THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

IMPROVEMENT NOTICE PURSUANT TO ARTICLE 39 OF THE HEALTH and PERSONAL SOCIAL SERVICES (QUALITY IMPROVEMENT and REGULATION) (NORTHERN IRELAND) ORDER 2003

IN Ref No: IN000002  Issue Date: 22 July 2019

Health and Social Care Trust:  Address:
Western Health and Social Care Trust  Western Health and Social Care Trust
(RQIA ID: 020643)  Headquarters,
MDEC Building
Altnagelvin Area Hospital Site
Glen shane Road
Londonderry
BT47 6SB

Responsible Person: Dr Anne Kilgallen, Chief Executive

STATEMENT OF MINIMUM STANDARDS

The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (March 2006).

Standard 5.1

Safe and effective care is provided by the HPSS to those service users who require treatment and care. Treatment or services, which have been shown not to be of benefit, following evaluation, should not be provided or commissioned by the HPSS.

Failure to comply:

5.3 Criteria

5.3.1 Ensuring Safe Practice and the Appropriate Management of Risk

The organisation:

(b) acknowledges and promotes the central place that patients, service users and carers have in the prevention and detection of adverse incidents and near misses;
(f) has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure: awareness raising and staff knowledge of reporting arrangements for adverse incidents and near misses, and whistleblowing arrangements when poor performance and/or unsafe practice in examination, treatment or care comes to light.
5.3.2 Preventing, Detecting, Communicating and Learning from Adverse Incidents and Near Misses

The organisation:

(a) has systems and processes in place to prevent, identify, assess and manage and review adverse incidents and near misses across the spectrum of care and support provided;
(b) promotes an open and fair culture, rather than one of blame and shame, to encourage the timely reporting and learning from adverse incidents and near misses;
(c) has reporting systems in place to collate, analyse and learn from all adverse incidents, and near misses, share knowledge and prevent reoccurrence of adverse incident or near miss; and
(d) has systems in place that promote ongoing communication with service users and carers when treatment or care goes wrong, and puts in place an individual care plan to minimise injury or harm.

Specific failings to comply with the statement of minimum standard:

The Western Health and Social Care Trust (the Trust) has failed to comply with the considered criteria (as above), by failing to ensure that it has a robust system in place for recognition and management of adverse incidents and near misses across the Directorate of Adult Mental Health & Disability Services.

During unannounced inspections of Beech Ward in Tyrone and Fermanagh Hospital undertaken 26 to 28 September 2016, and of Carrick and Evish Wards in Grangewood Hospital undertaken 12 to 13 September 2017, we identified concerns with respect to recognition and management of adverse incidents. In both inspections there was evidence of under reporting of serious adverse incidents (SAI’s), as described in the Health and Social Care Board’s Procedure for the Reporting and Follow up of Serious Adverse Incidents (October 2013 and November 2016). In Beech Ward a failure to debrief and learn from adverse incidents was also noted.

We discussed our concerns with senior Trust Representatives during meetings held in RQIA following each inspection, on 3 October 2016 and 2 October 2017 respectively. Trust Representatives committed to review procedures in relation to recognition and management of adverse incidents and to ensure robust mechanisms were implemented to address the concerns identified.

On 13 March 2019 we undertook an unannounced inspection of Carrick and Evish Wards in Grangewood Hospital, with a particular focus on recognition and management of adverse incidents and near misses and on implementation of learning arising from previous SAI investigations. We identified concerns with regard to systems in operation in these wards. There was evidence of under reporting of adverse incidents and near misses, which the Trust attributed to non-completion of all aspects of the Trust’s incident management system (Datix). We discussed our concerns with senior Trust Representatives at a meeting held in RQIA on 25 March 2019. We agreed Trust Representatives would provide a detailed action plan to RQIA by 15 April 2019.
We undertook a further multi-disciplinary unannounced inspection of acute mental health in-patient wards across Western HSC Trust from 3 to 5 June 2019, including Carrick and Evish Wards in Grangewood Hospital and Lime and Elm Wards in Tyrone and Fermanagh Hospital. During this inspection we again identified concerns with regard to recognition and management of adverse incidents and near misses. We identified incidents which had been incorrectly categorised in the Trust’s Datix system and thus had not been appropriately escalated within the Trust. We discussed our concerns with senior Trust Representatives at a meeting held in RQIA on 10 July 2019. We received limited assurance regarding the actions in progress by the Trust with respect to recognition and management of adverse incidents and near misses.

Following the above meeting (on 10 July 2019) we received further information highlighting that a number of additional adverse incidents were incorrectly categorised in the Trust’s Datix system and thus may not have been appropriately escalated. The Trust subsequently validated this information on 15 July 2019.

The system for identifying and managing adverse incidents and near misses currently in operation across the Directorate of Adult Mental Health & Disability Services in Western HSC Trust is not sufficiently robust. Therefore opportunities to identify emerging risks, to appropriately manage these risks and to implement learning to improve quality and safety of care may be missed.

**Improvements necessary to achieve compliance:**

The Chief Executive, Executive Team and Director of Adult Mental Health & Disability Services must:

1. Undertake an urgent review of information recorded in the Trust’s Datix system, to ensure that they understand the nature and extent of risks captured in the system as it operates across the Trust’s Directorate of Adult Mental Health & Disability Services.

2. Take action to address and mitigate specific patient safety risks (individual, themes and/or trends) identified as part of the above review and ensure these risks are appropriately addressed in a timely manner.

3. Assure themselves that staff across the Directorate of Adult Mental Health & Disability Services have sufficient knowledge, awareness and understanding of adverse incidents and near misses, so that they (incidents and/or near misses) are appropriately recognised and accurately recorded in the Trust’s Datix system. The grading of adverse incidents and near misses must be based on the risk inherent in each event and not on the outcome reported for the event in question.

4. Ensure that there are appropriate structures in place to review, approve, and escalate all incidents, adverse incidents and near misses captured in the Trust’s Datix system as it operates across the Directorate of Adult Mental Health & Disability Services and demonstrate that mechanisms for assuring this dynamic process are sufficiently robust.
5. Design and implement processes to ensure that i) they are regularly updated on the spectrum of adverse incidents and near misses occurring across the Directorate of Adult Mental Health & Disability Services, ii) all incidents and near misses are graded on inherent risk, iii) appropriate mitigating actions have been identified and progressed in relation to risks identified, iv) learning arising from incidents and near misses has been identified and shared with all relevant staff, and v) they and Trust Board receive appropriate assurance(s) regarding the operation of these processes.

The Trust Chief Executive may make written representations to the Chief Executive of RQIA regarding the issue of an Improvement Notice, within one month of the date of serving this notice.

Date by which compliance must be achieved: 22 October 2019

Signed: ........................................................
Director of Improvement and Medical Director

This notice is served under Article 38 and 39 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Department of Health, Social Services and Public Safety.

It should be noted that failure to comply with the measures identified in this Improvement Notice may result in further enforcement action by RQIA.