

ANNUAL QUALITY REPORT

2020/21



Foreword

Welcome to the eighth Annual Quality Report of the Health and Social Care Board (HSCB) and Public Health Agency (PHA). As Chief Executives we are pleased to share this report which outlines how we have improved the quality of health and social care services in line with our commitments set out in the Q2020 Strategy. Given the pressures created by Covid-19 we had an extended report last year therefore this year's report covers the shorter timeframe of October 2020 to March 2021.

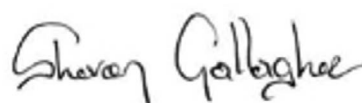
This period continued to be challenging for both society and particularly health and social care in trying to continue to deal with the ongoing pandemic while ensuring other services continued to be available for those who needed them. Within this context the work undertaken to improve the quality, safety and experience of those who use Health and Social Care services is all the more remarkable. We have in this report pulled out not only some of the work to improve services but where possible the impact these projects have had on the population they were designed for.

We believe the report demonstrates not only how far we have come, but also our continued collective drive to achieving the vision of Quality 2020 against a background of increasing demands and unprecedented challenges. Looking to the future we are committed to delivering the highest standard of services, designed and implemented in partnership with those who use and work in our services.

In closing we would like to thank all Health and Social Care staff for their continued commitment and dedication in these continued challenging times, we are grateful to each and every one of you.

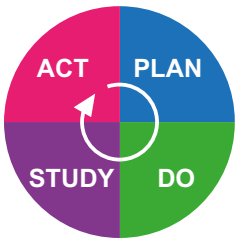


Aidan Dawson
Chief Executive, PHA



Sharon Gallagher
Chief Executive, HSCB

Transforming the culture



How we learn

What we did

HSCB and PHA introduced a Safety and Quality improvement plan:

- ▶ Development of a daily report on all notifications monitored by Assistant Directors Nursing Quality and Safety and sent to all Directors
- ▶ Implementation of multi professional weekly incident review meeting to review all notifications and take any required action
- ▶ Setting up of a weekly safety brief between the governance and nursing teams with the Director of Nursing and Director of Strategic Planning to bring forward any issues
- ▶ Streamlining of safety and quality processes within HSCB/PHA

What were the results

A **72%** reduction in number of SAI reports awaiting action by HSCB/PHA.

A **63%** reduction in the number of learning letters awaiting development and issue

3 Learning Matters newsletters issued to service and **4** in development.

Learning from experience

What we did

In August 2020 the PHA launched an online user feedback service 'Care Opinion'.

This service ensures the voice of the service user can make a difference at all levels of HSC – from service level to strategic planning.

What were the results

Between its launch in August 2020 and 31st March 2021 the Care Opinion platform has enabled:

- 34** Changes in service delivery completed
- 41** Changes in service delivery are in development
- 10** briefing papers developed for strategic forums
- 5** Strategic plan campaigns in line with strategic priorities

Strengthening the workforce



Health and well-being

The HSCB & PHA supported staff health and well-being by:

- ▶ Identifying staff champions who promote health and well-being issues
- ▶ Establishing a mental health advocates forum which empowers staff to access support
- ▶ Delivering a suite of workshops on a range of topics such as stress management, menopause, mens health and financial well-being
- ▶ Developing a sharepoint resource which hosts a wide range of information and signposts staff to available help.

18k Over the last 18 months the sharepoint site has seen over 18,000 hits.

254 staff participated in these webinars across BSO and ALBs. 85% - 100% of attendees advised that they benefitted from the course and would recommend them to colleagues.

11 champions in place across our 5 locations providing regular advice and support to staff.

What we did

What were the results

Project ECHO

Throughout the coronavirus pandemic, Project ECHO® NI has supported various networks involving:

- ▶ Secondary Care HCP's
- ▶ GP's
- ▶ Optometrists
- ▶ Community Pharmacists
- ▶ Nursing Homes
- ▶ Residential Homes
- ▶ Care at Home Staff
- ▶ Community & Voluntary organisations.

What were the results

Participants came together in real time to receive updates, new guidance, build relationships and learn from each other.

ECHO provided instant access to much needed support to over **15,000** people in the last year across more than **350** sessions.

Measuring improvement



New test in Bowel Cancer Screening

What we did

Plan to introduce a new automated, more sensitive screening test for Bowel Cancer in Northern Ireland. The policy change involved a wide range of stakeholders and coordinated actions across a range of sectors including:

- ▶ the updating of patient information materials
- ▶ procuring the new testing kits and equipment
- ▶ preparing Trust services to ensure adequate provision of follow up investigations
- ▶ undertaking extensive IT system developments.

What were the results

The test was successfully introduced into the Bowel Cancer Screening Programme in January 2021. The new test has a number of notable benefits to patients and staff:

- ▶ it is more sensitive, meaning that bowel cancer screening may be able to detect more cancers and pre-cancerous adenomas.
- ▶ It is an easier test to complete, and research (across the UK and internationally) has demonstrated moving to this screening test increases bowel cancer screening uptake
- ▶ It is an automated test, reducing the risk of human error in the processing of samples

Family Support Hubs

What we did

The HSCB lead the continued implementation of Family Support hubs across NI.

The multi-disciplinary / inter-agency hubs manage referrals for families who need early intervention family support and uses knowledge of local service providers to signpost families with specific needs to appropriate service.

What were the results

- ▶ There are now **29** hubs fully operational in Northern Ireland
- ▶ Last year **8405** families were referred through family support hubs, **10.7%** increase from previous year.
- ▶ **10,096** children were referred in 2020/21 and accessed support.
- ▶ An additional **4239** children benefitted from the hubs support indirectly (as they were part of the families referred).

Raising the standards

Regional Critical Care & RESPIRATORY HUB



Establishment of Regional Critical Care and Respiratory

What we did

The HSCB and PHA supported the constitution of a new Regional Critical Care and Respiratory Hub (CCHub) in 2021 enabling collective leadership to support planning and decision making in delivering high quality, safe care, amid an uncertain and rapidly changing environment.

What were the results

- ▶ Development of a dataset of available Critical Care and Registered Nurses informing decision making to ensure mutual aid and equity of patient care.
- ▶ Formation of a regional Care Nursing dashboard to inform the distribution of nursing staff to the numbers and acuity levels of patients in respective units.
- ▶ Sourcing of European, National and Regional evidence based online clinical resources
- ▶ Standardised regional cross skill programme
- ▶ Establishment of virtual Respiratory Specialist Network via zoom for weekly meetings which seeks to understand and escalate respiratory pressures as an early alert to the Hub.
- ▶ Provided training and up-skilling in enhanced respiratory skills across Trusts and via the RCN and CEC to nursing medical and AHP clinical teams.

HSCQI Quality Improvement Awards

What we did

The PHA HSCQI Directorate lead the HSCQI Quality Improvement Awards each year.

The awards provide a regional platform to celebrate and share best practice and innovation whilst also demonstrating the benefits of applying robust QI science, methodologies and tools.

What were the results

- ▶ 30 applications from across many parts of the HSC system.
- ▶ 16 applications were shortlisted for final interview
- ▶ Winning project teams included improvements in areas such as:
 - Well-ness recovery network
 - Needs Extra Management Option (NEMO) Delayed Discharge Process
 - Ambulatory Services
 - Covid-19 ICU follow up clinic
 - Acute Medical Model

Integrating the care

BOOST
YOUR IMMUNITY
THIS WINTER
FLU vaccine



Community pharmacy services

What we did

Last year, community pharmacy services continued to maintain the core dispensing service despite significant challenges.

Looking after your health and well-being during COVID-19 and Promotion of vaccination were additional services that were commissioned to support the COVID-19 response.

What were the results

- ▶ The 'Looking after your health and wellbeing during COVID-19' campaign engaged with over **27,600** patients.
- ▶ Extension of flu vaccination services to health and care workers via community pharmacies led to **15,000** vaccinations.
- ▶ The success of this service led to extension of the flu vaccination for over 50's via community pharmacies with over **2,000** people being vaccinated

Text a nurse service

What we did

After exploring new ways of engaging pupils and reaching out to offer health related advice and support a new initiative was introduced - 'Text-a-Nurse'

What were the results

- ▶ The service provides a secure and confidential text messaging service for young people aged 11-19
- ▶ It allows young people to easily and anonymously get in touch with a school nurse for advice and support about their physical, mental and emotional wellbeing.
- ▶ Service has received very positive feedback from users and practitioners.

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Theme one



Transforming
the culture

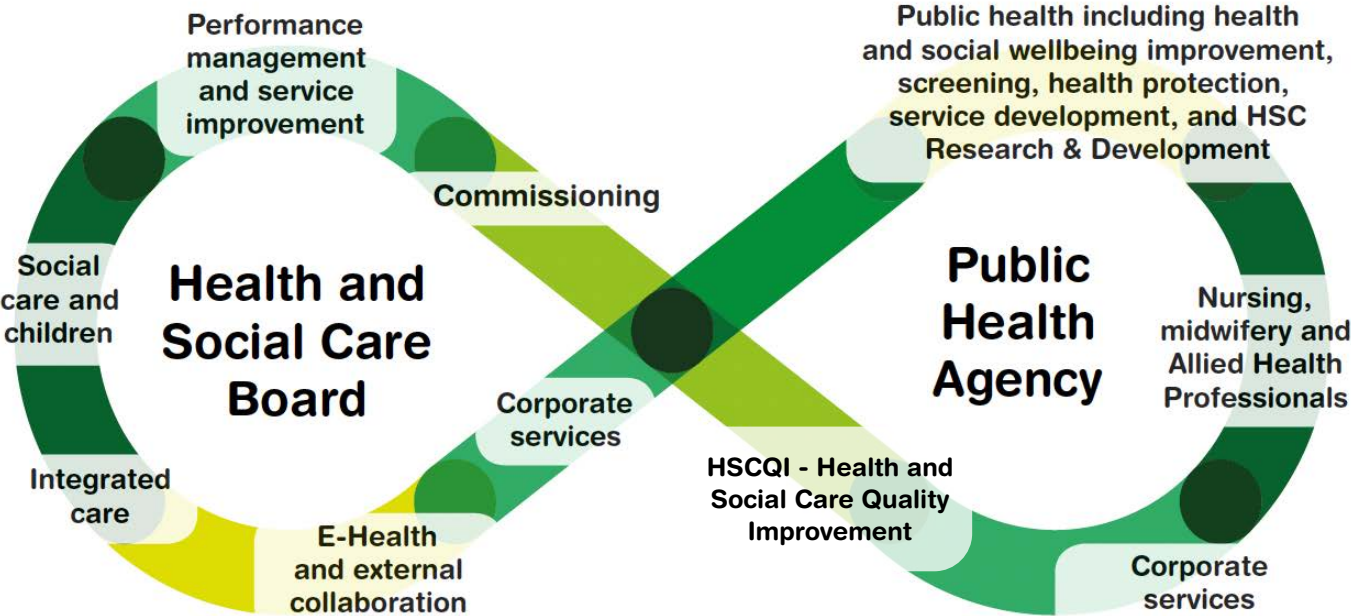
Transforming the culture

1.1 Introduction

The HSCB and PHA both recognise that for the quality of care and services to be of the highest standard, the culture of an organisation must be open, honest, and transparent and, in particular, patient and client focused. Key to transforming organisational culture is the willingness of the senior team to lead from the front in motivating staff and, prioritising patient and client care, while embracing change in the rapid moving climate

1.2 About the HSCB and PHA

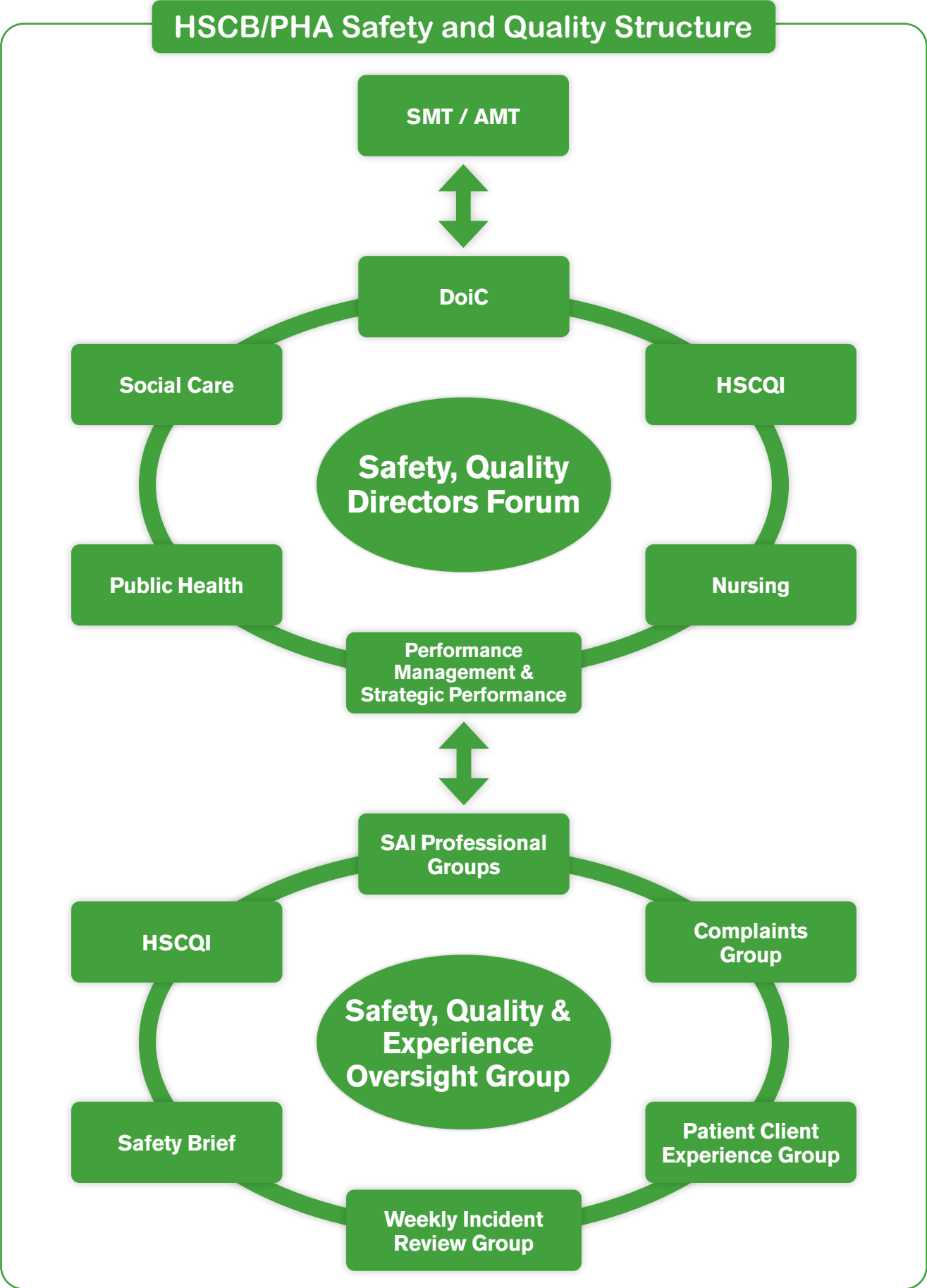
The HSCB and PHA are considered arm's length bodies within HSC. Ensuring that services are safe, high quality, effective and meet people's needs is a core function of both the organisations, an objective which is outlined within each organisations corporate governance assurance framework. They continue to work collaboratively and focus on improving the quality of services delivered.



1.3 Safety & Quality Governance

During 2020/2021, given the pressure of the COVID-19 pandemic on internal teams; and in order to streamline processes, the PHA / HSCB reviewed the current quality and safety structures. A new process was implemented in order to provide assurance to both organisations of all matters relating to Safety and Quality during the COVID-19 pandemic period. This new process will continue to be evaluated in order to ensure it is fit for purpose, efficient and effective in identifying & learning from regional safety & quality issues.

Transforming the culture



Transforming the culture

1.4 Learning from Serious Adverse Incidents

The review of safety and quality processes within the HSCB and PHA identified that there was a considerable backlog in the review of SAI's within HSCB/PHA and in submitting reports from the HSC Trusts. As a result, the teams were tasked with developing an improvement plan to improve the backlog within HSCB/PHA and work with HSC Trusts to implement a measurement framework to ultimately improve the timescales for submission of reports.

This plan aims to put in place an effective safety and quality structure across the HSCB and PHA supported by a culture of quality improvement.

In addition it focuses on the development of a robust measurement framework with a particular emphasis on the management of Serious Adverse Incidents (SAI), Early Alerts and Safety and Quality Alerts (SQA). The plan will be further enhanced by the development of detailed action plans to support the achievement of strategic requirements.

A number of steps have been put in place as a result of this improvement plan. These include:

- ▶ Development of a daily report on all notifications monitored by Assistant Director Nursing Q&S and sent to all Directors
- ▶ Implementation of multi professional weekly incident review meeting to review all notifications and take any required action
- ▶ Setting up of a weekly safety brief between the governance and nursing teams with the Director of Nursing and Director of Strategic Planning to bring forward any issues
- ▶ Streamlining of safety and quality processes within HSCB/PHA

At the commencement of this work in October 2020 there were 219 SAI reports awaiting action by HSCB/PHA. As of 31st March 2021 there were **61**.

A 72% reduction.

There were 19 letters awaiting development and issue and by 31st March 2021 there were **7**. **A 63% reduction.**

There have been **3** Learning Matters newsletters issued since November 2020.



For further information on learning from SAIs:

<https://www.publichealth.hscni.net/publications/learning-matters-newsletters>

Transforming the culture

1.5 Learning from complaints

The HSCB and PHA review complaints received from HSCTs, family practitioners (FPS) and those received directly by the HSCB and PHA. For the majority of complaints, local learning will be identified and actioned by the reporting organisation. In some instances, the HSCB/PHA may also identify regional learning.

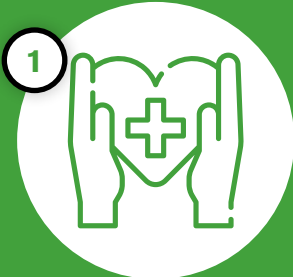
Areas of concern, patterns and trends from complaints are shared with relevant professional groups. This ensures that issues raised by complaints inform key areas of work on the quality of patient experience and safety including thematic reviews and strategy and policy development.

This year a special 'Complaints' edition of the joint HSCB and PHA learning newsletter 'Learning Matters' was published. It was advised by HSCTs that themes of complaint were beginning to emerge, specifically relating to the impact of COVID-19, such as complaints regarding palliative care/care of the dying/access to loved ones when dying; visiting arrangements; and waiting times associated with delayed treatment/care. The largest number of complaints relate to the impact on waiting times, reduction or suspension of services and visiting restrictions.

