



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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HEALTH AND WELLBEING 2026 DELIVERING TOGETHER

PROGRESS REPORT – 2021

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SECTION 1: MINISTERIAL FORWARD

‘Health and Wellbeing 2026: Delivering Together’ was published in 2016 in response to huge strategic challenges, including an ageing population, increasing demand, long and growing waiting lists, workforce pressures, the emergence of new and more expensive treatments, and ongoing budget constraints. The strategic direction sought a transformed health and social care service, both in delivery and in planning.

Since becoming Health Minister, I have repeatedly expressed a wish to continue the journey to improve our health and social care services. I am determined to strengthen the health outcomes for our population by making our system better.

This is particularly relevant considering the current context when our services are under considerable pressure. Whilst the pressures were present before the pandemic, they have only increased since March 2020. In my time as Health Minister I have therefore continued with the improvement journey started in Delivering Together. Even whilst in the grips of a pandemic almost £100m of transformational projects were delivered in 2020/21 further improving outcomes through new, innovative, working.

The impressive progress outlined in this report highlights the effects of a dedicated workforce, who are committed to always improving the outcomes for the whole population of Northern Ireland.

I would like to thank all those who have been involved in planning and delivering these projects. You deserve full recognition and admiration. With

your help and support to continue to strengthen our health and social care service we are undoubtedly in a better place than we would have been without the successful delivery of the projects. By doing this we can collectively ensure that Northern Ireland continues to improve our health and social care services to deliver the best outcomes for everyone in society.

This reports outlines the progress made by projects on the ground across a broad range of critical areas – amongst many other initiatives – the reconfiguration of existing services, improved capacity and flow of patients through hospitals, supported and expanded primary care services, strengthened the workforce, invested in e-health, innovation and leadership and developed new practises in social work.

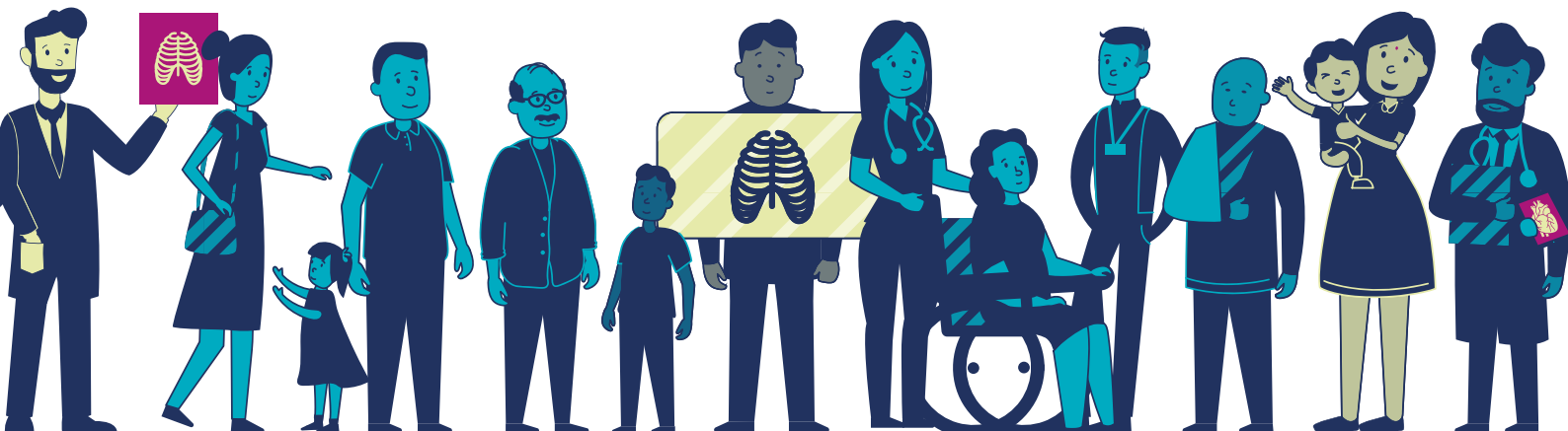
The evidence contained within this report confirms that this programme of activity has been hugely successful in stabilising, reconfiguring and improving our health and social care services.

I am delighted to publish this third progress report which provides an update on the extensive activity undertaken during 2020/21 to help realise the complex long term ambition to improve our health and social care system as detailed in Delivering Together.

Robin Swann, MLA
Minister of Health

SECTION 2:

AMBITION



SECTION 2: AMBITION

Since the advent of 'Health and Wellbeing 2026: Delivering Together' in October 2016, it has been recognised that the journey of Transformation would be an iterative one. And this has been the case.

As was clearly set out in Delivering Together, we faced huge strategic challenges prior to Covid-19. These included an ageing population, increasing demand, long and growing waiting lists, workforce pressures, the emergence of new and more expensive treatments, and ongoing budget constraints.

In just under four and a half years, an extensive catalogue of initiatives - spanning the length and breadth of the HSC - has been progressed which has both challenged and supported the system.

The process of transformation has supported the stabilisation of services and laid important cornerstones in services - such as acute care at home and ambulatory care - which have become integral to the effective running of the system.

It has significantly tested our appetite and ability to reconfigure services in areas such as Stroke and Urgent and Emergency Care, and shone a light on the system's capacity, capability and willingness to truly transform through the creation of new care pathways in Primary Care Multi-Disciplinary Teams and through Day-Case Elective Care Centres.

It has also supported a much needed focus on workforce, and re-emphasised the importance of this most valuable asset in creating a sustainable system for the future.

SECTION 3: LEADING & SUPPORTING CHANGE



SECTION 3: LEADING AND SUPPORTING CHANGE

The governance arrangements for the Transformation of Health and Social Care services initiated by Health and Wellbeing 2026: Delivering Together had two elements; the Transformation Implementation Group which provided strategic leadership for the Transformation programme, and the Transformation Advisory Board, whose role was to act in an advisory capacity to oversee the direction of reform and complement the work of the Transformation Implementation Group.

In response to the COVID-19 pandemic the Strategic Framework for Rebuilding HSC Services was published on 9 June 2020. A new Rebuilding Management Board was established to oversee the Department's work on Rebuilding. The Rebuilding Management Board, subsumed the role of the Transformation Implementation Group and took on responsibility for consideration of key strategic Transformation decisions, in the context of rebuilding.

The Transformation Advisory Board will continue as a forum for engagement on the approach to transformation within the broader strategic context.



SECTION 4: PROGRESS AGAINST OUR AMBITIONS



SECTION 4: PROGRESS AGAINST OUR AMBITIONS

Delivering Together committed to transforming the whole HSC, as one system, by:

- Building capacity in communities and in prevention
- Providing more support in primary care
- Reforming our community and hospital services
- Organising ourselves to deliver
- Enabling transformation

This section of the report details the funding allocations made to and progress made by 92 Transformation projects which were on the ground in the 2020/21 financial year.

IMPLEMENTING A DIABETES PREVENTION PROGRAMME FOR AT RISK PEOPLE IN NORTHERN IRELAND

Objective

To introduce and evaluate a diabetes prevention programme in Northern Ireland.

Total Investment

£1,613,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Implementing a diabetes prevention programme for at risk people in Northern Ireland	253	558	802	1,613

Regional Project

Yes.

Progress

An evidence based diabetes prevention programme has been introduced across Northern Ireland.

After its first year of operation the project demonstrated evidence of lifestyle changes within those patients taking part in the programme, including reduction in weight and a reduction in HbA1c levels which will reduce the risk of the development of Type 2 diabetes.

There have been 107 diabetes prevention programmes with 2120 participants commenced between April 2019 and March 2020. Positive early outcomes, for those completing the programme over a nine month period: include 63% reduced HbA1c, 29% no longer within pre-diabetic range, and 25% remaining the same (delayed onset).

For the first year of the programme, an evaluation plan was developed and operationalised with data evidencing that the service was acceptable from both the perspective of those taking part, and from primary care teams making referrals to the service.

The impact of COVID-19 meant that the programme became virtual in the second year of operation, demonstrating its adaptability.

A further 54 virtual programmes began in 2020 hosting 578 participants and whilst it is too early to ascertain what the retention rates are with this virtual programme, 80% of participants remain engaged.

In total, of the 1,064 participants who have completed the programme to date (as at November 2020):

- 72.6% had reduced HbA1c
- 59.8% are now within a normal range
- 12.6% had no change in HbA1c – a positive outcome as no progression
- 15% of participants had an increased HbA1c
- There was an average 4.4kg weight loss
- There was an average weight loss of 5.7% of body weight

Strategic Importance

Type 2 diabetes is one of the most common long-term health conditions in Northern Ireland, associated with significant morbidity, mortality and healthcare costs. Delivering Together aims to manage the ageing population with long term conditions. It is estimated that by 2027 there will be a further 45,000 cases of Type 2 diabetic patients across Northern Ireland.

In addition, NHS England and Diabetes UK have summarised their findings on the links between COVID-19 related deaths and diabetes stating that of all COVID-19 hospital deaths in England between March and May 2020, a third of these deaths happened in people with diabetes.

TRANSFORMATION OF HEALTH CARE IN THE CRIMINAL JUSTICE SYSTEM

Total Investment
£1,588,000

Objective

To improve access and the quality of health care in the Northern Ireland prison system in line with the strategic direction set out in the Joint Department of Justice / Department of Health Action Plan.

In addition, in terms of the wider criminal justice pathway, to pursue the partnership working between the Department of Justice and the Department of Health to roll-out nurse led provision in custody suites across Northern Ireland.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Prison Healthcare	142	333	350	825
Piloting a nurse-led on-site police custody healthcare service	290	220	253	763
	432	553	603	1,588

Regional Project

Yes. The South Eastern HSC Trust (SEHSCT) provides healthcare for the whole of Northern Ireland's prison population.

Progress

The SEHSCT have progressed five projects in relation to prison healthcare that have been assessed by HSCB and PHA professionals, as delivering real benefits to the prison population across all prison settings.

Allied Health Practitioners have provided new services across a range of areas, for example, dietetic practitioners have supported over 200 men with advice and courses, such as the expansion of the Cook It programme via the training of 12 new tutors.

Physiotherapists have held over 85 new clinics, seeing over 580 clients for Chronic obstructive pulmonary disease related issues, with 275 GP appointments released as a result of this work.

Additional pharmacy capacity within prisons has improved medicines management along with the promotion of the physical health benefits to prisoners with regard to smoking cessation. Between April 2019 and March 2020, 34 prisoners participated in smoking cessation activities.

A peer support worker initiative has assisted in addressing the high levels of mental health and anxiety

within the prison population. Peer support workers provide both group, and one-to-one interventions, and hold a case-load of 10 individuals at any one time.

Nursing Assistants were introduced to offer skills mix and ensure nursing time was used effectively. In addition, these nursing assistants are now in a position to be accepted on to the Open University's Nursing Programme and to work towards professional registration.

In respect of the provision of health care in police custody suites, this joint initiative with the Department of Justice was established as a pathfinder in Musgrave Street Police Station, Belfast.

Such has been the success of this pathfinder that, in May 2020, the Police Service of Northern Ireland (PSNI) and Public Health Agency (PHA) submitted a joint business case for its roll out across all PSNI custody suites. The business case detailed monetary and non-monetary benefits including that since the introduction of the nurse led model, there has been a significant reduction in detained persons being referred for treatment in hospital emergency departments as they are now able to receive appropriate treatment within the custody suite. The number of referrals to hospital dropped by 42% from December 2018 – November 2019, compared to the previous year. Since the business case was submitted the custody pathfinder has also embarked on a pilot to screen for Blood Borne Viruses (BBV), commenced a Clean Needle Provision Service and administers Covid-19 screening to help limit the spread of the virus in police custody. The roll-out of the scheme has been delayed but it is envisaged that it will be operational in Antrim Custody Suite by the end of 2021/22.

Strategic Importance

These initiatives support delivery of the, Improving Healthcare within the Criminal Justice Strategy and Action Plan, Health and Wellbeing 2026: Delivering Together, and the draft Programme for Government for Northern Ireland in that they are helping to address inequalities in Northern Ireland.

This is also further reflected in Making Life Better, and also in New Decade, New Approach, which reiterates the Northern Ireland Executive's intention to 'Delivering a fair and compassionate society that supports the most vulnerable'.

IMPLEMENTING A NEW METHOD OF CARDIAC REHABILITATION DELIVERY, OUR HEARTS, OUR MINDS PROJECT

Objective

To help individuals across the cardiovascular disease spectrum by implementing an innovative evidence-based, community preventive cardiology programme delivered by a multidisciplinary team.

Total Investment

£1,697,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Implementing a new method of cardiac rehabilitation delivery, Our Hearts, Our Minds	199	758	740	1,697

Regional Project

No. Project delivered within Western HSC Trust only.

Progress

A total of 990 patients have taken part in the programme which is now well established and has shown substantial improvements across all the domains of cardiovascular health including:

- A reduction of 54% in smoking status;
- Improvement in adherence to a cardio-protective diet, evidenced by an increase of three units in the Mediterranean Diet Score. To put this in context, an increase of 1.5 units is associated with a 30% relative risk reduction in cardiovascular disease events;
- Improvement in physical fitness as evidenced by an increase in METs (a ratio of your working metabolic rate relative to your resting metabolic rate) from 6 - 7.5. To put this in context, one MET increase is associated with an 8-17% reduction in all-cause mortality;
- A reduction in weight by 3.2kg in those who had a BMI greater than 25kg/m², as well as reductions in central obesity – i.e. waist circumference reduced by 5cm;
- Overall achievement of blood pressure and cholesterol targets of 89%, and prescription of statins and Angiotensin-converting enzyme (ACE) inhibitors of 98% and 96% respectively at the end of the programme.

In May 2020, in response to the Covid-19 pandemic, the programme transitioned rapidly to a virtual platform which included assessment via video/telephone, group virtual education sessions and the provision of a Fitbit smartwatch to patients.

The Western Trust is to become the first healthcare institution in the world to offer its cardiovascular patients a Fitbit smartwatch in combination with an app to detect atrial fibrillation through the programme. The Trust is reporting adherence and attendance rates being extraordinarily high and demonstrating a decrease of 9% in re-admission rates compared to the same period the previous year.

Strategic Importance

The Our Hearts Our Minds project contributes to the Delivering Together aim of Building Capacity in Communities and in Prevention. The outcomes for the project will be used to inform the future delivery of cardiac rehabilitation across Northern Ireland. A cardiac rehabilitation needs analysis is due to be carried out across all Trusts from March 2021 to assist with this.

COMMUNITY DEVELOPMENT FRAMEWORK IMPLEMENTATION

Objective

To implement the Community Development Framework through the development of a capacity building programme, ELEVATE, and the establishment of a governance structure, the Implementation and Innovation Board.

Total Investment

£649,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Community Development Framework implementation	113	350	186	649

Regional Project

Yes.

Progress

The ELEVATE programme was established to build the capacity of individuals and organisations to use community development approaches as a way to reduce health inequalities.

Significant progress has been made including:

- Establishment of an online Community Development Portal that has seen almost 6,000 users this year;
- Building sustainable resilient communities through positive collaboration mentoring of organisations / groups via the development of a community mentorship programme, with five mentor organisations (one per Trust area) supporting a total of 34 organisations in 2020/21.
- Online training has been delivered to 201 participants this year, from a range of sectors including the community and voluntary, HSC Trusts, Allied Health Professionals, GPs, and other Government Departments.
- Developing and refining an evaluation framework to demonstrate the impact of Community Development. To date 38 participants have received training on the framework, which will be piloted by the Public Health Agency from April 2021.

In addition to the ELEVATE programme, a Community Development Implementation and Innovation Board (IIB) has been established to support the delivery of ELEVATE and embed effective community development practice across health and social care and wider statutory and community based organisations.

The programme adapted very quickly and moved online in response to the pandemic, with feedback from participants positive throughout. To date this year, all 20 of the planned training workshops have been carried out with 201 participants while a waiting list for further training has been established.

An early evaluation completed in March 2020 by Community Evaluation NI, highlighted that the programme has been welcomed across the wider health and social care system and community and voluntary sector, and demonstrates enhanced skills and knowledge regarding community development approaches to tackle health inequalities as a result of the training.

The project is playing a vital role in supporting the most vulnerable by equipping grass roots community development organisations, practitioners and volunteers with the tools, knowledge and resources to identify, and take collective action on root causes of health inequalities.

In addition to the successes noted above, the IIB and the ELEVATE programme have also been supporting a number of other key transformational projects including an Integrated Care Partnership workshop with a subsequent health inequality pilot currently underway within the South Eastern Health and Social Care Trust (SEHSCT).

The long term aim of the project is to upskill community development practitioners with the knowledge, resources and support to engage with their local communities to identify local priorities, and to work in partnership with statutory providers to tackle the root causes of health inequalities. The project is assisting local communities to identify and find solutions to improving their own health and wellbeing outcomes and doing so with maximum economy

Strategic Importance

Community Development has a strong contribution to make to achieving health and wellbeing outcomes. The health and social care system, irrespective of how effective and efficient it can be can only ever address a limited dimension of health. It is the intrinsic resources of communities - their strengths, knowledge and skills that the Community Development Framework is harnessing. The project is aligned to a number of strategic plans including the draft Programme for Government, Making Life Better, Delivering Together and Community Planning Processes. The project contributes to the Delivering Together aim of Building Capacity in Communities and in Prevention.

DYSPHAGIA NI: A PARTNERSHIP APPROACH TO SUPPORTING EATING, DRINKING AND SWALLOWING DIFFICULTIES FOR ADULTS IN NORTHERN IRELAND

Objective

To develop a partnership approach to support the eating, drinking and swallowing (dysphagia) needs of adults in Northern Ireland and enable an integrated approach to supporting improved access to services, early identification and prevention, learning from patient experience and improving the safety of people with swallowing difficulties.

Total Investment

£1,905,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Dysphagia NI	131	930	844	1,905

Regional Project

Yes.

Progress

A mandated safety programme has been implemented across Northern Ireland to improve the safety of adults and children with eating, drinking and swallowing difficulties and as a result, the eating and drinking care plans for 1,300 service users has been reviewed.

A regional eLearning programme has also been developed to support health care workers' knowledge, identification and management of people with swallowing difficulties. Within six weeks of the launch of this programme, 390 staff members had completed this online training and received certification. In addition, approximately 2,500 face-to-face dysphagia awareness training sessions have been provided across the HSC, including Trusts and independent care homes.

Work has also been progressed to improve the identification and management of dysphagia and to work towards regional consistency including; the introduction of a regional swallowing difficulties observational checklist; health professional access to dysphagia friendly medication information; and regional priorities and guidance documentation available on a single online platform.

With COVID-19 acting as a catalyst for the need to move to digital engagement, in this and many other services, a regional TeleEDS pilot was progressed.

This pilot has allowed clinical consultation via teleconferencing, improving access to services for care home residents, and providing professional support for staff managing people with swallowing difficulties.

As a result of this service redesign there has been a 91% reduction in waiting times for a routine swallowing assessment in care homes from 52 weeks to an average of 4.7 weeks. 109 patients were assessed and treated as part of the initial pilot phase.

As part of this pilot 1,550 dysphagia menus in residential care homes and acute care were audited to ensure suitable eating and drinking plans were in place, and a regional scoping exercise was carried out, with 120 service users, 74 stakeholders and 62 speech and language therapists consulted, to put people's voices at the heart of system change.

Work has also been progressed to raise public awareness of swallowing difficulties through GPs, pharmacies, and HSC Trusts. A regional partnership has been established between HSC Trusts, the HSCB, and PHA to collect and share Dysphagia data. Dysphagia guidance packs - sharing links to online information - were sent to 249 nursing homes, and 234 residential care settings during the pandemic.

Strategic Importance

The project is aligned to a number of strategic plans including Delivering Together which aims to build capacity in communities and in prevention, reform community and hospital services, and organise ourselves to deliver.

DEVELOPING A MULTI-DISCIPLINARY IN-REACH SUPPORT FOR NURSING AND RESIDENTIAL CARE HOMES

Objective

To enhance and expand the knowledge and skill of care home staff to meet the urgent and critical care needs of residents with the aim of reducing avoidable attendance at emergency departments, admission to hospital, and the appropriate use of out-of-hours services.

Total Investment

£1,917,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Developing a Multi-disciplinary In-reach Support for Nursing and Residential Care Homes	240	879	798	1,917

Regional Project

Yes.

Progress

Multi-disciplinary Care Home Support Teams have been established in each Health and Social Care Trust area with a total of 23 staff including nursing, social work, physiotherapy and dietetic professionals working across five teams.

All Care Home Nursing Support Teams have been enhanced to respond to COVID-19, and became the single point of contact with care homes during the pandemic. These teams, provide updates / support in relation to the ever-changing guidance including e-learning links, Infection, Prevention and Control (IPC) guidance, swab testing, face fit testing and, COVID-19 testing. They also provide clinical care support to meet the needs of those communities of critically vulnerable people living in care homes.

Since 2018, the Care Home Nursing Support Team in the Belfast Health and Social Care Trust has placed emphasis on upskilling nursing home staff to develop clinical skills by undertaking routine catheterisations, gastrostomy tube changes, and managing syringe pumps independently. The result is that nursing teams now rarely have to provide this service.

In the Northern Health and Social Care Trust in 2019/20, as a result of the work of the Care Home Nursing Support Team, the number of referrals to the hospital diversion team reduced from a peak of 12 per month, to a maximum of two per month.

The overall complaints and incidents reported by care homes to the South Eastern Health and Social Care Trust have reduced since the Care Home Nursing Support Team has been established. The number of complaints has reduced from just under 40 in the first quarter of 2018/19 to five in the same period for 2020/21. The number of incidents has also dropped from over 2,000 per quarter, to less than 500 over the same time period.

In the Southern Health and Social Care Trust, support from physiotherapy through the Care Home Nursing Support Team has raised awareness of fall prevention techniques, utilising technology to keep residents safe, and supported care home staff to deliver individualised care to residents with complex moving / handling needs.

