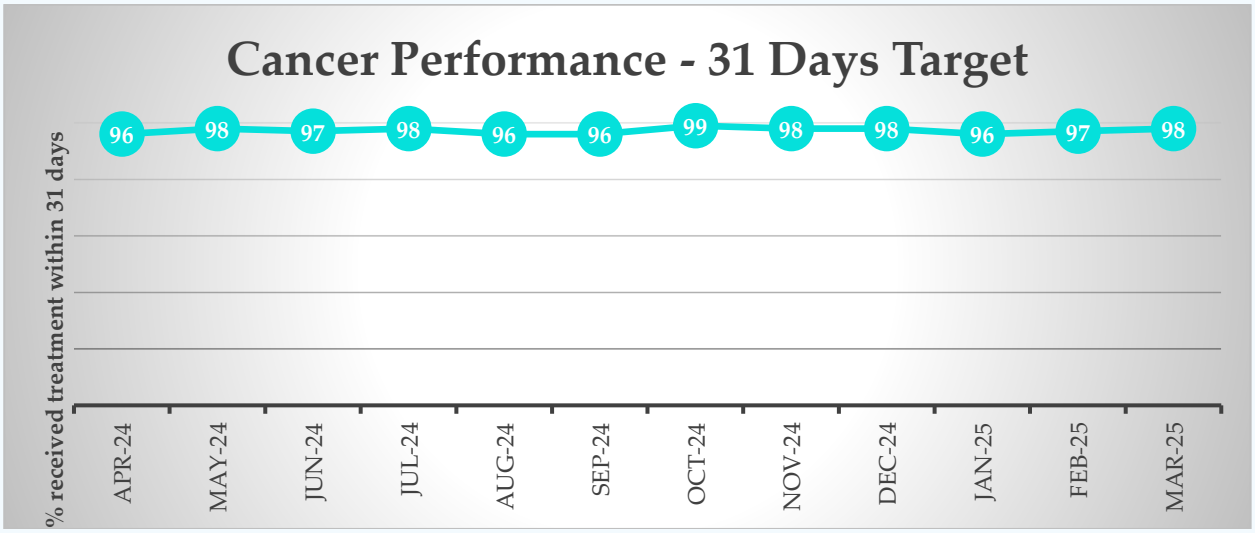
Rising demand continues to challenge meeting cancer waiting time standards particularly the 62 day pathway, radiology and pathology delivery. The growth in unscheduled care continues to challenge diagnostic and pathology delivery with services now prioritising red flag and unscheduled care which is directly impacting upon urgent and routine capacity within these services. Consultant workforce challenges exist within Radiology and Pathology and the Trust continues to work with SPPG and DoH to address workforce gaps. The directorate continues to utilise every opportunity to redesign and modernise services to meet the growing demand.

Performance against the 14 day breast target reduced to 90% for 2024/25. The 14 day cancer performance is lower due to the introduction of a Regional Breast Waiting List. Western Trust performance only against the 14 day breast target was 97% for 2024/25. Performance against the 31-day target remained high throughout the year with 97% compliance achieved for 2024/25. Monthly performance in relation to these three cancer pathways are included below:

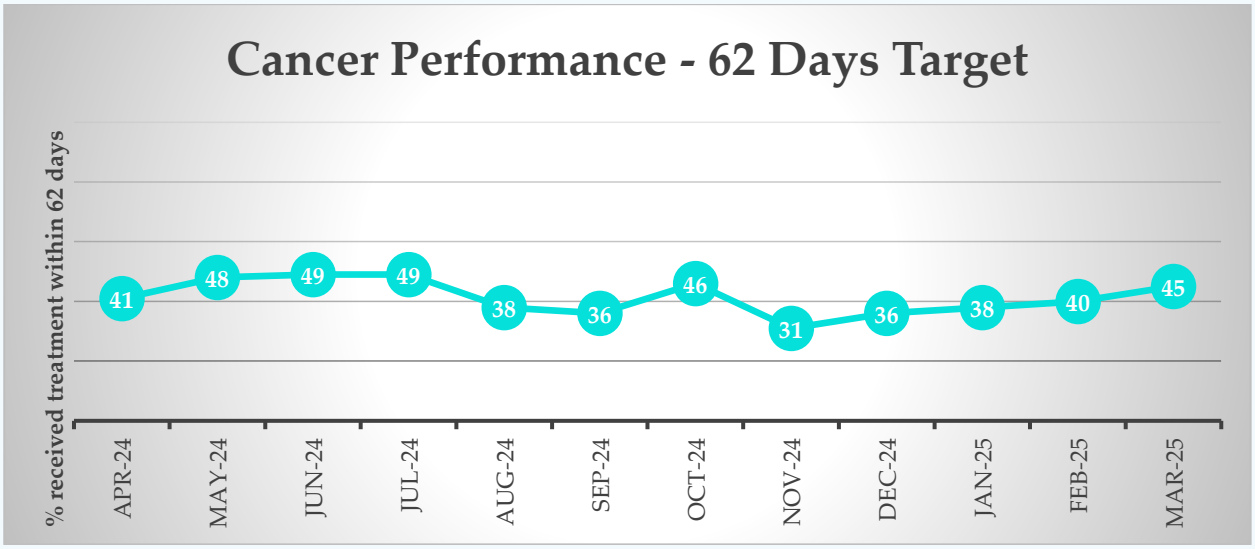
14 day Breast target 2024/25 – 90% urgent suspected breast cancer referrals seen within 14 days



31 day target 2024/25 – 97% of patients diagnosed with cancer who received their first definitive treatment within 31 days of a decision to treat.



62 day target 2024/25 - 42% 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

GP Practice Support Team

Since 1 July 2022 the Trust has become contract provider for 5 GP Practices as a result of previous providers handing back their contract. This includes Dromore/Trillick, Racecourse Road, Brookeborough/Tempo, Fintona and Bayview GP Practices. The Trust is supporting the delivery of primary care to a combined practice list size of nearly 30,000 patients.

During 2024/25 the Trust has successfully stabilised these practices ensuring the required number of GPs are working in the 5 Practices every day and the rotas have been completed up to 30 September 2025. During the year the Trust has appointed 8 Salaried GPs (4.4 whole time equivalent). New protocols have been developed to ensure patient safety.

The Directorate has created a new team with temporary funding from SPPG to provide operational management, support and clinical governance to the 5 GP practices.

The Trust Lead Pharmacist for GP Practices has embarked on a project with the Consultant Cardiologist at South West Acute Hospital regarding lipid management in GP Practice. This will focus on lipid management of patients with secondary cardiovascular risks and is being taken forward initially in Dromore & Trillick GP Practice with a plan to implement in Fintona and Brookeborough & Tempo GP Practices.