Last year:

- ▶ **The Trusts received 5,005 complaints issues*.**
- ▶ **HSCB received 105 complaints regarding Family Practitioner Services.***
- ▶ **HSCB acted as 'honest broker' in 69 complaints regarding Family Practitioner Services.**

The top three categories of complaints are:



**Treatment and care
(1,224 complaints)**



**Staff attitude
and behaviour
(810 complaints)**



**Communication
(1,034 complaints)**

** While the figures should be viewed in the context of the considerable volume of interactions between service users and health and social care professionals on a daily basis, the pandemic has obviously impacted on the volume of complaints being received. This may have resulted from 'lockdowns' and general reluctance to enter hospitals particularly when levels of COVID-19 were high, and possibly understanding, and to some extent sympathy, for the pressure HSC staff were working under.*

Transforming the culture

Example of shared learning

A patient became unwell after receiving their medibox following their consultant increasing their medication dosage. They contacted their GP who found that while the label was correct the medication was not. The pharmacy explained that human error had caused the mistake and apologised for the distress caused and in cooperating with the Pharmaceutical Society of NI and HSCB Integrated Care Team in advised that there had been learning arising from their complaint. The pharmacy identified the contributory factors and implemented a number of changes to improve patient safety and prevent reoccurrence. These include:

- ▶ **A new step added to the standard operating procedures as an extra safety measure. A coloured note attached to the front of a patient's file to highlight any changes to medication (including dose changes).**
- ▶ **Learning to be careful when dealing with half tablets and recent dose changes with blister packs with considerable polypharmacy.**
- ▶ **The proprietor has increased the size of the dispensary and improved the lighting and the dispensary space. This improved working area should reduce the risk of dispensing errors.**



For further information on learning from complaints:

<https://www.publichealth.hscni.net/publications/learning-matters-newsletters>

Transforming the culture



1.6 Learning from Experience

Patient Client Experience provides robust analysis of the experiences of patients, clients, carers and relatives engaging with our Health and Social Care system. It provides insight to drive change and also enables services to evaluate and understand the impact of changes made.

Two key initiatives led by the PHA are “Care Opinion”, a new online user feedback service and “10,000 More Voices”, a methodology of in-depth analysis into stories shared by service users. Central to the analysis is to ensure the voice of the service user can make a difference at all levels – from service level to strategic planning and embed the principles of Coproduction into the actions taken.

Examples of change led by the voices of the service user are clearly evident through Care Opinion platform with 34 changes made and 41 in development since launching in August 2020. In November 2020 a service user shared the challenge of attending outpatient appointments with the support of a guide dog. The main reflection was that staff did not know how to approach the dog, often treating the guide dog as a pet as opposed to a working dog. This prompted the Equality Team within the Trust to reply to the story and invite the author to be part of a working group designing training resources for staff. As a response to this story a coproduction approach was taken and a resource designed and shared across the trust and subsequently across the region through the Equality Teams.

Another approach is to undertake thematic analysis of groups of stories relating to a particular topic or service to influence strategic discussion through briefing papers. Through the PHA the stories on Care Opinion have been analysed to evaluate new services, for example Vaccination clinics and Virtual Visiting or to understand the needs of groups of service users, for example Children and Young People or Maternity services.

During 2020/2021, 10,000 More Voices continued to support learning from the COVID-19 pandemic with a focus upon experience of residents in Care Homes. A key project was to explore the experience of Care Home residents, families and staff in relation to visiting and directly informed the plan to normalise visiting activity in the Care Homes. Working in partnership with the Patient Client Council and key stakeholders for Care Home sector over 1400 returns were thematically analysed to demonstrate the complex tension in what matter most to residents, families and staff in relation to visiting during the pandemic. It demonstrated the importance of relationships between residents, relatives and staff and need for open and transparent approach to communication at both an individual, organisational and strategic level. The impact of this project continues to be assessed through a bespoke survey called “Pulse Check” to understand how each stage of the plan impacts upon families and residents and considers if the experience reflects the current visiting guidelines.



For further information on Care Opinion and 10,000 more voices

<https://10000morevoices.hscni.net/>

Transforming the culture

1.7 Supporting a HSCQI Learning System

In April 2020 Trust Chief Executive Officers (CEO) asked the HSCQI Network to provide support to Trusts and the wider system by developing a regional learning system focused on lessons learned from Covid-19. This work was subsequently endorsed by the HSCQI Leadership Alliance.

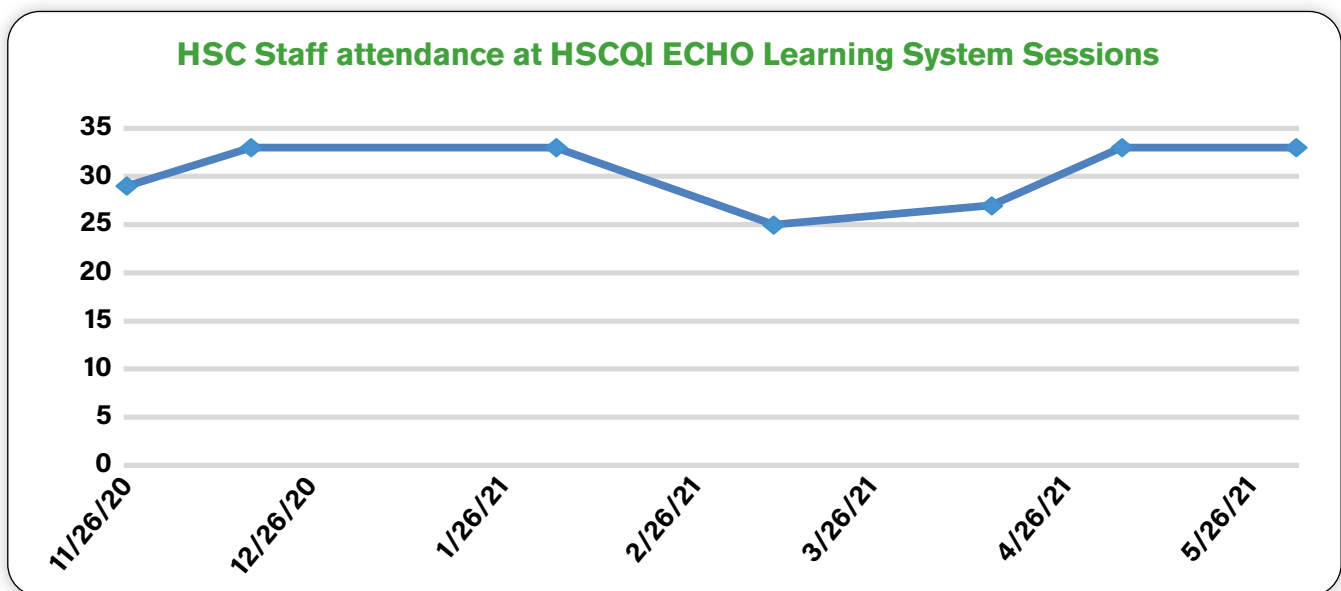
Three key system wide areas of learning:

- ▶ Virtual Visiting
- ▶ Virtual Consultations
- ▶ Staff Psychological Wellbeing

To continue to support these three areas of learning, the HSCQI Hub partnered with the Regional ECHO team to co-deliver monthly 3 hour HSCQI learning sessions and form the HSCQI ECHO Network. The key aim of this HSCQI ECHO network was to provide the system with a platform and an approach to share their experience and learning initially from the Covid-19 pandemic while sharing their use of QI approaches including the use of data for improvement. This network facilitates sharing of knowledge regionally, shared learning and exchange of ideas and supports the building of capacity of front line staff in quality improvement whilst empowering them to improve services using proven QI methodology. The use of ECHO magnifies this ability to develop, share and spread knowledge by removing barriers.

ECHO provides the opportunity to significant numbers of HSC front line staff to share their knowledge, through case-based learning, with each other; to exchange ideas on both QI and clinical practice. ECHO is perfectly designed to facilitate improvement across interfaces (eg., acute and community care) supporting the development of seamless care and reducing duplication.

The run chart graph below shows the numbers of staff who dialled into these ECHO sessions and demonstrates the continued engagement and interest of staff in participating.



Theme two



**Strengthening the
workforce**

2.1 Introduction

The HSCB and PHA collectively employ over **1,000 staff**. They are determined to invest in the development of their staff and the creation of a working environment that enables everyone to make their best contribution, particularly during the COVID-19 pandemic. Health and wellbeing 2026: delivering together asks HSC to become exemplars of good practice in supporting staff health and wellbeing. The HSC Workforce Strategy 2026: delivering for our people also sets out ambitious goals for a workforce that will match the requirements of a transformed health and social care system.

2.2 Supporting staff within the HSCB and PHA

The Staff Health and Wellbeing Group was set up in March 2020 to provide leadership in the support of PHA/HSCB/BSO staff in relation to Health and Wellbeing during the Covid 19 pandemic.

The group continues to be led by PHA Assistant Director and has representation from across Health Improvement, Nursing and Allied Health Professionals, Human Resources, Operations and Personal and Public Involvement.

Over the last 12 months, BSO, HSCB and PHA have shown their commitment to staff health and wellbeing through a number of initiatives, these include:

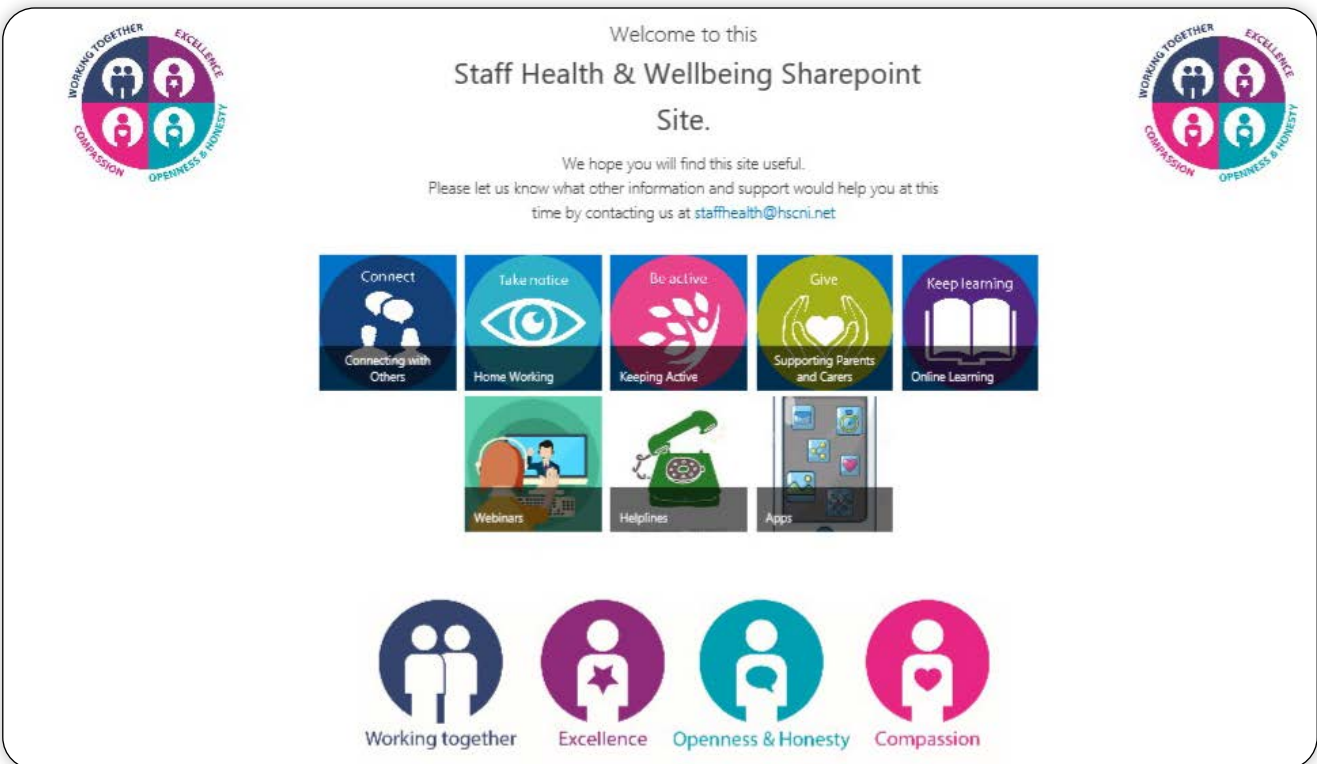
- ▶ **A designated staff member is now in post in BSO to support a consistent and co-ordinated approach to staff health and wellbeing across the 3 organisations.**
- ▶ **Staff champions have been identified in each locality to promote staff health and wellbeing issues through team meetings and informal discussion. Managers discuss health and wellbeing as part of the appraisal process and the new BSO manager guide was circulated to all staff.**
- ▶ **A Mental Health Advocates Forum has also been established; members of this forum have put themselves forward as mental health advocates across the 3 organisations and are trained appropriately to help empower staff to access the support they might need for recovery or successful management of symptoms. This may include self-help books or websites, accessing Carecall, speaking with their GP, support groups, and more.**

Strengthening the workforce

► **A suite of workshops on a range of topics planned and rolled out across the 3 organisation's including:**

- Stress management workshops
- Menopause workshops
- Mens health
- Working from home
- Ergonomics and work spaces
- Top tips for relaxation
- Screen fatigue
- Financial wellbeing
- Long Covid
- Gym membership discount
- Therapeutic massage sessions discount

► **The SharePoint resource continues to be popular with staff. This useful resource hosts a wide range of information and signposts staff to available help. Over the last 18 months the total number of hits to the site has been over 18,000. Access to the site has been extended to include all organisations within the HSC network. BSO IT have added a link to the site has been added to all desktops for ease of access. Popular areas on the site include Home Working, Keeping Active and Online Learning.**



Strengthening the workforce

2.3 HSC Staff Psychological Well-being

In April 2020 Trust CEOs asked the HSCQI Network to provide support to Trusts and the wider system by developing a regional learning system focused on lessons learned from Covid-19 to date. A range of tools were used to harvest learning and stories from teams and organisations. Staff psychological well-being was one of three priority areas for action across Health and Social Care identified from the Covid learning system.

The importance of staff wellbeing has long been noted – it is implicated in issues of recruitment, retention, absenteeism and presenteeism. Staff wellbeing has clear implications for patient care, safety and patient experience. The Covid-19 pandemic has really brought this to the fore and placed unprecedented stress on Health & Social Care staff across all organisations. Challenges include, working in PPE, working in new environments due to redeployment, workload pressures affecting their care of patients, the lack of family support for patients and concern for patients not able to access their normal care in addition to personal and family concerns.

In addition to managing the ongoing pandemic there is also a need to rebuild and restart services. Staff however need to be given



opportunities, time and resources to recover from the challenges experienced during the pandemic. Rebuilding and ongoing provision of services is only possible if staff are supported and looked after, both physically and psychologically. With this in mind, HSCQI has worked to strengthen quality improvement links and connections with the Regional Workforce Wellbeing Network. Together we progressed work to develop an infographic outlining the stages of recovery. This formed part of the Road to Recovery Toolkit developed by the Regional Workforce Wellbeing Network which also includes an animation and a power point slide set designed to be used in conversations with teams around their wellbeing and recovery. The toolkit was officially launched by the Health Minister for Health on 14 May 2021 at a virtual event attended by over 250 health and social care staff.



For further information on work related to staff psychological well-being:
<https://hscqi.hscni.net>

Strengthening the workforce

2.4 Support staffing through Project ECHO®

Project ECHO® NI provides a safe virtual space for education, training, sharing best practice and supporting staff working in highly pressured and challenging situations.

Project ECHO NI uses Zoom technology to connect communities of practice. This really came in to its own during the pandemic when social distancing measures were required. Participants come together in real time to receive updates, new guidance, build relationships and learn from each other. These sessions are interactive so all participants have the opportunity to seek answers to questions and concerns they have. Participants also have the opportunity to learn through anonymised case discussions.



As many networks were already established pre-COVID, having the foundation already there along with the infrastructure including the dedicated ECHO team and technology enabled ECHO NI to hit the ground with a change in focus where required.

Throughout the coronavirus pandemic, Project ECHO® NI has supported and continues to support various networks involving Secondary Care HCP's, GP's, Optometrists, Community Pharmacists, Nursing Homes, Residential Homes, Care at Home Staff and Community & Voluntary organisations to name a few. An example of such support is the use of this established method by the PHA to get messages out quickly to the Care Home sector. Some of these sessions have had almost 300 people participate. Recent examples of this have been sessions on 'Swabbing of residents' and 'Environmental Cleanliness in Care Homes'. Another example is a new network led by RCGP on Primary Care management and support of patients with post-acute corona virus infection ("Long COVID").

ECHO has provided instant access to much needed support – demonstrated by the high numbers involved – over 15,000 people in the last year across more than 350 sessions. The ECHO model prides itself in moving knowledge, not people, in regular real-time collaborative education sessions where 'everyone a teacher, everyone a learner.



For more information please see the link to 'ECHO & C-19 Response' short video visit [Echo Northern Ireland | Transferring Knowledge Not People](#)

2.5 AHP Led Long Covid Webinar Series

The Covid-19 Pandemic has resulted in a significant challenge for HSC services. The emergence of Covid-19 has resulted in HSC staff managing people with acute symptoms of Covid-19 in addition to longer standing symptoms associated with the virus. The term “Long Covid” is used to describe people experiencing symptoms lasting more than four weeks after contracting the virus.

Numerous symptoms are associated with Long Covid that are recognised by NICE (2020). These symptoms are managed by clinicians working across HSC services. However, given the recent emergence of the condition there is limited evidence to support rehabilitation and management strategies for people with symptoms of Long Covid. The limitation in evidence results in a lack of clarity regarding best practice for the management of people with symptoms of Long Covid.

The AHP Team at the PHA working collaboratively with the HSC Clinical Education Centre (CEC) delivered a Long Covid webinar series which was designed to:

- ▶ **Improve the knowledge skills and expertise of HSC staff delivering interventions to people with symptoms of Long Covid**
- ▶ **Provide a shared learning opportunity to explore the continuing challenges faced by some patients who have contracted Covid-19**
- ▶ **Share best practice and emerging evidence regarding Long Covid**
- ▶ **Gain an understanding of potential therapeutic interventions to support those with Long Covid symptoms**
- ▶ **Provide learning for the main symptoms of Long Covid as recognised by the NICE guidance (2020)**
- ▶ **Gain knowledge from the lived experience of patients, carers and service users**


This webinar series was created to enable the sharing of best practice, emerging evidence and practical advice to facilitate the delivery of consistent, high quality care to people with symptoms of Long Covid across the region.