The Western Health and Social Care Trust Care Home Nursing Support Team has delivered bespoke training, with 32 sessions delivered to 302 attendees up to March 2020. Since the onset of COVID-19 bespoke training has been delivered in nine training sessions, with 100 attendees.

Strategic Importance

This project supports delivery of the aims of both Delivering Together – reforming our community and hospital services - and Making Life Better by improving the health of our people; improving the quality and experience of care, and by ensuring sustainability of our service by measuring, monitoring and evaluating the care delivered in care homes.

SUICIDE PREVENTION - TOWARDS ZERO SUICIDE

Objective

To improve patient safety and outcomes, and reduce suicides in mental health patients.

Total Investment

£1,361,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Suicide Prevention - Towards Zero Suicide	127	615	619	1,361

Regional Project

Yes.

Progress

This project is running to timescale, with early set-up targets realised and quality improvement testing rolled out as planned. Work was stalled due to COVID-19 pressures from March – September 2020 but quickly reconvened.

Work to date has included the establishment of a multi-professional, five HSC Trust collaborative team of work streams that includes prison health care. A systematic review of adult mental health services has been conducted against the National Confidentiality Inquiry into Suicide and Self Harm Recommendations for Safe Services to identify new opportunities to improve patient safety, focused on suicide intervention and management.

As a result, six quality improvement projects are now in place and a learning partnership has been secured with Mersey Care NHS Trust including;

1. Co-production – work involving people with lived experience, carers and bereaved families in shaping suicide prevention interventions and priorities;
2. Workforce Learning & Development – producing a learning plan aligned with suicide prevention and self-harm competencies and roles, and developing local capacity to deliver on same, including the development of online training accessible to all HSC staff;
3. Collaborative Safety Planning QI Project- Final implementation testing of two safety planning models for regional use, and a six month spread and scale plan will follow to support consistent evidence-based safety planning practice across services and prisons;

4. Minimising Restrictive Practice (MRP) QI Project - Drawing on Trauma informed practice, service user feedback and evidence-based practice, this work aims to reduce the use of Restrictive Practices by 30% in identified wards in each Trust by the end of December 2021 through MRP project teams established in each Trust;
5. Suicide Prevention Care Pathways (SPCP) QI Project – Approval has been obtained to pilot a SPC Pathway in pilot sites in Adult Mental Health in Northern, South Eastern, Southern and Belfast Health and Social Care Trusts and in Northern Health and Social Care Trust Child and Adolescent Mental Health Service (CAMHS).
6. Early Post-discharge appointments – A new work stream has recently been set up to explore the safety benefits and resource/service changes required in order to offer earlier post discharge follow up to inpatient mental health care.

Significant work has also been progressed in the areas of safety planning, minimising restrictive practice in line with the ongoing Mental Health Action Plan Review of Restraint and Seclusion, three day follow-up, and the learning plan.

Strategic Importance

Northern Ireland has the highest prevalence of mental health problems in the UK. The legacy of the Troubles is also recognised as having an impact on mental health in Northern Ireland with 39% reporting experiencing a traumatic event relating to the Troubles.

This project aligns with the aims of the Department's Protect Life 2: A strategy for Preventing Suicide and Self Harm in Northern Ireland 2019-2024, the Department's Mental Health Action Plan (2020), and Mental Health Strategy 2021-31.

It also aligns with the NI Executive's renewed commitment to transformation which focusses on well-being and support for mental health services, through both Delivering Together, and New Decade New Approach.

SUICIDE PREVENTION - PROTECT LIFE 2

Total Investment

£176,000

Objective

The project objectives are to:

- Support responsible media reporting on suicide by promoting the use of, and compliance with, media guidelines and promoting best practice guidelines on memorials and social media gatherings.
- Support the development and implementation of local Protect Life 2 action plans across the region.
- Build knowledge and awareness of the function and role of local Protect Life 2 Implementation Groups, in meeting community needs.
- Build knowledge and awareness of mental health / suicide prevention services.
- Support and inform the commissioning of community-based suicide prevention services by the Public Health agency.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Suicide Prevention- Protect Life 2	0	0	176	176

Regional Project

Yes.

Progress

The project has supported responsible media reporting on suicide by promoting the use of, and compliance with, media guidelines and promoting best practice guidelines on memorials and social media gatherings through the delivery of a series of engagement workshops and interviews with persons with lived experience and stakeholders to test and evaluate the pilot concept and the development of a web platform.

Each of the five Protect Life 2 Implementation Groups have developed local action plans which are currently being delivered in each of the five HSC Trust areas across NI. These plans are addressing unmet needs within local communities to either support those that are awaiting services to ensure that they do

not escalate, or to provide a support to individuals to help keep them from requiring access to services by promoting resilience and emotional wellbeing. The delivery of the action plans also builds knowledge and awareness of the function and role of local Protect Life 2 Implementation Groups, in meeting community needs.

Delivery of the action plans were completed by the end of March 2021 with approximately 11,000 people benefiting from this work. It is anticipated that the outcomes from the delivery of the action plans will include increased awareness of prevention and post-event services and how these can be accessed; increased hope and resilience; improved collaboration; and enhanced community capacity to prevent and respond to suicidal behaviour within communities.

To inform and support the commissioning of community based suicide prevention services, a specially appointed facilitator has held two engagement events with five individuals bereaved through suicide, with twelve community and voluntary sector organisations, ten statutory organisations, and academia including Ulster University and Queens University Belfast, Barnardo's, YEHA (Youth Education Health Advice), Family Forum, Families Voices Forum, Papyrus, Extern, PSNI, various local councils and members of HSC Trusts. One to one interviews have also been carried out with five people with lived experience of suicide ideation, or who have been bereaved through suicide to inform this important work.

Strategic Importance

This project links directly to actions outlined within, Protect Life 2 (PL2): A strategy for Preventing Suicide and Self Harm in Northern Ireland 2019 -2024.

It also supports the aim of Delivering Together to build support in communities and in prevention.

DEVELOPING A MULTI-AGENCY TRIAGE TEAM

Total Investment
£754,000

Objective

This initiative enables the Police Service of Northern Ireland, Northern Ireland Ambulance Service, and Belfast and South Eastern Health and Social Care Trusts' mental health professionals to work collaboratively, to ensure the most appropriate care possible for people when concerns about their mental wellbeing are reported via the 999 and 101 systems.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Developing a Multi-Agency Triage Team (MATT)	0	577	177	754

Regional Project

The initiative is currently delivered in the Belfast and South Eastern Health and Social Care Trusts areas only.

Progress

Progress: The Multi Agency Triage Team (MATT) is a service of mental health professionals working alongside dedicated police officers and paramedics. It has been proven through this initiative that both users and those delivering the service consider MATT to be a positive alternative to the existing services for those experiencing a mental health crisis out of hours.

Prompt response times, the reduced need to attend / wait in emergency departments and the reduction in incidences of arrest have been welcomed by both users and staff, e.g. in 300 cases who would normally have been taken to emergency departments this was prevented in 238 cases, representing a 79% reduction.

In addition, 123 referrals would have been considered for the use of an Article 130 of the Mental Health (NI) Order 1986 and due to MATT input this was prevented in 114 instances, indicating a 93% reduction of involving potentially stigmatising legal processes whilst still providing the most suitable care for the individual. In over half of the referrals during the evaluation period the immediate crisis was de-escalated (n=225); in 72 of these instances referrals to mental health and substance misuse services were made to address the person's issues comprehensively and without having to use the emergency department route.

Strategic Importance

This initiative supports the delivery of a number of key strategies including Making Life Better and Delivering Together and No More Silos. In addition to supporting the delivery of targets in the Joint Commissioning Plan and Commissioning Plan Direction on reducing conveyancing rates and ED presentations, the programme also supports the delivery of the Protect Life 2 Strategy which identifies the need for early intervention to promote emotional resilience and frontline intervention for those in crisis.

DEVELOPMENT OF DERRY COMMUNITY CRISIS INTERVENTION SERVICE

Objective

To respond to individuals observed to be in distress and potentially vulnerable and who would in all likelihood come to significant harm through self-harm and/or suicidal behaviour.

Total Investment

£107,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Development of Derry Community Crisis Intervention Service	20	27	60	107

Regional Project

Project delivered in the Western Trust area only.

Progress

The project commenced in January 2019 and is operational three nights per week over the weekend period in the Londonderry/Derry area. In 2019 the scheme had 212 interventions and in 2020 had 431. The majority of those helped by the service were in suicidal crisis, or there was a significant risk of loss of life as a result of the presenting crisis.

The service, which is provided by Extern, delivers a non-clinical community response within 30 minutes to individuals experiencing social, emotional or situational crisis. Individuals are offered a short term solution which includes risk assessment, de-escalation, support and identification of personal support options from friends or family. The service will also identify appropriate onward referral and signposting, advising the service user on how to avail of the appropriate service.

Strategic Importance

The objectives of this initiative align with the Protect Life 2 Strategy, Delivering Together which aims to build more capacity in communities and in prevention, and New Decade, New Approach which reaffirms the NI Executive's commitment to transformation and which includes a greater focus on mental health and wellbeing.

DEVELOPING AN EARLY INTERVENTION SUPPORT SERVICE

Total Investment

£1,779,000

Objective

To provide an evidenced based regional coherent offer of early intervention family support for children, young people and families to support families when problems first emerge before the need for statutory involvement.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Developing an Early Intervention Support Service	518	831	430	1,779

Regional Project

Yes.

Progress

The Early Intervention Support Service (EISS) has been established and tested as a new family support regional service model supporting circa 600 families annually working closely with the Family Support Hub network. A coherent regional evidenced informed family support model has been developed. One third of the 7,590 families identified annually through Family Support Hubs across NI with emerging vulnerability have access to an evidenced informed EISS.

EISS is monitored on a quarterly basis and report cards are produced annually. In 2019/2020, 720 families were referred to the service with 581 families receiving support.

Outcomes Star™ is the assessment tool used to establish an initial base line and to measure progress by families during and at the end of the intervention. 93% of families showed improvement in at least one of the outcome areas including; improved parenting skills/capacity; improved family relationships; increased participation/involvement in education/training/employment or improved emotional wellbeing.

An evaluation of the EISS completed by Queen's University Belfast (QUB) indicated that EISS is an extremely well received service that is clearly addressing unmet need.

Strategic Importance

EISS contributes to the Delivering Together, Health and Wellbeing 2026 commitment to give every child and young person the best start in life, and to increase the support provided to children, young people and families from before birth to adulthood. It also supports the implementation of the Executive's Public Health Framework "Making Life Better" and its ambition to give every child the best start.

Delivering together has committed to build on the success of the Early Intervention Transformation Programme and enhance early intervention services. By increasing early support to families the need for later intervention will be reduced, such as the need for children to come into care. This is consistent with New Decade, New Approach commitment to maintain the transformation agenda.

EISS will be particularly relevant and important in supporting the implications of disruption and pressure on families in the context of COVID-19 which has created very specific challenges to the psychological health and wellbeing of the whole population. The pandemic has brought increased pressure to children, young people and families in Northern Ireland.

HIV / PRE-EXPOSURE PROPHYLAXIS (PREP) SERVICE

Total Investment

£1,233,000

Objective

A Risk Reduction Clinic was introduced in Northern Ireland in July 2018. The clinic offered interventions aimed at reducing unsafe sexual behaviour, along with PrEP (Pre-exposure prophylaxis), to patients meeting risk-based criteria. PrEP is the use of antiretroviral drugs to protect individuals at risk of acquiring HIV.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
HIV/PrEP Service	210	620	403	1,233

Regional Project

Yes.

Progress

The PrEP service was established three years ago in 2018/19 with the use of transformation monies into both the Belfast and Western Trust. In 2020/21, due to Covid related pressures the Belfast service ceased at the end of March 2020 with staff being transferred to support COVID-19 related pressures. All patients were advised they could be repatriated to their Trust of residence as of November 2020. The Belfast clinic is not anticipated to be fully operational until April 2021. The WHSCT service continued to accept patients from across Northern Ireland throughout 2020/21 and from the monitoring information available we can see that against a target of 720 client/patient visits that there were 773 client/patient visits with 308 patients established on PrEP since the commencement of the WHSCT PrEP service in September 2019.

This PrEP service, in conjunction with the online testing service has the potential to increase sexual health testing and to detecting and treating more Syphilis, Chlamydia and Gonorrhoea infections, thereby reducing their onwards transmission. Trusts are working with the HSCB/PHA to provide the necessary monitoring information to reflect the project delivery period within each Trust.

The use of PrEP is worldwide and it has been deemed as a “miracle drug” in the fight against AIDS/HIV. It is already available through the NHS in England, Scotland and Wales. Much has been written about the use of PrEP, its efficacy and cost effectiveness. The establishment of a PrEP clinic in each Trust area is truly transformational within Northern Ireland and is widely supported by patients and clinical teams – it is fully endorsed as a necessary and strategic way forward.

In addition, for those at sexual risk of HIV and who are aware of PrEP and willing to take it, HIV is almost completely preventable with appropriate access to this service. Failure to continue to provide a recommended intervention will leave NHS clinics open to complaints, as well as possible legal recourse should a patient become infected with HIV as a result of not being able to continue to access appropriate PrEP services.

It is acknowledged that the availability of PrEP clinics is meeting a previously unmet need of at-risk clients to the service for HIV testing and STI ((Sexually Transmitted Infection) screening, who have never previously attended clinics or been tested. From the latest PHA figures we can see a clear decline in the number of new HIV diagnoses among MSM. This suggests that at least 20 new infections were prevented in the first year of PrEP clinics being made available

Strategic Importance

The development of a Northern Ireland PrEP service is enshrined within the ethos of the Delivering Together vision as it seeks to radically reform the way services are designed and delivered with a focus on person centered care and to build capacity in communities and in prevention to reduce inequalities.

While PrEP represents an important new method of preventing HIV transmission, it is part of an overall prevention strategy which includes HIV testing, risk-reduction counselling, condoms, sexually transmitted infection management and viral suppression through treatment of those infected with HIV. England, Scotland and Wales have already commissioned a HIV PrEP service as a core standard of care within their Sexual Health services.

DEVELOPING HEALTH AND SOCIAL CARE SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS IN NORTHERN IRELAND

Objective

To continue and develop health and social care services for people experiencing homelessness in Belfast and establish appropriate services in other Trusts on a sustainable and equitable basis.

Total Investment

£1,146,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Developing health and social care services for people experiencing homelessness in Northern Ireland	225	507	414	1146

Regional Project

Yes. Homelessness services are now available in all HSC Trusts.

Progress

Many elements of a comprehensive homelessness service have been established on a pilot basis in Belfast. This includes GP sessions for previously unregistered patients, additional general nursing care, specialist mental health support, dentistry, podiatry and enhanced hostel and hospital liaison. Ongoing evaluation by service users and colleagues has been excellent, for example feedback from 35 service users was over 90% positive in terms of accessibility, being comfortable to attend, and feeling that the service catered to their needs. Feedback in relation to the GP service from 50 service users was also more than 90% positive.

In Belfast the number of patients accessing GP, nursing, podiatry and dental services in dedicated premises are detailed in the table below:

Summary of activity - Belfast Inclusion Health Service, January – December 2019

Activity	Number
New registrations with GP	359
Consultations with GP	700
Active Nursing case-load	606
Nursing consultations	1966
Nursing interventions	4200
Triage calls (mostly from hostels)	1010
Blood-borne virus screens	360
Follow-up of people who did not wait at Emergency Department (high-risk)	55
Flu vaccinations	345
Podiatry new patients (part-year)	145 5% - high risk
Dental new patients (part-year)	272 99.7% requiring treatment

There was a reduction of 23% in attendance at emergency departments (ED) in the 4 months before and after follow-up of attenders at EDs who did not wait to be seen. For example, a patient who attended ED 18 times, and was also admitted to hospital 9 times during a two month period was subsequently linked with more appropriate services by a multi-disciplinary intervention provided by the project. Such patients are considered high-risk for adverse outcomes. Following this intervention, the patient attended the ED twice and was admitted four times to hospital in the next nine months. Multidisciplinary team meetings continue to ensure that the most appropriate services are provided to patients who are considered high-risk.

During COVID-19, this project liaised with those experiencing homelessness, hostels, the Northern Ireland Housing Executive and other relevant agencies to ensure that plans were in place to identify people experiencing symptoms of the virus, and that testing, isolation and care were available. This was very successful in preventing outbreaks of COVID-19 within this vulnerable population with no cases or outbreaks confirmed in those experiencing homelessness in Belfast during the first wave. A survey of 218 clients, using swab tests for active virus and blood tests for antibody levels, following the first wave, yielded no positive results, confirming the success of the prevention measures. Assessment of clients over 50 years of age regarding the need for shielding was also completed and appropriate shielding arrangements put in place for clients.

Pilot projects in other Trusts have also been established to provide nursing and enhanced GP provision to the homeless.

Strategic Importance

This project links with the recommendations in New Decade, New Approach and the Nursing and Midwifery Task Group Report to maximise the contribution of nursing and midwifery to deliver population health and wellbeing outcomes.

The PHA and HSCB, in partnership with a number of key stakeholders across General Practitioner Services (GPS), produced a General Practice Nurse Framework for Northern Ireland 'Now and the Future' (2016). This initiative aims to provide guidance to support systems and processes that are required for the development of The General Practice Nurse workforce. The recommendations of the Framework have contributed to the DoH recommendations for GP-led services across Northern Ireland in respect of the development of structures and nursing teams to support GPs (2016).

The Delivering Together aims include enabling people to stay well and to deliver services in the community where appropriate, which is congruent with the project's objectives and achievements. People experiencing homelessness have some of the worst health outcomes and lowest life expectancy in Northern Ireland. They have higher rates of physical and mental ill-health, and addiction issues, but experience more difficulties with access to appropriate health and social care services leading to more ill-health and high emergency department attendance. The project also contributes to the draft Programme for Government objectives on decreasing preventable mortality, living healthy active lives, and decreasing numbers in absolute or relative poverty.

GENERAL PRACTICE NURSE DEVELOPMENT

Total Investment

£295,000

Objective

To address the need for access to appropriate structured and validated education and training for GP nurses. This will provide appropriate and consistent training to meet the requirements for the complex and changing service needs for patients in primary care settings.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
GP Nurse Development	145	70	80	295

Regional Project

Yes.

Progress

GP Nurses require a depth and breadth of knowledge across a variety of clinical therapeutic areas. This project is providing appropriate structured and validated education and training. The range and type of education is varied e.g. standalone modules in non-medical prescribing at Queens or Ulster University, mandatory 3 yearly update for cervical cytology to ensure that the requirement listed in the Northern Ireland Standards for Nurse and Midwife Education Providers: Cervical Screening Sample Taking (PHA 2016) are met.

General practice nurses/healthcare assistants identified the topics which they believed were required to ensure their practice was safe, effective and up to date. Topics covered included management of long term conditions, awareness and management of sepsis and antimicrobial resistance and awareness of safeguarding, record keeping, consent and mental health issues in general practice. In addition, the Royal College of Nursing (RCN) facilitated the regional network for practice nursing and nursing assistants across four localities in Northern Ireland to which all practice nurses were invited as part of professional development and governance arrangements. A range of induction programmes and therapeutic clinical updates on core topics and bespoke education programmes for general practice nurses/healthcare assistants are being delivered, with almost 300 training programmes being delivered.

The training provided through this project will be completed at the end of March 2021. Interim feedback from nurses who have completed the courses and through their contribution to service delivery has indicated that the training has been beneficial.

Strategic Importance

This project links with the recommendations in New Decade, New Approach and the Nursing and Midwifery Task Group Report to maximise the contribution of nursing and midwifery to deliver population health and wellbeing outcomes.

The PHA and HSCB, in partnership with a number of key stakeholders across General Practitioner Services (GPS), produced a General Practice Nurse Framework for Northern Ireland 'Now and the Future' (2016). This initiative aims to provide guidance to support systems and processes that are required for the development of The General Practice Nurse workforce. The recommendations of the Framework have contributed to the DoH recommendations for GP-led services across Northern Ireland in respect of the development of structures and nursing teams to support GPs (2016).

PRIMARY CARE MULTI-DISCIPLINARY TEAMS (MDT)

Total Investment

£29,496,000

Objective

The rollout and implementation of MDT services of practice-based physiotherapists, mental health workers and social workers to GP practices; these MDT members will work alongside GPs and practice staff with the aim of better meeting the needs social, physical and mental health wellbeing of the local population. This model also includes significant investment in additional nursing specialist roles such as health visiting and district nursing.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Primary Care Multi-Disciplinary Teams (MDT)	1,488	10,234	17,774	29,496

Regional Project

Yes.

Progress

The MDT programme has been fully rolled out in the Down area and is progressing towards completion in Derry, West Belfast, Causeway and Newry area & District. Proactive planning is now underway to develop a road map for rollout across all 17 GP Federation areas. Staff in post as of December 2020 is as follows:

Across all the MDTs the following core staff are in post:

- Social Worker: 53 wte;
- Social Work Assistant: 23.5 wte;
- Mental Health Practitioner: 44 wte;
- Physiotherapist: 37.3 wte.

In addition the following nursing staff are supporting MDTs:

- District Nursing: 66.5 wte;
- Health Visiting: 34.5 wte.

By March 2021, this will be supplemented by the following additional staff:

- Social Worker: 10 wte;
- Social Work Assistant: 6.4 wte;
- Mental Health Practitioner: 10.8 wte;
- Physiotherapist: 10.2 wte.
- District Nursing: 8 wte;
- Health Visiting: 6 wte.

This means that, in the region of 600,000 people in Northern Ireland have access to an element of a Multi-Disciplinary Team within their GP practice with the overwhelming majority having access to a practice based mental health practitioner.

Strategic Importance

The MDT Project builds on the commitments in Delivering Together to invest in primary care to ensure there is a multidisciplinary team focused on the patient. New Decade, New Approach has committed to the ongoing roll out of Multidisciplinary Teams to build capacity in General Practice.