At year ending 31 March 2025, the GP Practices delivered the following activity:

Practice Name	Average Daily No of Face To Face Appointments	Average Daily No of Telephone Contacts	Yearly Total No of Home Visits
Dromore & Trillick	79	38	237
Brookeborough & Tempo	110	38	321
Fintona	107	21	140
Racecourse Road	66	20	48
Bayview	39	15	29

Live Better Initiative (Ageing Well)

The Directorate's Trainee Consultant District Nurse led an intervention that consisted of a 12-week programme targeting individuals at risk of falls. The initiative combined two strength and balance classes with additional falls prevention education via FLO text messaging on how to reduce the risk of falls including education on vision, footwear, medication review, home safety, fear of falling and signposting to local services. The Trust worked in partnership with GP colleagues and a number of local Community and Voluntary agencies to identify individuals at highest risk of falls.

29 participants were enrolled in this initiative and results at the end of the 12 week programme are as follows:

- 78% had increased awareness of falls prevention and importance of strength and balance.
- 94% had increased motivation to apply knowledge to reduce fall risk.
- 83% had increased confidence to apply the skills learned from the falls programme
- 67% made changes at home to reduce falls risk. This initiative demonstrated that a structured programme combining targeted exercise and falls education can improve both knowledge and physical outcomes in community-dwelling older adults.

Elastomeric Infusions

In February 2025, the Intravenous Administration of Flucloxacillin via a 24 hour elastomeric device was introduced within the Rapid Response services to 4 service users between February and March 2025. The Rapid response nursing service cannot accept all patients requiring four times per day administration within their current service capacity, leading to either a delay in discharge for the patient, or the patient being switched to an alternative once daily antibiotic regimen to facilitate discharge. The delivery of antibiotics via an elastomeric device broadens the potential antimicrobial options for a patient to be treated by Rapid Response in community, by allowing continuous delivery of a preferred choice antibiotic which exhibit time dependent bactericidal effects. The ability to deliver first-line, gold standard continuous infusions of narrow spectrum antibiotics in these settings has benefits to both the patient and wider healthcare system.

Long Term Conditions

The Community Respiratory Service and the Long Term Conditions Teams (including The Community Stoma Nursing Teams and Community Diabetes Nursing Teams) transferred into the Community Nursing Division on 1 April 2024. The services have integrated well into the community nursing model and play a key role in managing care for older people with chronic conditions at home, thereby reducing pressures on secondary care services

Future Focus

Future Focus is a Task & Finish Group, with full representation from Rapid Response Nursing, District Nursing, Community Nursing Management, and Trade Unions, whose purpose is to agree a model of service, which will effectively support current and future service requirements, with particular focus on the realignment of the Rapid Response Service alongside District Nursing as one Community Nursing Service ensuring that the patient receives the right care, in the right place, at the right time, in line with Neighbourhood District Nursing and Delivering Care Phase 3 consultations.

Specialist Palliative Care (SPC)

Foyle Hospice had secured non-recurrent funding from the Cancer Strategy and introduced a 7-day Community Nursing Service Omagh and Fermanagh. However this funding has now ceased and the 7-day element of the service will be stood down from 30th June 2025. This service was an extension to the Trust provided 5 days community nursing service which continues to run Monday to Friday.

The Trust has a contract with Supportive Care UK to provide out of hours Specialist Palliative Care Consultant telephone advice to our wards and community teams. The service operates Monday to Friday 5pm until midnight and 9am to midnight on weekends and Public Holidays. This specialist consultant advice service has been extended to other provider organisations with whom the Trust has a contract, e.g., Marie Curie and Foyle Hospice.

Workforce and skill-mix advances include our Trust's first Advance Nurse Practitioner in Palliative Care will complete her training in October 2025. The main aim of this role is to support our specialist palliative care community teams in the Omagh and Fermanagh area to provide an enhanced level of advice and clinical support to the teams. A District Nursing Sister is completing an MSC on the role of the keyworker in palliative care. The Trust Specialist Palliative Care Team in partnership with NIAS are piloting a programme for newly qualified paramedics (less than 2 years post qualifying), clinical support officers, emergency medical technicians and Ambulance Care Attenders to commence in October 2025. The SPC Dietitian is commencing an MSC module in management with the aim to share this work and guidance on ONS (Oral Nutritional Supplements).

Community Discharge Team

The Community Discharge Team (CDT) commenced operations on 8th May 2025 and is a dedicated multidisciplinary team of nurses, occupational therapists, data intelligence officer, admin and social workers. The CDT is open to adults aged over 18 years, which includes patients who are medically optimised for discharge and who require community support to facilitate that discharge.

The CDT acts as a single coordinator to ensure the safe and timely discharge onto the appropriate pathway for all individuals.

The CDT focus is to continuously improve patient flow within our hospital sites and enhance the patient experience. Within one calendar month the CDT has demonstrated the safe and efficient discharge of 74 patients to inpatient rehab facilities and 59 individuals have safely discharged home with Reablement services.

Homecare Optimisation

Homecare Optimisation is part of the Trust's Delivering Value programme. The key objective is to make better use of available homecare capacity by delivering increased weekly care contacts within existing capacity to help meet growing demand for services. The project commenced in 2022 and was completed in June 2025.

As a result of this initiative 746 cases of unmet need have been accommodated, totalling 7611 weekly care hours. 116 of these cases were patients who had been delayed in hospital. As well as this, a further 7538 hours of spot purchased care have been accommodated within existing block capacity, thereby delivering substantial efficiency gains.

Community Bed Based Intermediate Care

A ward manager in one of our community hospitals, providing bed-based intermediate care, is undertaking the MSc Advanced Nursing Practice course, she has successfully completed modules including Research and Development, Leadership and Person-Centred Practice, as well as her chosen pathway in Adult Medicine and Older People. The course enables nursing skills to improve clinically, through close collaboration with the supervisor who is our consultant in Rehab Medicine.

The post holder facilitates the rollout of the regional frailty training programme across our teams, working alongside fellow ANPs in our directorate. The staff member also leads a trust-registered Quality Improvement project aimed at improving continence care in our intermediate care beds, focusing on the introduction of decaf drinks, a review of continence product use as well as plans to improve continence assessment through nurse education. In addition, the staff member contributes to the PACE documentation in Encompass working group and has completed valuable placements in Respiratory Medicine and with the Hospital at Home team.

The Head of Service for Bed Based Intermediate Care has successfully completed the Proteus Leadership programme that ran from June 2024 to June 2025.

Thackeray Place Residential Home Limavady

A new 7-bed dementia residential unit has been developed within the existing residential home and opened on 12th September 2024. This unit will support the growing demand and need for dementia care beds both from the hospital and within the community.