Strengthening the workforce

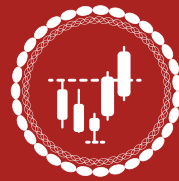
The AHP Led Long Covid Webinar Series was created and delivered in May-June 2021. The following topic areas were covered:

4 May 2021	11 May 2021	18 May 2021	25 May 2021	1 June 2021	8 June 2021	15 June 2021
Nutrition	Sleep	Fatigue	Chronic Pain	Respiratory	Voice Disorders	Return to work

The webinars were delivered live for each session and available to watch back to maximise their reach. Each webinar, delivered over a virtual platform, was led by a specific AHP professional with clinical expertise in the rehabilitation and management of the symptom. The lived experience of patients was an integral component of the series. A digital resources page tiger was also shared to give participants access to valuable resources to aid in their management of people with symptoms of Long Covid.

 For further information on Long Covid webinar and various resources <https://cec.hscni.net/long-covid-webinar-series/>

Theme three



Measuring
improvement

Measuring improvement

3.1 Introduction

The HSCB and PHA recognise the importance of measuring progress for safety, effectiveness and the patient/client experience in order to improve. We promote the use of accredited improvement techniques when gathering information or examining data, and recognise the importance of ensuring that lessons from the information and data are learned.

3.2 Screening services

Early diagnosis through screening is associated with improved outcomes for a number of health conditions. Population screening programmes in Northern Ireland aim to detect disease at an early stage, usually before they become symptomatic. The PHA is responsible for the commissioning and quality assurance (QA) of population screening programmes. Examples of quality improvement projects undertaken in 2020/21 in two of these programmes are outlined below.

New test in Bowel Cancer Screening

Bowel Cancer Screening is offered to individuals aged 60-74 every two years. The aim of screening is to identify bowel cancer at an early stage, when treatment outcomes are markedly improved.

The UK National Screening Committee previously recommended a change in the primary screening test for bowel cancer screening, moving from Faecal Occult Blood (FOB) tests to quantitative Faecal Immunochemical Testing (FIT). Work commenced to begin preparations for this change in Northern Ireland, and funding was identified to progress this locally in 2019/20.

This test is noted to have several benefits:

- ▶ **It is more sensitive, meaning that bowel cancer screening may be able to detect more cancers and pre-cancerous adenomas. FIT tests specifically for human blood within stools whereas the previous test may have been affected by dietary factors**
- ▶ **It is an easier test to complete, and research (across the UK and internationally) has demonstrated moving to this screening test increases bowel cancer screening uptake, particularly in groups that historically have been less likely to participate in screening**
- ▶ **It is an automated test, reducing the risk of human error in the processing of samples**

This policy change involved a wide range of stakeholders and coordinated actions across a range of sectors. This included the updating of patient information materials, procuring the new testing kits and equipment, preparing Trust services to ensure adequate provision of follow up investigations and undertaking extensive IT system developments.

In preparation for the launch of the new test, the PHA worked with Cancer Research UK to develop a tailored animated video to accompany this. The PHA also worked with the Women's Resource & Development Agency (WRDA) to update their online materials for their bowel cancer screening awareness sessions. These online materials were developed by WRDA in response to the pandemic.

FIT was successfully introduced into the Bowel Cancer Screening Programme in January 2021.



Measuring improvement

IT developments in Newborn Hearing Screening

The aim of the Newborn Hearing Screening Programme (NHSP) is the early identification of and effective intervention for babies born with a permanent childhood hearing impairment. The NHSP is offered to all babies who are born in, or who reside in Northern Ireland, up to six months old.



As part of a quality improvement and modernisation initiative, the programme recently sought to implement a new service (Smart4Hearing) to support service provision across the region. This complex project involved engagement with a wide range of stakeholders, including PHA, HSCB, HSC Trusts, BSO and Northgate Public Services.

The objectives of implementing the new service were:

- ▶ **To provide robust quality assurance of the programme**
- ▶ **To enhance 'failsafe' processes**
- ▶ **To reduce manual data entry**
- ▶ **To provide more timely reporting data**
- ▶ **To ensure the programme is able to report on all national quality standards and therefore provide the ability to benchmark N.I. performance with other regions of the UK.**

Furthermore, the programme wished to enhance communication links with paediatric audiology and otolaryngology colleagues, in order to support management of the entire patient journey, resulting in completion of the newborn hearing screening pathway.

Smart4Hearing was successfully implemented in March 2021. This has been an important quality improvement initiative and will provide many benefits for future programme management.



For further information on screening programmes
Screening (publichealth.hscni.net)

3.3 Measuring New Investment

Treatment of Cystic Fibrosis

Cystic fibrosis (CF) is an inherited, multi-system, genetic condition that causes a build-up of sticky mucus in the lungs, digestive system and other organs. People with CF will have a range of symptoms including chronic lung infections, contributing to a life limiting progressive loss of lung function.

CF is caused by mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene and there are over 2,000 known mutations that can cause CF.

For eligible patients, previous conventional life-extending but not life-saving treatments that target the symptoms of CF, for example antibiotics that fight infections or steroids that reduce inflammation in the airways, are being replaced by life-saving drugs also known as CFTR modulators. These therapies tackle the underlying genetic mutations that cause CF by helping to make the CFTR protein work effectively.

In 2020, HSCNI colleagues from across the system, supported by a commitment from the Minister of Health, worked to secure access to the latest CFTR modulator therapies for the NI population. These include:

- Ivacaftor
- Lumacaftor and Ivacaftor
- Tezacaftor and Ivacaftor
- Ivacaftor, Tezacaftor and Elexacaftor (Triple Therapy)

The availability of the modulators in this way means that treatments can be modelled in ways which best meet the individual genetic needs and responses of patients.

In addition to supporting the costs of the drugs, further investment of just under £1m has been secured for Belfast Trust to appoint additional medical, nursing and pharmacy staff to support the roll out and maintenance of these new medicines for all eligible adults and children with CF.

Progress with implementation is well underway and early feedback from clinical staff, is that they are already beginning to see improvements in patients who have commenced on therapy.

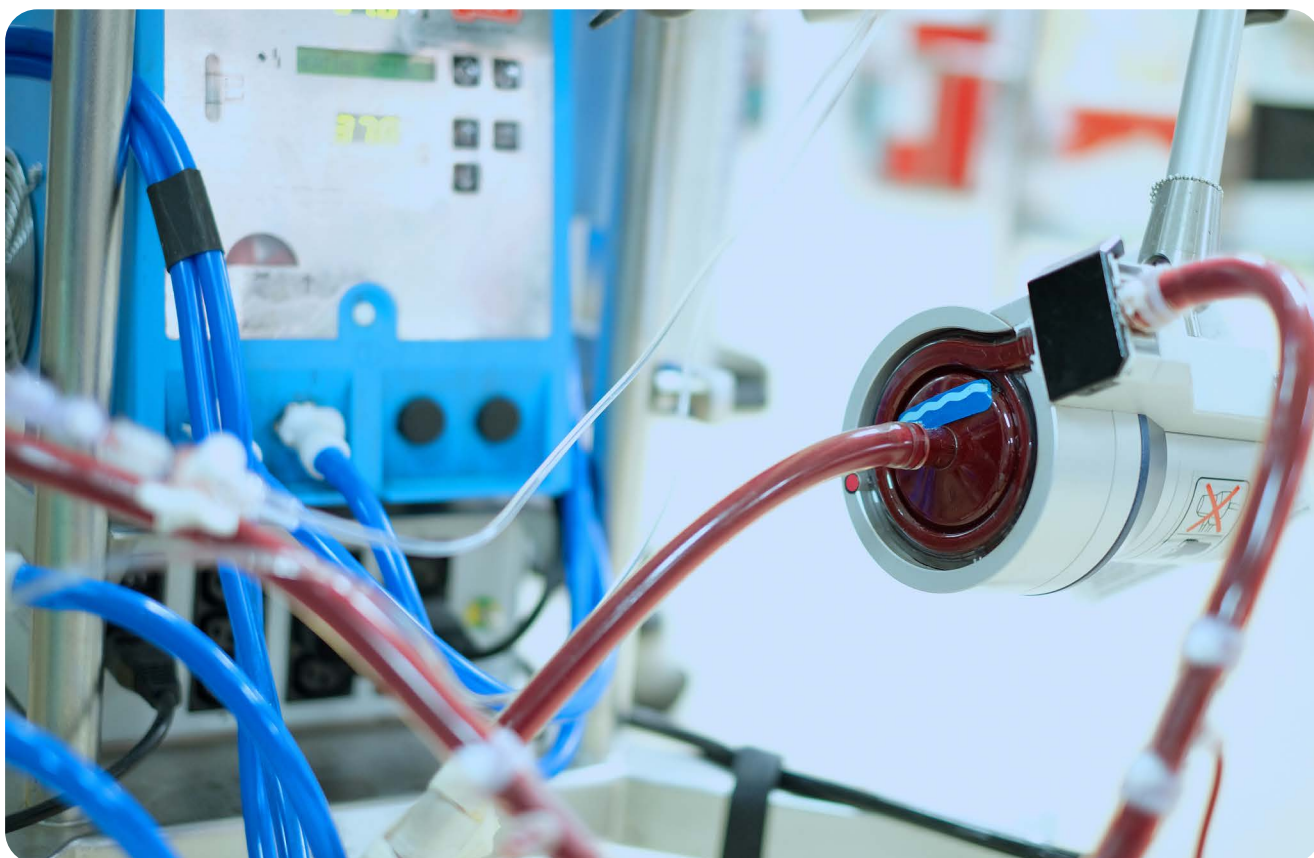
Measuring improvement

Extra Corporeal Membrane Oxygenation (ECMO)

ECMO is a life preserving service used when a patient has a critical condition which prevents the lungs or heart working normally. ECMO is recognised as an effective treatment for patients with Covid 19 who are failing to respond to standard ICU ventilation. NI does not provide ECMO services locally. The very specialist nature of EMCO means that it can only be provided in a very small number of specialist centres elsewhere in the NHS.

Whilst established arrangements are in place for the transfer of ECMO patients via air ambulance, it became apparent in the early stages of the pandemic, that these could not fully address the infection control requirements for patients with Covid-19.

Initially, these transfers needed to be undertaken by the RAF on an emergency basis but within a few months the HSCB was able to secure specific ECMO transfers in conjunction with NHS Scotland, Scottish Air Ambulance service, NI Specialist Transport and Retrieval Service, the specialist ECMO Team in Glenfields Hospital, Leicester, Belfast City and Belfast International Airports. These arrangements have remained in place and are able to respond flexibly consistent with the COVID-19 surge profile. Improvements in respect of the smooth transfer of patients from ambulance to the aircraft have also been supported through investment in additional equipment.



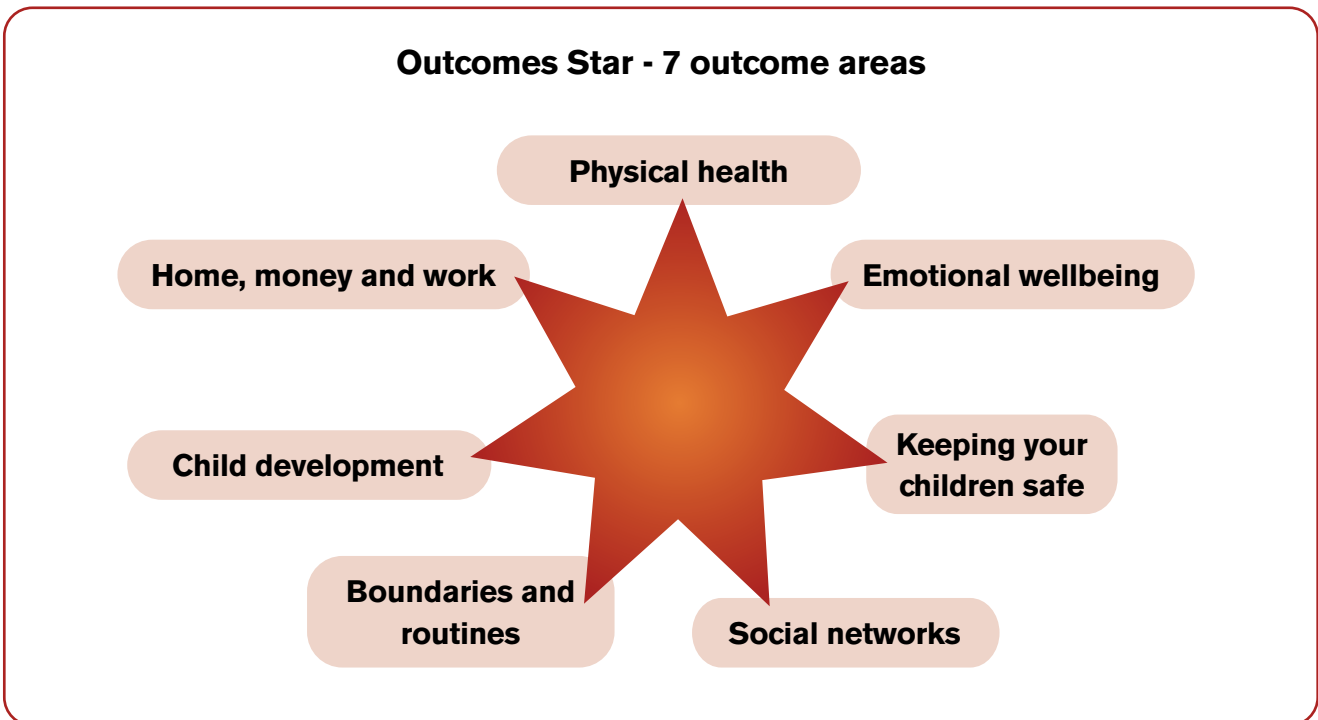
Measuring improvement

3.4 Measuring improvements in Children and Young People Services

Sure Start-Lighting the Future for Young Children

Sure Start is a programme targeted at parents and children under the age of four living in the most disadvantaged areas. It brings together health, family support and early education services which are designed to support children’s learning skills, health, well-being, social and emotional development. There are around 39,000 children registered in 38 Sure Start Projects offering services both in the home and in group based settings. The HSCB and PHA provides systems leadership and manages and administers the Sure Start Programme which is funded by Department of Education. Partnership working is the very foundation of the Sure Start Programme and HSCB / PHA work with a range of voluntary and community providers as well as all five HSC Trusts.

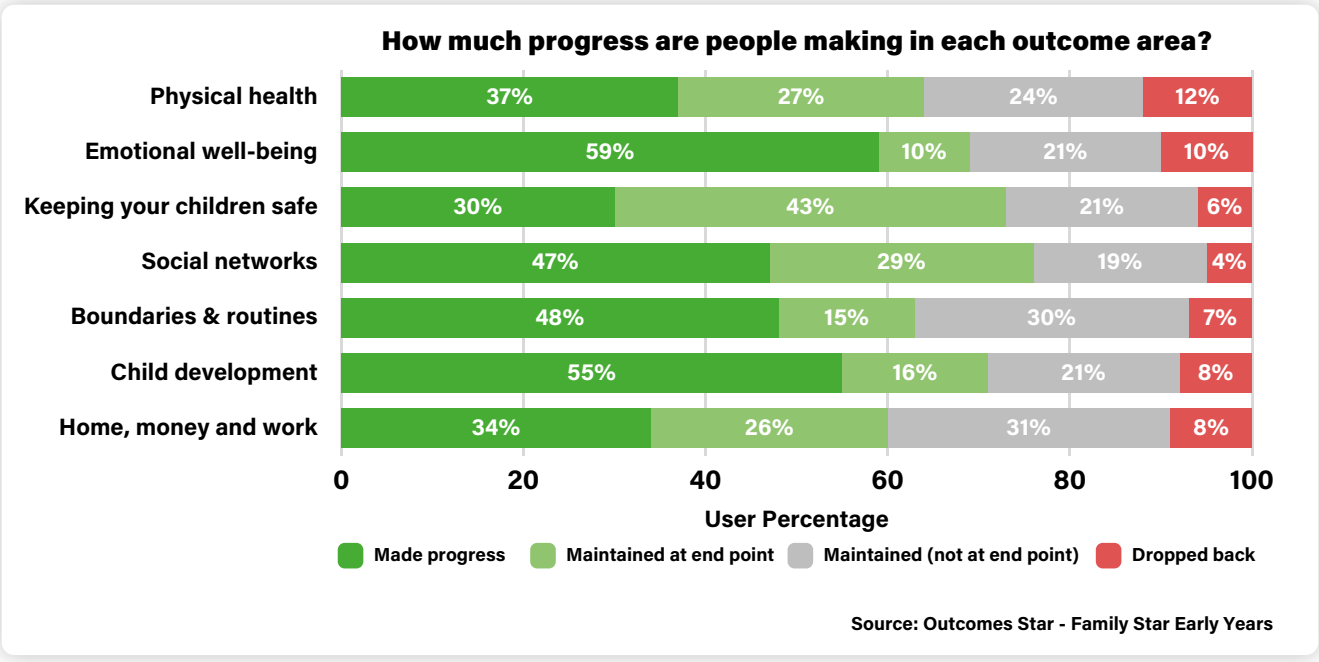
The Outcomes Star is an evidence-based tool for measuring and supporting change. It provides a holistic assessment of seven outcome areas:



The Outcomes Star tool is primarily used by family support staff working with individual families while delivering services in a home and group based format supporting a family’s journey of change.

The family use the tool to chart their own journey of change and Sure Start offers each family a unique service pathway to meet their needs. An Outcome Star is completed at the start and end of the intervention to record the impact Sure Start had had on the family’s progress in the key domains. The figures provided below are based on 178 service users who completed both the first and second star readings after a Sure Start intervention before the beginning of the pandemic.

Measuring improvement



This sample of Outcome Star results clearly shows that Sure Start’s holistic service offering of health, family support and early education services has a positive impact of improving outcomes across all 7 domain areas. 89% of families improve in at least one area, with 57%

of families improving in 3 or more outcome areas. Many vulnerable families will require multiple areas of support and the results show that Sure Start as a multi-disciplinary team can provide a “one stop shop” for family support needs. #SureStartWorks

Are you making progress?