The Department of Health, Mental Health Strategy identifies the need for better mental health care and treatment in the primary care setting. It supports the roll out of further mental health workers as the key delivery measure. The Strategy also highlights the role Multi-Disciplinary Teams have in early intervention and prevention. The roll out of primary care multi-disciplinary teams, including mental health workers, will provide better access to mental health support in an easily accessible format where people need it. This will lead to quicker access to services, less referrals and better outcomes for people.

The MDTs remain a key priority within the health and social care transformation programme, helping provide more care closer to people's homes and improving access for practice populations. Evidence suggests that this approach will see patient issues resolved more quickly, for instance by reducing the need for referrals and appointments elsewhere, easing demand and pressure on hospitals.

COVID Work

Mental health and social work services have played a key role in the COVID-19 response by pro-actively engaging with the most vulnerable in our society. For example, social workers contacted vulnerable patients during the first wave of the pandemic and, working with statutory services and the local community, put in place in excess of 3,500 support packages.

Ongoing Evaluation

The Q3 Evaluation Report from RSM has highlighted the following promising signs of early impacts across the HSC during 2019/20:

- Whilst the number of GP referrals (per 1,000 patients) of Musculoskeletal (MSK) has decreased at a faster rate than in non MDT areas, referrals in MDT areas were broadly in line with the NI average in 2017/18. In Down and West Belfast, where the First Contact Physio (FCP) role within the MDT was fully in place during 2019/20, the reduction has been even more pronounced.
- There has been a decrease in the number of patients on waiting lists for imaging (14.7%) and physiological measurement (10.1%) in MDT areas between October 2019 and March 2020; and
- The average length of stay for chronic Ambulatory Care Sensitive (ACS) conditions (all ages) was considerably lower in the MDT areas than non-MDT areas, however, the time series trends across the MDT areas are not consistent.

As more patients self-refer to the new MDT roles, this will in turn release more GP time to better manage the more complex practice patient cohort. This 'Releasing Time to Care' approach will improve outcomes for these patients and further reduce demand to secondary care, for those who can now be safely managed in practices with this increased capacity.

These potential benefits and impacts will be closely monitored going forward but it is too early to make a definitive statement on them.

MULTI-DISCIPLINARY TEAM (MDT) EVALUATION

Total Investment
£173,000

Objective

To undertake an independent evaluation of the Multi-Disciplinary Team model that will help shape and improve the model as it is expanded across the remaining GP Federations, bringing benefits to patients and the wider HSC.

Regional Project

Yes (initially the scope of the evaluation is the 5 current MDT areas Down, Derry, West Belfast Causeway and Newry & District).

Progress

Having gathered primary and secondary care data (from 2019/20 returns), the MDT evaluation partners, RSM Consulting have completed the quarters 1 and 3 reports as required. The quarter 2 report was deferred due the impact of COVID-19 on data collection.

The Quarter 3 report provides an overview of the evaluation plan, baseline data on a range of healthcare indicators (collected Sept-Dec 2020), learnings from international case studies where MDTs have been successfully implemented (conducted Summer 2020), findings of MDT strategic stakeholder interviews, who expressed their views and opinions on the design, implementation, roll-out and impact of the primary care MDT model in NI (conducted Summer 2020). This report also provides findings from surveys with both service users and MDT staff, to capture their perceptions of the MDT model, its operation and its impacts on service users, staff and health services (undertaken Nov-Dec 2020).

The report contains the following analysis, including a range of positives, which support the current MDT model:

- A literature review has been undertaken which includes interviews with Nuka, PORT Germany, Primary Care Clinic for Integrative Health at Witten/ Herdecke University Germany, Ontario & Dudley. Key learning from these interviews highlighted the importance of team meetings, co-location, early engagement with professionals, formal links to secondary care and robust data collection.
- 26 Strategic stakeholder interviews have taken place with stakeholders from various organisations across the health and social care sector. There was a high level of enthusiasm amongst stakeholders for the MDT model, and all stakeholders felt that the model would positively impact upon care.

Areas identified by these stakeholders for further discussion included a training needs assessment of the staff within MDTs, guaranteed funding for the model and detailed workforce modelling and projections across primary and secondary care.

Service user and staff surveys closed on the 4 January 2021 with 195 and 216 responses respectively. Analysis of the survey results indicates a high level of patient satisfaction reported by patients with 89% satisfied or very satisfied with the service received and 78% feeling that the care received at their local practice had improved by the introduction of the expanded team.

In addition, 91% of staff surveyed, agreed/strongly agreed that the MDT has impacted positively on the health and wellbeing of service users. 81% agreed/strongly agreed that the MDT makes effective use of GP time and 75% agreed/strongly agreed that it has increased the sustainability of primary care. 78% agreed/strongly agreed that it has reduced referrals to secondary care.

To support the evaluation, additional work is ongoing to quality assure the primary care 2020/21 activity data extracted from the GP Intelligence Platform.

Strategic Importance

The development and implementation of Primary Care MDTs and this evaluation project will help shape and improve the MDT model which contributes to the Delivering Together theme of 'Providing more support in primary care'. It also supports the other Delivering Together themes:

- Building capacity in communities and in prevention;
- Reforming our community and hospital services; and;
- Organising ourselves to deliver.

PRIMARY CARE ELECTIVE REFORM IN NORTHERN IRELAND

Total Investment

£5,030,000

Objective

To improve access to services for patients, their families and carers and to place elective care on a sustainable footing, resulting in improved waiting times, in line with Delivering Together: Elective Care Plan.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Primary Care Elective Reform in Northern Ireland	1,094	2,981	955	5,030

Regional Project

Yes.

Progress

A range of pathways have been designed to facilitate patients being managed more appropriately in primary care without the need to refer to secondary care. Beyond primary care capacity, they support an improved approach to demand management via peer support, peer review, peer education, self-management and self-directed care at a population level within GP Federations.

Current priorities across GP Federations are the implementation and delivery of primary care services in the following specialties, thus reducing the requirement to refer to secondary care:

- **Dermatology:** to safely manage a range of routine dermatological conditions in a primary care setting. At the end of January 2021 a total of 4,052 (including dermatology surgery) patients had been seen face to face plus a further 933 patients managed remotely;
- **Gynaecology:** to safely manage a range of routine gynaecological conditions (Coil fitting) in a primary care setting. A total of 2,538 patients were seen and treated and a further 1,007 remote consultations provided;
- **Vasectomy:** to safely deliver non-scalpel procedures in a primary care setting. A total of 1,479 patients were treated;

- MSK/Pain: to safely manage a range of routine MSK conditions in a primary care setting; A total of 2,302 were seen in clinic and a further 233 patients managed remotely;
- Minor Surgery: to safely manage a range of routine minor surgical procedures (lipoma excisions, sebaceous cysts, dermatofibroma, excisions for diagnostic purposes) in a primary care setting. A total of 548 patients were treated.

Planning is currently underway to introduce new pathways in specialties such as Cardiology and Dementia in 2021/22.

Strategic Importance

Delivering Together, commits to the development of a comprehensive approach for addressing elective care waiting lists on a sustainable basis. The Elective Care Plan which sets out the plan for the Transformation and Reform of Elective Care Services has 6 key objectives. Objective 3 is to Expand capacity and capability in primary care.

The continued development pathways and services within primary care delivered by this project are therefore strategically important in the management of waiting lists.

TRANSFORMATION OF PRIMARY CARE IN NORTHERN IRELAND

Total Investment
£5,955,000

Objective

To assist in transformation of Primary Care. Develop innovative primary care based models to build capacity in networks and build on GP Practice capabilities.

Development of Multi-Disciplinary Teams, GP Federations working with Primary and Secondary care professionals to provide integration of services which are patient focused and orientated around population health.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Advanced Nurse Practitioners (ANP)	682	1,113	1,852	3,647
GP Federations to develop crisis response	0	271	889	1,160
GP Federations Core funding	285	283	285	853
Trial a GP Hub model for providing early evening services	40	0	60	100
Primary Care GP Development	0	86	109	195
	1,007	1,753	3,195	5,955

Regional Project

Yes.

Progress

Progress against each of the services currently being provided by the GP Federations is as follows:

Advanced Nurse Practitioners

ANPs are now embedded within Practice teams including in Derry, Armagh & Dungannon, Down, East Belfast and Mid Ulster GP Federation areas and are making valuable contribution to the delivery of primary care services. There are 34 trained / trainee ANPs working across the five Federation areas.

Crisis Response

The Crisis Response team provide a regional service to all practices that are experiencing difficulty with recruitment and with management of the practice. Urgent support is available, especially for those rural and single-handed practices. During the year ending December 2020 a total of 241 sessions were provided

by the GP Crisis Response team to practices at risk. The Crisis Response Team has been involved with 45 practices during this time (37 practices now stable with ongoing support provided to the remaining 8 practices).

Core Funding

Eastern, Northern, Southern and Western Federation Support areas each have staff employed to support the 17 GP Federations. Development of the administration function across these areas is underway, aiming to provide dedicated finance, HR and administrative support within each area. Four Federation Support Units (FSU) have been established to provide support to the GP Federations as follows:

- Northern FSU supports four GP Federations (73 Practices)
- Southern FSU supports three GP Federations (73 Practices)
- Eastern FSU supports eight GP Federations (133 Practices)
- Western FSU supports two GP Federations (48 Practices)

Trial GP Hub

This funding will assist 'Out of Hours' (OOH) providers in moving towards new ways of dealing with OOH services in the overall transformation. The funding supports the transition from GP OOH to a new Urgent & Unscheduled Care Service model in line with No More Silos.

Primary Care GP Development

With respect to funding for Primary Care GP Development, the allocation was used to fund GP Mentoring Scheme, Retainer Scheme and Practice Manager Training:

- GP Mentoring Scheme – A total of 20 GP Mentors have been trained in delivering mentoring support to the GPs on the Northern Ireland Performers List;
- Retainer Scheme – This scheme is designed to assist in the retention of GPs in Primary Care. It aims to provide the retainer with stable work in a practice and some Out of Hours sessions. During the current financial year 25 retainers have been recruited into General Practice and a waiting list (five) has also been created for those interested in joining the scheme.
- Practice Manager Training provides an accredited training course to a number of GP Practice Managers across Northern Ireland. The course has been provided to 32 Practice Managers to date.

Strategic Importance

This project contributes to the Delivering Together commitment to improving access and resilience within primary care and to supporting the development of new models of care, which will include the development of MDT's, introducing more skill mix, including practice pharmacists and Advanced Nurse Practitioners.

In 2019/20 HSCB committed to providing more support in primary care, including multi-disciplinary teams, increasing skill mix across GP Practices and rolling out new initiatives to all 17 Federations to further enhance the integrated approach to provision of services. This project contributes to the achievement of this commitment.

NEIGHBOURHOOD DISTRICT NURSING (NDN)

Total Investment
£1,220,000

Objective

The Neighbourhood District Nursing (NDN) model aims to improve safety, quality and experience by developing a 'one team' approach, provided by a 24 hour NDN team within a designated community and aligned to the GP Practice, with the ethos of home being the best and first place of care. To do this, the team work in partnership with patients, carers and their families, General Practitioners, and other health and social care professionals as part of a wider multidisciplinary team.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Neighbourhood district nursing	73	735	412	1,220

Regional Project

Yes.

Progress

Progress has been made against a number of key objectives including:

Test a new model of District nursing linked to Primary Care Multi-Disciplinary Teams

Five district nursing teams, one in each HSC Trust area, started to test the model in summer 2019. Enhancement to existing district nursing teams meant that almost 4% of the district nursing workforce aligned to 3% of the GP population tested in the model. A Quadruple Aim approach was used in the evaluation. Quarter 3 2019/20 showed a total working caseload of 819 people, average 17 patients per whole time equivalent (WTE) which is higher than the regional average of 13.

Improve patient care through proactive management of population health

A structured local population health needs assessment informed the development of community health improvement plans and Quality Improvement (QI) projects e.g. the Ballycastle team undertook a Palliative Care QI project which indicated that 18% of people died in hospital compared with the Northern Ireland average of 48%. This quality improvement project was primarily focused on improving the patient experience however there was also an indirect cost impact.

Promote a new public health model for District Nursing

In Quarter 3 (2019/20) 59 patients were supported to self-manage in areas of diabetes, continence, medicines and weight management. Individuals were provided with the skills that increased their confidence to take control of their own health and wellbeing and make better lifestyle choices.

Test a coaching model for district nursing

Teams were allocated a coach to test the new model of district nursing services. Five Nurse Coaches were appointed and all were supported to undertake the Institute of Leadership and Management (ILM) Level 5 Coaching qualification, developed and delivered by the HSC Leadership Centre.

Develop self-organised teams under a collective leadership model

In order to measure the people impacts of the intervention, the project team utilised the engagement measurement methodology from the HSCNI employee survey. This methodology utilised three Key Findings (KFs) consisting of nine questions in total which when analysed provides a single index measure of engagement out of a total of 5.0. The overall staff engagement score was 4.39 from 29 respondents.

Whilst these results allow for an initial benchmark they also compare favourably with HSCNI (2019) engagement levels which were 3.78.

Patient and client experience is recognised as a key element in the delivery of quality healthcare. A 10,000 More Voices survey indicated that 83% of respondents rated their experience as strongly positive thus building on public confidence.

The Neighbourhood District Nursing Interim Report December 2020 confirms that the model is a proof of concept and the principles of the model will be integrated into the strategic direction for the District Nursing service in NI and the Primary Care MDTs.

Strategic Importance

This project contributes to the Delivering Together commitment to further develop primary care ensuring that every GP practice has a named District Nurse assigned. The NDN model has strengthened named District Nurse alignment and partnership working within the MDTs.

The DoH District Nursing Framework 2018-2026 (DoH 2018) is the strategic direction for district nursing services in Northern Ireland and advocates that district nurses will be instrumental in population health management. Care will be integrated and population based. One outcome is to develop a regional community nurse-led model of care prototype and then to determine the scale and spread of the model.

New Decade, New Approach has committed to further rollout of primary care multi-disciplinary teams (MDTs).

The Nursing and Midwifery Task Group (DoH 2020) highlights significant transformation of nursing and midwifery services is essential to the stability and sustainability of the Northern Ireland HSC system.

PRACTICE NURSING

Total Investment

£1,672,000

Objective

To progress over the next 5/6 years the recruitment of additional general practice nursing workforce across GP federations to ensure that the NI benchmark (1:2222) is in keeping with national recommendations and to incorporate a phased approach with GP Federations and GP practices to implement the recommendations of the review of the pre-school vaccination delivery model.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Practice nursing	181	404	1,087	1,672

Regional Project

Yes.

Progress

In 2020/21 this project has enabled the recruitment of an additional 28 post registration trainee General Practice Nurses (GPN), across five GP Federations including: Ards, Antrim / Ballymena, Armagh/ Dungannon and South West and West Belfast. These nurses are currently completing the GPN training scheme and will be employed on a permanent basis within the five federation areas as Practice Nurses from September 2021.

The implementation of the recommendations from the review of the pre-school vaccination delivery model continue to be progressed on a regional basis. Pilot sites in the South West and West Belfast Federations continue to progress and monitor the uptake of vaccinations by 0-4 year olds. Project activity has also progressed across the five GP Federation areas with 32,085 vaccinations delivered.

Strategic Importance

The project links to New Decade, New Approach which committed to building capacity in General Practice and to the Delivering Together commitment to invest in primary care to ensure there is a multidisciplinary team focused on the patient. General practice nurses are an essential part of that team.

The General Practice Nursing Framework (PHA 2016), Phase 7 Delivering Care Policy framework and the Nursing and Midwifery Task Group Report, recommends the development of a system for workforce planning at a strategic level for General Practice Nursing which is linked to population needs and meets the requirements of patients in Primary Care and in addition can act as a catalyst for delivery on population based health initiatives including childhood immunisations.

PHOTO TRIAGE

Total Investment

£169,000

Objective

To continue with implementation of dermatology photo-triage service across Mid-Ulster and South Belfast GP practices as pilot areas in the first instance, prior to regional roll-out in 20/21.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Photo Triage	0	65	104	169

Regional Project

Yes.

Progress

Progress in the two pilot areas of the Mid-Ulster and South Belfast GP practices has been positive with 16% of referrals not needing to be seen in outpatients and a further 15% bypassing outpatients and going straight to surgery. As well as reducing demand for outpatient Dermatology services, patients being referred straight to surgery removes a step from the pathway, which ultimately ensures patients are treated quicker.

Photo triage is delivered in line with NICE COVID-19 guidance and safety recommendations to enable efficient planned care while minimising the risk of COVID-19. It is managing the care of elective patients who would not otherwise have access and/or have lengthy delays for assessment and treatment throughout and beyond the pandemic.

The success of the pilot has informed the full rollout of photo triage across all GP practices in NI and a project team is in the process of being recruited to support the roll out. A Hub model to help address the dermatology waiting list has been implemented in East Antrim and Mid Ulster and work is ongoing to further develop the Hub model which has been instrumental in the management of demand for dermatology services during the COVID-19 pandemic.

Work has commenced on reconstituting a project board and a full end to end review of the pathway has been completed with a list of enhancements agreed to improve the pathway for all users. The development of an electronic document transfer of the appointment outcome letters and image back function is underway. A minimum dataset and dashboard to capture and present the outcomes and uptake to the pathway has been agreed which will provide robust performance monitoring of the objectives of the project. Qualitative data will also be captured throughout the project which includes the capture of patient feedback on their experience of the pathway. A patient information leaflet has been developed in partnership with the PPI representative on the project team. The Project Team, have developed a Project Initiation Document, a project plan, communication and engagement plan and Terms of Reference for

both the Project Board and the Project Team. A review of the original modelling assumptions has been undertaken as part of the development of the project plan and it is anticipated that the pilot will be rolled out to eight or nine GP Federation areas in 2021. This will include the provision of training and awareness sessions to GPs and the deployment of the relevant equipment to support the pathway.

Strategic Importance

Delivering Together commits to the development of a comprehensive approach for addressing elective care waiting lists on a sustainable basis. The Elective Care Plan sets out six key objectives and associated actions for the Transformation and Reform of Elective Care Services in line with Delivering Together. The Photo Triage project contributes to the achievement of actions 1, to reduce waiting times; 3, to expand capacity and capability in primary care; 4, to improve direct access between primary and secondary care reform; and 5, modernisation.

DEVELOPING A NEW CANCER STRATEGY FOR NORTHERN IRELAND

Total Investment

£321,000

Objective

To develop a new Cancer Strategy for Northern Ireland for the period 2020 to 2030 which provides direction and coordinated action, across a wide range of fronts, and enables a comprehensive refresh of the HSC's approach to preventing and treating cancer.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Developing a new Cancer Strategy for Northern Ireland	0	167	154	321

Regional Project

Yes.

Progress

The new Cancer Strategy phases one and two were developed by June 2020 with phase three recommendations subsequently completed following a short delay due to the impact of COVID-19. The draft strategy was developed in the context of a rapidly changing landscape of prevention, diagnosis and treatment options, workforce gaps and opportunities for change. The recommendations contained in the strategy will be costed and subject to review to ensure they provide a quality service and value for money. The implementation of the recommendations will be subject to ongoing monitoring and reporting.

The commitment to co-production underpinning the new Cancer Strategy will continue in the next stage through extensive use of consultation. This will ensure that the recommendations made meet the needs of all stakeholders and that the strategy outcomes continue to focus on quality and value for money.

It is envisaged that the strategy will go out to formal consultation at the end of June 2021 before being presented to the Minister for Health. This timeline is however dependent on the continuing engagement of HSC staff and the impact of COVID-19 on the provision of services.

Strategic Importance

The new Cancer Strategy for Northern Ireland for the period 2020 to 2030 contributes to the Delivering Together theme 'Reforming our community and hospital services' and the key enabler to 'Improve Quality'. The project also links to the Rebuilding HSC focus on rebuilding cancer services.

New Decade, New Approach outlined a commitment that the Executive would produce a new 10 year Northern Ireland Cancer Strategy. The strategy produced by this project will set the direction of travel and support the transformation of the current model of cancer service provision to ensure less people contract cancer and more patients recover from it.

REVIEW OF URGENT AND EMERGENCY CARE – NO MORE SILOS

Total Investment

£1,011,000

Objective

To review models of provision for urgent and emergency care across Northern Ireland to ensure that services are designed effectively to meet current and future needs.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Review of Urgent and Emergency Care – No more silos (NMS)	0	84	927	1,011

Regional Project

Yes.

Progress

The report on the review of Urgent and Emergency Care is due to be published summer 2021. The review of urgent and emergency care informed the DoH COVID-19 Urgent and Emergency Care Action Plan, No More Silos. This Action Plan brings together key leaders in primary and secondary care to implement the 10 key actions to improve the provision of unscheduled care service provision across the HSC.

Key Action 1

Urgent Care Centre (UCC) to be operational in Royal Victoria Hospital. Craigavon centre has opened, providing a limited service due to COVID pressures. An interim UCC solution at Downe Hospital has been developed as capital works at the Ulster site are due to complete autumn 2021.

Key Action 2

Keep Emergency Departments (ED) for emergencies. NMS Programme Team have developed a draft dashboard to monitor outcomes.

Key Action 3

All HSC Trust areas are developing rapid access pathways with supporting Clinical Communication Gateway electronic referrals for common clinical presentations. These pathways are fundamental to providing ED alternatives, for scheduling referrals from General Practice, Phone First and Urgent Care Centres.

Key Action 4

Regional Phone First model is now operational in Northern, Southern and Western HSC Trust areas. A local service model is operational in Downe Hospital and Belfast HSC Trust is planning a pilot with the Mater hospital.

Key Action 5

Scheduling Unscheduled Care – All HSC Trusts will have systems in place to schedule unscheduled care. This enables patients to wait at home before attending their scheduled appointment thus reducing congestion in ED and reducing risk of nosocomial infection.