William Street Residential Home Cityside

A 5-bed rehabilitation unit is being developed within the existing residential home to support hospital flow, which will work alongside the current 20 beds in Rectory Field and the facility began to accept service users aged 18+ years at the end of September 2024. The creation of these 5 beds has increased the number of community-based beds for rehab/intermediate care to 25.

Co-operation and Working Together (CAWT) - Frailty Project

The COPS Directorate successfully secured EU CAWT PEACEPLUS Funding for an Early Frailty Intervention Project covering the Derry and Omagh areas. The project will put in place local community based teams in cross-border localities, to identify people living with (or at risk of developing) frailty earlier. It is anticipated to start January 2026.

Post-Covid Syndrome Service

The Post Covid Syndrome (PCS) service is currently operating in its third year. To date, the service has received almost 900 referrals. Service users are referred by their GP or respiratory/cardiology/ICU consultant. When accepted, they are offered a face to face or virtual transdisciplinary assessment where their symptoms are discussed at length, self-management advice is provided and the need for further input is identified.

The PCS service has established a bespoke, 6-week rehabilitation programme which incorporates gentle exercise and education sessions whilst providing service users peer support. Additionally, the service offers one to one therapy sessions, a 5week psychology based programme and a managing breathlessness workshop depending on the needs of the service user.

Funding has been extended until the end of September 2025, when the service will evolve on a regional scale to the Post-Acute Infection Service (PAIS). This service will mainly include patients with chronic fatigue syndrome/ME, post Covid syndrome and any other post-acute infections.

Care Home Support Team (CHST)

The Care Home Support Team has developed and delivered bespoke training to all care homes across the Trust, which supported the winter surge plan in 2024. The focus of the training was on early recognition of the deteriorating resident and the appropriate and timely action required. Training on Falls Prevention and Post Fall Care in line with the Enhanced Clinical Care Framework guidance as well as Advanced Care Planning in conjunction with the Palliative Care Team was provided. Syringe pump, male and supra-pubic catheterisation training is also ongoing to try and minimise the need for residents having to attend ED.

Training has also been delivered as a result of Serious Adverse Incidents or Datix incidences where areas for improvement were noted and the need for training highlighted.

The CHST delivered 123 sessions of training from April 2024 - March 2025 with 921 attendees. The majority of training is within the care homes, which allows for greater attendance and engagement, as well as developing vital relationships with care home colleagues. This builds trust and better collaborative working.

The CHST has developed a nursing excellence template in a care home in early 2025, with the view of rolling this out across all care homes in due course. The below five key themes will be reviewed, following NICE guidance and the Minimum standards for Nursing Homes

(Care Standards for Nursing Homes, 2022 Microsoft Word - Care Standards for Nursing Homes - Updated December 2022 - For website)

- Medication Management
- Advanced Care Planning
- Falls
- Pressure Ulcer Management
- Eating/Drinking/Swallowing/MUST

Older People's Mental Health (OPMH) - Memory Service

The Quality Improvement work continued within OPMH in 2024-25. The continued improved position during 2024-25 has seen the total number of waits for a new memory assessment reduce from 915 to 295 patients in July 2025. The total number of breaches of the nine week target to be seen has reduced from 711 to 104 in July 2025 and the longest wait to be seen has reduced from 1019 days to 151 days in July 2025. In April 2024, 548 patients were waiting greater than 18 weeks to be seen and this has reduced to 24 in July 2025.

Alzheimer's Society Contract

The Contracts Department and the Alzheimer's Society (AS) have worked in a collaborative manner in 2024-25 to revise the AS contract, to ensure the delivery of a Trust-wide service. The adapted contract now provides for five Dementia Advisors working across the Trust to deliver a waiting well service for those awaiting a dementia diagnosis and a Transition and Living Well with dementia service, as well as education programmes and advocacy at ward level. Initial reviews of the change have indicated good uptake in early 2025-26.

Older People's Mental Health Capital Investment

During 2024-25, there has been significant investment in all four gardens of the in-patient wards, resulting in reduced ligature fencing in all areas, with new and improved furniture in Ash and Oak gardens at the Tyrone & Fermanagh Hospital, which are assessment and treatment wards for Dementia and FMI.

Ward 1, Waterside Hospital, FMI assessment and treatment ward, has also seen investment to reduce ligature risks and other environmental improvements.

Carer Support

The Trust now has 3 face to face Carers Support Hubs throughout the Trust area to support informal/unpaid carers.

The Carers Support Team, together with the MDT GP Social Work Team, continues to provide monthly drop in hubs for carers in the Western Trust. The initial Hubs in Derry and Limavady continue to grow and a new Hub was established in Enniskillen in autumn 2024. A fourth Hub will be launched in Omagh on Tuesday 30th September 2025. This is in response to the closure of a vibrant community group in Omagh due to lack of funding. The aim of the Hubs is to help improve carer's mental and physical health. There has been very positive feedback from Carers who are utilising the Hubs. An online Carers Framework Hub has also been launched to support our staff who are juggling paid employment alongside their caring role. The Hub is also an excellent resource for managers to support staff in a caring role.

The Carer Support Team also organised 3 face-to-face events to celebrate Carers Week.

Absence Management within Residential Care

The 5 Trust Residential Care Homes have been experiencing significant pressure in relation to absence management. This puts a lot of pressure on the staff team to manage rotas and ensure safe levels of staffing to meet residents needs are maintained. There is consequently a heavy reliance on Bank and Agency staff to cover shifts, often at short notice. Whilst regular bank and agency staff are utilised when possible as they are familiar with the service and the residents, this creates an environment in which staff are overstressed and can become burnt out.

From analysis of the data it was also clear that the Care Homes have one of the highest sickness absence rates within the Trust. Therefore, a pro-active response was required alongside the general management of sickness by the Home managers.

Despite this work however, a reduction in the overall sickness related absence rates have not been realised and further work will explore the reasons for this to inform how to manage this challenge moving ahead.

Improvements in relation to SAI and SAI action plans

Within the directorate the main reason for reported incidents recorded is in relation to falls within Care Homes. There have been 2 recorded incidents of Death, one in the community and one in a residential care facility. As a result of SAI Investigations, learning has been identified from each incident and Action Plans developed to share the learning and also address any issues with an emphasis on improving standards.

Social Work Assessment and Review processes – Strabane Community Social Work Team

Since May 2024, the Strabane Older People's Social Work Team has implemented a test of change in relation to the referral screening and assessment process. The Strabane Social Work Team historically have experienced challenges in relation to the demand presenting to the Team, resulting in significant waiting times for individuals referred to the Team receiving an assessment of need. Recognising the need to try and adopt a different approach to manage the flow of referrals and ensure individuals received a timely assessment, the Team introduced a test of change whereby one social work focussed on screening all referrals into the Team and completing an initial NISAT assessment.