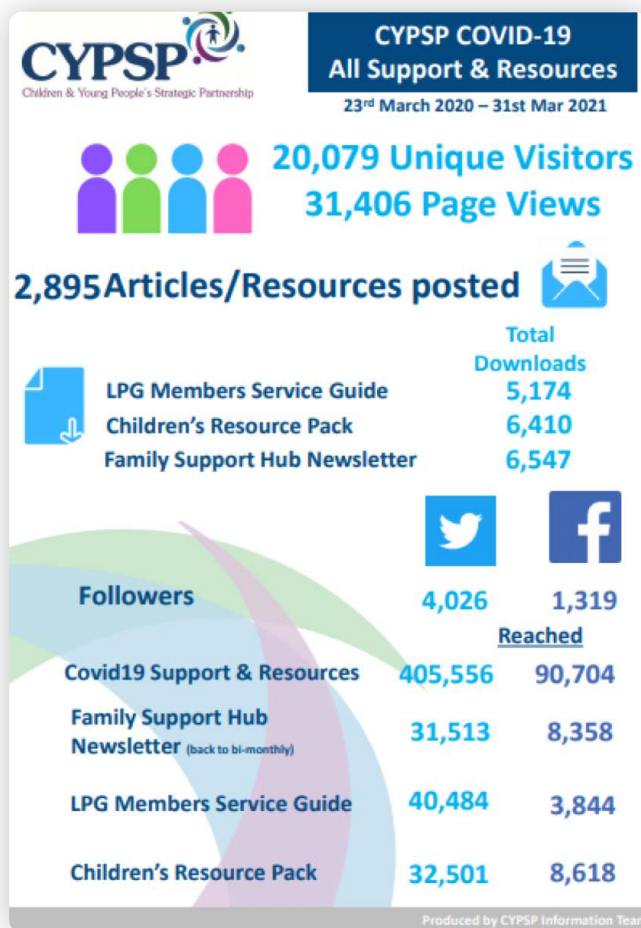
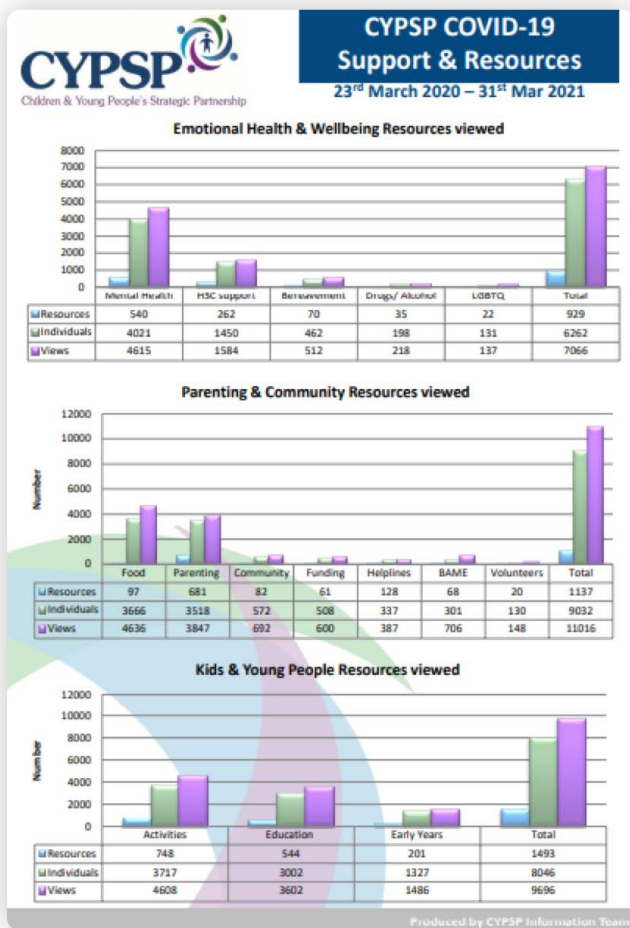
- In 1+ outcome areas**
Percentage of people making progress in at least one outcome area **89%**
- In 2+ outcome areas**
Percentage of people making progress in at least two outcome area **75%**
- In 3+ outcome areas**
Percentage of people making progress in at least three outcome area **57%**
- Outcome areas showing progress**
Average number of outcome areas in which someone is making progress **3.1**

i Visit Sure Start Webpage via CCP website to see how Sure Start supported families during COVID 19 <http://childcarepartnerships.hscni.net/sure-start-during-covid-19/>

Measuring improvement

Improving access to information & measuring results

The HSCB Children and Young Peoples Strategic Partnership (CYPSP) facilitated a collaborative multi agency approach to information sharing and coordinated the production of a number of key resources specifically related to managing the impact of Covid-19 and to help mitigate the effects of lockdown. The CYPSP website is acting as a central repository for information and guidance across services and working to ensure cross referencing to other on line information via voluntary and community service providers, PHA, HSCB, Education, Housing and Justice.

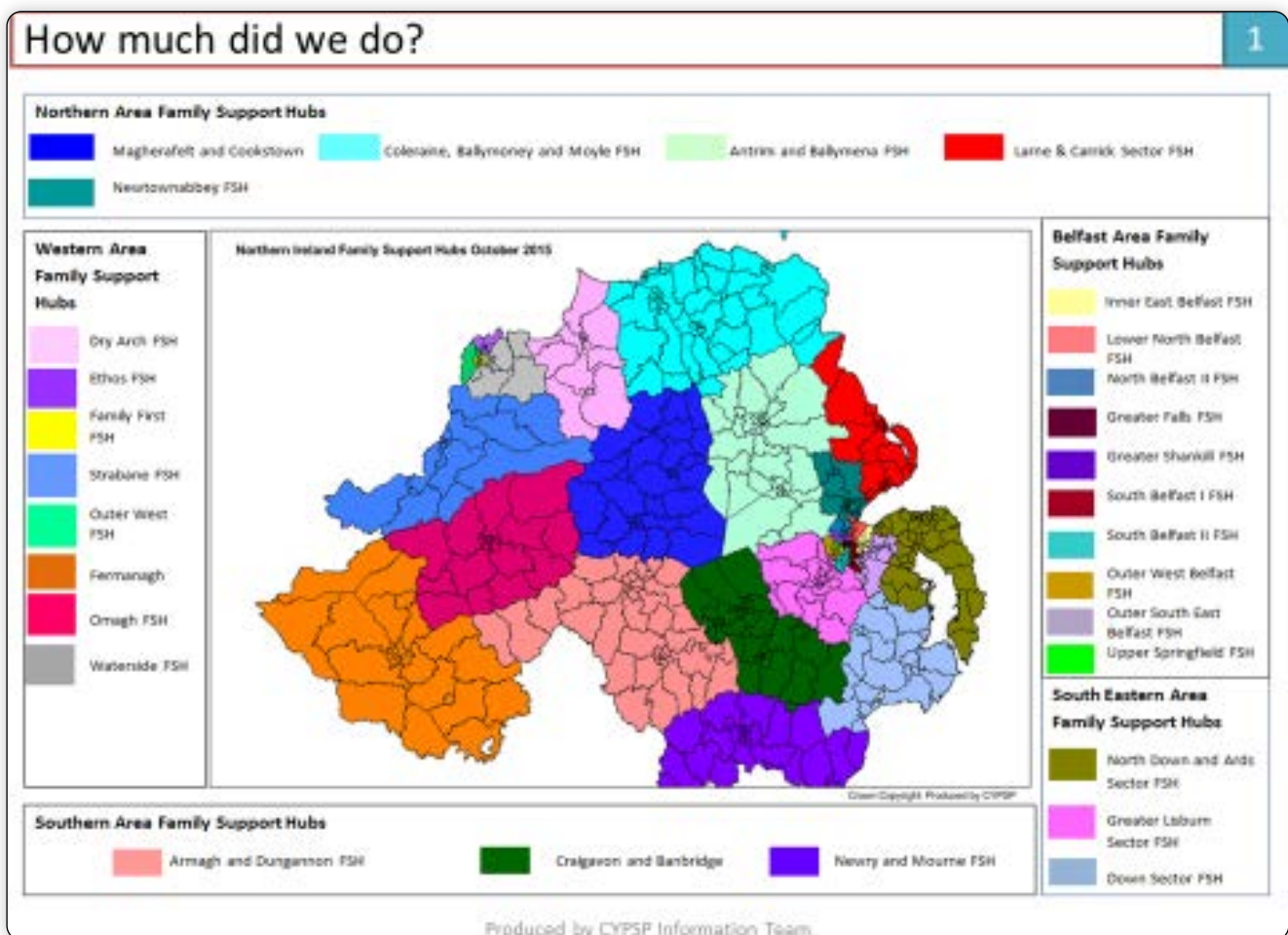


Measuring improvement

Family Support Hubs and Outcomes based Accountability

Family Support hubs are a collaborative network of statutory, community and voluntary providers. The network manages referrals for families who need early intervention family support and uses knowledge of local service providers to signpost families with specific needs to appropriate service.

The 2020/21 Family Support Hub report card reflects the commitment to improving quality through an outcomes based approach to Early intervention service delivery.

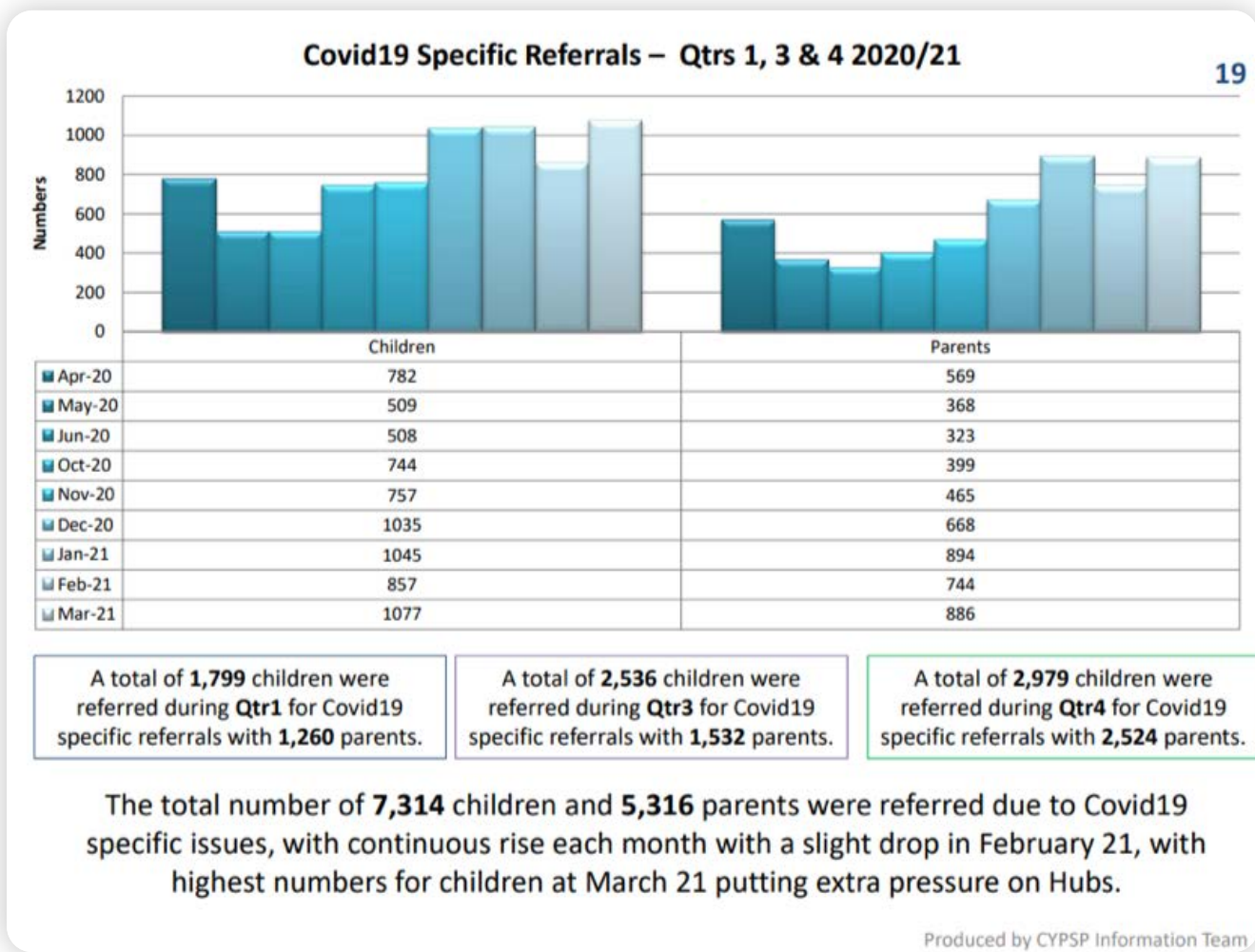


Measuring improvement

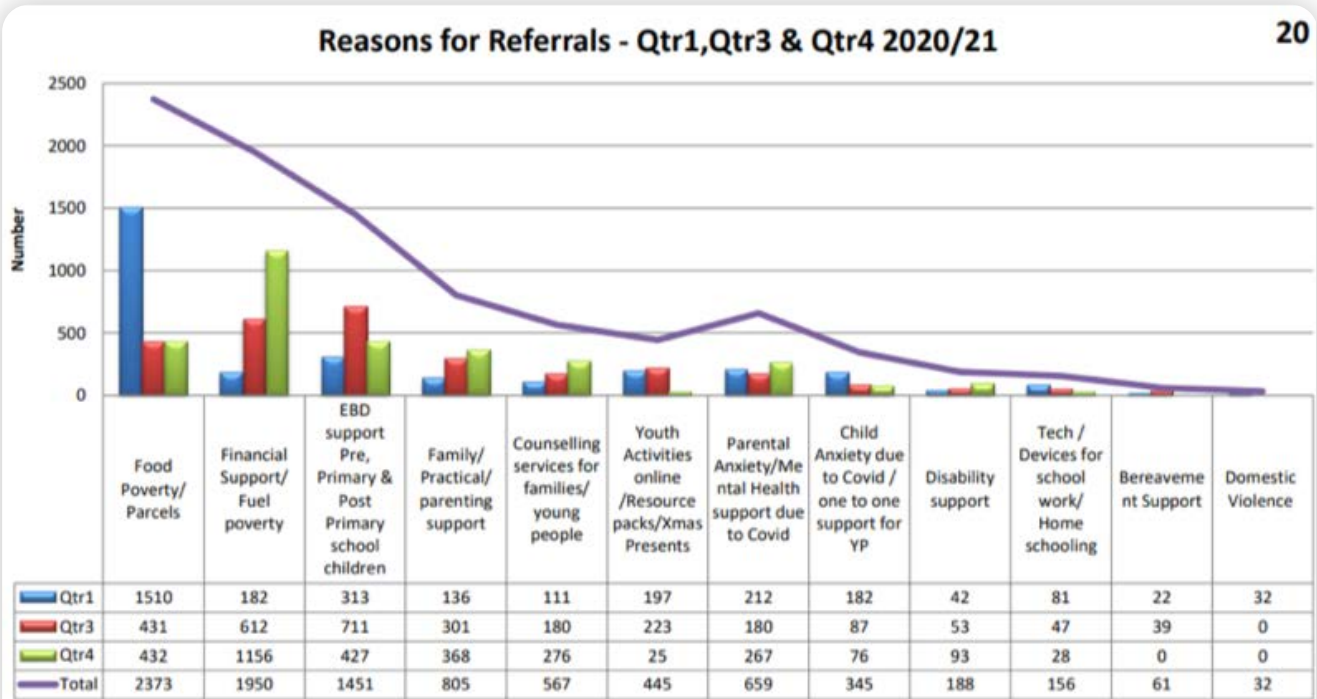
Some key outcomes include:

- ▶ **There are 29 hubs fully operational in Northern Ireland**
- ▶ **In 2020/21 8405 families were referred through family support hubs, 815 more families than In 2019/20, slightly over a 10.7% increase. There were also 3053 telephone enquiry / advice only calls in 2020/21, a slight rise since 2019/20.**
- ▶ **5-10 year olds has consistently been the highest age group for referrals.**
- ▶ **As well as 10,096 children referred in 2020/21 an additional 4239 children benefitted indirectly as they were part of the families referred.**
- ▶ **In 2020/21 Self referrals were the key referrer at 20%, compared to 15% in 2019/20.**
- ▶ **GPs referrals in 2020/21 were 10% compared to the highest referrers at 19% in 2019/20.**

Family Support Hubs continue to deliver services during the pandemic and within the restrictions imposed by lockdown. An additional data set was created to measure need and outcomes.



Measuring improvement



The top reason for referral April to June 20 was Food Poverty at **1510**.

The top reason for referral October to December 20 was EBD support for children at **711**.

The top reason for referral January to March 21 was Financial/Fuel Poverty at **1156**.