Key Action 6 & 7

Anticipatory Care / Acute Care at Home - The NMS Network continues to work closely with Department of Health senior nursing colleagues to ensure regionally consistent models for these services including standards and specifications.

Key Action 8

Ambulance Handover Zones – The BHSCT handover zone is now open. Handover zones will open in other Trusts areas by the end March 2021 with the exception of SEHSCT area which is scheduled to open in autumn 2021.

Key Action 9

Enhanced Framework for Clinical and Medical Input to Care Homes - HSCB Integrated Care have developed a model of care for enhanced Practice support for care homes, this has been issued to GP practices.

Key Action 10

Timely Discharge - Local Implementation Groups have been tasked to deliver additional domiciliary support to facilitate timely discharge including Enhanced Direct Payments. Pilots have been established in WHSCT and SHSCT areas with plans in place to roll out the service to all areas. NMS Network is engaging with the Regional Discharge Group to establish priority discharge.

Strategic Importance

Although the review of Urgent and Emergency Care is not yet complete, the move to implement the 10 key No More Silo's actions is already achieving the four aims of Delivering Together.

INTERMEDIATE CARE

Total Investment

£6,426,000

Objective

This transformation proposal was informed by the Northern Ireland findings of the National Audit of Intermediate Care (NAIC) 2017 and developed as an enhancement to a therapeutic frontline home based intermediate care team, responding rapidly and with a focus on recovery, independence and patient experience.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Intermediate Care	500	3,067	2,859	6,426

Regional Project

Yes.

Progress

Trust Intermediate Care implementation plans have continued to develop at varying pace, partly influenced by different starting positions. The project specification outlined the need for a 'home first' ethos (similar to work in Wales and England) and that is progressing within HSC Trusts and aligning with other regional Discharge to Assess (D2A) work for example one Trust demonstrated a 115% increase from 2018/19 to 2019/20 and another Trust reported an 8% reduction in rehabilitation bed days used which equates to 4,018 less bed days. User and '10,000 more voices' carer stories (unique to the Northern Ireland Intermediate Care approach) have helped drive further change through HSC Trust improvement plans.

These Intermediate Care local plans have focused on locality specific issues including reducing bed base, improving response times and accessibility over six or seven days. Support worker roles have been implemented in some HSC Trusts as substitution for workforce challenges. Project performance is monitored using digitalised community information systems.

During the COVID-19 surge, Intermediate Care services have been prioritised by HSC Trusts to maintain hospital flow and admission avoidance in line with the UK approach.

Strategic Importance

The work of this project contributes to a number of strategic drivers including:

- Delivering Together - Building Capacity in communities by using the knowledge gained from NAIC to focus on the enhancement of home-based intermediate care to standardise provision, through adopting a defined service specification which was to:
 - Embed a 'home first' (D2A) ethos;
 - Focus on rehabilitation and independence; and;
 - Begin to rebalance bed-based usage to align with national figures.
- Northern Ireland's "Intermediate Care Guidance" published by DoH in 2007.
- NICE guideline 74 'Intermediate care including reablement' in September 2017 (adopted in Northern Ireland);
- The new Rebuild Management Board (RMB) project "Intermediate Care Services for Northern Ireland - A Regionalised Approach" approved in December 2020.

DEVELOPMENT OF AN NORTHERN IRELAND WIDE ACUTE CARE AT HOME SERVICE

Objective

To provide Acute Care at Home in all areas in order to avoid unnecessary attendances at and admissions to hospital for the frail elderly.

Total Investment

£7,216,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Development of an Northern Ireland wide Acute Care at Home Service	752	3,360	3,104	7,216

Regional Project

Yes.

Progress

The development of an Acute Care at Home service in all HSC Trust areas in Northern Ireland continues to progress. The service is now fully operational and available to all residents in the Southern and Belfast HSC Trusts. A variation known as Enhanced Care at Home is available to all residents in the South Eastern HSC Trust. In the Northern HSC Trust, a Hospital Diversion Nursing Team is operational across the Trust area, in addition to an Enhanced Support for Care Homes project and the development of Direct Assessment Units at Antrim and Causeway hospitals. In the Western HSC Trust, Acute Care at Home is available in the northern sector and has recently been extended into the southern sector.

A regional Acute Care at Home Model is being developed as part of the No More Silos initiative in partnership with the Regional Management Board “Intermediate Care – A regionalised approach” project. Local variations in the developments within each HSC Trust will be adapted to conform to this regional model.

Strategic Importance

Delivering Together committed to rolling out Acute Care at Home to the whole population within three years and to better integrate it with social care and ensure it is supported by other services, including short stay hospital services, GPs and palliative care. It has also been identified as a key action from the Urgent and Emergency Care Review and is being implemented as part of the No More Silos Programme, particularly in supporting the frail elderly in care homes.

AMBULATORY CARE

Total Investment

£5,230,000

Objective

To make significant changes in the management of unscheduled care patients, whose condition can be managed in ambulatory pathways, by both scaling up existing models, creating new pathways and changing working patterns.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Ambulatory care	754	2,219	2,257	5,230

Regional Project

Yes.

Progress

Overall the project objectives have either been met or partially met on a regional basis. This project helps to support the response to the COVID-19 pandemic by reducing hospital admission at a time when hospitals in Northern Ireland are under extreme pressure. In addition, patients needing unscheduled care are also higher risk patients and treatment outside of hospital may reduce their risk of also contracting COVID-19 which could impact on their recovery.

Each HSC Trust is focussed on different priorities:

- SHSCT implemented a respiratory ambulatory service. From May 2019 to January 2020, 95 patients were accepted on to an ambulatory pathway and given an appointment at the Respiratory Ambulatory Clinic. A further 47 patients from other wards and clinics were treated at the Respiratory Ambulatory Clinic at that time;
- NHSCT established a Programmed Treatment Unit which managed, on an ambulatory basis, those patients who would otherwise have had to be admitted as an inpatient for specific programmed treatments/interventions. Between April 2019 and March 2020 an average of 114 patients were treated each month;
- SEHSCT used the transformation funding to enhance and develop a number of established ambulatory pathways. This led to significant growth in the numbers of patients routed through ambulatory clinics. In 2019/20, 3,407 patients were managed at these clinics;
- WHSCT established ambulatory clinics in the South West Acute Hospital. Patients were referred by their GP or diverted from emergency departments. From January 2019 to March 2020, 877 patients were seen in ambulatory care;
- Building on the success of ambulatory pathways in the Royal Hospital, BHSCT established a clinical assessment unit in the Mater Hospital. In 2019/20, 5,332 patients were treated at the unit.

Strategic Importance

The management of unscheduled care patients whose condition can be managed in ambulatory pathways, is critical to the effective flow of patients through the hospital systems. The importance of this is highlighted in three documents:

- COVID-19 Urgent and Emergency Care Action plan 'No More Silos' Oct 2020, where they contribute to points 5, 7 and 10;
- National Priorities for Acute Hospitals 2017, Good Practice Guide, Focusing on patient flow, and;
- Delivering Together.

BREAST ASSESSMENT SERVICE

Total Investment

£222,000

Objective

To develop advanced practice radiographers within breast assessment services in order to reduce the reliance on radiologists and to enable the service to continue to meet the increasing demand and maintain acceptable access times.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Breast Assessment Service	14	73	135	222

Regional Project

Yes.

Progress

Advanced practice roles have been introduced in two HSC Trusts, which have been able to demonstrate a positive impact.

SEHSCT - The investment in a full time principal radiographer has driven forward the breast interventional service. The post holder delivers a range of advanced procedures with a reduced reliance on consultants. This has included an expansion of the stereotactic vacuum biopsy service to include seven gauge therapeutic biopsy, which helps to avoid the need for surgery. The Trust also provides stereo-localisation using magnetic seeds which has led to improved patient flow.

SHSCT - Between November 2019 and March 2020 the Trust appointed two principal radiographers, each working 16 hours per week. These roles enabled the Trust to enhance clinic throughput seeing an additional 300 patients between November 2019 and March 2020, and to stabilise the breast two week wait. Due to staff turnover the Trust is currently looking at succession planning and hope to have appropriately skilled staff ready to take up post from September / October 2021.

Strategic Importance

This project contributes to the Delivering Together theme; Investing in our Workforce and the need to upskill staff to meet the workforce challenges.

New Decade, New Approach also commits to improving breast assessment as the demand for breast assessment continues to grow year on year. In light of the ongoing shortage of radiologists at national level it is essential that NI invests now to develop a 4 tier radiography service which supports the development of advanced practice roles thereby reducing the reliance on consultants and creating additional capacity within teams to meet the growth in demand.

DELIVERY OF THE DIABETES STRATEGIC FRAMEWORK

Total Investment

£9,746,000

Objective

To deliver against the priorities set in the Diabetes Programme (2020-2026) to support effective treatment and care for people living with diabetes as outlined in the Diabetes Strategic Framework (2016).

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Diabetes Strategic Framework	1,832	3,681	4,233	9,746

Regional Project

Yes.

Progress

The project has made progress across a range of activities, despite COVID-19 challenges including:

Structured Diabetes Education: effective investment has been used to drive down waiting lists and enable a regional approach to education.

Diabetes in Pregnancy: a service model, reflecting NICE guidance is being effectively delivered to support diabetes antenatal service and systems to support women with gestational diabetes, which is growing exponentially. The service has been successfully reorganised to provide flexible high quality 52 week care pre and post pregnancy. This level of provision is essential to meet additional demands within the service and support growing patient numbers through a safe and effective delivery. Trusts have been delivering virtual review clinics with expectant mothers to reduce significant hospital attendance and associated travel for expectant mothers (pre COVID-19). Both patients and health care professionals reported satisfaction with this approach.

Foot care: the project ensures that each person living with diabetes in Northern Ireland can receive the right foot care, at the right time in the right place with equitable service provision across the region through this clinical pathway.

Inpatients: the project enables HSC Trusts to appoint staff dedicated to inpatient diabetes care. The project has improved diabetes knowledge and understanding of insulin prescribing and administration across medical and nursing staff in inpatient services including those people living with diabetes, particularly those requiring complex treatment and care.

New Models of Care: these were explored by individual HSC Trusts in varying ways with a degree of success. This area is a priority within the refreshed Diabetes work programme. The potential to build on the Northern Ireland Prototype risk stratification and utilise opportunities to work in the intermediate space are areas for development. The focus will be on the development of the Type 2 pathway, an understanding of where care is delivered and by whom to identify new ways of working and the 'right patient, right place' ethos of Delivering Together.

Network infrastructure: this supports the delivery of the Diabetes Programme of work. Funding supports continued momentum and delivery, stabilisation of the staff team and secure retention of knowledge and relationships. The Network has developed a new programme architecture with a membership of over 150 people across the clinical, lived experience, voluntary community and health service network. This comprehensive architecture supports eight active working groups, a collective of Task and Finish Groups and Clinical Working Groups, as well as Locality, Primary Care and Communication's functions. People living with diabetes are represented at every level and within every group across the Network and within a Service User Reference Group which is administered by Diabetes UK as Network Partners.

Strategic Importance

The Diabetes Network was established in 2016 to support the implementation of the DoH Diabetes Strategic Framework (2016) as set out in Delivering Together. The framework was sponsored by the then Health Minister and is a priority work stream overseen by Chief Medical Officer (CMO) under unique management arrangements.

The Northern Ireland Diabetes Network takes responsibility for population needs assessment, service planning, resource allocation and service evaluation. Built on a collective leadership ethos in partnership with HSC, Public Health Agency and Diabetes UK, the network has formalised a new programme architecture. This effectively aligns primary and secondary care to support diabetes treatment and care as per the Department of Health Rebuild agenda. This fulfils the direction of the Regional Management Board with opportunities to support the wider strategic 'No More Silos' agenda.

IMPLEMENTING THE STRATEGY FOR PAEDIATRIC HEALTHCARE SERVICES PROVIDED IN HOSPITALS AND IN THE COMMUNITY (2016-26) AND THE STRATEGY FOR CHILDREN'S PALLIATIVE AND END OF LIFE CARE (2016-26)

Objective

To progress the implementation of the Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community 2016-26 and the Strategy for Children's Palliative and End of Life Care 2016-26.

Total Investment

£5,291,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Implementing the Paediatric Strategy and Strategy for Children's Palliative and End of Life Care (2016-26)	477	2,218	2,596	5,291

Regional Project

Yes.

Progress

The HSCB and PHA have worked collaboratively with all of the HSC Trusts to progress the implementation of the Paediatric Strategies. The Child Health Partnership has been established and a range of project activity has been prioritised across the HSC Trusts including:

Paediatric Palliative Care Strategy

A regional Paediatric Palliative Care Network has steered progress on the implementation of the Strategy. Three projects have been taken forward: The Paediatric and Life Limited Service (PALLS) has delivered a dedicated specialist nurse working alongside families of babies and children at the end of their short lives to provide access to a bed in the Children's Hospice or the child's own home. A dedicated regional paediatric palliative care consultant has been appointed and is currently in training in Great Ormond St Hospital in London. Appointment of paediatric palliative care leads across the Trusts have brought a much greater focus to the co-ordination of services to drive forward improvements to pathways for this cohort of children.

Paediatric Strategy for healthcare services

Age appropriate care has seen investment in clinical staff to ensure children up to their 16th birthday can be appropriately managed in paediatric wards. This is a key recommendation of the Report of the Inquiry into Hyponatraemia related deaths. All HSC Trusts ensured that they had the appropriate trained staff in place to manage this cohort of patients in age appropriate settings;

A Child Health Partnership Network has been created drawing representation from across the HSC Trusts and supported by the HSCB and PHA which will drive forward the implementation of the Paediatric Strategies.

Additional psychology support for children with chronic conditions has been made available. The service has been used by over 900 children and their families who are living with a range of conditions.

Admissions alternative schemes have supported paediatric ambulatory pathways to ensure children can be managed more appropriately. HSC Trusts used different metrics to measure the impact: WHSCT, for example, witnessed a reduction of 560 in paediatric admissions from 2017/18 to 2019/20. Other HSC Trusts achieved a reduction in their paediatric unplanned attendances of between 2-5%.

GP paediatric hubs have been established with visiting paediatricians meeting regularly with GPs and other practice staff to review and discuss paediatric cases which would otherwise have resulted in a referral to secondary care. This has led to the upskilling of GPs to manage a wider range of paediatric issues within primary care and is modelled on similar initiatives in England which have led to a reduction in paediatric referrals to secondary care. This was a very small scale initiative to test the model and to give confidence to GPs and paediatricians about the merits of this approach. In the SHSCT, 91 paediatric patients were discussed at multidisciplinary team meetings involving practice staff and a paediatric consultant. As a result, 18 children were referred to hub clinics and 8 referred onwards to secondary care.

Feedback from all of the project activity indicates that the objectives are being met.

Strategic Importance

Implementation of the Paediatric Strategy is a key priority in Delivering Together. This strategy has reached the halfway point in its lifetime and there is a need to accelerate implementation to ensure that all objectives can be achieved within the strategy's lifespan. A very solid foundation has been established with the creation of the Child Health Partnership and the collaboration between HSC Trusts and practitioners has been pivotal in terms of agreeing a system-wide paediatric response to the COVID-19 surges. In addition, objectives such as the provision of age appropriate care are mandated by the Hyponatraemia report and are critical to ensuring safe and appropriate care for all children and young people.

TRANSFORMING STROKE SERVICES

Total Investment

£4,061,000

Objective

To put in the place key building blocks for Reshaping Stroke Services out with the Minister's consultation, in line with the commitment in New Decade, New Approach to improve stroke services.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Transforming Stroke Services	625	1,705	1,731	4,061

Regional Project

Yes.

Progress

The transformation of Stroke Services has been progressed through project activity focused on increasing the uptake of thrombectomy across all areas of NI, establishing a 24/7 on call rota for thrombolysis, establishment of a stroke trainee consultant programme to sustainable workforce, introducing early supported discharge to a further 2 Trusts and strengthening the performance network.

The expansion of thrombectomy has increased numbers of patients across Northern Ireland benefiting from the procedure and thereby reducing mortality and long term disability. In terms of progress, thrombectomy procedures carried out by Belfast HSC Trust have increased from 79 in 2017/18 to 118 in 2019/20 and 123 in 2020/21. This expansion has benefitted stroke patients from all HSC Trust areas.

Prior to 2019, NI was the only UK Region without a sub-specialist stroke training programme, impacting on workforce capacity. Transformation funding has enabled the establishment of a Stroke Trainee post. The NIMDTA (Northern Ireland Medical and Dental Training Agency) was allocated £103k to appoint a Stroke Specialist Registrar to the Stroke Training programme for 1 year commencing in February 2019.

This post is vital to the delivery of thrombectomy services for NI as a region and more importantly to the establishment of an adequately trained sub-specialist consultant workforce for the future in NI.

ESD (Early Support Discharge) services provide patients with rehabilitation at home at the same intensity of inpatient care. They are commissioned to improve transfer of care arrangements, offer client choice, deliver efficiencies in acute bed usage and deliver improved clinical and wellbeing outcomes. The establishment of an ESD service in WHSCT and SHSCT has improved the equity of service provision. Four Trust areas (Belfast, South Eastern, Southern and Western) can now offer ESD to stroke patients. There is a proposal to extend to NHSCT subject to securing a funding source.

The Stroke Network has been strengthened through the appointment of a support team which has focused on performance monitoring the improvement of services against national standards. Service users and voluntary organisations are being engaged in the development of a long term support pathway.

Strategic Importance

This project contributes to the Delivering Together commitment to further improve the standard of treatment and care provided to stroke patients.

New Decade, New Approach committed to improving Stroke services by the end of 2020. In 2019 the Department carried out a public consultation, Reshaping Stroke Care – Saving Lives, Reducing Disability.

CANCER TRANSFORMATION: ONCOLOGY PROTOTYPES & HAEMATOLOGY

Objective

To stabilise and modernise oncology and haematology services through the investment in multidisciplinary teams and advanced practice roles.

Total Investment

£2,101,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Local Haematology	37	333	363	733
Specialist Haematology Service	62	395	505	962
Oncology Prototypes	0	81	325	406
	99	809	1,193	2,101

Regional Project

Yes.

Progress

In relation to oncology, South Eastern and Southern HSC Trusts have each successfully appointed a full-time Advanced Nurse Practitioner (ANP) and a full time speciality doctor. Both roles are providing valuable extra support at oncology clinics. The ANP is delivering non-medical prescribing clinics and, on completion of specialist training in 2021, will commence delivery of nurse-led follow up clinics. Belfast HSC Trust have also appointed advanced practice radiographers. Post holders are about to commence the delivery of radiographer-led clinics for consent and palliative mark-up, freeing up valuable consultant time to meet the growth in demand.

All HSC Trusts have made progress and while not all of the haematology transformation posts were appointed, HSC Trusts have significantly benefited from the investment.

Strategic Importance

This project activity contributes to the DoH Rebuilding and Stabilisation Plan and the commitments within New Decade, New Approach and with the new Cancer Strategy. This investment responds to significant growth in service demand and increasing concern about the resilience of services. It seeks to expand capacity through an expansion of multi-disciplinary teams whilst ensuring a focus on skills mix and advanced practice to support the modernisation of care pathways.

CANCER TRANSFORMATION: INVESTMENTS INTO SPECIALIST SERVICES WITHIN BHSCT (MOHS, PARTIAL NEPHRECTOMY AND LYNCH TESTING)

Total Investment
£1,480,000

Objective

To invest in a number of specialist services within Belfast with a view to:

- Enhancing regional capacity for Mohs surgery for basal cell carcinoma;
- Centralisation of partial nephrectomy provision;
- Introduction of testing for Lynch Syndrome.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Consolidation of partial nephrectomy treatment	45	342	236	623
Basal Cell Carcinoma (MOHs Surgery)	31	177	292	500
Lynch Syndrome	31	135	191	357
	107	654	719	1,480

Regional Project

Yes.

Progress

The regional capacity for Mohs surgery for basal cell carcinoma has been enhanced by the recruitment of 7 staff (5.1WTE) in the Belfast Health and Social Care Trust (BHSCT). Despite delays with recruitment to the nursing post and a 4 month pause in provision due to COVID-19, the number of patients waiting has reduced from 150 to 38 between March 2019 and September 2020.

The centralisation of partial nephrectomy has progressed with the availability of an additional surgeon from another Trust providing a weekly surgical list. This has enabled BHSCT to expand its radiofrequency ablation (RFA) service. The project has increased the RFA capacity from 34 to 41 cases per annum. In 2019/20, an additional 35 cases were provided for, although the number of cases was affected by the onset of the COVID-19 pandemic in March 2020. Despite the on-going impact of the pandemic in April and May 2020, 31 cases had been provided for by October 2020 which is satisfactory progress given COVID-19 challenges.

Lynch testing is performed on patients with a confirmed diagnosis of colorectal cancer. The Lynch testing service provision commenced in November 2019 and from then to January 2020 212 tests were delivered which was in excess of the anticipated testing levels. The impact of COVID-19 on cancer referrals and diagnostic and treatment pathways has meant that the system is around 21% behind the expected number of colorectal cancer diagnoses for 2019/20 compared to previous years. While this has inevitably resulted in reduced Lynch testing activity in year; the testing service is now established and able to provide testing at the commissioned level once normal service provision resumes in 2021.

Strategic Importance

This project activity contributes to the Delivering Together commitment to ensuring the sustainability of the service including clinical quality and resilience. MOHs surgery is the gold standard treatment for patients with a basal cell carcinoma of the head or neck as it optimises outcomes and reduces scarring when compared to standard excision. The service was provided by two part time clinicians. The waiting list had extended beyond 100 patients with many waiting over a year. Investment was needed both to increase capacity and improve service resilience.

Waiting lists

RFA is an alternative to surgery as a first definitive treatment for patients with smaller renal tumours. This additional capacity is critical in terms of being able to deliver reasonable waiting times for patients with renal cancer. Cancer Improving Outcomes Guidance recommends that partial nephrectomy surgery should be centralised in one place. Provision in Northern Ireland is currently happening across 3 sites with the single surgeon who provided surgery within Belfast having gone on a career break. Cancer Peer Review highlighted the need to centralise the provision of surgery to the specialist centre. This investment was intended to support that centralisation and to provide increased capacity to meet the increase in patient numbers.