This test of change enabled the Team to work from a position where the longest wait to receive an assessment of need reduced from 8 months to within 1 week. Due to the success of this test of change, the Strabane Team made the decision to broaden the scope of their test of change. Caseloads within the team are being reviewed to identify service users with either Telecare only, day care only and/or low level care packages which have been settled for some time. Once identified, the social worker will visit with the service user and if not already done, complete a review to ensure that needs remain stable.

This approach has enabled capacity to be created within Social Worker caseloads for the allocation of new cases.

MENTAL HEALTH

UPDATE ON QUALITY IMPROVEMENT INITIATIVES WITHIN MENTAL HEALTH

TOWARDS ZERO SUICIDE PROGRAMME

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

In Adopting a Zero Suicide Approach we will be:

- Implementing Best Practice (identified by the National Confidential Inquiry and other relevant research), to support Safer Services
- Embedding a Zero Suicide culture with effective leadership, and informed committed staff and teams.
- Improving and developing services through partnership working and engagement with service users, carers, staff, communities and other stakeholders.
- Encouraging continuous learning and application of evidence based practice and models, by staff who are appropriately supported and trained to deliver best practice.

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

- Suicide Prevention Care Pathway/Safety Planning
- Early Post Discharge
- Minimising Restrictive Practices
- Workforce

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

Safety planning is well developed across the Trust and has been spread and scaled across all mental health services, everyone presenting to mental health services are now offered a safety plan, regardless of expressed suicidality at the time. The Suicide Prevention Care Pathway is now implemented in both the Northern Sector and Southern Sectors of the Trust. The Safe Wards initiative, along with Therapy and Safety Crosses has been extended across the in-patient units as part of the minimising restrictive practice workstream. Early Post Discharge workstream has implemented the ‘3 day follow-up’ post discharge from all mental health inpatient units across the Trust, replacing the previous 7 day follow up post discharge appointments.

Suicide Prevention Care Pathway (SPCP)

SPCP is now fully implemented across both Northern and Southern Sectors across the Crisis Response Home Treatment Services, Primary Care Liaison Teams and Mental Health Liaison Teams and Addiction Services. Mental Health Recovery Services will commence in September 2025.

Regional TZS are currently working with Encompass to develop a TZS Suicide Prevention Care Pathway dashboard that will include a dataset relating to all components of the pathway.

Safety Planning
A rolling training schedule is in place for 2025/26 for the delivery of Safety Planning training across all Adult Mental Health teams/services for new staff and refreshing training for existing staff**.**

Early Post Discharge
Early Post Discharge Workstream has fully implemented the 3 day follow up post discharge for all patients discharged from mental health inpatient units. Recent data indicates that over 90% of all discharges have been over a 3 day follow up appointment post discharge.

Minimising Restrictive Practice
A Dashboard has been developed to collate Restrictive Practice data i.e. incidents of Physical Interventions, Violence and Aggression and Rapid Tranquilisation. This data is collected on a fortnightly basis on a SPC QI Chart.

Therapy Cross & Safety Cross Models
Both models fully implemented in both Evish and Carrick Grangewood Mental Health Unit and Elm and Lime Wards Tyrone and Fermanagh Hospital. The Therapy Cross Model has been supplemented with an activity log for staff to complete within the ICU areas to gather more detailed information on this area.

Use of de-escalation techniques promoted (and formally reported on) within inpatient units.
De-escalation Techniques continue monitored via Therapy Cross in Grangewood Mental Health Unit and Elm and Lime wards T&F.

Implementation of Regional Post-incident Debrief/Defusion Principles
Debrief folders implemented on all inpatient wards and CRHTT and defusion sessions monitored via the therapy cross and Practice Educator.

SafeWards Model
The Safewards model is currently being implemented across Adult Mental Health Inpatient Units, aimed at reducing levels of conflict and containment in the ward environment. To date, three of the ten interventions have been implemented across all inpatient units. The delay in fully implementation of all 10 interventions was due to Encompass go live programme of work.

The MRP workstream will ensure full implementation of the 10 Safewards Interventions across both inpatient units.

Workforce
The Workforce workstream will commence the implementation of the TZS Regional Workforce Learning Plan, recently approved at TZS Collaborative Board, throughout 2025/2026.

Adult Psychological Therapy Service
Further to the Quality Improvement project which was completed within APTS a Directorate wide review of Psychology was taken forward. The review of APTS was completed with recommendations identified to deliver further improvements. An APTS Task and Finish Group was established to drive forward implementation of the recommendations with Governance oversight through AMHDS Directorate Delivering Value Project Board. The recommendations have been implemented which further improved the waiting list

performance within the APTS service. The service continues to focus on the recruitment of vacant posts which will further improve capacity within APTS.

MENTAL HEALTH IMPROVEMENT BOARD

The focus of the Adult Mental Health Improvement Board since October 2024 has been on Community Adult Mental Health Services. A deep dive review of AMH Recovery Services has been completed. Primary Care Liaison Services (PCLS) delivered on the Quality Improvement work to achieve the 9 week target across services. The focus on the deep dive within the community review is now on PCLS with process mapping completed to give a more comprehensive understanding of how Community Teams are functioning and how this connects with the wider Crisis and AMH inpatient system.

This work has involved review of key performance activity including compliance with practice standards and direct engagement with teams through process mapping to ascertain what is working well, current challenges and any ideas for improvement.

Recommendations for improvements to Recovery Services has been developed and Task and Finish Groups are established across teams to take forward the recommendations. Teams have already started to test change ideas focused on improving practice, bringing flow into the system, enhancing multidisciplinary team working.

This includes:

- Development of Keyworking Guidance (All Recovery Teams).
- Testing of a Physical Health Monitoring Team (Rossdowney & Slievemore) from 2 June 2025 to improve adherence to practice standards and create capacity in core teams
- Testing of a Management Oversight Tool (Rossdowney) to reduce case drift and improve flow.
- Testing of a multidisciplinary Exit Meeting to bring a more positive risk taking approach to discharge (Fermanagh).
- Testing of additional Social Work Managers to build front line management capacity and enhance social work leadership (Rossdowney and Slievemore), the posts are currently being recruited.
- A move from paper based to electronic systems for scheduling of clinics which has been completed.
- Revisiting the Transition Pathway with CMHOPS/COPS adopting a ‘needs based’ approach to support safe and timely transition.