Produced by CYPSP Information Team

Measuring improvement

Reason for Referral Oct-Dec 2020	How Hubs worked differently to meet needs
Financial Support/ Fuel Poverty	Gas/Electric vouchers needed more during winter months/Universal Credit/ Signposted to Make the Call/Employers for Childcare
EBD for Primary School children	EISS Mentoring on line/Family support counselling/Dream a little Dream relaxation books/Action for Children/EA Flare Project/Art Therapy
Food Parcels	Link in with foodbanks/Food vouchers/Food hampers/North Belfast AP
Family/Parenting Support	Parent Line NI/Family Group Conference/Family Wellness Project/Parenting NI
Christmas presents for children	North Belfast Advice Partnership/Covid-19 Emergency Fund/SVDP
EBD for post-primary school children	Online PE lessons/Stay Connected EA Youth Service/Mind Set Programme
Counselling Services for families	Virtual chats with adults and teens/Parentline NI/NSPCC/Listening Ear
Parental anxiety due to Covid-19	Support via phone to parents to learn techniques to reduce anxiety in their children
One to one support for young people	Recovery College online workshops such as Mindfulness Counselling on line/Therapeutic support
Practical Support	Advice/St. Vincent de Paul/Princes Trust/Referral to AfC and Covid-19 Emergency Fund
Disability Support	Routines needed for ASD children/Family support via phone
Tech Devices/School work	Provide digital devices (iPads/Tablets etc)
Bereavement Support	Referred to Cruse & Winston's Wishes

Reason for Referral Jan-Mar 2021	How Hubs worked differently to meet needs
Financial Support/ Fuel Poverty	Gas/Electric Vouchers required for winter months/referrals to Financial Advice Services
Food poverty	Food parcels/foodbank/Trust Ad-hoc Covid-19 emergency/DfC and Barnardo's NI fund
Emotional support for children/ young people	Signposted families to support services such as Action for Children, EA Flare Project, School Counselling and Parent Line NI, Barnardo's Family Connection
Counselling services for families	1 to 1 counselling on line/Bridge of Hope, PIPS, Wave Trauma Service
Family/Parenting Support	Signposted families and parents to Mum's Wellness Project, Social Prescribing, Recovery College, Action for Children, Parent Line NI and Parenting NI.
Parental and YP Anxiety due to Covid	Online group options offered re: anxiety and separation/YP offered support for anxiety/mood – EISS or CAMHS Step 2 or 3.
Practical Support	Signposted families to Barnardo's Seasoning Fund, Household appliances, bedroom furniture, toys, baby essentials
Disability Support	Updated parents re current waiting times of services and offered support with diagnosis of ADHD
One to one support for young people	Extern EISS, Strike Academy, Friends Resilience Bolster, Koram Centre
Adults Mental Health	Signposted adults to Action Mental Health, Listening Ear & Women's Aid Services, Holistic Therapies, Family Group Conferencing
Youth Activities/Play Therapy	Youth mentoring/Therapeutic play/Art Therapy
School Attendance/Home Schooling	EWO involvement

Measuring improvement

3.5 Measuring new ways of working

Accelerating the spread of Virtual Visiting across the Region

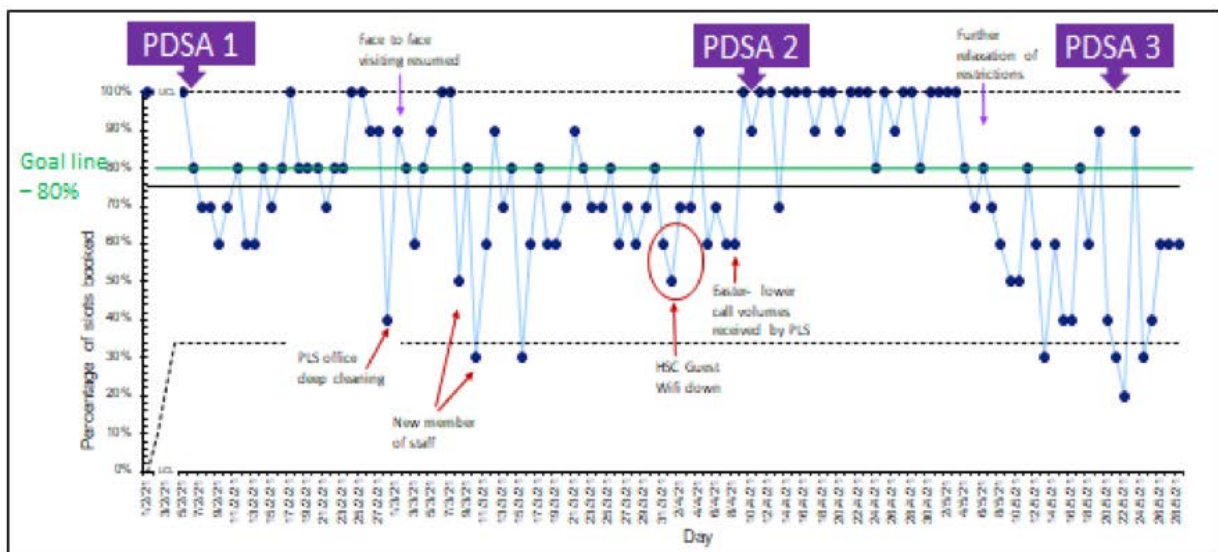
Virtual Visiting is more than a conversation, it is connecting loved ones and families when face to face meetings are not an option, such as has occurred during the Covid-19 pandemic. It can also be used at other times such as families being abroad or sick at home and not able to visit their loved one. The scale and spread of virtual visiting across Trusts during 2020/21 during the COVID-19 pandemic has been a real success story, accelerated by the focus of HSCQI and of the HSCQI leadership Alliance. This work has identified a gap in our services that can be addressed by building an integrated visiting policy that will look at connecting loved ones both now during an era of COVID-19 and beyond.

In the design and development of the Virtual Visiting Models a QI approach including the collection of data was essential. Data was used to make judgements, to answer questions, and to monitor and support the improvements. Carly Fiorina, Former HEO of Hewlett Packard, once said "The goal is to turn data into information, and information into insight".

Quality Improvement Teams from across the region engaged with HSCQI and collected data on activity as displayed below looking at the number of participating wards and uptake of virtual visiting slots. These QI teams used run and SPC charts to tell the story and show their tests of change.

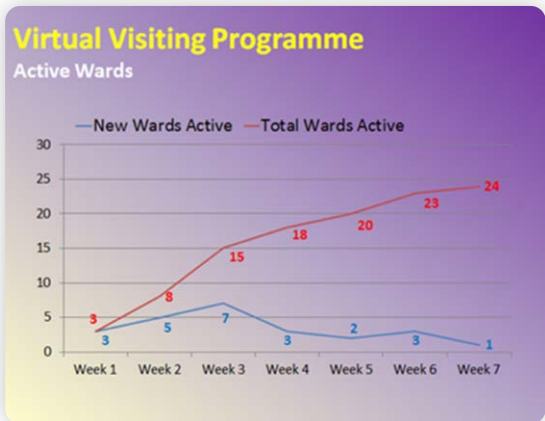
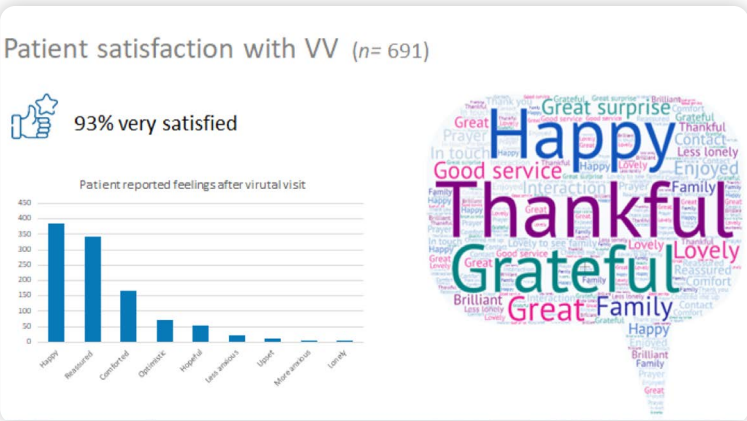
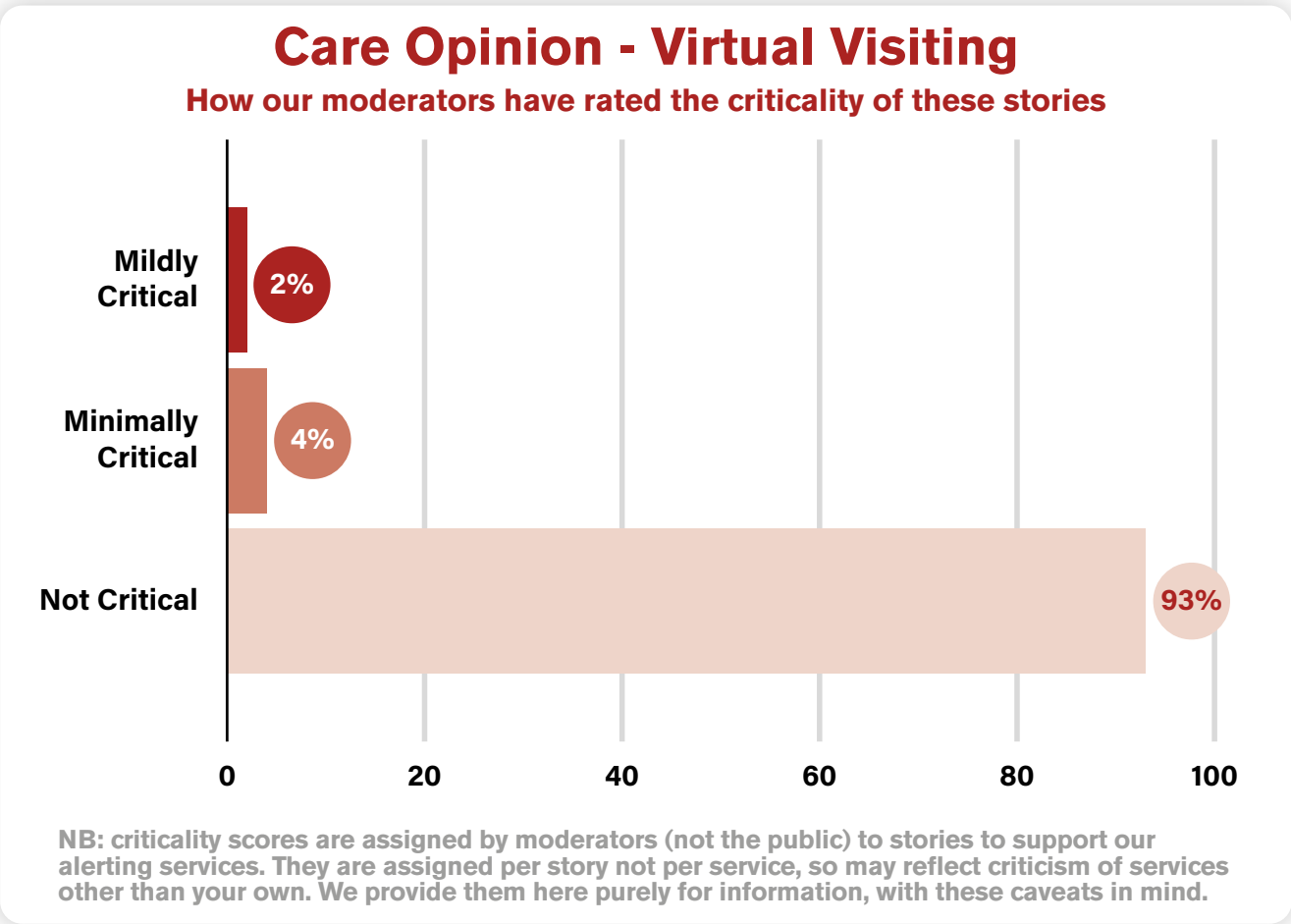
Outcome measures

Percentage of VV slots booked per day (capacity used)



Measuring improvement

In addition to this quantitative data, QI teams also asked service users, families and staff for feedback to inform change and service development. To explore the regional picture, HSCQI partnered with the Regional Care Opinion Team to get regional feedback. This information, which has been very positive has, in addition to informing the design models for virtual visiting, been passed on to share with staff to the appreciation of patients, families and carers.



Improving Access to Direct Payments from the Hospital Setting

Consideration of Emergency One-Off Direct Payments (EDP) on discharge allows for informed choice as to the care options available. This fulfils the overarching agenda for developing person centred services in HSC across the different programmes of care. When utilising EDP, the individual becomes more independent of the HSC Trust and better able to exercise their rights, choices and life opportunities.

The COVID-19 pandemic has impacted greatly on acute and community services. To mitigate against the impact of COVID-19, the DoH gave HSC Trusts flexibilities in the use of Direct Payments during the pandemic.

In recognising the need for a regional approach, the HSCB in conjunction with the DoH, Chaired a working group to progress Emergency One-Off Direct Payments (EDP). The need for regionally consistent paperwork was agreed which assists with repatriation from specialist sites. Measuring activity and improvement was also progressed and the HSCB monthly return was developed to capture information re utilisation of EDP from acute settings. In addition consideration was given to whether utilising EDP would cause a delayed transfer of care from the acute site and as a result a complex code was added to capture this potential cause of delay. This came into operation in March 2021. The working group also considered the concept of the trusted assessor in the hospital and it was agreed that the hospital assessment, facilitating the discharge, would remain in situ until there was a community review of the completed paperwork and assessment within 4 weeks.



Self-Directed Support, in which Direct Payments in an option, is at the core of the Department's and the HSC's drive to see care personalised and for service users to have genuine choice and control over the care they receive.

**CSWO Sean Holland and
CNO Charlotte McArdle**



All Trusts have now undertaken the relevant training of acute hospital social work staff and 4 Trusts have utilised EDP to facilitate discharge. The feedback so far from individuals and carers using this discharge option is overwhelmingly positive. Whilst uptake varies across sites, there is the opportunity to progress, as staff become more acquainted with the process and the opportunities EDP afford to the individuals involved.

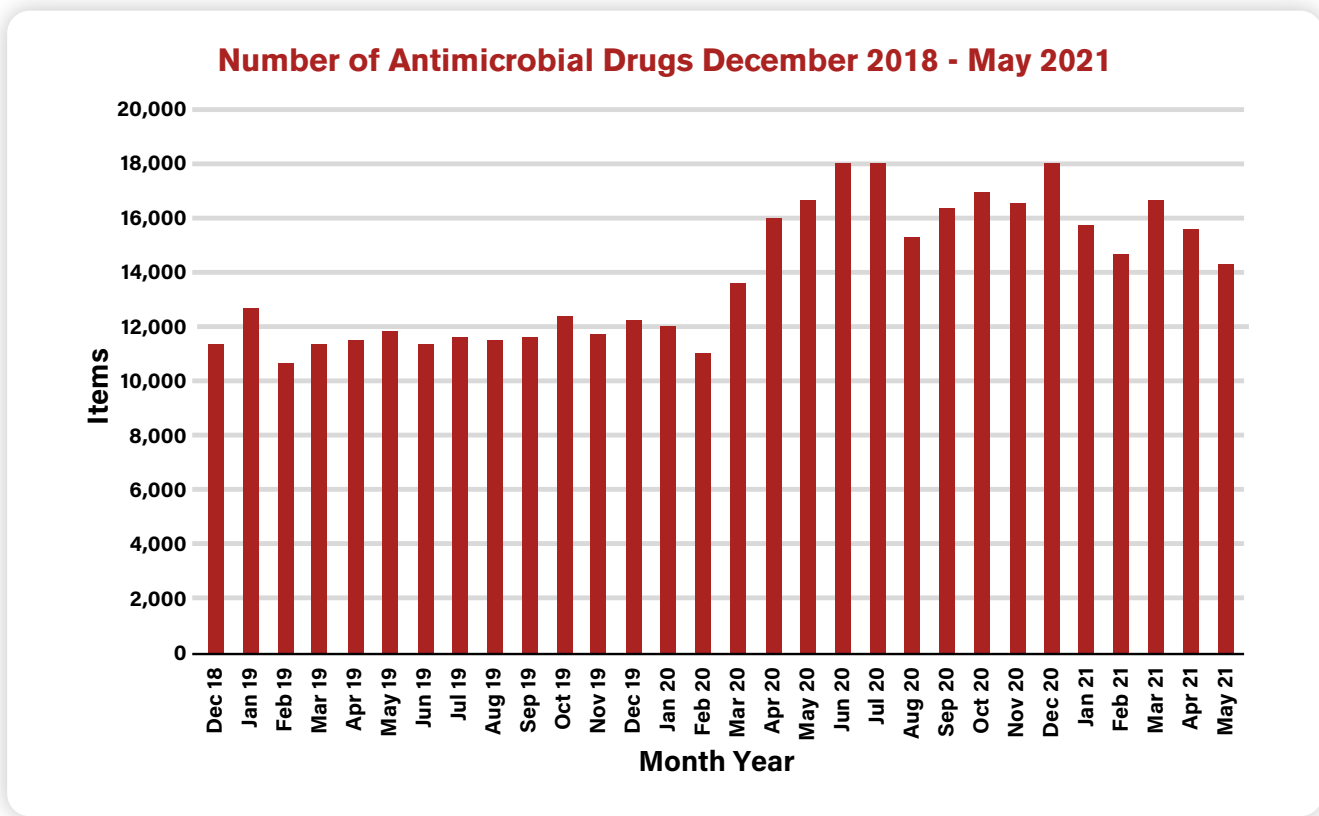
Whilst EDP originally focused on the COVID-19 period there is a clear opportunity to see this work continue beyond the pandemic and become further embedded. Trusts are seeking to develop their focus beyond COVID-19 to consider areas such as pre-assessment under elective care and in the area of trauma and orthopaedics. The working group allows for the sharing of ideas and good practice and will continue into the next reporting year.

Measuring improvement

Dental antimicrobial prescribing during the pandemic

General Dental Services (GDS) became subject to UK Infection Prevention Control restrictions on March 23rd 2020. High Street dentistry mostly involves Aerosol Generating Procedures (AGPs) and this treatment requires Level 2 PPE which only became readily available to dental practices later in the summer. Patient access to practices was significantly curtailed by the restrictions as all patients were triaged to assess the need for urgent care. The only treatment available in the early months of the pandemic for many dental patients was a combination of assessment, analgesics and antibiotics.

Prior to the pandemic, dental antibiotic prescribing was showing a small but steady downward trend due to raised awareness of antimicrobial resistance within the profession. This trend was in keeping with what was happening in England, Scotland and Wales. The trend reversed in the early months of the pandemic.



Measuring improvement

As appropriate PPE became available in July/August 2020, dentists started to perform more interventions for their patients. However, more patients attended for treatment than in the springtime so the overall number of antibiotic prescriptions remained high until January 2021.

In an effort to promote Antimicrobial Stewardship (AMS) dentists were:

- ▶ **Sign-posted to monthly prescribing graphs and charts which were published in the dental section of the BSO website.**
- ▶ **Made aware of AMS during the monthly HSCB New Start information sessions.**
- ▶ **Encouraged during prescribing talks to Foundation dentists and their trainers facilitated by NIMDTA.**
- ▶ **Encouraged to incorporate AMS into clinical audit.**
- ▶ **With the increase of dental patient throughput in 2021 the antibiotic prescribing rate has dropped. The latest available figure shows a 14% drop from May 2020's figure to May 2021 and there is every reason to expect this decrease to continue through the summer.**
- ▶ **An easing of the restrictions imposed on dental practices should increase patient numbers and routine treatment which in turn will further reduce antibiotic prescribing by dentists.**

Theme four



Raising the
standards

Raising the standards

4.1 Introduction

The HSCB and PHA have established a framework of clear evidence-based standards and best practice guidance which is used in the planning, commissioning and delivery of services in Northern Ireland. The HSCB and PHA are continuously striving for excellence and raising the standards of care and the quality of services delivered.