Lynch testing supports the implementation of NICE Diagnostics Guidance DG27- Molecular testing strategies for Lynch syndrome in people with colorectal cancer. It identifies people at high risk of developing colorectal and gynaecological cancers and enables active surveillance, earlier detection and treatment and improved outcomes.

PATHOLOGY TRANSFORMATION

Total Investment
£1,794,000

Objective

To establish a new regional pathology service management structure, ensure the independent Laboratory Information Management System (LIMS) programme successfully achieves its objectives, and oversee delivery of a range of complementary regional projects necessary to address existing service challenges and deliver service transformation.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Pathology Transformation	162	730	902	1,794

Regional Project

Yes.

Progress

The project continues to make progress against the following five objectives:

- The programme has been set up and terms of reference have been agreed;
- Regional standardisation and implementation of new technologies is well underway including:
 - Establishing the Pathology Network project to standardise technical data, business processes and develop regional Standard Operating Procedures (SOPs) to support new LIMS implementation;
 - The roll out of new blood analysers in all HSC laboratories;
 - The implementation of a regional digital pathology solution;
 - Regional point of care equipment roll outs and the development of regional policies to support these new technologies;
 - Work is ongoing to plan regional cellular pathology equipment procurement to deliver maximum standardisation and coordinate activity alongside significant wider service changes;
 - Rolling out new rapid COVID-19 testing technologies supported by regional Standard Operating Procedures.

- Implementation of Workforce audit recommendations underway to address workforce gaps; for example:
 - The Pathology Network has approved training for advanced and expert practitioners in specimen dissection. This investment will help address gaps in the consultant workforce which cannot be filled through recruitment;
 - Training delivered in advanced Biomedical Science (BMS) dissection is ongoing to address gaps in consultant histopathology;
 - Regional recruitment of band 5/6 Biomedical Scientists has streamlined processes, and reduced duplication for the region by having one annual regional recruitment event and waiting list rather than 6 individual ones;
 - Work is underway to define the training requirements for consultant clinical scientists and reporting biomedical scientists in histopathology;
 - Input has been provided to the new Cancer Strategy on pathology cancer diagnostics, workforce, and training.
- Continued focus on quality, productivity and regulatory compliance; for example:
 - Continued participation in national benchmarking by all HSC laboratories;
 - Ongoing maintenance of United Kingdom Accreditation Service (UKAS) accreditation;
 - Provision of advice to Expert Advisory Group on COVID-19 testing, as well as DoH and HSCB Commissioners.
- New regional testing services have been setup, with some services redesigned to offer better quality and greater value for money and any service that is no longer clinically relevant stopped. For example:
 - Regional H-Pylori testing service established;
 - Regional faecal calprotectin testing service established;
 - Regional Faecal Immunochemical Test (FIT) testing established to support bowel cancer screening programme, and work underway to establish FIT testing in Primary Care to replace Faecal Occult Blood (FOB) testing in line with NICE guidance;
 - New process in place for introduction and funding of new technologies into pathology services (COVID-19 testing – range of platforms in first instance);
 - Plan in place to establish Network Clinical Approval Board during 2021/22;
 - Molecular diagnostics business case approved (BHSCT);

- Work underway to define the remit and membership of a regional molecular diagnostics forum;
- Continuing work to establish regional (single integrated) haematological malignancy diagnostic service.

Strategic Importance

Systems not Structures: Changing Health and Social Care' (2016) identified Pathology as one of the specialties in most need of reform. Delivering Together committed to a public consultation to modernise and transform Pathology services to improve service and workforce sustainability, ensuring a high quality pathology service for the future. This consultation was completed in 2016. The pathology transformation programme represents the out workings of that process.

The Pathology Network, which coordinates pathology transformation programme delivery, also coordinates SARS-CoV-2 testing delivered in Pillar 1. This has impacted on the timeline for programme delivery. The programme's link to 'Rebuilding' is that rebuilding plans must recognise that COVID-19 testing capacity is managed as a regional resource, and may impact diagnostic testing for non-COVID-19 service delivery.

UNSCHEDULED CARE (EX-AMBULATORY)

Total Investment

£8,414,000

Objective

This project's objectives were to make significant improvements in the management of unscheduled care patients across NI, and improve patient flow focusing on three areas:

- The control room function;
- Seven day working in base wards;
- Outpatient Parenteral Antibiotic Therapy (OPAT).

This project was developed due to growing pressures in the provision of unscheduled care along the patient pathway from attendance at emergency departments through to discharge into the community.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Unscheduled Care (ex-Ambulatory)	938	3,587	3,889	8,414

Regional Project

Yes.

Progress

Project progress is as follows:

- All HSC Trusts have put control rooms in place which have reduced in-patient admissions, length of stay, and patients who are experiencing delayed discharge. These have been particularly important in helping Trusts to manage the significant challenges of COVID-19.
- Seven day working has been introduced for social work and allied health professionals and is having a positive impact across hospital sites in managing in-patient flow. This is enabling discharge planning to commence early in the patient journey and so contributes to reduced length of stay and improved flow through the system.
- Patient flow has been significantly improved by OPAT which is facilitating admission avoidance and reduced length of stay. It has allowed a number of medically stable patients requiring antibiotic therapy, who had been cared for in acute hospitals, to be discharged and managed in the community.

Strategic Importance

This project contributes to the achievement of the New Decade, New Approach commitment to reconfigure hospital services to deliver better patient outcomes with improvements in urgent and emergency care as a key focus. This project is also a core component of the COVID- 19 Urgent and Emergency Care Action plan 'No More Silos'. It also significantly contributes to the Delivering Together theme – reforming our community and hospital services.

PALLIATIVE CARE IN PARTNERSHIP PROGRAMME

Total Investment

£3,580,000

Objective

The Palliative Care in Partnership programme objectives are to:

1. Improve the early identification of patients with palliative care needs (i.e. those likely to be in their last year of life) in order to provide appropriate support and services to enable them to die in their preferred place.
2. Scale and spread the Marie Curie Rapid Response Service to cover Out of Hours periods in all localities.
3. Enhance the specialist palliative care workforce to support people with complex care needs in all care settings.
4. Promote a programme of palliative care awareness across HSC and with the general public.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Palliative Care	702	1,715	1,163	3,580

Regional Project

Yes.

Progress

There has been significant progress across the four key objectives including:

Early identification:

- The Early Identification Local Enhanced Service, to promote the use of the AnticiPal screening tool in general practice has been developed and rolled out in 57 GP practices and has facilitated monthly palliative care multi-disciplinary team meetings.
- The AnticiPal algorithm was also developed for use on the web clinical system and work continues to encourage the inclusion of the AnticiPal algorithm within the General Practice Improvement Programme (GPIP).

Marie Curie Rapid Response Service:

- The expansion of the Marie Curie Rapid Response Service has provided equity of service to patients living in the South Eastern, Belfast, and southern sector of the Western Health and Social Care Trusts. It has also supported an increase in provision to the existing services in Southern and Northern Health and Social Care Trusts.

Enhancing the specialist palliative care workforce:

- Fifteen full-time specialist palliative care professionals (allied health professionals and social workers) are now in post across the five HSC Trusts to complement existing multi-disciplinary teams. This addition to the workforce is supporting the complex needs of patients being cared for in their own homes and in care homes as they approach the end of their lives.

Raising awareness of palliative care:

- 25,000 copies of the Your Life, Your Choices: Planning Ahead booklet have been distributed across NI including to all care homes and community pharmacies.
- A Palliative Care in Partnership website (www.pcip.hscni.net) has been developed to provide support and resources for HSC professionals and for people with palliative care needs and those important to them.
- A Palliative Care in Partnership “Voices4Care” reference group for service users and carers has been facilitated.
- To progress the planned activities in the regional palliative care work plan two events and three workshops have taken place. This has included members and stakeholders of the Palliative Care in Partnership programme.

Strategic Importance

- The Palliative Care in Partnership programme supports the strategic direction as set out in; Delivering Together’s commitment - building capacity in communities and in prevention;
- New Decade New Approach which commits to delivering service developments in palliative and end of life care;
- The Specialist Palliative Care Workforce Review to explore the workforce requirement to meet the NI population needs to 2024.
- Department of Health Living Matters, Dying Matters: Palliative and End of Life Care Strategy (2010).

In addition, the impact of COVID-19 has brought into sharp focus the need for additional capacity in palliative care services to meet the increasing need of people being cared for at the end of their lives in their own homes and care homes.

COVID-19 TRAINING IN CARE HOMES

Total Investment

£100,000

Objective

To enhance the delivery of safe, effective, compassionate care to service users living in care homes across Northern Ireland.

Regional Project

Yes.

Progress

Training was developed for Care Home nursing staff to respond to identified COVID-19 and Non COVID-19 related needs. A bespoke training programme 'Leading in Crisis' was developed and delivered to 100 staff to enhance clinical leadership and management capability within care homes. Access to e-learning for care home staff was also provided. A total of 127 training and engagement sessions were delivered with 4,225 participants.

Strategic Importance

This project contributes to the Delivering Together ambition of reforming our community and hospital services and the key enabler of investing in our workforce. Training and development of care home staff has enhanced the confidence and competence of nursing staff to meet the care needs of people living in nursing and residential care homes. This has resulted in direct care delivery to meet the increasing acuity, care and support needs of patients and residents, improving the quality and experience of care and reducing reliance on both primary and secondary care services.

All Trust Care Home Support Teams have been up-skilled to respond to the COVID-19 pandemic. The provision of regional training and development has improved access to training and supported a consistent regional approach to ensure that care home staff are equipped with the skills to recognise, prevent and treat COVID-19.

TRANSFORMING CHILDREN'S SERVICES- ADOPTION AND FOSTERING SERVICES

Total Investment
£4,788,000

Objective

To Transform Fostering and Adoption Services through (a) promoting mother and baby fostering, (b) adopting a regional approach to recruitment of foster carers, (c) recruiting more specialist foster carers and (d) developing post adoption support.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Establish a Mother & Baby Foster Placement Scheme for vulnerable mothers	84	288	350	722
Increased capacity to recruit specialist foster parents	0	237	100	337
Recruiting more Specialist Foster Carers	0	1,207	555	1,762
Looked After Children – Post Permanence placement support team	200	860	907	1,967
	284	2,592	1,912	4,788

Regional Project

Yes.

Progress

10 Specialist foster placements including placements for mothers and babies have been recruited to offer placements to vulnerable children and young people.

In terms of Mother and Baby fostering, 10 new carers have been recruited and there has been an increase in;

- Resources available for recruitment and training
- Uptake of training by foster carers and social workers
- Rehabilitation of parent and child together
- Planned permanency with parents understanding the rationale for the care plan and assisting with its arrangements

The post permanence support ensures that adopters continue to be supported to prevent adoption breakdowns. 17 new social work and 9 social care staff are all in place and are delivering services to adoptive children and families across the HSC Trust areas. These services include support for direct and indirect birth family contact and therapeutic interventions at both an individual child and family level. Social work staff across all HSC Trusts have availed of additional training to enable them to provide these interventions where appropriate.

The Regional Recruitment team has worked to promote fostering to the wider community through engagement such as the development of social media campaigns and use of marketing expertise.

Strategic Importance

All of the project activity contributes to the following strategies:

- The Delivering Together commitment to expand foster placement options.
- The Department of Health A Life Deserved: A Strategy for Looked after Children.
- The Children and Young People's strategy 2019-29 priority to secure stability for Looked after Children.
- The New Decade, New approach priority for post permanence support.

SERVICE REFORMATION FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS (SEN)

Objective

To develop a consistent and standardised approach for the provision of HSC advice for children under-going Statutory Assessment to ensure compliance with the 6 week timeframe.

Total Investment

£989,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Service Reformation for Children with Special Educational Needs (SEN)	175	452	362	989

Regional Project

Yes.

Progress

Health and Social Care advice for Children and Young People (CYP) undergoing Statutory Assessment has been standardised and reformed across Paediatrics, Occupational Therapy, Physiotherapy and Speech and Language Therapy. Performance across these professions in respect of the 6 week timeframe for statutory assessments has increased from 49% in December 2019 to 90% compliance as a result of this project. Project progress includes;

- Successful implementation of an electronic information exchange system across the health and education sectors has been successfully implemented.
- There has been enhanced compliance with HSC advice for children undergoing statutory assessment with the Education Authority through training, the establishment of standard pro-forma and consistent pathways.
- There is enhanced working between HSC staff, the Education Authority and schools to ensure the requirements of the Children's Services Co-operation Act Northern Ireland (2015) are met.
- There is early identification of children with Special Educational Needs (SEN) through timely provision of advice reports as part of the Statutory Assessment process. This helped ensure timely intervention for children and subsequently enhanced outcomes for children and their families.

Strategic Importance

This project contributes to the achievement of the New Decade, New Approach commitment to addressing the issues highlighted as part of the Northern Ireland Audit Office (NIAO) review into SEN.

The NIAO report (2017) identified that only 21% of Statements of SEN were completed within the 26 week statutory time limit and the Education Authority have stated that the majority of delays were primarily relating to delays in receiving advice reports from a HSC Trust.

This project has supported Trust adherence to requirements within the Children's Co-operation Act (2015) and the Special Educational Needs and Disability Act (2016).

TRANSFORMING CHILDREN'S SERVICES - COURT BASED SOCIAL WORK (CARE PROCEEDINGS PILOT)

Objective

To transform children's court based social work.

Total Investment

£288,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Court based Social Work (Care Proceedings Pilot)	64	107	117	288

Regional Project

No. This is not a regional service although there is interest from the other Trusts.

Progress

The Care proceedings pilot has been fully introduced as a practice model in WHSCT and SEHSCT.

In both Trust areas there has been positive feedback from the Judiciary regarding the improved standard of Trust reports being submitted to court and the valuable role of the Court Liaison Officer in Court. This view is also echoed by the Trusts legal representatives in the Directorate of Legal Services. Social Work teams have also expressed their appreciation for the Court Liaison Officer as they are not required to attend Court for long periods of time. For each review saving valuable social worker time Progress includes:

- Improvement in the quality of social work assessments and analysis by the Court Liaison Officer;
- Development of consistent and improved quality in court;
- Provision of training programmes and increased social work confidence.

Strategic Importance

This project contributes to the achievement of the Delivering Together theme of reforming community services. The Northern Ireland Access to Justice Review Report (2011) recommended a fundamental review of family justice in Northern Ireland and highlighted a number of major systemic and policy issues with an impact on the quality and cost of access to justice. In December 2015 the Department of Health and the Department of Justice launched the Care Proceedings Pilot aimed at promoting good decision making and minimising unnecessary delay for children subject to care proceedings.

TRANSFORMING CHILDREN'S SERVICES - EARLY INTERVENTION APPROACHES

Objective

To transform Early Intervention Approaches.

Total Investment

£2,532,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Enhancing Family Support Hubs	485	862	610	1,957
The PAUSE project	63	119	393	575
	548	981	1,003	2,532

Regional Project

Yes.

Progress

PAUSE aims to reduce the number of children being removed into care by working directly with women who have previously had children removed into care. Following initial implementation in the Northern Health and Social Care Trust (NHSCT) it was rolled out to the other Trust areas. In NHSCT the following was achieved:

- A scoping study was completed to establish the level of need for mothers in recurrent Care Proceedings and those with children placed outside of their parents' care e.g. Kinship placements;
- Using co-production a bespoke Northern Ireland PAUSE Model was developed;
- The PAUSE Model is being delivered to 24 parents.

The PAUSE project has been expanded to the other Trust areas where the infrastructure and initial work has been established. PAUSE projects were established in Belfast, South Eastern, and Western Health and Social Care Trusts to test the need for the project resulting in staff being recruited and women identified and engaged with.

Family Support Hubs coordinate statutory and early intervention services to support vulnerable families and divert them from statutory services. The project enabled the Hubs to expand their work to include outreach to families. In 2019/20, 7,590 families were referred to Hubs, 453 more than previous year. 21% of referrals were from families with a child with a disability. The Hubs also dealt with 2,909 telephone query/advice calls.

A survey conducted between March and June 2020 confirmed that all 29 Hubs continued to operate during the first lockdown period. Hubs noted a rise in referrals for food, fuel and practical help including managing the behaviour of children, particularly those with an ASD or ADHD presentation.

Strategic Importance

This project contributes to the Delivering Together commitment to enhance the capacity of Family Support Hubs (FSH) as part of building capacity in communities and in prevention. It also contributes to the Families Matter support strategy and aligns with the New Decade, New Approach commitment to maintain the transformation agenda.

The Outcomes Delivery Plan (2019) includes an action under outcome 12 to deliver the PAUSE pilot, contributing to the Looked After Children (LAC) strategy by reducing admissions to care from a very vulnerable cohort of mothers.

TRANSFORMING CHILDREN'S SERVICES - SUPPORT TO CHILDREN AND YOUNG PEOPLE IN THE LOOKED AFTER SYSTEM

Total Investment
£7,757,000

Objective

To transform outcomes in the Looked After Children (LAC) system through;

- (a) Development of Peripatetic Support Teams;
- (b) Putting a LAC Interface Worker in each HSC Trust;
- (c) Developing a Regional Chair post to manage access to secure care and;
- (d) Developing a new solution for homeless young people.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Outworking from service review of children's residential care - peripatetic support	218	1,808	1,791	3,819
Testing a new housing solution for 16/17 year olds presenting as homeless	295	300	300	895
Transformation of regional facilities for children and young people	241	1,486	1,316	3,043
	754	3,594	3,409	7,757

Regional Project

Yes.

Progress

A regional chair post for overseeing a multi-agency panel for access to secure care has now been developed, replacing five HSC Trust panel members.

LAC Interface workers are now working in each of the five HSC Trusts improving the interfaces between services. Based on a cohort of 43 children across HSC Trusts, the interface workers have identified and addressed issues relating to:

- Accessibility and timeliness of interventions;
- Barriers and constraints to children in care accessing the care services they need;

- Seamless transitions across children and adult services, in particular related to Child and Adolescent Mental Health (CAMHs), adult mental health services, children with disabilities, and adult disability services.

Delivery of the LAC interface worker against specified objectives was overseen by a regional project group. In July 2020, a review of the project identified a number of findings and recommendations which confirmed that this role effectively supported, tracked and examined the pathways of Looked After Children with highly complex needs. Impacts include:

- Ability to improve cross agency / disciplinary collaboration and the development of approaches to youth homelessness. The second phase of the evaluation was completed in early 2021.

Peripatetic Support Teams are working to support young people in existing residential placements. In May 2020, an interim evaluation provided evidence (quantitative and qualitative) of progress towards delivery against objectives. However this early evidence is caveated with an acknowledgement that longer timeframes are required to fully assess and evidence effective delivery.

This evaluation was completed by the HSCB in conjunction with Social Care Institute for Excellence (SCIE) and the HSC Trusts. It confirmed that there was early quantitative data which indicated a reduction in placement moves and a reduction in young people being reported missing. It is also found that from September 2019 there were indicators of positive relationships being established between young people and those delivering the service.

Strategic Importance

This project contributes to Delivering Together's commitment to further support young people and children in the looked after system, the regional review of residential facilities supported by DoH and DoJ, and the Children and Young People's strategy 2019.

REFORM OF ADULT SOCIAL CARE

Total Investment
£485,000

Objective

To improve the social wellbeing of citizens who require social care services so that they live safely and well; improve quality and experience for people receiving care and support in their own home, ensure sustainability of services within local communities, and support and empower front line staff in both the statutory and independent sectors to deliver high quality services.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Reform of Social care – Power to People	0	0	485	485

Regional Project

Yes.

Progress

This project has made progress in a number of key areas:

- A new model of delivery for care and support at home has been developed and aspects of that reformed model have been tested across the HSC system for potential upscaling.
- The benefits of the new model are currently being rolled out across the South Eastern Health and Social Care Trust (SEHSCT). While this is providing significant evidence of modernisation, there is a need to “scale up” the provision of the new approach across all five HSC Trusts so that the benefits of the new approach can be fully realised.
- Roll out of Self Directed Support (SDS) approaches which enabled all service users and carers to be assessed or reassessed and offered the choice to access direct payments, a managed budget, HSC Trust arranged services, or a mix of those options, to meet any eligible needs identified.
- Supported Northern Health and Social Care Trust (NHSCT) front line staff to prepare for change through a project which assessed and tested the preparatory work required to equip the homecare workforce to implement a new model of care and support at home. Provision of a winter pack ensured that staff felt valued and supported during the difficult winter months. Items in the pack also supported and equipped staff in the delivery of care, thus contributing to an improved working experience and improving staff morale, health and well-being. Additionally, NHSCT hosted 8 engagement sessions for domiciliary care staff to enable staff to contribute to the development of a new model of care and support at home. This has provided a good practice model for other Trusts and providers;

- 3,499 front line HSC staff were provided with enhanced training through the Northern Ireland Social Care Council (NISCC). This aspect of the project was shortlisted by the European Social Network for the Collaborative Practice Award.

Strategic Importance

This Project is integral to the implementation of the recommendations contained in “Power to People: Proposals to reboot adult care and support in Northern Ireland” (2017).

REFORM OF ADULT SOCIAL CARE - SOCIAL CARE WORKFORCE STRATEGY

Total Investment

£171,000

Regional Project

Yes.

Progress

This project has made progress with the development of a standardised continuous professional development framework with four workshops held and a benchmarking exercise (against Wales) completed. A career structure and CPD framework have also been progressed with consultations with qualifications panels and workforce sub groups taking place. £47,000 has also been directly invested in workforce training for staff in HSC and the independent sector. This training enabled 50 members of staff to attain a Diploma in Health and Social Care at Levels 2, 3 or 5 and included areas such as management and leadership in residential, adult and children's services.