Scoping is also underway to consider:

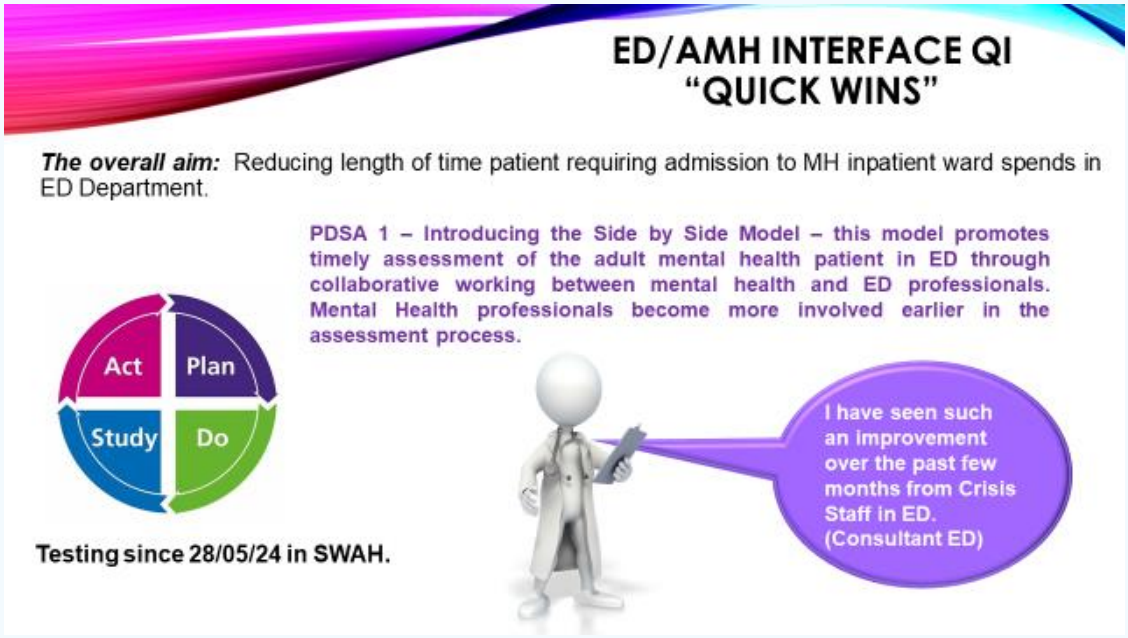
- Testing of a service to provide intensive wrap around support for 18-25 year olds.
- Introduction of Signs of Safety Training to promote a more systemic approach to practice including how Family/informal supports can support safe discharge.
- Test if introducing Structured Clinical Management (SCM) model will reduce the number of crisis assessments required for a group of six service users with personality disorder (reducing attendances for this cohort in Emergency Department and the need for an AMH inpatient admission).

Crisis Planning

As part of the Improvement Board, the Crisis team have begun testing pathways to deliver service improvement for individuals who present in crisis.

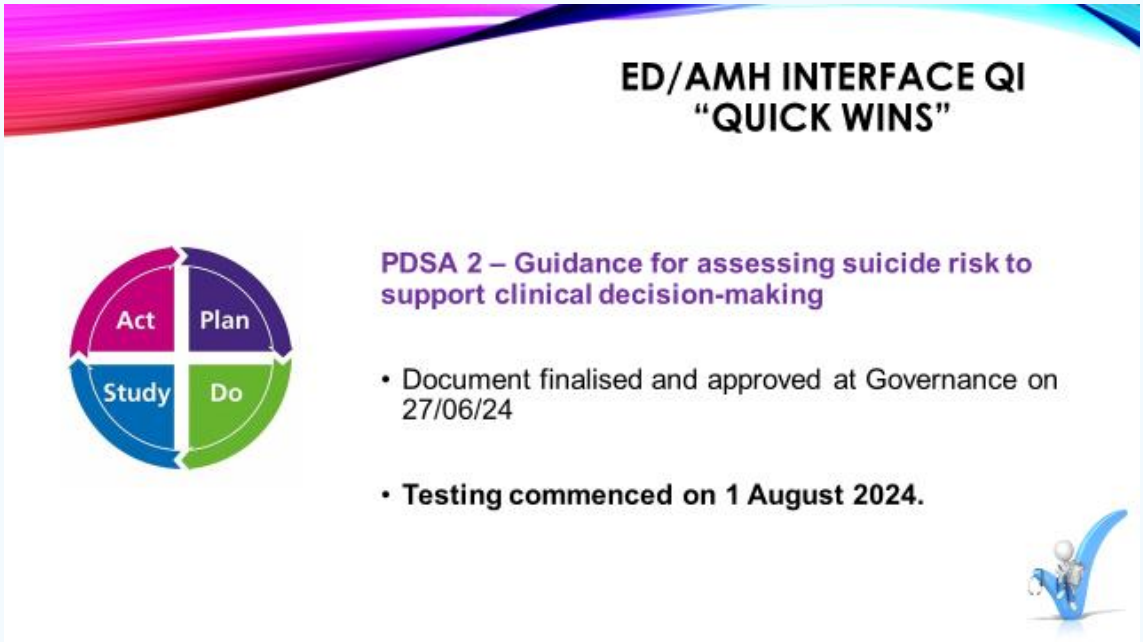
As set out below, these include:

- PDSA1 – Introduction of side by side model in ED SWAH
- PDSA2 – Guidance for assessing suicide risk to support clinical decision making
- PDSA3 – interface meetings between Inpatient and Community services to ensure timely discharge
- PDSA4 – re-purpose Rathview as 7 day assessment facility
- PDSA5 – Increase number of staff on night duty to 2 within Crisis & Home Treatment Teams



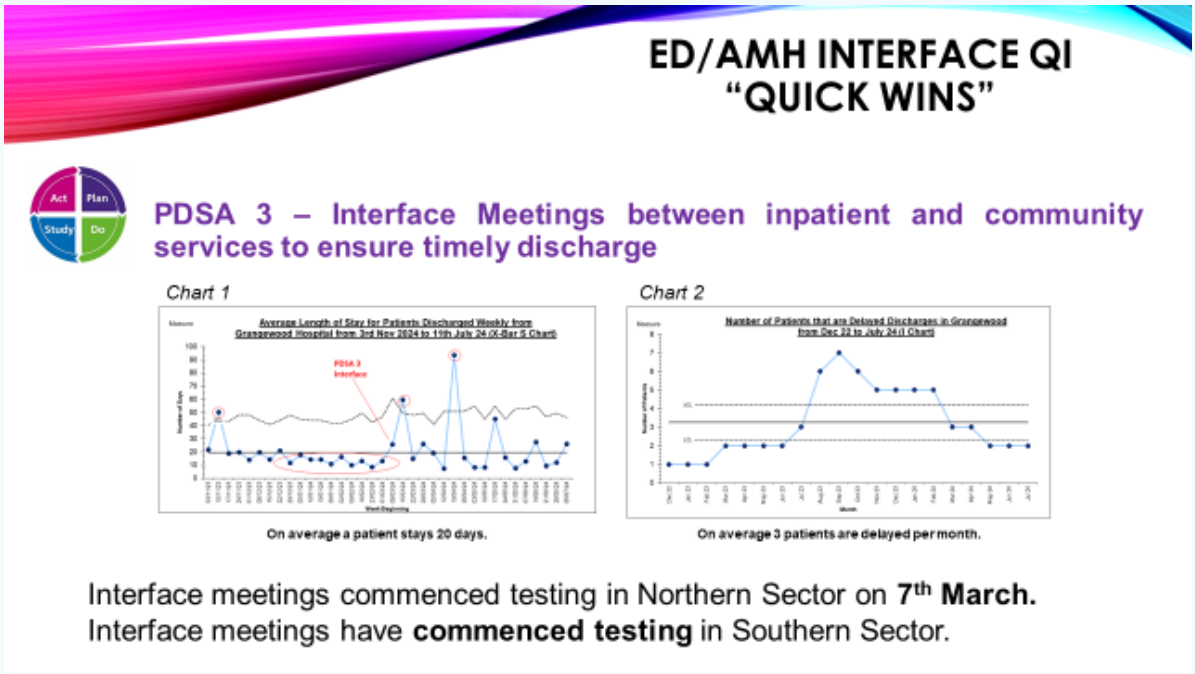
Staff commenced testing side by side model in AAH on 24th April.