4.2 Improving the evidence base for involvement and coproduction

The impact of Covid-19 Lockdown on Children, Young People and Families: Perspectives from the front line

For more information email Una.Casey@hscni.net

CYPSP work to maintain the voice of the service user at the heart of local planning and service delivery and inform practice and planning by using all available research and evidence

We were seeing at close hand the impact of Covid19 particularly at Locality and Family Support Hub level so I gathered evidence including local, national and international research as well as what children, young people and families were telling us to inform planning across CYPSP

Real time Perceptions of service users and front line staff

Lived experiences, research and evidence

Primary Accounts / Case Studies

- 21 Children / Young People
- 76 Parents / Carers
- 159 Service Providers

Secondary Analysis

- 8 Local Surveys
- 582 Children / Young People
- 5,693 Parents / Carers
- 6,273 Respondents

Recommendations to inform early intervention services for local children and families

Emerging Themes from Study

- Emotional Health and Wellbeing of Children and Parents, including Changes in Behaviour
- Disability
- Financial Impact
- Education and Home-Learning
- Domestic Violence and Safeguarding
- Positive Outcomes

Source: Prime H, Wade M and Browne D, 2020

Comparison Before and During Lockdown Key Areas of Wellbeing

Area	Before	During Lockdown
Mental Health	44.8	41.2
Level of Anxiety	43.0	42.0
Connection with others	37.3	35.0
Physical Health	43.8	43.8
Family Relations	41.0	38.4

Source: Street Beat Survey – April 2020 – North Belfast (n=306)

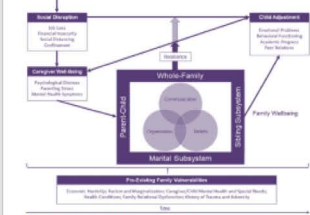
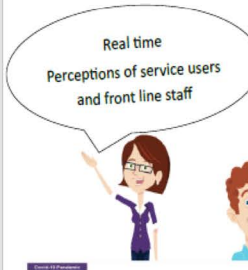
Recommendations

- Build family resilience as a way to mitigate the negative outcomes of the pandemic through providing services which support parental-child relationships
- Design recovery interventions
- Work collaboratively across all sectors to do this

What Happened Next

- Raised awareness of multi-faceted issues impacting families
- Informed Belfast Outcomes Area Group and Belfast City Council action plans and funding priorities
- Informed regional activity in the design of Early Intervention services
- Inform regional priorities for Children's Services Planning

Winner of, best poster presentation at the 8th Social Work and Social Care Annual Research Conference (10th March 2021)

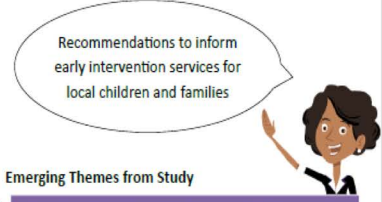


Primary Accounts / Case Studies

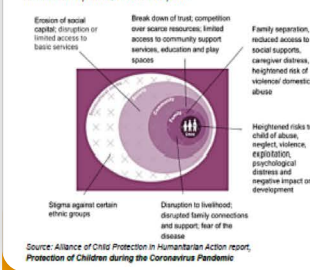
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 - Disability
 - Financial Impact
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 - Domestic Violence and Safeguarding
 - Positive Outcomes



Real time Perceptions of service users and front line staff

Lived experiences, research and evidence

Recommendations to inform early intervention services for local children and families

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Recommendations

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What Happened Next

- Raised awareness of multi-faceted issues impacting families
- Informed Belfast Outcomes Area Group and Belfast City Council action plans and funding priorities
- Informed regional activity in the design of Early Intervention services
- Inform regional priorities for Children's Services Planning

Winner of, best poster presentation at the 8th Social Work and Social Care Annual Research Conference (10th March 2021)

Raising the standards

A review was carried out in order to:

- ▶ **Provide a snapshot of the real-time perceptions of service user and front line staff in relation to the impact of Covid-19 on the wellbeing of children, young people and families**
- ▶ **To take account of these valuable lived experiences, alongside the emerging local, national and international research and evidence**

Key finding from the review identified the impact of the pandemic across the key areas identified below:

- ▶ **Emotional Health and Wellbeing of Children and Parents, Including Changes in Behaviour**
- ▶ **Disability**
- ▶ **Financial Impact**
- ▶ **Education and Home-Learning**
- ▶ **Domestic Violence and Safeguarding**
- ▶ **Positive Outcomes**

A number of specific recommendations were identified, which have been used, alongside information gathered through locality planning activity to help inform the strategic priorities for CYPSP, and to target early intervention services at local level.

4.3 New ways of working

Support for Separated and Unaccompanied Asylum Seeking Children Arriving in Northern Ireland

At July 2021 there were 99 separated and unaccompanied children and young people in receipt of looked after and leaving care services from HSC Trusts in NI. From 2019, following a particular spike in the arrival of these children, demand has remained steady with an upward trend in overall numbers. Prior to arrival into Northern Ireland, separated and unaccompanied children have frequently experienced extreme poverty, have had little or no access to services such as health or education, and witnessed or directly experienced conflict, war or discrimination in their country of origin. They may also have been imprisoned and exploited, and endured difficult and abusive experiences within their home country or during their journey. Many have travelled extensively following departure from their own country, a journey which may have taken up to two years throughout a number of different countries before arriving in Northern Ireland.

The HSC sector holds primary responsibility for the provision of services to safeguard and promote the well-being of this cohort of children and young people which includes fulfilling the role of corporate parent, providing care placements, undertaking statutory duties of assessment, care planning and review and the delivery of leaving and after care support until aged 21, in line with statutory duties.

Raising the standards

HSC Adoption and Foster Care Service
Published by Michelle Donnelly · 16 June

Heather is a foster carer for an unaccompanied/ separated young person.

"I volunteered with a group which worked with families from the Syrian Community in NI. It concerned me that if adults and families struggled to adapt and resettle into life in a strange country then how much more difficult must it be for a young person after making that journey alone.

I often watched the news of children who take any means possible to reach a safer country from the one they've left behind and thought surely there has got to be something I can do to help.

I'm a single female and live in rented accommodation so I had a home and I had time and love to offer so it all felt right for me to start the process. I've also always loved meeting people from other countries so I have a natural interest in languages and cultures.

I have the satisfaction of knowing that I have been a small part of a much bigger group of people who helped a young person feel safe, loved and protected and begin a new life for themselves.

I have learnt a huge amount from him. Be prepared to have your own perspective on life challenged!"

Read more about Heather's journey:
<https://adoptionandfostercare.hscni.net/our-.../fostering/>

Belfast Health and Social Care Trust Northern Health and Social Care Trust South Eastern Health & Social Care Trust Southern Health and Social Care Trust Western Health and Social Care Trust Health and Social Care Board

#RefugeeWeek2021

5,746 People reached 88 Engagements

HSC Adoption and Foster Care Service
Published by Michelle Donnelly · 3 September at 12:51

Interested in fostering unaccompanied/ separated children or young people?

Come along to Home for Good's virtual information event, in partnership with HSC NI Foster Care, to hear more. Our team will be on hand to answer any questions you may have.

Unaccompanied/ separated children and young people arrive into Northern Ireland from all over the world without a parent or responsible adult. Most have been separated from their families and find themselves in a new country faci... See more

home for good

Caring for unaccompanied asylum

and experienced foster carers as we explore the experiences and needs of many of these children and young people, and the difference that being in a family setting can offer.

There will be a breakout room specific to Northern Ireland for questions and to hear from HSCNI Foster Care about the current need and the assessment process.

Thursday 9 Sept 2021 | 8:00 - 9:30pm
Register for the event at www.homeforgood.org.uk/events

5,795 People reached 223 Engagements

HSC Adoption and Foster Care Service
Published by Michelle Donnelly · 20 June

Imagine being alone in a strange country without your family support network. Can you help?

Every child and young person deserves a safe and stable home.

and Fost... Edit Contact Us Promote

<https://adoptionandfostercare.hscni.net>

#RefugeeWeek2021 #HSCFosterCare #fostering #northernireland

"He is a delight to have and is a role model for our other children. He is so respectful to adults and peers but also a typical teenager who loves his bed!"

- HSC foster carer for unaccompanied/ separated young person

1,071 People reached 12 Engagements

As demand has increased and the HSCB and HSC Trusts have developed increased knowledge and understanding of their needs of, the need to establish a more specialist regionally coordinated and integrated service model equipped with the appropriate skillset and expertise, that will assure the delivery of standardised pathways, and access to corresponding resources to deliver equitable and rights based interventions, was regionally recognised and endorsed by HSC, DoH and external partner agencies. A number of substantial steps have been progressed to date:

- ▶ **Completion of Consultation Paper by DoH / HSCB on Options for a Regional Model Service in NI which is subject to a targeted consultation process due to close on 21 July 2021;**
- ▶ **The establishment of a 24/7 supported accommodation project for 8 separated and unaccompanied children and young people. This provision has effectively supported the transition from care placements into supported living in the community in line with assessed needs and readiness to manage increased levels of independent living;**
- ▶ **In collaboration with Trusts, a regional rota system has been put in place to ensure a collective regional approach to responding to new entrants, providing care placements and fulfilling Children (NI) Order duties.**

Raising the standards

- ▶ **Funding was secured to establish and deliver the following service components, subject to the outcome of the targeted consultation:**
 - **A dedicated regional Social Work Service that will ensure the delivery of standardised pathways for all separated and unaccompanied children and young people entering NI. In the interim a regional social work lead has been appointed on a temporary basis to drive standardised practice, support collaborative working across Trusts and with other key agencies and act as a key source of expert advice and guidance for all Trusts;**
- ▶ **Dedicated care placements and a range of supported accommodation options which will include:**
 - **24/7 supported step down accommodation**
 - **Recruitment and provision of foster carers specifically offering emergency / reception / assessment placements; and medium to long term placements**
 - **Supported housing with dedicated in reach support.**
- ▶ **Provision of specialist legal immigration representation for separated and unaccompanied children and young people to ensure that asylum claims are progressed in a timely way and to support the children/young people through the various elements of a challenging asylum process.**
- ▶ **To raise standards and support social workers in this challenging area of practice and ensure that as professionals they have access to specialist legal advice in the complex area of immigration, funding has been secured to fund a dedicated solicitor within DLS for an initial 12 month period.**

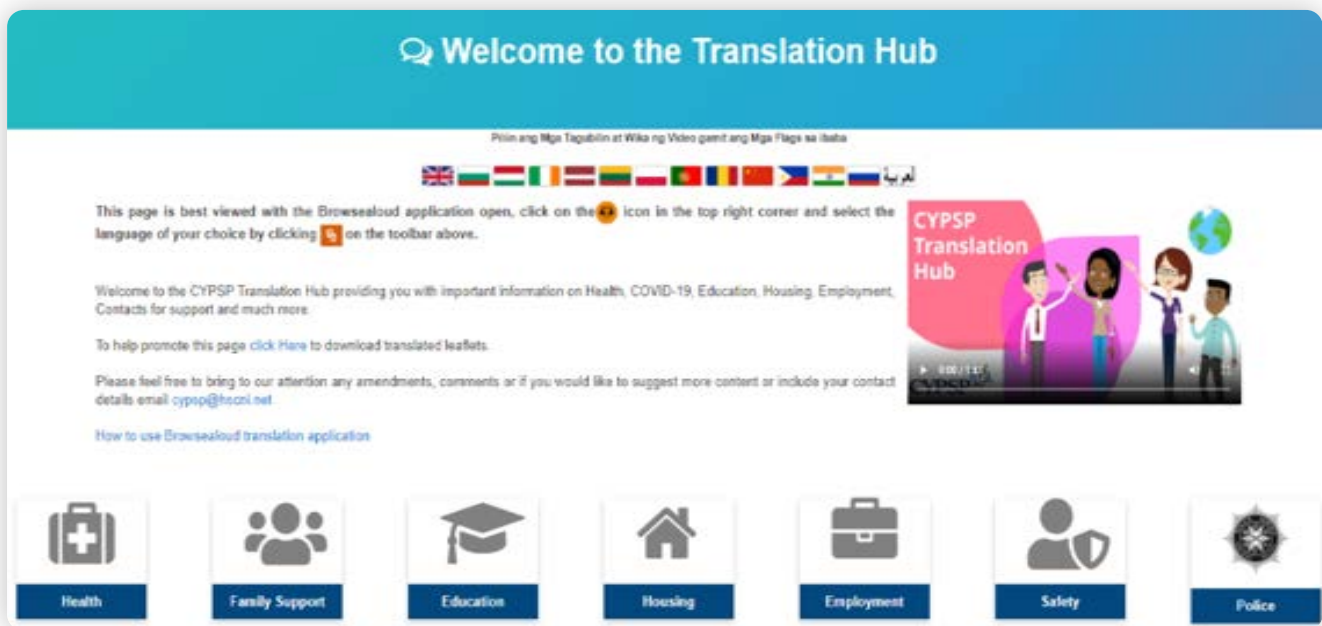
Preliminary feedback from immediate stakeholders indicates early improvements in practice with increased emphasis being placed on a rights based child centred approach, wider dissemination of knowledge and expertise and greater standardisation of practice and interventions across the region.


Raising the standards

Children and Young People Translation Hub

A need was identified during the first wave of the covid-19 pandemic to provide translated information to assist with access to services for the BAME community. The Translation hub was set up as a central platform and launched in August 2020 which provides translatable multi-agency information on health, education, family support, covid-19, police, housing, employment, safety, EUSS, sign language and contacts. A QR Scan code has been developed directly linking to the hub, which will be loaded onto frontline service providers phones so that

when they meet clients from the BAME community they can call up the code and let clients scan the code to save the link into their own phones and allow immediate translation of relevant materials. Feedback and use of the hub has been extremely positive with 11,525 page views by 6,908 individuals at 31 March 2021.



 Visit the Hub at <http://www.cypsp.hscni.net/translation-hub/>

Raising the standards

Innovation for Equal Access: COVID-19 as a catalyst for improving Health and Social Care services and outcomes for the Deaf Community

In April 2020, the HSCB established a temporary free remote interpreting service for British Sign Language (BSL) and Irish Sign Language (ISL) users. This service was introduced as an urgent measure to improve access for the Deaf community to health and social care services during the COVID-19 pandemic. It enables people who use sign language to independently access telephone-based services. It can also be used to facilitate in-person/face-to-face communication between Deaf service users and Health and Social Care (HSC) staff in certain situations.

How the Remote Sign Language Interpreting Service works

Provided by Interpreter Now, the service enables BSL and ISL users to access NHS111, 119, and all non-emergency HSC services. It also allows HSC staff to access a remote interpreter to support their clinical assessment and care of Deaf people.

The service is free at point of use and available 24 hours a day, 7 days a week. All of the BSL and ISL interpreters are qualified, registered and highly experienced.

The service includes two elements:

- ▶ **Video Relay Service (VRS) and**
- ▶ **Video Remote Interpreting (VRI)**

The **Video Relay Service (VRS)** was introduced first to ensure immediate access to telephone services. It allows Deaf people to connect with sign language interpreters online via video link.

The Deaf person asks the interpreter – using sign language – to make a telephone call on their behalf, and to interpret for them. All our staff members have to do is answer the phone as normal.

HSC staff can also contact a Deaf service user who is registered with the remote interpreting service.

VRS can be used to:

- ▶ **Organise a GP appointment,**
- ▶ **Make an outpatient booking,**
- ▶ **Translate medical advice received in the post, or**
- ▶ **Call a pharmacy.**

With **Video Remote Interpreting (VRI)**, the Deaf person and HSC practitioner are in the same location. They access an interpreter online via secure video link (e.g. a tablet, smart phone, or computer). It's like the interpreter is in the room.

The VRI service can be used for things like:

- ▶ **Short HSC appointments such as a GP appointment,**
- ▶ **A pharmacy consultation, or**
- ▶ **Arrival at an Emergency Department until a face to face interpreter can be sourced.**

Since April 2020, the HSCB has been working with colleagues in IT Security teams and various departments across the HSC family of organisations to set up VRI. Everyone involved acknowledges that there are challenges that we need to work together to overcome before VRI can be fully implemented and deliver maximum benefits. These challenges include compliance with the strong HSC IT security protocols, internet access in HSC settings, and the provision of video and audio enabled devices in key locations. Tackling these issues remains a work in progress. In the meantime, Deaf people can access VRI using their own devices and by connecting via WiFi (where available) or 4G mobile signal.

The current VRS enables access to the NHS111 Northern Ireland COVID-19 advice line and all other telephone-based Health and Social Care services.

Raising the standards

Expanding Respiratory and Critical Care Capacity and Capability within the Regional Critical Care and Respiratory Hub (CCHub): 3rd Surge

The HSCB and PHA supported the constitution of a new Regional Critical Care and Respiratory Operational Hub (CCROHub) in 2021 enabling collective leadership to support daily planning and decision making in delivering high quality, safe care, amid an uncertain and rapidly changing environment. The CCROHub assists Trusts to:

- ▶ **Monitor and manage daily critical care and respiratory pressures equitably through the daily meetings of senior stakeholders from Trusts, clinical and professional leads.**
- ▶ **Provide equity of patient care through the development of tools which provide monitoring and surveillance of the daily nurse staffing position in units.**
- ▶ **Provide access and mutual aid, standardised guidance, resources and materials to enable nursing staff to safely redeploy into respiratory and critical care services, if and when required.**
- ▶ **Provide information to inform beds and acuity levels throughout the day.**
- ▶ **Designed a curriculum regional cross skilling programme for critical care and enhanced respiratory nursing, agreed and facilitated training by CEC.**
- ▶ **Used European, National and Regional evidence based online clinical resources to inform and support units in cross skilling redeployed staff.**
- ▶ **Establishment of virtual weekly Respiratory Specialist Network.**

The constitution of a new Regional Critical Care and Respiratory Hub (CCHub) enabled collective leadership to support planning and decision making in delivering high quality, safe care, amid an uncertain and rapidly changing environment.

1. **Professional Guidance to support nurse staffing in Covid-19**

This guidance lent itself to the formation of a regional Care Nursing dashboard to inform Executive Directors of Nursing and the CCHub of the distribution of Critical Care nurses and Registered Nurses to the numbers and acuity levels of patients in respective units.

2. **Sourcing European, National and regional evidence based on line clinical resources such as:**

- **C19 Space, COVID-19 Skills Preparation Course.**
- **The European Society of Intensive Care Medicine**
- **Craigavon's ICCA Learning Resources**
- **British Association of Critical Care Nurses (BACCN)**
- **NHS Health Education England: e-LH e-learning programmes**
- **Queens University Belfast & Belfast Health and Social Care Trust**
- **The Healthcare Library of Northern Ireland | Queen's University Belfast**



Raising the standards

- Standardising a regional cross skill programme as identified in the MAT report (11th December); where a Regional Teaching Plan for 'Nursing Practice Skills for Registered Nurses Caring for Adult Intensive Care Patients in a Pandemic' had been designed, piloted, evaluated and implemented in 2021.
- Sourcing health and well-being resources i.e. British Association of Critical Care Nurses (BACCN)**

Bite sized Resilience training:

Part 1



Part 2



Part 3



Part 4



Part 5



- A virtual Respiratory Specialist Network was set up via zoom for weekly meetings to understand and escalate respiratory pressures as an early alert to the Respiratory and Critical Care Hub.
- Training and upskilling in enhanced respiratory skills was provided across Trusts and via the RCN and CEC to nursing medical and AHP clinical teams.