The 'Social Care – Making a Difference' campaign has been developed by the Northern Ireland Social Care Council (NISCC) on behalf of the Department of Health as part of its ongoing work to reform Adult Social Care. The campaign highlights that social care staff are an integral and valued part of the health and social workforce and their work is critical to the sustainable provision of social care services now and in the future.

Strategic Importance

This project contributes to the achievement of the New Decade, New Approach priority focused on the Reform of Adult Social Care.

Project activity also aligns with the wide reaching reform and transformation of the adult social care sector in Northern Ireland guided by the 'Power to People' report.

In addition, the project also contributes to the achievement of the Social Care Strategy objective to support staff through direct training and skills building to enhance support service delivery. This strategy will raise the profile of social care as a profession and improve workforce retention while also increasing recruitment of staff to support the rebuilding of services.

Objective

To support the development of a career structure and CPD framework for the social care workforce, and to inform a cohesive approach to workforce development across the HSC and Independent Sector.

REFORM OF ADULT SOCIAL CARE - MY HOME LIFE (MHL) PROGRAMME

Total Investment

£96,000

Objective

To meet the unique needs of care home managers by supporting them to improve quality of life for residents, relatives and staff.

Regional Project

Yes.

Progress

The My Home Life programme project commenced as planned in October 2020 despite the challenges of the COVID-19 global pandemic. Fourteen Care Home Managers have participated in the programme to date. Feedback from participants indicates that it has been a positive experience and has helped to improve the quality of life for residents, relatives and staff by applying the relationship centred course learning to all aspects of service delivery.

The course itself is a one year academic course with continued in work learning. The roll out of the programme to the 400 plus Care Home Managers will take 4 years to complete.

Strategic Importance

The My Home Life Programme project contributes to the Delivering Together recognition that increasing pressure on services has contributed to difficulties in attracting and retaining experienced staff and the vacancy rate in a range of disciplines continues to grow. The Minister for Health has given his support for the MHL Leadership programme as one of the training and career pathway options to help recognise the skills, values and attributes of people who work in adult social care in Northern Ireland. The MHL Leadership training provides Care Home Managers with a programme which is underpinned by relationship-centred care that recognises the importance of seeing the care home as a 'community' where the quality of life of staff, family, friends and residents are all crucial to improvements in practice.

The My Home Life Programme project will contribute to the rebuilding of HSC services for those residing in a care home setting.

REFORM OF ADULT SOCIAL CARE - OPEN UNIVERSITY NORTHERN IRELAND PROVISION OF THE DEGREE IN SOCIAL WORK

Objective

To commission 15 places for social care workers on the OUNI Degree in Social Work programme.

Total Investment

£144,000

Regional Project

Yes.

Progress

15 places for social care workers were commissioned on the Open University Degree in Social Work in October 2020 and filled by November 2020.

Strategic Importance

This project contributes to many of the ambitions identified in Delivering Together including improving the skills and quality of the HSC workforce, providing career development opportunities for the largest staff grouping within HSC and ultimately enhancing service user experience. It will also support most of the Delivering Together key enablers particularly partnership working.

MENTAL HEALTH RECOVERY MODEL & CO-PRODUCTION

Total Investment

£607,000

Objective

To support the ongoing development of mental health recovery and co-production through peer support groups for service users and family carers, and Recovery Colleges.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Mental Health Recovery Model & Co-production	151	320	136	607

Regional Project

Yes.

Progress

The mental health recovery and co-production project activity in all Trusts enables individuals with lived experience to take responsibility for managing their own health and wellbeing. The project works in partnership with clinicians, professionals and other service providers to help individuals develop the knowledge, skills and motivation to engage in civic life, work and education. This project is a real example of how specifically the HSC has embedded the Department of Health Co Production Guide (2016) and how Mental Health Services (MHS) in general, have been leading by example to ensure that the legal requirement around personal and public involvement (PPI) are complied with. It has focused on informing, involving and including individuals with lived experience in all aspects of service development and commissioning. Each HSC Trust has employed staff to support co-production and recovery.

Progress also includes commissioning the external evaluation, the introduction of the outcomes tool and the availability of the Outcomes Star.

A service user consultant is a member of the Belfast Trust Mental Health collective leadership team and is integral to the setting of direction for all services. Belfast Trust currently employs 10 peer support workers. There are an additional 6 vacant positions for which a recruitment process is currently underway. The recovery college employs, 3 staff with lived experience and in 2020/21 ran 39 courses which reached 2100 people.

Co-production is the cornerstone of the Belfast Trust Recovery College. It is at every level and stage of planning, development, curriculum and quality assurance. All courses are co-facilitated by service users, carers and mental health staff. The Belfast Trust also have independent peer advocates that attend management meetings. They are also part of QI (Quality Improvement) projects and are part of the training and development of clinical teams and services.

The South Eastern Trust employs a number of people with lived experience in a range of roles, including a Service User Consultant. The Trust also employs Peer Workers in Inpatient, Addictions, Personality Disorder Services, Wellness Recovery Network and the Recovery College. The Trust has also commenced recruitment for two further posts through which individuals with lived experience will support people discharged from hospital in making the transition home.

The South Eastern Trust's future direction in building lived experience capacity and involvement will be outlined within a strategy which they aim to have available this year.

The Southern Trust employs 5 peer support workers across mental health and supports a number of ad hoc peer trainers to work within the Recovery College.

To drive forward the Mental Health Recovery Model and promote coproduction, the WHSCT appointed a 'lived experience' Service User Consultant (Band 7) for adult mental health in 2019. This post has now become a permanent role within the Senior Management Team. The recruitment of the peer consultant has led to a significant increase in coproduction activity within adult mental health services in the Western Trust. As part of the Delivering Value: Improving Quality and Safety Big Programme of Work, the Service User Consultant has created opportunities for people with lived experience of using WHSCT mental health services to directly participate in the design and delivery of services. Currently, service users are engaged in coproduction work streams with Trust staff in the following areas: a review of the ED Pathway for clients; evaluating access to psychological therapies; assessing the experience of clients using Paediatric Intensive Care Unit, and reviewing the engagement of families in the Severe Adverse Incidents process.

To promote coproduction further and to create opportunities for clients to build capacity and experience, the Service User Consultant has created a Virtual Reference Group (VRG), where people with 'lived experience' can come together and learn about coproduction activities within the Trust. The VRG was established in response to the challenges to face-to-face working presented by the Covid pandemic. The VRG has been very successful and has proved to be a starting point for service users embarking on a recovery journey and who wish to develop their coproduction skills. The Service User Consultant has also been instrumental in establishing an annual award celebrating Trust activity that promotes coproduction. Following the appointment of the Service User Consultant, Mental Health services in the WHSCT expanded its cohort of 'lived experience' roles with the appointment of 1wte permanent Lead Peer Trainer (Band 5) within the Recovery College. The Lead Peer Trainer supervises a cohort of volunteer peer trainers, however work has commenced around the potential recruitment of a further three part-time, permanent Peer Trainers (Band 4) to work in conjunction with the Recovery College and Mental Health teams.

To further drive forward the Mental Health Recovery Model and to promote coproduction the Service User Consultant has presented to all of the adult mental health teams on the topic of the values and principles of the You in Mind Mental Health Care Pathway (2014). Staff have been engaged in discussion

around the importance of working in partnership with service users and carers – and to promote hope, opportunity and control at all times. Regular meetings have also been established with carer and service user advocates, and these advocacy representatives have been invited on to several coproduction work streams.

To ensure that recovery principles are applied across all aspects of Mental Health services, all WHSCT inpatients at the point of discharge are given the opportunity to express an opinion about their treatment. Clients are asked if they felt involved in their care and whether their families/friends felt involved in their care. This data is analysed systematically and the results are shared with senior management and ward managers and teams on a monthly basis. This continuous survey was designed by the Service User Consultant with the aim of ensuring that clients feel a sense of partnership with Mental Health staff during their care. The continuous survey has now been extended to capture the views of clients using the Crisis Response Home Treatment teams.

As in other Trusts the pandemic resulted in face-to-face services moving to an online presence. Service user views on this period of the Covid crisis were captured by the Service User Consultant as part of the 10K More Voices project.

The Covid pandemic inevitably meant that users of WHSCT MH day centres experienced reduced access in terms of hours each week. At the same time, however, staff trained in the use of the Recovery Star wellbeing tool reported that they were able to engage in more focused, person-centred and recovery oriented work on a one-to-one basis with clients.

Recovery and co-production remains a key priority for MHS in all HSC Trusts which each have an active Recovery College, with a dedicated Recovery Co-ordinator. The HSC Trusts deliver an Annual Prospectus of co-produced and co-facilitated courses concentrating on recovery focused practise while the project funded 150 annual courses at each of the Recovery Colleges. The Process Evaluation of Mental Health Recovery Colleges in Northern Ireland Report (2019) found that the co-production model runs through the ethos of all the Recovery Colleges.

This project activity is building on the success of the peer led initiatives in recovery focused practice across MHS. The project's peer led recovery groups support individuals to positively engage in active care and treatment and to develop interests and activities that will enable them to sustain their health and wellbeing post treatment.

The Covid pandemic has had some impact on project progress in 2020-21, as many mental health services were transferred to online support and remote working, and the timelines for recruitment and selection of additional staff for face to face contact with patients and clients was affected.

Strategic Importance

This project supports the Department of Health Mental Health Action Plan – Action 5 objective to enhance the involvement of people with lived experience, including service users and carers in service delivery and service planning and action 13.2 to review and create a regional protocol for peer support workers including clear governance structure and role subject to funding.

It is also critical to the two key actions set out in the Department of Health Mental Health Strategy 2021-31; Action 16 to further develop recovery service, including Recovery Colleges, to ensure that a recovery focus and approach is embedded in the whole mental health system; and Action 33 to create a peer support and advocacy model across mental health services. The Recovery College model and peer support workers employed as part of this project will directly support these developments going forward. The underlying principle in mental health recovery, no decision about me without me, as reflected in the Regional You in Mind Care Pathway (2014) continues to guide Mental Health Services across Northern Ireland. Both the recovery colleges and the peer support model are key components of this recovery focused practice model and remain fundamental to the provision of high quality mental health care.

ENHANCED MENTAL HEALTH LIAISON SERVICE (MHLS)

Objective

To provide greater access in acute general hospitals to mental health services for patients and staff.

Total Investment

£3,102,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Enhanced Mental Health Liaison Service	227	1,198	1,677	3,102

Regional Project

Yes.

Progress

This project has enabled each HSC Trust to provide Emergency Department (ED) and acute hospital patients and staff with greater access to 24 hour rapid access to specialist mental health assessments (within 2 hours and 24 hours respectively).

The project has achieved the following progress:

- BHSCT – 24/7 coverage and service, covers both the Royal Victoria Hospital and Mater Hospital Emergency Departments. A two hour target is achieved 85% of the time and acute hospital ward referrals are all seen within 24 hrs, providing: timely assessment, onward referral and information advice offered.
- NHSCT – 24/7 coverage and service to ED (2 hrs) and acute hospital wards (24 hrs); Timely assessment, onward referral and information/advice offered. The Mental Health Liaison Service has been fully operational since 2015 and continues to provide a fully enhanced model of liaison care across both hospital sites.
- SEHSCT – Ulster Hospital site only, 24/7 only in ED (2hrs), no night time cover on wards. Repeat attenders policy in place and effective meetings held between services;
- SHSCT – 7 days per week, 9am-9pm, across all sites, ED (2hrs) and wards (24hrs);
- WHSCT – In September 2019 a MHL pilot commenced to cover the inpatients wards in AAH (Altnagelvin Area Hospital) but was suspended due to Covid-19 and staff returned to their substantive posts in March 2020. Following the recruitment of staff the MHLS commenced in South West Acute Hospital in September 2020 and January 2021 in AAH. The service currently operates Monday to Friday 9.00am – 5.00pm in both sites with out of hours crisis assessments being completed by the Crisis Team. As this service is only in its infancy these operational hours will be subject to change.

Strategic Importance

This project contributes to the New Decade, New Approach commitment to increase the focus on mental health and wellbeing.

The project also contributes to the achievement of the Mental Health Strategy 2021-31 Action 27 which calls for the creation of a Regional Mental Health Crisis Service that is fully integrated in mental health services which will provide help and support for persons in mental health or suicidal crisis. Minister Swann published the new, regional mental health, Crisis Service Review Report on 24 August 2021. The new Regional Crisis Service was developed together with the authors of the review, and reflects the recommendations in the review. The Policy outlines what the crisis service will look like and provides 10 actions to make this a reality.

It also contributes to realising the Mental Health Strategy 2021-31 theme of providing the right support at the right time, which includes appropriate crisis support. This results in quicker access to appropriate services without multiple onward referral processes which the MHLS offers currently in both general acute wards and ED services.

ESTABLISH ELECTIVE CARE CENTRES FOR TREATMENT OF CATARACT

Objective

To establish prototype for Elective Care Centres for the treatment of Cataract.

Total Investment

£2,514,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Establish Elective Care Centres for treatment of Cataract	311	1,155	1,048	2,514

Regional Project

Yes.

Progress

The Elective Care Centres for the treatment of Cataract commenced in December 2018.. In 2020/21 a total of 3,373 cataract procedures were carried out which represented a decrease against 2019/20 (6,370).

This decrease can be attributed to the incremental approach to new ways of working, ramping up theatre sessions and lists gradually growing in the three regional cataract elective care/day procedure centres but principally due to the profound effects of COVID-19 and the impact on elective procedures and clinical and nursing teams.

The anticipated introduction of a region-wide electronic patient record system (Medisoft) will facilitate lists being populated from a regional pool, working across Trust boundaries to maximise capacity and resource.

Pre-COVID-19, the progress trajectory was improving, with theatre lists and sessions across all three centres increasing. The COVID-19 pandemic has had a significant impact on cataract waiting lists. Theatre activity in 2021/22 stands at 4,009 procedures at end of October 2021. An additional 1,058 procedures have been carried out via the Independent Sector in-reach to Downe Hospital Cataract Day Procedure Centre (DPC).

The centres continue to operate as resources for the region for pre-assessments and post-operative review, although a new care model introduced in October 2021 will see an increasing number of post-operative reviews delivered by primary care optometrists, freeing capacity in secondary care. This pathway approach complements existing commitments in Minister's Elective Care Framework (June 2021) which has seen the establishment of additional cataract pre-assessment mega-clinics in Q2 2021/22. It is anticipated that the progress trajectory will be scaled up when COVID-19 pressures allow.

Strategic Importance

This project contributes to the achievement of the Delivering Together commitment to develop Elective Care Centres and has helped to inform the development of Day Procedure Centres and wider strategic reform.

It also contributes to the Elective Care Plan - Transformation and Reform of Elective Care Services (2017) Commitment 6 which states that: "Regional Elective Care Assessment and Treatment Centres will be established to deliver large volumes of assessments and non-complex routine surgery across a broad range of specialties." Cataract waiting lists represent treatable sight loss in the population and is therefore a top priority.

The provision of Elective Care Centres is a priority for the Minister. In June 2021 the Elective Care Framework was published. The Framework sets out firm, time bound proposals for how HSC will systematically tackle the backlog of patients waiting longer than Ministerial standards, and how HSC will invest in and transform services to allow us to meet the population's demands in future. It describes the investment and reform that are both required - targeted investment to get many more people treated as quickly as possible; and reform to ensure the long-term problems of capacity and productivity are properly addressed. There are a number of actions in the Framework on the development of the Elective Care Centre model.

DAYCASE ELECTIVE CARE CENTRES (DECC) - PHASE 2

Objective

To develop a regional service delivery model for Day Procedures Centres in Northern Ireland.

Total Investment

£210,000

Regional Project

Yes.

Progress

The Lagan Valley Hospital Day Procedure Centre (DPC) has been established and is currently providing much needed support to other Trusts in response to the downturn in elective services during the COVID-19 pandemic, particularly for regional cancer diagnostic work. Plans are in place to develop the DPC at Lagan Valley in the longer term with a view to tackling the lengthy waiting lists for day procedures. A clinically led Day Procedure Network has been established to develop and expand this model of service delivery.

At 12th February 2021, 216 patients from across the Northern Ireland have had urgent procedures completed in the DPC including Gynaecology, Colorectal, Breast, Plastics, Urology and Ear, Nose and Throat (ENT) specialties. In addition, a successful inguinal hernia pilot (56 patients) has also been carried out at the DPC and plans are in place to roll this out to the region.

As services are rebuilt, DPCs will play a vital role in tackling waiting lists, tackling equity of access, maintaining infection control and delivering value for money.

Strategic Importance

This project is a commitment set out in Delivering Together and New Decade, New Approach. Delivering Together noted that elective care centres would be established to provide a dedicated resource for less complex planned surgery and other procedures. The Department of Health subsequently published the Elective Care Plan which included a commitment to establish elective care centres to provide a dedicated resource for less complex planned surgery and other procedures.

The project also contributes to the achievement of the Establishment of a Regional Service Delivery Model for Daycase Elective Care Centres in Northern Ireland. The DPC at Lagan Valley Hospital was established to maintain robust infection control preventative measures at this site and enable day-case procedures to continue during the pandemic.

In June 2021 the Elective Care Framework was published. The Framework sets out firm, time bound proposals for how HSC will systematically tackle the backlog of patients waiting longer than Ministerial standards, and how HSC will invest in and transform services to allow us to meet the population's demands in future. It describes the investment and reform that are both required - targeted investment to get many more people treated as quickly as possible; and reform to ensure the long-term problems of capacity and productivity are properly addressed. There are a number of actions in the Framework on the development of the Elective Care Centre model.

ESTABLISH AN ELECTIVE CARE CENTRE FOR TREATMENT OF VARICOSE VEINS

Objective

To establish a prototype Elective Care Centre for the treatment of Varicose Veins.

Total Investment

£1,328,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Establish Elective Care Centres for treatment of Varicose Veins	180	873	275	1,328

Regional Project

Yes.

Progress

The Elective Care Centres for the treatment of varicose veins were fully operational by February 2019. In 2019/20 a total of 1,541 patients were treated which is a productivity increase of over 45% against the base year of 1,034 in 2017/18. There was also a significant reduction in both the number of patients waiting for treatment and in the waiting times with the number of patients waiting reduced from 1,417 in September 2018 to 1,092 by March 2020 and in that same period the number of patients waiting over 1 year reduced from 568 to 177.

As with other parts of the HSC system, progress has been impacted by Covid-19 as staff have been re-deployed to support urgent and critical care.

Strategic Importance

This project contributes towards the achievement of the Delivering Together commitment to develop Elective Care Centres requiring the Department to “bring forward proposals for the location and service specification for Elective Care Centres.”

It also contributes to the Elective Care Plan - Transformation and Reform of Elective Care Services (2017) Commitment 6 which states that: “Regional Elective Care Assessment and Treatment Centres will be established to deliver large volumes of assessments and non-complex routine surgery across a broad range of specialties.”

The provision of Elective Care Centres is a priority for the Minister. In June 2021 the Elective Care Framework was published. The Framework sets out firm, time bound proposals for how HSC will systematically tackle the backlog of patients waiting longer than Ministerial standards, and how HSC will invest in and transform services to allow us to meet the population’s demands in future. It describes the investment and reform that are both required - targeted investment to get many more people treated as quickly as possible; and reform to ensure the long-term problems of capacity and productivity are properly addressed. There are a number of actions in the Framework on the development of the Elective Care Centre model.

IMAGING REVIEW – OBSTETRIC AND PAEDIATRIC STRANDS

Objective

To implement the Imaging Strategy with regard to Obstetrics and Paediatrics.

Total Investment

£183,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Imaging Review – Obstetric and Paediatric Strands	48	135	0	183

Regional Project

Yes.

Progress

The Strategic Framework for Imaging Services (2018) recommends a regional approach to planning and delivering imaging services, with distinct recommendations for obstetric and paediatric imaging. New clinical groups have been established to take forward these important agendas to drive forward the improvements required across Obstetrics and Paediatrics. Critical to the success of these groups is the appointment of a Clinical Lead for both Obstetric and Paediatric imaging to provide the leadership, expertise and experience required. A clinical lead for obstetric imaging has been appointed and an interim clinical lead is in place for paediatric imaging.

Strategic Importance

Delivering Together places a high priority on planning and delivering imaging services. Imaging spans most service areas and the Strategic Framework highlights the need for a more strategic, uniform and joined up approach to imaging matters to ensure the priority afforded in Delivering Together is realised.

DEVELOPMENT OF THE NORTHERN AREA PATHFINDER

Total Investment

£563,000

Objective

To establish an approach to developing a Population Health Improvement Plan including a proposal for an Integrated Care System (ICS) which can offer a new regional approach.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Development of the Northern Area Pathfinder	0	374	189	563

Regional Project

This project was developed in the Northern Trust area and has helped inform the development of an Integrated Care System (ICS) model in Northern Ireland which is in the process of being developed and established on a regional basis by the Department.

Progress

The Northern Area Trust/GP Partnership, which is at the core of this prototype, has brought together a range of organisations including HSCB Local Commissioning Groups, PHA, NIAS, the Community and Voluntary sector, local Councils with the Northern Trust, GPs and locally based Integrated Care Partnerships. This partnership working and the relationships which have been established are essential to the achievement of the project's objectives. The Trust/GP Partnership creates an integrated/ cross organisational senior team that acts as a core HSC partner organisation to engage and involve other partners.

It is planned to now embed an Integrated Care System within the Northern Area which aligns with the model set out in the Integrated Care System NI draft framework and which builds on the existing structures that have been developed in the prototype including: the Northern Area Partnership working at an Area level, Integrated Care Partnerships and GP Federations at locality level and community based work around GP practices and neighbourhoods. This will see the Northern HSC Trust and local GPs and others working together on an ongoing basis, in a new way of working.

Whilst the Covid pandemic has impacted on the planned objectives and work of the Prototype taking it in an unforeseen direction, the strength of the already established Partnership supported a joined up Northern Area response.