On review of data gathered to date from January 2025 to 23rd April 2025 it took on average 7 hours and 14 minutes from patient triaged to assessment completed. Since introduction of side by side this has reduced to 4 hours 48 minutes (**34% reduction in time take for patients to be assessed**)

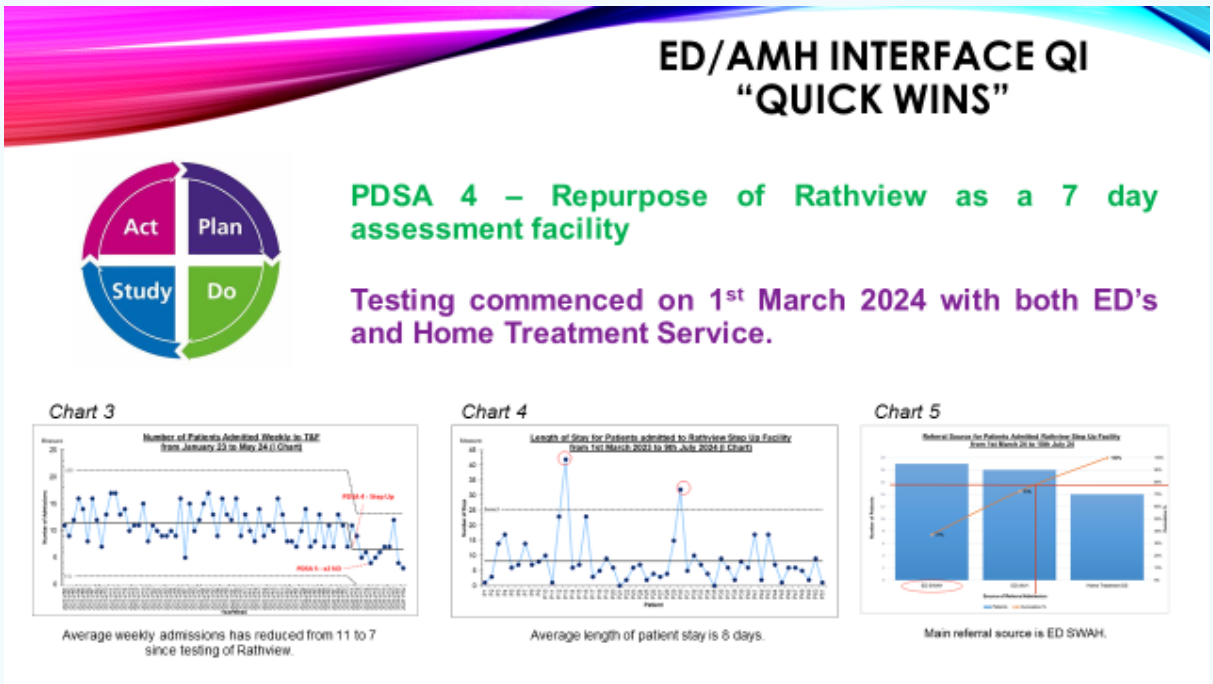


Reviewed at Quick Wins Group on 18/11/2024.

It was agreed this was a useful tool to support practice particularly for the induction of new staff and has been adopted in to practice.



Interface Meetings have been adopted in to practice in both hospitals. ToR has been developed to avoid duplication.

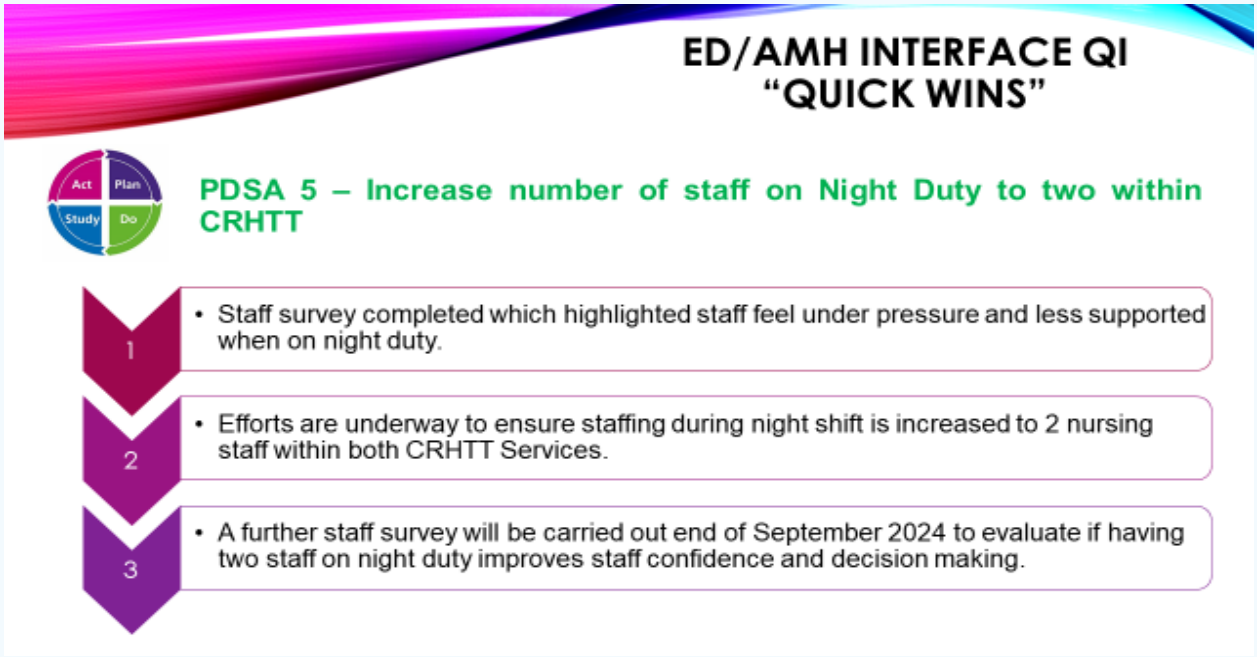


Key Outcomes from Data;

The use of Rathview House as a 7 day assessment unit has been embedded in to practice

- Average length of stay continues to be 7.5 days.
- Increase in referrals triaged by Rathview from CRHTT Trustwide.