The training videos can be accessed through:

At Risk



INTRO



OXYGEN



AIRVO



NIV



4.4 New models of prescribing

In 2019 a transformation project was established to enable prescribers working at the interface to issue prescriptions (HS21s) directly to patients, rather than asking GPs to implement their recommendations. The project considered new and transformative processes to improve access to medicines and pharmaceutical products. During 2020/21 a number of pilot initiatives were initiated to test process, governance and policy frameworks required for HS21 prescriptions to be issued across the interface between Trusts and GP practices. Effective collaboration between HSCB, PHA, GPs, Community Pharmacists and Trusts has enabled the smooth implementation of this pilot.

Physiotherapist prescribers

A project team was established to ensure effective oversight of the project. The pilot took place within the Southern and South Eastern Trust areas. Twenty physiotherapist prescribers are now writing HS21 prescriptions for patients to assist with management of lymphoedema, pain, musculoskeletal conditions, respiratory illnesses, neurological complaints and women's health issues across the two Trust areas.

One of the benefits of the project is reduced delays in accessing medication that should be started quickly allowing the opportunity to access the right medicines, at the right time, from the right person.

Raising the standards

An example of how this has worked is time to access made-to-measure compression garments for lymphoedema patients has reduced from 3-6 weeks to 1 week.

Nurse prescribers

Heart failure is often complex and associated with co-morbidities and significant symptom burden including, breathlessness, fluid retention, reduced physical capacity, and mental health issues. Sub-optimal management can lead to unscheduled hospital admissions. Heart failure nurse specialists across three Trusts have been involved in a project to prescribe medicines directly to patients where there is an urgent need for symptom control or to titrate medication following diagnosis.

Dietitians

A project in 2019, reviewing the use of oral nutritional supplements (ONS) in care homes, recommended that dietitians should be directly involved in the ordering process. Dietitians have the skills and expertise to assess and monitor patients for nutritional needs, recommending and stopping nutritional products as clinically indicated. As part of the NMOP programme dietitians have been assessing nutritional needs for patients in a small number of care homes, ordering ONS for patients using a stock order form. Early results are very promising.

Home Treatment Team

Medical prescribers working in the Belfast Trust Home Treatment Team are prescribing directly to patients using HS21s when there is an urgent need to:

- ▶ **Increase a dose or start new treatment the same day or next day to prevent a mental health emergency**
- ▶ **Amend current medication or start new medication to manage a side-effect associated with therapy**

The projects have:

- ▶ **Reduced unnecessary appointments, promoted faster recovery, and enabled patients to manage their own care.**
- ▶ **Enhanced delivery of tailored interventions, maximising professional skills at the point of care**
- ▶ **Supported the delivery of care that can be delivered by qualified prescribers**
- ▶ **Reduced pressure on GPs**

An evaluation of all the projects is underway and work is continuing to enable a technical solution that would support wider commissioning.

Raising the standards

Example of feedback from a physiotherapy patients

“
This is a really excellent service. The medications' use and potential side effects were really well explained. Avoided a delay in accessing medications and able to start that day. Please keep this service going!
”

“
I benefited from specialist experience and knowledge with the medication.
”

Example of feedback from heart failure patients

“
Felt very reassured with nurse specialist and trusted her decision.
”

“
Everything was made clear to me as to having some tablets stopped and others started to help my condition. Thank you all for the kindness shown.
”






4.5 Annual HSCQI Quality Improvement (QI) Awards

The Annual HSCQI Quality Improvement Awards provide a regional platform to celebrate and share best practice and innovation whilst also demonstrating the benefits of applying robust QI science, methodologies and tools. The Improvement Awards recognise the dedication and passion of teams and demonstrate how using a QI approach can positively impact on patient care. Many of the shortlisted teams were able to evidence improvements with data and measures. These improvement initiatives also illustrate how staff from across our HSC system are now applying QI expertise to their work and that this is occurring across many parts of the system.

The response to the 2020 HSCQI Awards was outstanding with 30 applications from across many parts of our HSC system. 16 applications were shortlisted for final interview. The judging panel commended the high standard of entry from each of the shortlisted teams, many of whom described improvement initiatives that they had led on during the Covid-19 pandemic. The five winning teams are detailed below:



Raising the standards

Trust	Category / Project	Project Aim
<p>South Eastern HSCT</p> 	<p>Partnership/Co-Production Wellness Recovery Network</p>	<p>The main focus of this Wellness Recovery Network (WRN) during this project was to measure the success of this peer led transformational strengths based group and to do so using a QI approach. Covid-19 posed several challenges for the team in meeting their objective of extension across the South Eastern Trust. However the network adapted by providing support and social Zoom meetings, so that service users could stay connected.</p>
<p>Belfast HSCT</p> 	<p>Integrating Care across boundaries category Needs Extra Management Option (NEMO) Delayed Discharge Process</p>	<p>This project set out to develop new pathways of care to reduce the number or delayed discharges in the Acute Mental Health Inpatient Centre. The team, using a QI methodology, developed an innovative pathway for new community placements and standardised the pathways for patients at high risk. This ultimately has improved patient experience.</p>
<p>South Eastern HSCT</p> 	<p>Innovation Transformation in Care Ambulatory Services</p>	<p>The aim of this project was to develop an innovative approach to the provision and expansion of high quality essential heart and respiratory physiological investigations during the Covid-19 pandemic. The team developed a drive-through solution that would facilitate increased efficiency allowing expansion of service provision and reduced waiting times for patients, evidenced by the use of a QI approach.</p>
<p>Belfast Trust</p> 	<p>Innovation Transformation in Care Covid-19 ICU follow up Clinic</p>	<p>The Belfast Trust COVID-ICU team established a follow up service for discharged patients to enhance the physical and psychological recovery of this patient cohort. A multidisciplinary team including intensive care medicine, physiotherapy, clinical psychology, pharmacy, speech and language therapy, and dietetics was established. This was evidenced by the application of a QI approach and QI data.</p>
<p>Northern HSCT</p> 	<p>Building Reliable Care Acute Medical Model</p>	<p>This QI project involved the design and development of an Acute Medical Model in an Antrim Area Hospital, as part of the Trust's Reform and Modernisation Programme. To achieve this, the team used a QI approach to planning to increase the number of emergency medical admissions with a 0-2 day length of stay.</p>

4.6 NICaN - the strength of a Network approach in responding to a pandemic

As a strategic clinical network NICaN brings together those who use, provide and commission cancer services to make improvements in outcomes for complex patient pathways using an integrated, whole system approach. Since March 2020 like the broader HSC, NICaN's efforts in year have by necessity focused on COVID-19 response and rebuild. At a time of crisis the value of a Network has become evident. NICaN network groups each with their own established relationships across all Trusts were able to mobilise regional cooperation very quickly. Tumour site groups rapidly developed Specialty Guides for Cancer Patient Management and Multi-disciplinary meetings (MDMs) during the COVID-19 Pandemic. This included regional agreement on patient treatment prioritisation, rapid changes to recording on information systems and practical examples of teams supporting each other across geographies with patients moving between Trusts for surgery and staff providing outreach to other Trusts in times of shortage. NICaN also developed patient COVID support information and media communication (on shielding and vaccination, encouraging people to come forward to contact their GP with Red flag symptoms) and had significant input into

the Cancer Recovery plan. NI became one of the first adopters of qFIT in secondary care to triage suspect bowel cancer patients in response to the halt in endoscopy. This has now moved to adoption in primary care.



Raising the standards

Introduction of Quantitative Faecal Immunochemical Test (qFIT) and the new NICaN Lower GI Suspected Cancer Pathway

Diagnostic scope waiting times are excessive across the region. COVID-19 exacerbated the problem with a pause in scopes early in the pandemic followed by a significant loss of capacity (50%) thereafter due to ongoing infection control measures. In May 2020, as part of the COVID response, NICaN Colorectal Clinical Reference Group (CRG) proposed the introduction of qFIT into secondary care. This simple test has a very high negative predictive value and so can be used to effectively risk stratify patients so that those deemed at higher risk of malignancy can be identified and prioritised against the available diagnostic capacity.

During COVID-19 the use of qFIT in secondary care enabled the service to continue to successfully identify colorectal cancers despite the major capacity challenge. Despite a 50% reduction in capacity and an 11% reduction in LGI red flag referrals, the number of colorectal cancers diagnosed during 2020 was just 14% lower than the average for 2017-19.

Seeing the benefits that qFIT has brought as part of the COVID-19 response, NICaN CRG was keen to move the test upstream as an essential tool in the ongoing COVID rebuild. The CRG developed a revised lower GI suspected cancer referral pathway which gives GPs direct access to qFIT. Supported by PHA and HSCB commissioning colleagues, the new pathway, agreed with NIGPC, was launched on 5 July 2021.

Historically, it is estimated that currently over 20% of colorectal cancers are diagnosed via urgent/routine referral so patients are waiting longer to be diagnosed. The use of qFIT within the new pathway will ensure that patients that are high risk are appropriately identified as red flag. By undertaking risk stratification upstream in primary care, the use of the new pathway will deliver improved waiting times and earlier detection and it will remove the need for many patients to have an invasive diagnostic test and significantly improve efficiency (a qFIT is only a few pounds per test compared to hundreds for an outpatient appointment or over £1,000 for a scope examination.)



For further information:

[qFIT for lower GI symptoms | Northern Ireland Cancer Network \(hscni.net\)](#)

Raising the standards

4.7 Delivering Care

Delivering Care aims to develop an approach to Nursing and Midwifery workforce that responds to a population health model. It sets out principles for commissioners and providers of HSC services for planning nursing workforce requirements. Nurses all have a duty to ensure staffing levels are appropriate and adequate, to provide a high standard of practice and care at all times under the responsibilities outlined within the code of the Nursing and Midwifery Council.

Delivering Care Framework is intended to support and present clearly the need for investment in nurse staffing, within changing service profiles, particularly in response to incremental service growth and in developing new services.

It uses a triangulated approach looking not only at the inputs required to deliver Person Centred Care but also interrogating the outputs which are the quality indicators and the patient experience that are essential to improving care within Northern Ireland.

The implementation of Delivering Care is supported and guided by the outputs and recommendations of the Nursing & Midwifery Taskgroup report (NMTG), launched by the Health Minister in March 2020.



The ambition of NMTG is:

- S** Stabilising the nursing and midwifery workforce, therefore ensuring safe and effective care
- A** Assuring the public, the minister, DOH, of the effectiveness and impact of person centred nursing and midwifery care.
- F** Facilitating the adoption of a population health approach across nursing and midwifery practice resulting in improved outcomes for people across the lifespan.
- E** Enabling the transformation of HSC service through enhancing the roles of midwives and nurses within and across a wide range of MDT's / services.

The progression and implementation of Delivering care will help fulfil this ambition.

Specific Implementation of the Delivering Care Framework is commissioned by the Chief Nursing Officer who delegates lead responsibility of delivery to PHA Director of Nursing in partnership with the HSCB Director of Commissioning.

Theme five



Integrating
the care

5.1 Introduction

The HSCB and PHA are committed to supporting an integrated HSC system in NI which will enable the seamless movement across all professional boundaries and sectors of care. A number of key

improvements were led by the HSCB and PHA last year which contributed to raising the quality of care and outcomes experienced by patients, clients and their families.

5.2 Cross-boundary working: Communication and Engagement Group

In May 2020 the HSCB established a Communication and Engagement Group to support the implementation of the temporary remote interpreting service. The Group includes representatives of the HSCB Social Care, Integrated Care, and Communications teams; the Department for Communities; the current service provider; and the British Deaf Association (BDA).

The group recognised that the temporary remote sign language interpreting service was an important learning opportunity: a unique project that could help us understand the extent to which remote interpreting works for Deaf people and improves their access to HSC.

The group agreed to consider as much quantitative and qualitative information as possible. The HSCB monitors statistics in relation to the service, including for example the number of people registered to use it, the number of calls made per day, and the services that Deaf people contact via remote interpreters.

To complement that information, the Group requested the support of an independent body to explore what difference it makes for Deaf people. On behalf of the Group, in October 2020 the HSCB commissioned the Patient Client Council (PCC) to engage with service users, HSC staff, and others to ask questions about the benefits and limitations of remote interpreting.

Benefits and strengths of remote interpreting

Deaf service users and HSC staff report that remote sign language interpreting empowers Deaf people and improves their access to HSC services. Remote access supports Deaf people's autonomy, independence, and privacy in terms of making HSC appointments, receiving phone calls, and having discussions with professionals.

From April 2020 to March 2021, more than 480 people registered to use the service, or approximately 1 in 10 of the total estimated NI Deaf population who use sign language. Over the same period more than 8,000 phone calls and remote interactions occurred between HSC staff and Deaf people. By comparison, over 12 months in 2018/19 sign language interpreters provided 3,573 face to face interpreting assignments in HSC settings across NI.

The significant level of activity via remote access during the pandemic reveals the extent to which the service empowers Deaf people to take action independently in relation to their HSC needs. These 8,000 contacts comprise self-directed telephone calls and brief interactions that were simply not possible prior to April 2020. Around half of these were with GP surgeries; the rest relate to contact made with hospitals, social work teams, dentists, pharmacies, and other parts of the HSC system.

Integrating the care

Limitations and challenges

There are limitations to remote sign language interpreting. To overcome them, we need to think and act collaboratively.

For example:

- ▶ **While remote sign language interpreting works well for those who are comfortable using technology, have suitable digital devices, and ready access to the internet, not everyone has these resources available to them.**
- ▶ **Deaf people at particular risk of not accessing the service and its benefits include: older people, those living in remote rural areas with poor internet infrastructure, individuals who are not competent or confident in the use of technology, and those in low income households.**
- ▶ **Remote sign language interpreting is not the right solution for all people who are Deaf. For example, people with acquired deafness who do not use sign language, those who lip read, and people who are deaf blind cannot use the service to same extent if at all.**



Steps were taken over the period November 2020 – March 2021 to address these issues.

For example:

- ▶ **The service provider appointed two NI-based Deaf Community Liaison Officers who reach out to local Deaf communities to support their access to the service. This has been proven to work well.**
- ▶ **The service provider, with the support of the Communication and Engagement Group, offers regular webinars for HSC staff that are promoted via HSC Trust communications and intranet channels.**
- ▶ **The Group developed posters, leaflets, wallet cards, BSL and ISL videos that have been shared widely across social media and promoted by the BDA Advocacy team, to raise awareness and understanding of the service.**
- ▶ **To improve access for the ISL community, the service provider introduced a new button on the mobile app enabling direct contact with the on-call ISL interpreter.**

Remote interpreting: part of a system

Importantly, the learning underlines that remote sign language interpreting should always be considered as one resource in a range of communication support options. While remote sign language interpreting is an excellent tool for short phone calls and brief non-complex appointments and conversations, it is not an appropriate substitute for face to face interpreting in more complex interactions and situations. It must always be used in conjunction with the provision of a safe, effective, high quality face to face sign language interpreting service.

Looking ahead

The COVID-19 pandemic has had many negative impacts across society, and created terrible pain and hardship. It is also true, however, that the crisis has created opportunities to try new ways of working, to do things differently, and make life better.

In terms of Deaf people's access to services, COVID-19 restrictions have provided an opportunity to explore and demonstrate the value of remote sign language interpreting in HSC settings.

We have learned that remote interpreting is an excellent solution that can meet Deaf people's need to access telephone-based services and conduct brief interpersonal interactions with HSC staff in the same way as the hearing population. Using the service, Deaf people can now call their GP when the need to, contact the Phone First emergency department triage, speak with their Community Pharmacist, engage with COVID-19 test and trace and vaccine clinics, and communicate with outpatient departments – and so much more.

The service has been proven to be an inescapable requirement going forward. Accordingly, the HSCB has worked with the Department of Health to secure the resources to deliver the service on an ongoing basis, and will incorporate the learning described above into the procurement and establishment of its long term provision.

5.3 Integrating Community Pharmacy Services

Community pharmacy services over recent months have managed to maintain the core dispensing service despite significant challenges with staffing capacity affected by COVID-19 and increasing uncertainty in supply chain amidst EU exit. Overall, 41.7 million prescription items were dispensed by community pharmacies during the year 2020/21. A key component of maintaining resilience was the inclusion of community pharmacy staff as healthcare workers and facilitating access to vaccination in late January 2021.



As community pharmacies continued to be the most accessible service provide, additional services were also commissioned in the period including:

Further two campaigns under the Living Well service heading Looking after your health and well being during COVID-19 and Promotion of vaccination:

- ▶ **The ‘Looking after your health and wellbeing during COVID-19’ campaign engaged with over 27,600 patients via verbal interaction, social media and video conferencing. The elderly and those with long term conditions engaged most with this campaign. 540 patients were referred to other services**
- ▶ **Extension of flu vaccination services to health and care workers via community pharmacies led to 15,000 vaccinations for a really important target group. The success of this service led to extension of the flu vaccination for over 50’s via community pharmacies with over 2,000 people being vaccinated**
- ▶ **Commissioning of the COVID vaccination service through community pharmacies. This was commenced in late March and required significant development to enrol over 300 pharmacies to take forward this vital service**



5.4 Community review of ocular hypertension (oht)

Glaucoma is a condition causing damage to the optic nerve. It generally develops slowly and progressively, and is often asymptomatic until the late stages of the disease. By this time there will be irreversible, but previously unnoticed, impairment in the patient's vision.

Glaucoma remains one of the major causes of blindness worldwide and accounts for 16% of Severe Sight Impairment (blindness) and 12% of sight impairments (partial sight in Northern Ireland).

Ocular Hypertension (OHT) is a major marker for glaucoma. OHT is raised pressure in the eye, leaving the eye at risk of developing glaucoma. The traditional pathway for managing patients with OHT has been one of regular review at hospital Trust glaucoma clinics, often annually, and requiring patients to travel to an acute hospital setting.

In the COVID-19 environment this model of care became challenging as travel was discouraged, infection prevention and control measures limited capacity and footfall, and Trust clinical teams were redeployed to the COVID-19 response.

Fortunately, prior to the pandemic, HSCB and the NI Eyecare Network had worked with glaucoma clinical teams and community optometrists to commission a Community OHT Review and Monitoring Service. In this commissioned service, the glaucoma team would identify patients who were suitable

for community review, offering discharge to the scheme.