The Prototype has:

- Built an effective partnership between the Northern Trust and General Practice in the Northern Area which created an opportunity for positive change in particular around dermatology services and waiting lists, phlebotomy services, Treatment room services, Anticipatory Care, the response to Covid and the Covid vaccination programme, and Phone First.

- Proposed and part tested a model for an integrated health and social care system with shared accountability, while maintaining existing architecture – this is in keeping with the ‘Delivering Together’ strategy and the Bengoa report.
- Developed a methodology for co-producing a population health management plan that can be supported by the HSC, it’s partners and empower communities (included a co-produced Workshop on 25 Feb 2020 to provide information relating to population data and trends to a wide range of participants). Following discussion and analysis, five shared population health issues were identified with partners as priorities in the Northern area including obesity, diabetes, mental health, frailty and end of life care. This will form the basis for beginning to build a Population Health Improvement Plan, which will be tested and address the Mental Health priority first. This focus on the development of a Mental health population health plan was temporarily interrupted by the Covid pandemic when partnership efforts were diverted to other Covid related projects.
- Covid related Partner initiatives included the setting up of the Partnerhub in the Northern area. This is a single point of contact for Trust partner organisations, including Care Homes, Independent Sector, Domiciliary Care Providers, GPs, Community Pharmacies and Community and Voluntary organisations. The Partnerhub offered support and advice in the early days of the pandemic and continues to do so. Feedback regarding the Partnerhub from Partner organisations has been extremely positive.
- Covid related projects led by the Prototype included the Ballysally Outreach Covid vaccination clinic. This project used data to determine the low vaccine uptake in the most deprived Super Output area in the Northern Trust, Ballysally. This pilot influenced the roll out of pop-up clinics across the region regarding vaccine uptake in deprived areas. Community Pharmacy, Community and Voluntary organisation, Council and Trust partners worked together to successfully create a model that was further replicated across the region.
- The Prototype worked with PHA to develop a data analytic tool that will inform and shape services.
- Prototype work streams have taken early results from designing and testing a number of new service models –including Diabetes and services for residents of Nursing Homes –these give insight to the benefits of using data to inform and drive service models, keeping service user at the centre.
- Prototype provided leadership for the Phone First model.
- Prototype work streams were developed to take forward population health improvement initiatives that were aligned to local and area priorities. These included diabetes, frailty and musculoskeletal. An Anticipatory Care pilot involving 3 care homes demonstrated reduced ED attendances, reduced repeat ED attendance, reduced ambulance transfers and reduced hospital admissions.

Strategic Importance

This Northern Area Prototype ICS was established to test a new model for planning and delivering health and social care services and was endorsed by the Transformation Implementation Group in February 2020 as the roadmap for developing a new ICS model in Northern Ireland. The Prototype embraces the recommendations of Systems, Not Structures report building on the foundations of GP Federations, ICPs and system wide commitment to co-production. Work is now progressing to develop new systems to replace the existing commissioning functions of the HSCB. This project is key to the development of new and reformed systems.

This model aligns with Systems, Not Structures and also Delivering Together which detailed the need to design new partnership approaches to the planning and management of HSC services which move away from competition towards collaboration, integration and improvement.

DEVELOPMENT OF THE DAISY HILL PATHFINDER

Total Investment
£5,283,000

Objective

To improve unscheduled and acute medical services on the Daisy Hill Hospital (DHH) by:

- Increasing medical and nursing capacity in the emergency department;
- Strengthening the High Dependency Unit (HDU);
- Developing a Direct Assessment Unit (DAU);
- Improving quality and safety across the site.

This is a five year project and as such the final deadlines for achievement stretch into 2022.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Development of the Daisy Hill Pathfinder	500	1,715	3,068	5,283

Regional Project

SHSCT only

Progress

There has been satisfactory progress in all areas, with the recruitment and retention of a number of new senior medical and nursing. The ongoing step wise approach to recruitment has become ever more challenging over the last nine months due to the pandemic and the temporary closure of the Emergency Department in Daisy Hill Hospital between April and October 2020.

Increasing medical and nursing capacity in the emergency department of the planned 16.9 WTE staff to be appointed in both year 1 and 2, 15.74 WTE staff were appointed and in post with remaining 1.16 WTE to be appointed by 2022/23.

Strengthen the High Dependency Unit (HDU) Progress has been made on the recruitment of non-medical staff and in working towards achievement of training targets for nursing staff in line with project programme. The increases are in these areas:

- Nursing support Band 3 = plus 1.94 WTE
- Nursing Bands 5 – 7 = plus 5.82 WTE (skill mix change improves service)

- Enhanced Nurse Practitioners = plus 2.00 WTE

- Non-medical staff Bands 2 – 4 = plus 4.93 WTE

- Additional Consultant Intensivists have been appointed at Craigavon Area Hospital (CAH) which means there are seven consultants now in place.
- Eight Consultant Intensivists are required for CAH ICU/HDU and it is planned, that as numbers increase over time, the Trust will be able to move towards achieving standards through an Intensivist run service in DHH HDU. The SHSCT has developed a phased approach to create a rota of 8 WTE specialty doctors to cover bank holidays and weekends.

Develop a Direct Assessment Unit (DAU) The DAU provides clinical assessments to 10-14 patients per day. Telephone advice is also available to GPs and NIAS with direct access. Due to the direct assessments only 3-4 % of patients are admitted.

Improve quality and safety across the site During the COVID-19 pandemic the ED and DAU were relocated to the Craigavon Hospital, this has adversely impacted on progress with the implementation of this objective. Nevertheless, a reduction in cancelled operations and improvement in patient flows has been partially achieved.

Strategic Importance

The impact of COVID-19 on DHH as an acute provider at the time of this assessment is highly significant. The pathfinder has enjoyed success because of co-production with the local community and its commitment to long term sustainability and Delivering Together.

DEVELOPING A HEALTH & SOCIAL CARE INFRASTRUCTURE FOR QUALITY IMPROVEMENT AND INNOVATION (HSCQI)

Total Investment
£2,104,000

Objective

To implement a Regional Quality Improvement and Innovation System (HSCQI) based on the outcome of the prototyping work as stated in Delivering Together - actions 10 and 15 to better align current resources devoted to safety and quality improvement.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Developing a Health & Social Care infrastructure for Quality Improvement and Innovation (HSCQI)	943	1,002	159	2,104

Regional Project

Yes.

Progress

The Health & Social Care infrastructure for Quality Improvement and Innovation (HSCQI) project was established as a Hub and Spoke network in April 2019. The Director of HSCQI and the Communications and Engagement Lead were appointed by September 2019. Progress with individual project activities includes:

- The development of the HSCQI website.
- On-going development of a Quality, Improvement and Innovation Communications strategy.
- Development of a web based QI repository.

A HSCQI Network of Quality Improvement (QI) leads consisting of the HSCQI Hub team (Legacy Safety Forum Team), QI leads working across other parts of the system (mainly Trusts and Primary Care) and a service user has been created. A regional HSCQI supporting Alliance has also been established and membership includes representatives from Trusts and Departmental Chief Professional Officers, Primary Care and service users.

The HSCQI work plan initially focussed on legacy HSC Safety Forum QI collaboratives i.e. Maternity, Paediatrics and Mental Health. In keeping with its design intent, HSCQI subsequently led on the scale and spread of 4 regionally agreed QI initiatives: (i) Antimicrobial Stewardship (ii) Sepsis Care Bundle (iii) Safety Planning in Mental Health and (iv) Safeguarding. HSCQI delivered this programme of work from September 2019 to March 2020 until COVID-19 pandemic began. Evaluation of this programme of work in July 2020 indicated that all of these scale up initiatives had made good progress and all four had the potential for even greater scale up success should this work re-commence.

In partnership with Healthcare Improvement Scotland (HIS), HSCQI supported the delivery of two regional cohorts of the Scottish Improvement Leaders course (SCiL), resulting in an additional 60 staff from across the system being trained to level 3 QI training criteria as stated within the HSC Attributes Framework.

During the COVID-19 pandemic, HSCQI established a regional COVID-19 Learning System by applying a 90 day learning cycle approach. This resulted in the identification of three regionally agreed key COVID-19 learning themes - the use of technology to support virtual visiting; the use of technology to support virtual consultations; and interventions used to support staff health and well-being. Three HSCQI Learning System subgroups have been established to scale and spread examples of key learning within each of these themes.

Strategic Importance

The establishment of HSCQI fulfils the commitments outlined within the following strategic documents:

Delivering Together (2016)

Action Point 10: Identify current innovative HSC projects at the local level and develop a rolling programme and implementation plan to scale up these projects across the region.

Action point 15: Complete the initial design work for the “Improvement Institute”.

Systems, Not Structures (2016)

Rec 4 - Transforming the NI HSC system by the “Aggressive scale up good practice”; Rec 8 - “The system should identify and scale up at least 2 innovative projects per year where there is clear evidence of improved outcomes for patients and service users”.

The Right Time, The Right Place (2014)

Rec 7, - the NI HSC system should establish a “Northern Ireland Patient Safety Institute”. HSCQI is the realisation of that Institute.

The HSCQI project has responded positively to the emergency response to the COVID-19 pandemic and the subsequent ongoing rebuilding of services by supporting the PHA/HSCB communication and governance response and aligning the HSCQI Learning System programme of work with the HSC Service Delivery Innovation Rebuild work stream.

INFORMATION ANALYSIS - COST PERFORMANCE TO SUPPORT SERVICE IMPROVEMENT

Total Investment

£126,000

Objective

To support the optimisation of performance and embed the principles of reform into measurable improvements –

- Potential for an Integrated Performance Dashboard (IPD)
- Acute Capitation Review
- Patient Level Information and Costing System (PLICS)
- Reference Costs
- Pilot Integrated Performance Dashboard
- Activity Based Funding Model

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Information Analysis - cost performance to support service improvement	0	20	106	126

Regional Project

Yes.

Progress

- A stocktake of existing activity, performance and information sources has been undertaken and a proof-of-concept paper has been written on the potential for an Integrated Performance Dashboard with a pilot IPD now initiated This pilot has been designed for stroke services and full implementation is underway, timetabled for completion by March 2022. Adaptation of the stroke IPD to form a template for data processing and dashboard design that can be applied to other key business areas for performance monitoring and service improvement is timetabled for completion in summer 2022.
- Collation and harmonisation of available Acute Capitation Review data has been completed and its use in benchmarking between HSC Trusts is ongoing.
- A paper on the feasibility of introducing Patient Level Information and Costing System (PLICS) to NI has been approved, with work on acute activity roll-out commencing in February 2021 and timetabled for completion in March 2022.

- Delivery of Northern Ireland reference costs for 2019/20 was completed and published on schedule in April 2021.
- Analysis of an Activity Based Funding model is up-to-date in the current annual cycle.

Strategic Importance

This project contributes to the Delivering Together organising ourselves to deliver theme and supports the development of the Delivering Together key enabler of improving quality. The project is contributing to service improvement across the HSC.

The project also links to the Rebuilding HSC Services work stream , service delivery innovation by demonstrating the potential for design, development and use of Integrated Performance Dashboards to support service improvement and performance monitoring.

FUTURE NURSE FUTURE MIDWIFE

Total Investment

£677,000

Objective

To ensure a co-ordinated and planned approach to the implementation of transformational change associated with the Nursing and Midwifery Council's new Standards for pre and post registered Nursing and Midwifery training education across a range of practice and service settings.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Future Nurse Future Midwife	101	324	252	677

Regional Project

Yes.

Progress

Progress has been made in respect of all the project objectives and milestones. The Future Nurse Future Midwife project's overall implementation timeline was in line with or in advance of that anticipated, recognising that timescales for implementation of new education standards for nursing and midwifery were September 2020 and September 2021 (respectively). Curricula have been developed to meet the new Nursing Midwifery Council (NMC) standards across midwifery and the four areas of Practice within nursing. A Northern Ireland Practice Assessment Document (NIPAD) has been developed and is being utilised by all nursing students studying at local universities. A range of products and resources to support the nursing and midwifery workforce have been provided, including an e-learning programme to support upskilling and preparation to undertake new roles.

A new engagement and communication strategy has been implemented which enabled accurate, timely, relevant and reliable communication in a range of formats which is accessible to all nurses and midwives in Northern Ireland. Face to face and e-learning preparation programmes have been delivered from May 2020. To date approximately 10,000 staff have completed the preparation programme.

Also, through the project a work-stream was established to maximise and expand existing practice placements to increase capacity in the September 2020 intake by 300 additional pre-registration students to 1,325, a year on year increment of 29%, working towards an additional total of 900 students over 3 years. This enabled agreement to be reached on the specific nursing practice learning profiles, maximised learning opportunities across every practice placement and supported the additional 300 student places from September 2020.

These activities have been related to the NMC approval process and as such were critical to regulatory requirements.

Strategic Importance

The Future Nurse Future Midwife project contributes to the Delivering Together commitment to support our workforce and fulfils a regulatory requirement to transform Nursing and Midwifery Education into the future.

This project also supports the development of the Delivering Together 'Improve Quality' enabler.

It also links directly to the Rebuilding HSC Services Work-stream 'Safe Staffing' by ensuring that the nursing and midwifery workforce meets its regulatory requirements to support students undertaking pre-registration undergraduate training to successfully complete their programmes and join the workforce as registrants.

PRE-REGISTRATION NURSING PROJECT

Total Investment

£2,936,000

Objective

To put in place 75 pre-registration nursing students, starting September 2018, with the anticipated completion of training by August 2021.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Pre-registration Nursing Project	587	1,006	1,343	2,936

Regional Project

Yes.

Progress

In September 2018, 75 nursing students commenced their pre-registration training. The nursing students completed their training in August 2021. The Pre-registration Nursing Project has provided funding for additional nursing and midwifery training places, to ensure the supply of new professional nursing and midwifery graduates is maintained to support the workforce, and for the continued safe delivery of services.

Strategic Importance

This project contributes directly to the Delivering Together enabler which established that investment in the HSC workforce is critical to the transformation of HSC services.

It also supports the Health and Social Care Workforce Strategy which aims to develop future workforce capacity in terms of numbers, skills, expertise and motivation. It also aligns with the Workforce Stabilisation strategic theme of the Nursing and Midwifery Task Group Report.

This project is in line with the New Decade New Approach recommendations focused on investment in the workforce / safe staffing.

In addition the project also supports the Rebuilding of HSC Services and Safe Staffing, by increasing the capacity of the HSC workforce both in terms of actual numbers and skills.

DIRECT ENTRY MIDWIFERY PROJECT

Total Investment

£820,000

Objective

To put in place 15 direct entry midwifery students in September 2018 with the anticipated completion of training in August 2021.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Direct Entry Midwifery Project	135	231	454	820

Regional Project

Yes

Progress

15 midwifery students commenced their Direct Entry Midwifery training in September 2018. The student midwives completed their training in August 2021. The project provides funding for additional midwifery training places, in response to predicted service demand.

Strategic Importance

This project contributes directly to the Delivering Together enabler which established that investment in the HSC workforce is critical to the transformation of HSC services.

It also supports the Health and Social Care Workforce Strategy which aims to develop future workforce capacity terms of numbers, expertise, motivation and skills. It also aligns with the Workforce Stabilisation strategic theme of the Nursing and Midwifery Task Group Report.

This project is in line with the New Decade New Approach recommendations focused on investment in the workforce / safe staffing.

In addition the project also support the Rebuilding of HSC Services and Safe Staffing, by increasing the capacity of the HSC workforce both in terms of actual numbers and skills.

SHORTENED MIDWIFERY COURSE PROJECT

Total Investment
£267,000

Objective

To put in place a cohort of 10 midwifery students to commence the shortened Midwifery course in September 2018, with anticipated completion of training in August 2020.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Shortened Midwifery Course Project	56	96	115	267

Regional Project

Yes

Progress

In September 2018, 10 midwifery students commenced their shortened midwifery course. The midwifery students completed their training in August 2020. The Shortened Midwifery Course Project provides funding for additional midwifery training places in response to predicted service demand.

Strategic Importance

This project contributes directly to the Delivering Together enabler which established that investment in the HSC workforce is critical to the transformation of HSC services.

It also supports the Health and Social Care Workforce Strategy which aims to develop future workforce capacity in terms of numbers, expertise, motivation and skills. It also aligns with the Workforce Stabilisation strategic theme of the Nursing and Midwifery Task Group Report.

This project is in line with the New Decade New Approach recommendations focused on investment in the workforce / safe staffing.

In addition the project also support the Rebuilding of HSC Services and Safe Staffing, by increasing the capacity of the HSC workforce both in terms of actual numbers and skills.

ADDITIONAL 900 NURSING PLACES PROJECT

Total Investment

£2,398,000

Objective

To provide an additional 300 pre-registration training places, year on year for three years, commencing in September 2020, with 900 Nursing and Midwifery training places complete by August 2025.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Additional 900 Nursing Places Project	0	0	2,398	2,398

Regional Project

Yes

Progress

300 nursing and midwifery students commenced their pre-registration training in September 2020. These students are on target to complete their training by August 2023. The second cohort of 300 students are due to commence their training in September 2021. The Additional 900 Nursing and Midwifery Places Project is a specific objective of the New Decade New Approach Agreement. It provides funding for additional nursing and midwifery training places, to ensure that the supply of new professional nursing and midwifery graduates is maintained to support the workforce, and for the continued safe delivery of services.

The benefits of these additional training places will start to be realised from autumn 2023 when the first cohort of 300 additional students complete their degree course and take up posts within the HSC.

Strategic Importance

This project contributes directly to the Delivering Together enabler which established that investment in the HSC workforce is critical to the transformation of HSC services.

It also supports the Health and Social Care Workforce Strategy which aims to develop future workforce capacity in terms of numbers, skills, expertise and motivation.

PRE-REGISTRATION PHYSIOTHERAPY PROJECT

Total Investment

£369,000

Objective

To provide 10 additional physiotherapy degree course places from September 2018.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Pre-registration Physiotherapy Project	53	90	226	369

Regional Project

Yes

Progress

10 additional students commenced their Pre-registration Physiotherapy degree in September 2018. The physiotherapy students completed their degree in August 2021. These additional training places, which are required on a recurrent basis, will ensure that the necessary supply of trainee physiotherapists are in place to meet future workforce demands.

Strategic Importance

This project contributes directly to the Delivering Together enabler which established that investment in the HSC workforce is critical to the transformation of HSC services.

It also supports the Health and Social Care Workforce Strategy which aims to develop future workforce capacity in terms of numbers, skills, expertise and motivation.

This project is in line with the New Decade New Approach recommendations focused on investment in the workforce / safe staffing.

In addition the project also supports the Rebuilding of HSC Services and Safe Staffing, by increasing the capacity of the HSC workforce both in terms of actual numbers and skills.

PRE-REGISTRATION DIAGNOSTIC RADIOGRAPHY PROJECT

Total Investment

£352,000

Objective

To provide 10 additional diagnostic radiography degree training places from September 2018.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Pre-registration Diagnostic Radiography Project	61	105	186	352

Regional Project

Yes

Progress

10 additional students commenced their Pre-registration Diagnostic Radiography degree in September 2018. The diagnostic radiography students completed their degree in August 2021. The Pre-registration Diagnostic Radiography Project has provided funding to support the necessary additional training places in response to predicted service demand.

Strategic Importance

This project contributes directly to the Delivering Together enabler which established that investment in the HSC workforce is critical to the transformation of HSC services.

It also supports the Health and Social Care Workforce Strategy which aims to develop future workforce capacity in terms of numbers, skills, expertise and motivation.

This project is in line with the New Decade New Approach recommendations focused on investment in the workforce / safe staffing.

In addition the project also supports the Rebuilding of HSC Services and Safe Staffing, by increasing the capacity of the HSC workforce both in terms of actual numbers and skills.

ADDITIONAL MEDICAL SPECIALTY TRAINING PROJECT

Total Investment

£1,661,000

Objective

To provide additional medical specialty training programmes in response to workforce planning recommendations, which confirm that Radiology, Intensive Care Medicine, Paediatrics, Urology, Trauma and Orthopaedics and Irish Clinical Academic Training (ICAT) Programme training places should be extended.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Additional Medical Specialty Training Project	400	601	660	1,661

Regional Project

Yes.

Progress

The Additional Medical Specialty Training Project has provided funding for additional specialty medical training places to ensure that the professional healthcare skills necessary for the continued safe delivery of services are in place and to meet predicted service demand. Since the project began in 2018, it has provided the following additional specialty medical training places;

- 5 Radiology places
- 4 Urology places
- 6 ICM places
- 4 Paediatrics places
- 2 ICATs places
- 1 Trauma and Orthopaedics place

Strategic Importance

This project contributes directly to the Delivering Together enabler which established that investment in the HSC workforce is critical to the transformation of HSC services.

It also supports the Health and Social Care Workforce Strategy which aims to develop future workforce capacity in terms of numbers, skills, expertise and motivation.

This project is in line with the New Decade New Approach recommendations focused on investment in the workforce / safe staffing.

In addition the project also support the Rebuilding of HSC Services and Safe Staffing, by increasing the capacity of the HSC workforce both in terms of actual numbers and skills.

They also support the Health and Social Care Workforce Strategy which aims to develop future workforce capacity in terms of numbers, skills, expertise and motivation.

NIAS CLINICAL RESPONSE MODEL AND PARAMEDIC TRAINING

Total Investment

£11,120,000

Objective

To carry out the preparatory work to develop a new Clinical Response Model (CRM) for Northern Ireland which will change the way in which calls made to NIAS are categorised, ensuring that the sickest patients are identified and dealt with quickly.

1. To transform the approach to the delivery of paramedic education and deliver a comprehensive workforce plan.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
NIAS Paramedic Training	1,670	3,410	5,000	10,080
Clinical Response Model	0	500	540	1,040
	1,670	3,910	5,540	11,120

Regional Project

Yes.