- Bed occupancy is steady at 81%.
- SOP has been updated to reflect the new model and ensure compliance with RQIA regulation
- Business case has been developed to replicate the 7 day assessment unit in the Northern Sector of the Trust



Key Outcomes for compliance of 2 staff on night duty;

Two staff on night duty has been accepted as practice

- On average 31% of assessments at night resulted in an inpatient admission, however since the increase in compliance (93% SS, 83% NS) this has reduced to 23% admission at night.
- Compliance in CRHTT NS – was 62% but has increased to 83%.
- Compliance in CRHTT SS – was 75% and increased to 93%.

Additional Crisis Service Quality Improvement initiatives

Improvement Project to improve compliance with Care Plans within AMH in patient wards

To ensure all admissions have a Nursing Care Plan in place that meets required standards

- Baseline data gathered.
- Testing commenced in Grangewood in November 2024 and T&F in January 2025.
- All patients have a care plan completed upon admission.
- Challenges when Encompass went live. New kiosk PC's on wards and single user login access. Technical issues with permissions – now resolved.
- Meetings being established with improvement team to redefine processes to support this test of change regarding compliance with standards of new checklist.
- Regional meetings ongoing with Epic to ensure data optimisation in line with new care plan (not yet available on Encompass)

Nurse Recruitment
To stabilise the Nursing Workforce a business case was developed and supported through CMT to recruit additional Mental Health Nursing Graduates for Crisis Inpatient Wards. 24 additional posts have been created allowing the service to recruit 32 Graduates in September. An agency reduction action plan has been developed to coincide with the recruitment to ensure the service is no longer reliant on agency registered nurses. A robust induction and preceptorship program is being developed to ensure a smooth transition and support staff retention.

SOCIAL WORK / SOCIAL CARE

Children & Young People Potentially at Risk

In terms of children and young people being identified as potentially at risk, it is essential they are seen by a social worker and receive a timely response for assessment. Regional child protection procedures require that children identified as being at risk are seen within 24 hours, and as a Trust we continue to achieve this target consistently. As of 30th April 2025, there were 397 children on the Child Protection Register within the Western Trust, a decrease from 558 as of 30th April 2024.

Looked After Children

At the end of March there were 686 LAC children in the Western Trust, 141 were made LAC in the period April 2024-March 2025. When children come into the care of a Health & Social Care Trust, their living arraignments and care plans must be reviewed regularly to ensure they are safe and well cared for. These reviews also protect their rights under the United Nations Convention on the Rights of the Child, and Article 8 of the European Convention on Human Rights (ECHR).

Every Looked After Child needs to feel secure about where they live in the future. The Trust uses permanency planning to give each child a safe and stable home where they can grow up. This planning starts as soon as a child enters care and continues until a long-term solution is found. The Trust has worked hard to improve this process and aims that all children who have been in care for more than three months receive a permanency panel recommendation.

Facts & Figures

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

100% of Looked After Children had their living arrangements and care plan reviewed within regionally agreed timescales.

70% Looked After Children in care for more than 3 months had a Permanency Panel

Young People Leaving Care

Younger people in care face greater educational challenges than their peers which can be a barrier to finding suitable training or job opportunities when leaving school. It is good practice for schools to start talking about a transition plan when a Looked After Child turns 14 years old, and regularly review these plans when they reach 16 and 17 years old. Social Work teams can support the young person throughout this process. Given most young

people known to the Western Health and Social Care Trust's disability services stay in school until they reach 19 years old, no children known to WHSCT disability services left school as a child in 2024/25.

Facts & Figures
79% 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 who should have adult protection plans in place following investigation. Changes to procedures means that those people identified as at risk and who require an ASP3 (Adult Safeguarding Protection Plan) is only included in data reporting when submitted to the Adult Safeguarding Team. The Adult Safeguarding Team were able to improve on the 62% of adults with a protection plan for 2023/2024 to 83 % for 2024/2025.

Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities. There is a significant population of carers within the region, with 2399 adult carers offered individual care assessments during 2024/25.

Facts & Figures
83% of adults referred for investigation and identified as at risk of abuse, neglect or exploitation during the year had an adult protection plan.

2399 adult carers were offered individual care assessments during 2024/25

Direct Payments

Health & Social Care Trusts can give direct payments to people who are assessed as needing social care. This can empower families to source and arrange their own local care by choosing how support is provided. The number of carers receiving direct payments has been increasing year by year, from 19 in 2021/22 to 1104 in 2024/25. The increase in direct payments has gone hand in hand with more carer assessments being offered and completed, evidencing the commitment of the Trust to support the needs of both service users and carers.

Facts & Figures 5.8c - 1104
1104 adults and received direct payments during 2024/25

Mental Health

Practitioners sometimes need to make difficult decisions regarding the health and social care of someone who may present at risk to themselves or others. Approved Social Workers (ASW's) are specially trained, and under the Mental Health (NI) Order 1986, can recommend hospital detention for assessment. A nearest relative can also request this assessment. ASW's must look for alternatives to hospitalisation, such as support from family or community care. All decisions must always be considered alongside an individual's human

rights enshrined in the European Convention of Human Rights (1998), particularly Article 5 and Article 8.

Facts & Figures
97% of requests for assessment under the Mental Health Order were completed by approved Social Workers in 2024/25

Learning Disability

The Learning Disability Service Framework Standard 20 outlines the importance of adults with a learning disability having an annual health check. Research tells us that provision of annual health checks reduces health inequalities and is effective in identifying previously unrecognised health needs including those with life-threatening illnesses. Due to staffing and GP pressures, there was only 32% of people on the MPI (Master Patient Index) of people who undertook an Annual Health Check in 2024/25 which is a decrease from 44% in 2023/24. There were also a further 89 service users who did not attend scheduled appointments during the reporting year.