Prior to COVID-19, Belfast HSCT had identified 450 patients suitable for community review, of which 271 patients took up the offer with the remainder opting to remain in the hospital service. In spite of agreement in principle, prior to COVID-19 Western HSCT had not identified patients for discharge.

During the pandemic, preparatory to rebuilding services, Trust glaucoma teams committed to adopting model pathways to rebuild better. This involved reducing risk of patient harm due to delays to follow-up, risk-stratifying patients in a patient-centred review of clinical records, taking a multi-disciplinary (MDT) approach to new models of care, and using virtual-where-possible methodologies.

Working with HSCB, Trust glaucoma teams, during the COVID-19 period, have identified and discharged in excess of 1,000 patients regionally to the community review scheme. This exercise is now a regional approach, involving both ophthalmology provider Trusts and all five Local Commissioning Group (LCG) areas.

This is consistent with NICE guidance and standards¹ and was made possible by the following enablers to integrate the care, transforming how and where services are delivered to improve flows, access, and outcomes:

Integrating the care

- ▶ Use of Project ECHO and the Glaucoma ECHO Network
- ▶ Community Optometry access to the Northern Ireland Electronic Care Record (NIECR)
- ▶ Use of advice request technologies
- ▶ Networking of clinical diagnostic hubs
- ▶ A partnership approach of respect, trust and integration to regional reform of models of care

Early patient feedback is positive:

**Survey Question: Suggestions for improvements to meet your needs?
And any additional comments**

“

None. The location is much more accessible than the former. The examination was comprehensive based on many similar experiences.

”

“

Generally everything very satisfactory indeed. Thanks!

”

“

I was very happy with attending the Community Optometrist. Everything that happened was clearly explained.

”

“

I feel nothing could be done any better. The Service is excellent and you're not waiting long before you are seen.

”

“

The delay in the review of the results gained in the community is a little concerning. But I think this delay had already started in the main clinic too. If my results were concerning I wouldn't want a delay in the results being properly dealt with.

”

Table 1: Patient Feedback: Additional Comments/Suggestions for Improvement

5.5 Primary Care Covid response

Primary Care COVID-19 Centres were established through an effective collaboration between all the key stakeholders across Primary, Community, Secondary Care and the DoH to support core business for the duration of the pandemic.

The role of the COVID-19 centres included the;

- ▶ **Clinical assessment of suspected COVID-19 patients upon referral from their practice or GP OOHs**
- ▶ **Review of suspected COVID-19 patients if required**
- ▶ **Access to Secondary Care input/ protocols to help with decision making regarding management**
- ▶ **Arranging transfer for inpatient care when appropriate**
- ▶ **Ensuring that arrangements were in place for the supply of any urgently required medicines**
- ▶ **Access to Social Care for patients unable to be managed at home but not sick enough for admission**
- ▶ **Referral to COVID-19 Palliative Care resources**

The arrival of the COVID-19 pandemic required significant changes to ensure provision of safe and effective primary care services for both those who had suspected COVID-19 and for other patients who had other non-Covid health care needs that, if not addressed, could lead to deterioration in their health. The initial projections of morbidity and mortality suggested that existing health care services could be quickly overwhelmed.

The COVID-19 Centre model was successful in separating COVID-19 and non-COVID services which reduced the risk of infection and allowed primary care to protect patients and staff, whilst continuing to provide a range of important services.

5.6 No More Silo's

No More Silos Network have agreed key actions to support the regional discharge group in respect of, nurse facilitated. 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 across the HSC.

NMS actions include the;

- ▶ Introduction of Urgent Care Centres
- ▶ Keep Emergency Departments for emergencies
- ▶ Introduction of Rapid Access Pathways
- ▶ Implementation of a Regional Phone First service
- ▶ Scheduling of Unscheduled Care
- ▶ Anticipatory Care Planning
- ▶ Acute Care at Home
- ▶ Establishing Ambulance Handover Zones
- ▶ Enhanced Framework for Clinical and Medical Input to Care Homes
- ▶ Timely Discharge

Progress during 2020 / 2021

Phone First

The Northern Trust in partnership with Dalriada Urgent Care led the development of the Phone First Model on behalf of the NMS Network.

- ▶ **Northern Trust – 24/7**
- ▶ **Southern Trust – 9am to 6pm / Mon-Fri**
- ▶ **Western Trust – 8am to Midnight / 7 days per week**
- ▶ **South Eastern Trust – Interim in Downe 8am to 6pm / Mon-Fri**
- ▶ **Belfast Trust – Plans for pilot on Mater site underway**

Urgent Care Centres

The Belfast Trust in partnership with local General Practice were early adopters and have developed a multi-professional service model.

- ▶ **Belfast Trust, RVH – 8am to 9pm / 7 days per week**
- ▶ **Southern Trust, Craigavon Hospital – 9am to 6pm / Mon-Fri**
- ▶ **South Eastern Trust – Interim in Downe 8am to 6pm / Mon-Fri**
- ▶ **Northern Trust – AAH site plans to open June 2021**
- ▶ **Western Trust – no plans to date**

Rapid Access Assessment Pathways

have being developed across all areas to support scheduling unscheduled care including GP Direct Access.

Ambulance handover bays have been opened in two out of five trusts with a further two scheduled for later in 2021

NMS Network supported all Trusts areas with quality improvement initiatives to support enhanced care in the community and timely discharge. A regional enhanced service for GP input to Care Homes has been agreed and issued to GP Practices.

A regional Hospital at Home model (previously known as Acute Care at Home) has been developed in partnership with the Intermediate Care Programme.

5.7 Partnership Working

Belfast Integrated Care Partnership - Dementia Prototype

The Integrated care partnership in East Belfast have been working with the Belfast Trust, Community & Voluntary sector, GPs, Pharmacists, service users & carers as part of a multi-disciplinary group to design a prototype dementia service which will test a new model in East Belfast which will focus on a primary care led review.

Why East Belfast?

- ▶ **43% of all referrals to the memory service came from East Belfast**



(2018- 2021)

- ▶ **GPs in East Belfast were willing to engage with a GP led model to support the dementia journey for their patient population.**
- ▶ **Well-established voluntary and community engagement through ICPs in addition to the excellent Dementia friendly East Belfast programs.**

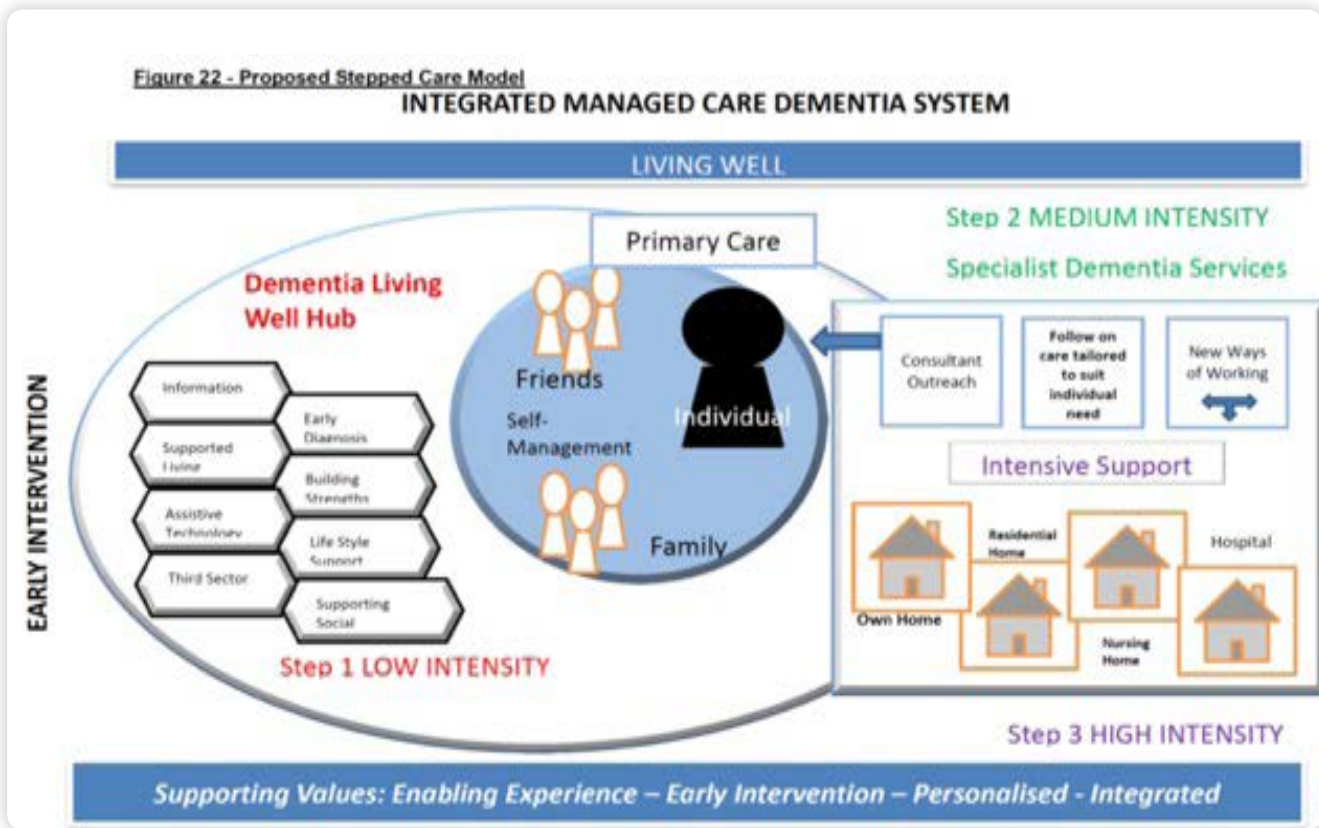
The proposed prototype service aims to address the 'gap' between supports and interventions currently available to those with complex needs in dementia requiring secondary care intervention and those individuals living in the community with non-complex dementia.

Integrating the care

The service will deliver both pro-active and reactive interventions for those individuals (and their carers) living with dementia in East Belfast.

- ▶ The current population across the Belfast area is 359,845 (NISRA, 2019) with 55,422 (NISRA, 2019) of these aged over 65 years, which represents 15% of the total population.
- ▶ Alzheimer’s Society Dementia UK states that 1 in 14 people over the age of 65 have dementia. This number rises to 1 in 6 over the age of 80.
- ▶ 20,174 people are living with dementia in Northern Ireland (NI) and approximately 27% do not have a formal diagnosis (Alzheimer Society, 2020)

This proposal would greatly enhance the lives of people living with dementia and their carers and family by focusing on equality of access to information, early intervention and offering multi-disciplinary holistic service provision. A Business case has been sent to the LCG for consideration.



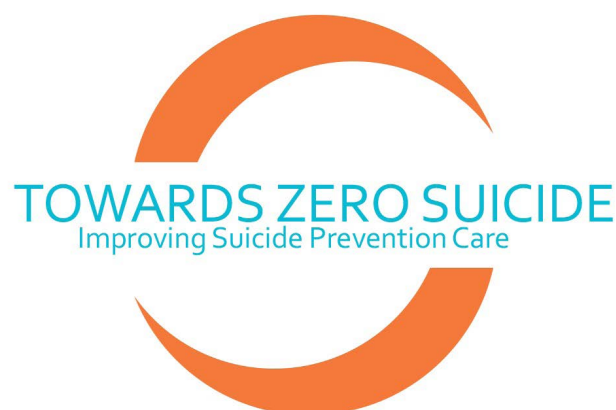
Mental health Collaborative and Towards Zero Suicide safety planning

The HSCQI Mental Health Collaborative has driven important improvement work regionally since 2008, with QI projects including; adherence to good practice in inpatient settings, crisis management and improving physical health care. More recently the focus has been on improving culture, leadership, competence and communication with QI projects including; safety briefings, reflective practice, SBARD, listening meetings, carer assessments, carer information leaflets, carer's support group, and identification of key priorities for carers. Since 2018, HSCQI has been supporting the TZS Collaborative Scale and Spread in Safety Planning.

A quality improvement approach is being applied to assess the benefits of a Collaborative Safety Planning model, coproduced by the Western Trust, across the range of secondary mental health settings.

Whilst the HSCQI Mental Health Collaborative and Mental Health Advisory Groups paused during 2020 due to COVID 19, The Mental Health Advisory Group meetings recommenced in June 2021, chaired by Dr Frances Doherty and supported by Clifford Mitchell, Senior Regional Improvement Advisor, HSCQI. A Mental Health Collaborative learning event has been planned for October 2021 with presentations including; Mental Health Strategy, You in Mind Care Pathway, Regional GP Federation QI, Learning from Mental Health Serious Adverse Incidents, and TZS Regional update.

Delegates at the Mental Health Collaborative learning event will also have the opportunity to identify, discuss and agree three priority QI projects that will be supported regionally by the HSCQI Mental Health Collaborative.



5.8 Integrating the Care in the community

Support in the community

Living Well Moyle provides support to people in the community who are dealing with ongoing health issues and who may be lonely or isolated. A Living Well Co-ordinator contacts the person and identifies with them what might help to improve their wellbeing. This may involve ongoing support from a volunteer or an introduction to activities. The Dalriada Pathfinder Partnership which involves the local community and voluntary sector and GPs working together with Age NI, HSCB, PHA, the ICP, Northern Trust, Causeway Coast and Glens Borough Council and the Community Navigator, established the service in response to identified needs in the local Moyle community. The Northern LCG has funded Age NI to provide this service since 2016.

At the start of the lockdown period, a decision to change the criteria was taken in consultation with the GP representative on the Partnership. The need to have had a recent hospital attendance or admission was removed, this enabled many more individuals who were potentially vulnerable and isolated to avail of the service. Contact was made with all practice managers and members of teams who had been the usual referral agents to inform them of the revised criteria and to provide assurance that Living Well Moyle would be continuing to provide support in the community.

The LWM Co-ordinators were able to complete assessments and guided conversations via telephone and continued to signpost to appropriate support and care services. It was noted that there was a marked uptake in those people who required foodbanks and other support with provisions. Eighteen volunteers also provided enhanced telephone support to participants.



Integrating the care

During the COVID period this service adapted to enable the Co-ordinators and the volunteers to continue to provide much needed support to individuals who were particularly impacted by the restrictions. The existing service, established relationships in the community and the volunteers all combined to deliver a truly responsive service which supported individuals on an ongoing basis.

The Northern Local Commissioning Group and the Integrated Care Partnership have been collaborating with Mid and East Antrim Agewell Partnership (MEAAP) over the last number of years, following the award of significant funding from Dunhill Medical Trust. Working with a number of GP Practices, IMPACTAgewell® Officers support older people with long term conditions to develop health and wellbeing action plans addressing the many things that might affect them, such as accessing transport, heating their home, not understanding their medications, securing support to better manage their health conditions, or help with claiming the benefits. Often referrals are made to local voluntary services (befrienders, luncheon clubs etc) but also to other statutory services to ensure that the person's needs are being more appropriately addressed.

During the period of restrictions IMPACTAgewell® Officers contacted their 161 clients within the first week, making sure that their essential needs were being met and establishing with them whether they would like fortnightly telephone communication maintained. During the initial 6-week period the team had phonelines available 12 hours a day, 7 days a week. Calls were screened to establish immediate needs and 87 potential new IMPACTAgewell® referrals were identified.

New initiatives were established to meet identified need including: COVID-19 text alert service; Pocket Hugs; supply & fitting of emergency key safes; and delivery of prepared meals. Doorstep Bingo & Aerobics were trialled to take advantage of the good weather over the summer. In-house activity packs were developed to help keep older people active and connected during the prolonged period of social distancing.

Having been contacted by several local Pharmacists urgently seeking support for the mass deliveries of prescriptions, including controlled drugs, Mid and East Antrim Agewell Partnership took the lead in the area with partners Community Development & Health Network (CDHN), to develop a volunteer Community Pharmacy delivery driver proposal. CDHN took this initiative forward, successfully liaising with Department of Health, Health & Social Care Board and Community Pharmacy NI to secure support, which enabled the recruitment of volunteers to support 7 local pharmacies.

During further lockdown waves over the year, all existing and new clients were offered fortnightly video/telephone calls with their appointed IMPACTAgewell® Officer and updates were provided on changes to the various services because of COVID-19 including HSC services, local Council services, local businesses offering support, and community/voluntary services. During Christmas week, 3900 meals were delivered to people across Mid and East Antrim with the help of 40 volunteers.

From January to March 2021, IMPACTAgewell officers provided support at 45 vaccination clinics run by local GP practices. The officers engaged with people waiting for vaccinations and advised people of the services offered by IMPACTAgewell. As a result, 151 referrals were received during this period resulting in support to people in the local community.

Integrating the care

Preparing your Care Home for Winter

Every year we recognise that there are pressures on our HSC services that increase over the winter months. For winter 2020, the impact of bad weather and seasonal flu-like illness was made worse by the continued circulation of COVID-19 in our communities. We know that effective forward planning is important and each Nursing and Residential Care Home must maintain an up-to-date business continuity plan to deal with a range of challenges, including the impact of adverse weather and illnesses such as seasonal flu and COVID-19.

PHA worked in partnership with RQIA to co-design and deliver a series of workshops aimed at 'Preparing your Care Home for Winter 2020' with over 600 homes engaging across the five sessions.



Integrating the care

Text-A-Nurse Service

In response to the reported mental health and wellbeing issues facing children and young people, and those working with them, the PHA Children and Young People's Nursing Team has been working collaboratively with other Government departments and agencies to introduce a new initiative that is transforming healthcare using technology.

The Text-a-Nurse service is set in the context that digital technologies have transformed our lives, more so in recent times during the Covid-19 pandemic and the social restrictions placed upon all of us, including our young people. The School Nursing Service capitalised on this by exploring new ways of engaging pupils and reaching out to offer health related advice and support.

Text-A-Nurse provides a secure and confidential text messaging service for young people aged 11-19, which will allow them to easily and anonymously get in touch with a school nurse for advice and support about their physical, mental and emotional wellbeing. Text-a-Nurse was formally launched by both the Minister for Health and the Minister for Education on the 24th February 2021. Since then it has been highly praised and is proving very successful for young people, schools, parents and practitioners alike.



Service User Feedback

“
Thank you – it has made me feel more at ease.

Yes – it has helped me find people that can help me.

This service has helped me multiple times in the past few days and they have given me great relief.

”

SCPHN SN Feedback

“
Really enjoying this exciting new service and the expansion of the Specialist Community Public Health Nursing (SCPHN) School Nurse (SN) role in keeping with modern times for our young people.

As a licence holder being involved has added a real depth to my practice. I feel I am getting a chance to use my current skill and knowledge as well as develop so many more and it is challenging me within my role and I feel as I am gaining a great deal of job satisfaction.

”