Progress

The project objectives for preparatory work on the development of the new CRM have been fully met. The key product of this was to introduce the CRM Code Set which was achieved to specification, on time and within budget. The Strategic Outline Case (SOC) has been submitted to the Department of Health to secure the resources to implement the model.

The paramedic education project objective has also been achieved on time and within budget. Progress against the paramedic education objective is as follows:

- Successful development and delivery of a new Paramedic Foundation Degree in partnership with Ulster University.
- Delivery of training courses for the following workforce groups:
 - Ambulance Care Attendants (ACA): 182 students successfully completed the course.
 - Emergency Medical Technicians (EMT): 161 students successfully completed the course.
 - Paramedics: 81 students successfully completed the course and qualified as registered paramedics.

Strategic Importance

The development of a new Clinical Response Model and the training for EMT's, ACA's and Paramedics is consistent with Delivering Together in terms of investing in our workforce and ensuring that NIAS has the most effective clinical response model in place to ensure that people are treated in the right place at the right time.

SPECIALTY AND ASSOCIATE SPECIALIST (SAS) DOCTOR DEVELOPMENT PROJECT

Objective

The purpose of this project is to ensure that SAS doctors have the resources and support in place they need to meet the challenges of this role.

Total Investment

£509,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Specialty and Associate Specialist (SAS) Doctor Development Project - DoH	0	0	308	308
Specialty and Associate Specialist (SAS) Doctor Development Project - HSCB	22	74	105	201
	22	74	413	509

Regional Project

Yes.

Progress

While this project is at an early implementation stage it is positively contributing to the development of the clinical and non-clinical skills and knowledge of the SAS workforce by providing increased access to personal and professional development. All five HSC Trusts have appointed SAS leads who are supporting the work of the Regional Lead and the SAS Development Programme. Surveys (to identify issues relating to morale/access to training/resources) and a training needs analysis have been completed to identify gaps in SAS doctor's training.

Strategic Importance

This project contributes to the achievement of the Delivering Together enabler which established that investment in the HSC workforce is critical to HSC Transformation. It supports the professional and personal development of SAS doctors through the recruitment of SAS leads, and a Regional Associate Dean.

This project also supports the Rebuilding of HSC Services and Safe Staffing as SAS doctors are responsible for the delivery of direct patient care, and provide consistency to the medical and dental workforce.

ENHANCE LEVELS OF SENIOR NURSING STAFF ON DESIGNATED WARDS

Objective

To enhance levels of senior nursing staff on designated wards in phase 1 of delivering care in, RETAIN Wards, Older People's Wards, Stroke, Rehab and Psychiatry of Old Age Wards.

Total Investment

£3,543,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Enhance levels of senior nursing staff on designated wards in phase 1 of delivering care	518	1,381	1,644	3,543

Regional Project

Yes.

Progress

This project enables the existing workforce to be retained and senior nursing posts to be filled by uplifting a number of Band 5 posts to Band 6 posts across the five HSC Trusts. A total of 185 uplifts to Band 6 have been supported.

This project has ensured that there is senior nursing cover for a larger proportion of the 24/7 period and has enabled the ward sister/charge nurse to fulfil the complete supervisory role. This has also helped to increase the presence of senior nurse decision makers and retention of nurses in the designated areas. The project has improved the career pathway opportunities for nurses.

Strategic Importance

This project contributes significantly to the transformation of health and social care as set out in Delivering Together and the Nursing & Midwifery Task Group (NMTG) report which provides direction in achieving world class nursing and midwifery services in a reconfigured HSC system over the next 10-15 years. It specifically relates to the NMTG Strategic Theme 2 focused on maximising the contribution of nursing and midwifery to deliver safe and effective person and family centred care.

It also contributes to the achievement of Delivering Care: a Framework for Nursing and Midwifery workforce Planning to support Person Centred Care in Northern Ireland (DoH 2014) which seeks to develop recommended safe staffing levels across nursing care environments and to create a platform for ensuring that nurse staffing is based on the patient needs (acuity) and best evidence available.

FAMILY NURSE PARTNERSHIP FOR NORTHERN IRELAND

Total Investment

£1,213,000

Objective

To increase the Family Nurse Partnership (FNP) capacity by two family nurses per HSC Trust. The overall objectives of FNP are to:

1. Improve pregnancy outcomes and maternal health;
2. Improve child health and development;
3. Improve economic self-sufficiency.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Extension of family nurse partnership	195	515	503	1,213

Regional Project

Yes.

Progress

Two new family nurses have been working within each HSC Trust since October 2018. Full capacity was reached within one year of appointment in line with FNP National Unit Guidance. This project has enabled 179 additional vulnerable young mothers and their families to receive intensive support which could not be provided by current services.

The level of support provided by the project to vulnerable young mothers ensures that a wide range of public health issues related to perinatal health, including smoking cessation, drugs, alcohol, healthy diet, infant attachment, domestic violence, safeguarding children and access to healthcare are being addressed.

Evidence of public health outcomes are starting to emerge such as an increase in breast feeding initiation rates to 44% compared with 17% for non-FNP teenage mothers in Northern Ireland. There is also evaluation evidence of improved educational attainment and employment for the young mothers and their children. Other socio-economic improvements include reduced hospital admission due to injury or ingestion. Children between 12 and 24 months in FNP have an admission rate of 0.02 and there is a 98% vaccination uptake by the time the children reach 24 months.

Strategic Importance

This project contributes to the Delivering Together commitment to give every child and young person the best start in life and to increase the support provided to children, young people and families from before birth to adulthood. It also supports the implementation of the Public Health Framework Making Life Better and its ambition to give every child the best start.

ENCOMPASS PROJECT

Total Investment

£1,800,000

Objective

To deliver the digitally enabled transformation of Health and Social Care Northern Ireland, including a whole system approach to digitisation.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Encompass Project	0	1,000	800	1,800

Regional Project

Yes.

Progress

This project is an integral part of the Encompass initiative which aims to deliver the digitally enabled transformation of Health and Social Care Northern Ireland over the next seven years. It funds the salary costs for staff in training roles and the Encompass licences. This project has enabled the identification of best practices in training and initiated the groundwork necessary to provide relevant training on a large scale across HSCNI. This will underpin the accelerated achievement of the overall Encompass initiative objectives, primarily the provision of a strategic whole system approach to digitisation; and improved patient safety and quality of care.

The funding of Encompass licences is of significant benefit to HSCNI as it decreases future revenue commitments, enables access to specialist advice from the supplier and provides support for new recruitment in line with the wider Encompass initiative objectives.

Strategic Importance

The wider context for the Encompass initiative is laid out in Delivering Together. This project contributes to the Delivering Together 'Organising ourselves to deliver' theme and supports the development of the Delivering Together key enabler of 'Improving Quality and Safety and eHealth'. The project will contribute to service improvement across the HSC.

When fully implemented Encompass will make a significant contribution to rebuilding HSC services through greater access to virtual platforms for service users and health professionals; replacement of existing disparate systems and functionality; a single patient record; and enhanced data analytics and reporting to provide accurate, real-time reporting and dashboards.

ADVOCACY SUPPORT FOR PATIENTS AND FAMILIES OF MUCKAMORE ABBEY HOSPITAL

Total Investment

£89,000

Objective

To provide additional advocacy support to patients and families and ensure that the voice of all patients, carers and families with an interest in Muckamore Abbey Hospital are represented throughout the implementation of the Departmental Assurance Group action plan.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Advocacy Support for Patients and Families of Muckamore Abbey Hospital	0	25	64	89

Regional Project

No.

Progress

This project provides a dedicated advocacy resource to Muckamore Abbey Hospital in response to the Departmental Assurance Group's action plan. The Patient Client Council (PCC) has appointed a specialist advocate for Muckamore Abbey Hospital who is engaging directly with other advocacy organisations and family groups. This engagement is positive and is building trust between the families, the PCC and other stakeholders. Three engagement events with approximately 55 families occurred in December 2020 and a report has been prepared as a precursor for the public inquiry.

Strategic Importance

This project contributes to Delivering Together by providing a voice for service users and carers.

PATIENT CLIENT COUNCIL (PCC) MEMBERSHIP SCHEME

Objective

To support the drive to an active involvement of service users and carers in key decisions about Health and Social Care in Northern Ireland.

Total Investment

£177,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Patient Client Council (PCC) Membership Scheme	0	76	101	177

Regional Project

Yes.

Progress

Three Involvement Officers are now in post and are providing and promoting opportunities for the active involvement of service users and carers in key decisions about Health and Social Care in Northern Ireland through PCC social media channels. 35 training sessions have been completed to support and mentor 519 members of the public on specific programmes of work in readiness for their involvement.

The PCC play a critical role in how the HSC embeds partnership working, bringing people into the decision-making process by working across organisational boundaries; ensuring people are well informed to help reduce knowledge gaps and addressing power imbalances between participants.

Strategic Importance

The work of this project has supported the development of key enablers identified within Delivering Together; partnership working and improving quality. It has provided opportunities for individuals to become involved in programmes of work, for example, the Cancer Strategy, Being Open, Gender Identity, and Elective Care.

PARTNERSHIP WORKING, PERSONAL AND PUBLIC INVOLVEMENT (PPI) AND CO-PRODUCTION

Objective

To drive forward a cultural change within the HSC where service users, carers and their advocates are regarded as partners in the commissioning, planning and delivery of services.

Total Investment

£840,000

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
PPI and Co Production and capacity building	17	86	53	156
Partnership Working Officers	97	245	205	547
Building Co-Production HSC Training and Capacity Build Programme	0	0	50	50
10 WTE service user / peer user	0	0	87	87
	114	331	395	840

Regional Project

Yes.

Progress

Significant progress has been made in ensuring that the awareness and understanding of PPI, co-production and partnership working has been raised within the HSC and the agreed project objectives achieved.

As part of this project, six Partnership Working Officers have become an integral element within the HSC Trusts and PHA. They lead on the operational aspects of work to embed PPI and co-production methodologies across the System.

These officers ensure organisations are able to meet their statutory duty and policy obligations in relation to PPI and co-production and have encouraged greater partnership working since taking up post. They have encouraged consistency of practice and compliance with regionally agreed approaches and standards. All Trusts have now delivered introductory awareness training on involvement and co-production to an estimated 9,000 staff.

HSC staff have also provided targeted education and training with approximately 970 participants having engaged to date in training and development through webinars on consultation, involvement and co-production.

The PHA has also commissioned, designed and co-delivered a range of related training programmes to 120 participants in the last year. In addition, the Leading in Partnership Programme, was delivered to 130 participants (a quarter of which were service users and carers) since its inception in 2019/20. This is an intensive training initiative, during which each participant undertakes 50+hours of direct training and development.

These specialist education and training programmes have built a critical mass of people with experience, knowledge and expertise in relation to PPI, co-production and partnership working that is bringing about the cultural change which is required.

A Peer Mentor programme is also been developed to enhance and embed involvement, co-production and partnership working within the HSC. 10 Peer Mentors have been recruited and trained with further developmental work required to enable this programme to be delivered. To this end, research has been undertaken in highly complex areas such as the remuneration of service users and carers and the impact of such remuneration on benefits.

This research is advancing the HSC understanding of the challenges and difficulties faced in engaging people in peer mentoring, while balancing this with perhaps a long standing health condition or caring responsibilities. So far, approximately 90 people have directly availed of training related to peer mentoring and a lead officer from the PHA will continue to progress the delivery of the peer mentor programme.

Strategic Importance

Delivering Together outlined the importance of partnership working as being one of the five key enablers of HSC Transformation. This project contributes to the Delivering Together commitment to HSC involvement and co-production, strengthening partnership working within and across the health and social care system.

There is also a legislative imperative on the HSC to deliver on its statutory responsibilities in respect of PPI.

IMPLEMENTATION OF ONLINE USER FEEDBACK SYSTEM IN NORTHERN IRELAND

Total Investment

£868,000

Objective

The overall aim of the project is to use learning from patient experience, through the implementation of an Online User Feedback System (OUFS), to inform commissioning which delivers better outcomes and value for money in how services are delivered.

Project Title	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)	Total (£'000)
Implementation of Online User Feedback System in Northern Ireland	74	429	365	868

Regional Project

Yes.

Progress

Significant progress has been made in the delivery of this project. Phase 1 (2018-2020) involved engaging and preparing stakeholders to promote, implement and manage the Online User Feedback System. This involved establishing a Regional Implementation Group to support implementation across the Health and Social Care System. All Trusts have a local implementation group to drive forward this project. The new OUFS “Care Opinion” website was launched in Northern Ireland on 3 August 2020 marking the end of Phase 1 of the Project Implementation Plan.

Phase 2 (Aug 2020-March 2021) focuses on story generation and ongoing promotion and active engagement of Care Opinion with the wider HSC system. To date 523 stories of patient experiences have been shared on the website and these have been viewed over 42,000 times.

74% of these stories have been positive and reach out to say thank you to HSC staff. As a result of these shared patient experiences 31 local changes have been planned or made. This clearly demonstrates how the feedback has informed and influenced the delivery of HSC services.

In addition, Care Opinion is informing regional work in relation to the COVID-19 response and rebuilding of HSC services through the development of specific plans in relation to District Nursing Strategy, No More Silos and the Regional Nightingale Rehabilitation Services.

All HSC Trusts have now implemented Care Opinion and have developed processes to collect and utilise the information they receive. 994 members of staff are now registered as subscribers to Care Opinion with 86% working as responders and 14% working as readers of stories, thus ensuring that stories are responded to within 7 day of publication. So far, 94% of patient experience stories have received a response within the 7 day period.

Engagement is ongoing with Primary Care, Community and Voluntary Sector organisations, RQIA and PCC in order to support a system wide approach to embedding an OUFS into the HSC System as a whole. This work is evaluated through an impact and improvement strategy, which reflects upon 10 key measures to meet the objectives of the project. To date the evaluation has been positive highlighting monthly increases in story generation and engagement with the public. There is also a growing dataset on the changes identified which is available for shared learning across Northern Ireland.

Strategic Importance

This project links to the Delivering Together action to consult on a proposal for and design of a new user feedback service. The primary driver for Online User Feedback is the Programme for Government (PFG), which includes a focus on gathering, and learning from lived experience through Outcome 4, Indicator 5 – “Improve the quality of the healthcare experience – percentage of people who are satisfied with the health and social care based upon their recent contact.”

The need for an OUFS also links closely with recommendation 63 included in the report on the Inquiry into Hyponatraemia-Related Deaths.

OUFS is integral to the learning from the COVID-19 pandemic providing contemporary feedback on services. It has also contributed to the rebuilding of services through No More Silos, Regional Nightingale Rehabilitation Services, and District Nursing.

SECTION 5:

SUMMARY



The investment of almost £300 million since 2018, has provided a significant opportunity to stabilise, reconfigure and transform our services in a way that has brought tangible benefits to our population and importantly provided a solid bedrock upon which to build the HSC's emergency pandemic response.

The many challenges facing the HSC system as outlined within Delivering Together were seen first-hand in the work to drive forward the transformation agenda. Increasing demand for services, the need to reconfigure how we deliver these, workforce shortages and the lack of long-term recurrent investment challenged the delivery of this important programme.

And indeed the impact of COVID-19 exacerbated these challenges. However, in recognition of the importance of long-term transformation, the existing transformation projects and funding to support them, was protected throughout the pandemic to retain the important progress already made.

The projects outlined within this report have made significant progress in achieving their objectives or in progressing substantial work towards these.

A number of transformation projects carried out specific pieces of work to inform future plans, including reshaping Stroke Care, reforming Adult Social Care and Support, reviewing Urgent and Emergency Care and developing a New Cancer Strategy for Northern Ireland. These projects all directly contribute to the actions and commitments within Delivering Together and New Decade, New Approach.

Significant progress has been made on the implementation of the New Diabetes Strategic Framework to support effective treatment and care for people living with diabetes. In addition progress has also been made on the implementation of the Paediatric Strategies which are designed to modernise and improve treatment and care for children and their families.

Similarly, proposals to transform and improve services for Looked After Children have shown considerable benefit and there have been some excellent initiatives which are improving access and resilience within primary care.

The need to build resilience and capacity within our workforce now more than ever, is a key factor in our rebuilding agenda. Transformation has enabled commitments made to provide extra nursing, midwifery, physiotherapy, radiotherapy and medical places to commence. This – amongst many other projects outlined within this report – has helped address the workforce challenges and provide more stability in our services.

Positive progress has been made in the establishment of two Daycase Procedure Centre prototypes which has proven that the concept can standardise treatment, consolidate services, reduce waiting times, and ensure equity of access to patients.

Through the development of primary care elective care services, over 13,000 patients who would have been referred to secondary care have had their treatment in primary care. The development of Multi-Disciplinary Teams (MDTs) in primary care has been a flagship initiative to build capacity and capability

with pharmacists embedded in all GP practice teams and by co-locating mental health practitioners, social workers and physiotherapists in GP practices and ensuring that health visiting and district nursing support is enhanced. With over 600,000 people now having access to MDTs in primary care this has been a significant success to date.

The transformation programme supported the development of a range of services that were later included in commissioning plans for community pharmacy, successfully optimising the sector's contribution to population health by ensuring the public had continuous access to medicines, pharmaceutical advice, medicines optimisation and medication safety support.

Ambulatory project pathways, have kept patients out of hospitals when the need to do so was greatest and are helping to improve the management and flow of patients through the HSC system.

How we organise ourselves to plan and deliver services has also been an important factor in delivering successful and sustainable change. The Northern Area Pathfinder was established to test a new model for planning and delivering HSC services. The prototype embraces the recommendations of the Bengoa Report, building on the foundations of GP Federations, Integrated Care Partnerships (ICPs) and the system wide commitment to co-production. Work is now progressing to develop a new system to replace the existing commissioning functions of the HSCB with a focus on local population need and an integrated approach.

From the evidence contained within this report, there is no doubt that the Transformation programme has been hugely successful in stabilising, reconfiguring and transforming HSC services.

There is much learning that can be gleaned from progress to date and in how transformation supported the HSC system to respond quickly and effectively during the greatest ever stress test, the COVID-19 pandemic. As we enter the next iteration of our transformation journey; Rebuilding Better, we must continue to deliver together, building on the firm foundations that have been laid and integrating these new successful ways of working.

GLOSSARY

ACA	Ambulance Care Attendants
AHP	Advanced Health Practitioners
A&E	Accident and Emergency
BHSCT	Belfast Health and Social Care Trust
BSO	Business Services Organisation
CAMHs	Child and Adolescent Mental Health services
CCIS	Community Crisis Intervention Service
CHST	Care Home Support Teams
CMO	Chief Medical Officer
CPD	Continuing professional development
CRM	Clinical Response Model
CYP	Children and Young People
D2A	Discharge to Assess
DAU	Direct Assessment Unit
DECC	Daycase Elective Care Centres
DHH	Daisy Hill Hospital
DNS	Diabetes Nurse Specialist
DOE	Department of Education
DOH	Department of Health
DOJ	Department of Justice
ED	Emergency Department
EIF	European Investment Fund
EISS	Early Intervention Support Service
ELEVATE	Capacity building programme
ESD	Early supported Discharge
EMT	Emergency Medical Technicians
FIT	Faecal Immunochemical Test

FNP	Family Nurse Partnership
FOB	Faecal Occult Blood
FSU	Federation Support Units
GMS	General Medical Services
GP	General Practitioner
GPICRT	General Practice Improvement and Crisis Response Team
GPN	General Practice Nurses
GPS	General Practitioner Services
HCPC	Health and Care Professions Council
HDU	High Dependency Unit
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCQI	Regional Quality Improvement and Innovation System
ICAT	Irish Clinical Academic Training
ICPs	Integrated Care Partnerships
ICS	Integrated Care System
IDDSI	International Dysphagia Diet Standardisation Initiative
IIB	Community Development Implementation and Innovation Board
LAC	Looked After Children
LIMS	Laboratory Information Management System
LOS	Length of stay
MATT	Multi-Agency Triage Team
MDT	Multi-Disciplinary Teams
MH	Mental Health
MHLS	Mental Health Liaison Service

MHS	Mental Health Services
MSK	Musculoskeletal
NAIC	National Audit of Intermediate Care
NAs	Nursing Assistants
NDN	Neighbourhood District Nursing
NIAO	Northern Ireland Audit Office
NIAS	Northern Ireland Ambulance Service
NICCY	Northern Ireland Commissioner for Children & Young People
NICE	National Institute for Health and Care Excellence
NIHE	Northern Ireland Housing Executive
NISCC	Northern Ireland Social Care Council
NHS	National Health Service
NHSCT	Northern Health and Social Care Trust
NMC	Nursing and Midwifery Council
NMTG	Nursing & Midwifery Task Group
OBA	Outcomes Based Accountability
OOH	Out of Hours
OPAT	Outpatient Parenteral Antibiotic Therapy
OU	The Open University
OUFS	Online User Feedback System
PALLS	Paediatric and Life Limited Service
PAS	Patient Administration Systems
PCC	Patient Client Council
PHA	Public Health Agency
PL2	Protect Life 2
PLIGs	Protect Life Implementation Groups
PPE	Personal Protective Equipment
PPI	Personal and public involvement

PrEP	Pre-exposure prophylaxis
PSNI	Police Service of Northern Ireland
PSS	Peripatetic Support Services
QI	Quality improvement
QUB	Queen's University Belfast
RCN	Royal College of Nursing
REaCH	Responsive Education and Collaborative Health
RMB	Rebuild Management Board
RQIA	Regulation and Quality Improvement Authority
RSM	RSM UK Consulting LLP
SALT	Speech and Language Therapists
SAS	Specialty and Associate Specialist
SCIE	Social Care Institute for Excellence
SDE	Structured Diabetes Education
SEHSCT	South Eastern Health and Social Care Trust
SEN	Special Educational Needs
SHSCT	Southern Health and Social Care Trust
SOC	Strategic Outline Case
SOPs	Standard Operating Procedures
TZS	Towards Zero Suicide
UKAS	United Kingdom Accreditation Service
WHsCT	Western Health and Social Care Trust
WTE	Whole Time Equivalent



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