Facts & Figures
32% of adults with a learning disability had an annual health check

NEXT STEPS

Following a targeted engagement exercise in 2023/24 with our staff and stakeholder groups, the Trust's five strategic priorities have been reaffirmed and will provide the framework for our corporate objectives and key areas of focus over the next three years. Our staff and stakeholder groups told us that the key areas that the Trust needs to focus on over the next three years are:

- **Workforce stabilisation**
- **Addressing medical workforce challenges**
- **Ensuring efficient use of resources**
- **Maintaining financial sustainability**
- **Reform and rebuild of services**

These are reflected in our strategic priorities and corporate objectives which are:

- **Quality and Safety**
- **Our People**
- **Performance and Access**
- **Delivering Value**
- **Our Culture**

During 2025/26, we will focus on moving forward with these key strategic priorities. Some examples of improvement work planned are highlighted below.

Quality and Safety

Complaints: The Trust acknowledges that we need to become more responsive to our service users. It is hoped that the introduction of the telephone resolution form approach and the introduction of new Complaints Handling Procedures in 2025/26 will help improve response times significantly across all service areas. Work to improve response times to complaints will be a priority for 2025/26.

Incident Reporting: The Risk Management Department will continue to work to make reporting incidents easier for staff to encourage the identification, investigation and reporting of incidents. Work will continue to develop e-learning modules for incident reporting.

The Trust MOVA Group will take forward actions agreed within the action plan relating to the implementation of the Management of Violence and Aggression Framework.

The Trust will continue to work with all stakeholders to identify and embed the learning from SAI reviews to reduce the risk of them happening to someone else.

Personal & Public Involvement: The Trust remains fully compliant with all regional reporting mechanisms and will continue to contribute to the annual PHA assurance process scheduled for June 2026. The Involvement Team will continue to integrate and seek nominations of PPI champions within each directorate to fulfil the statutory requirement of PPI, enhance skillset around involvement and share best practice.

Falls Prevention: In order to reduce the incident of falls within the Trust, a number of actions are planned for implementation during 2025/26 including:

- Support regional work to integrate the post fall medical assessment into encompass;
- Support collaborative work on HSC Safer Mobility NI;
- Explore how technology enabled care can support with preventing falls;
- Support collaborative work regionally in relation to the NIAS referral pathway to falls prevention services;
- Develop a Trust Falls Strategy to set direction for Falls Services;
- The Care Home Support Team will work with additional care homes to reduce incidence of falls as part of a quality improvement project;
- The Moving and Handling Team plan to work collaboratively with practice educators to support the delivery of flo jac demonstrations to colleagues targeting areas where there are higher reporting incidents of falls and staff are reporting low levels of confidence in use of the equipment;
- Explore opportunities to integrate Falls Prevention information and resources into Telecare monitoring services.

Reducing Avoidable Pressure Ulcers: The Trust and the PHA have tasked the Tissue Viability Team with reducing the incidence of avoidable pressure ulcers. As a result, the Tissue Viability Team have identified actions for implementation during 2025/26 including:

- The Tissue Viability service will hold the Annual STOP Pressure Ulcer Day Link Nurse meeting in November 2025 to educate staff on Pressure Ulcer Prevention;
- Continue to provide workshops at all link nurse meetings to cascade learning;
- Plan education sessions for all Directorates to cover Pressure Ulcer prevention, assessment and management;
- Monitor incident reporting system daily for Stage 3 > to ensure timely follow up (Including referral to TVN) and to assess the validity of the Pressure Ulcer;
- World Stop Pressure Ulcer Day will be marked across Trust with pop up stands in hospital foyers and visits to wards and departments with literature and educational material;
- The Tissue Viability service will continue to monitor and support wards/departments in completing Tissue Viability documentation on Digital Health Records providing additional education support where required.

Our People

Looking After and Supporting Staff: Investment and development into supporting staff wellbeing remains a priority within the Western Trust. The Occupational Health and Wellbeing (OHW) service continues to play a key role in supporting workforce stabilisation. The Trust will continue to support staff through flexible working, undertaking appraisals and providing support to maximise attendance at work.

Belonging in the HSC: The Trust will continue to promote equality, diversity and inclusion (EDI) and good relations within our workforce. A plan for regular EDIB communications is being developed in conjunction with the Staff Wellbeing team and will be published within THRIVE magazine. Each article will focus on a different topic in the areas of equality and diversity to improve understanding, awareness and encourage positive conversations about how we can continue to foster an inclusive environment for all.

Three key regional policies: the Disability Equality Policy; Equality, Diversity & Inclusion Policy; and the Gender Identity and Expression Policy will be launched in 2025/26.

Growing for the Future: The Trust will continue to improve recruitment processes and explore innovative approaches to attract staff and address staff shortages. The Trust will also continue to provide opportunities for staff to develop their skills and knowledge and embrace new ways of working through digital technologies.

Revalidation of Nursing & Midwifery Staff: It is our intention to audit compliance with the local processes during 2025/26 to ensure that any lapses in revalidation / registration are being minimised.

Social Work Workforce: A bespoke Leadership Programme has been designed for all Band 7 Social Worker Managers and Senior Practitioners across Children and Families and will be rolled out across adult services in 2026.

Performance and Access

Access and Performance Targets: Recruitment and retention of appropriately trained staff remains a key priority for the Trust and services will continue to progress recruitment through internal, regional and international processes and maximise skills mix.

Cancer Targets: Rising demand continues to challenge meeting cancer waiting time standards particularly the 62 day pathway, radiology and pathology delivery. Consultant workforce challenges exist within Radiology and Pathology and the Trust will continue to work with the Strategic Planning & Performance Group (SPPG) and Department of Health (DoH) to address workforce gaps. The Trust will continue to utilise every opportunity to redesign and modernise services to meet the growing demand.

Delivering Value

The 2024/25 programme for delivering value included work streams in relation to reducing dependency on medical locum agency usage, nurse stabilisation which has focused on replacing agency with substantive nursing staff, a further rollout of the Homecare rota optimisation project, energy efficiency schemes and patient-centred reviews of enhanced care packages. We will continue to build on this work into 2025/26.

Co-operation and Working Together (CAWT) - Frailty Project: The Early Frailty Intervention Project covering the Derry and Omagh areas will put in place local community based teams in cross-border localities, to identify people living with (or at risk of developing) frailty earlier. It is anticipated to start January 2026.

Our Culture

Trust Mission and Vision: This links directly to the HSC core values and has been incorporated into the Trust's three-year Corporate Plan for the period 2024 – 2027 with a specific strategic priority on culture. The Trust will continue to implement the mission, vision and values with a specific focus on developing an open, just and learning culture at all levels within the organisation.

Open Just & Learning Culture: As part of the Trust's continued commitment to supporting an open, just and learning culture the Employee Relations team, in collaboration with Trade Union colleagues, developed the *ER Matters* newsletter to identify and share learning arising from employee relations cases. Going forward, post-case review of grievance, disciplinary and statutory cases will enable further identification and sharing of learning with relevant individuals and teams, with a focus on improvement and prevention.