

Health and Social Care Board and Public Health Agency

Transforming
the culture

Strengthening
the workforce

Measuring
improvements



Raising the
standards

Integrating
the care



Annual Quality Report 2017/18

I am very pleased to present the fifth Annual Quality Report of the Health and Social Care Board (HSCB) and Public Health Agency (PHA).

This report highlights a variety of work that has taken place over the last year, demonstrating our firm commitment to driving improvements in safety, outcomes, access, efficiency and patient satisfaction. While it is impossible to include information about every service the HSCB and PHA provide, nevertheless it is my hope that this report goes some way to reassure our patients, clients and the public of our commitment to continuous improvement and delivering high quality treatment and care.

During 2017/18 there was an important focus on quality improvement and improving outcomes for patients/clients within each of our directorates. I am particularly pleased to note the range of improvements which have been implemented as a result of, for example, the Dementia Together NI project. With the extensive public information campaign #STILL ME, the delivery of a range of training and education programmes and the recruitment of dementia champions and navigators across the HSC, the project has far exceeded all expectations.

Regionally, we have seen continuous progress in the management of clinical networks and I am delighted to share the work of the imaging services accreditation scheme, which, through the modernising radiology clinical network, has been commended as an exemplar model for

collaborative working. Similarly, measuring improvement has remained an key area of focus and last year we continued to provide support to HSC Trusts and other HSC bodies on a range of key quality improvement priorities, which collectively resulted in, for example, a reduction in moderate to major/catastrophic falls across the region.

Our commitment to the co-production of services has been evident through the various improvements implemented as a result of 10,000 More Voices and the continuous growth of recovery colleges across the region. Similarly, through the integration of care we have seen a range of transformed and enhanced services being delivered, +exhibiting strong inter-professional communication links between both primary and secondary care.

Finally, I would like to thank all the staff for their continuing efforts over the past year and I am particularly proud of what we have achieved together. As the HSC continues to face financial and operational pressures, the HSCB/PHA will focus on continually improving quality of care for people using their services and to put our patients, clients and staff at the heart of everything we do.



Transforming the culture

361

Serious Adverse Incident Reviews Completed

Regional learning methods approved:

- 12** reminder of best practice guidance letters
- 8** professional letters
- 42** newsletter articles
- 56** specialist group referrals
- 9** featured at the regional SAI learning event
- 2** thematic reviews commissioned

5

Recovery Colleges fully operational



2,422
Stories Collected

Overall Total
12,720

Strengthening the workforce

HSC staff...



32% trained at level 1 of the **Q2020 Attributes Framework**



Personal and Public Involvement (PPI)

2,826 trained in the use of the **Delirium Assessment & Management Tool**

23% completed the Engage & Involve PPI Training Programme



The Q Community in NI up to **123 members**

Q is an initiative which connects people who have quality improvement expertise across the United Kingdom

Roll out of



in 30 clinical areas

Project ECHO is a tele-monitoring programme designed to address the growing demand for secondary care services

Measuring improvements

Regional Quality Improvement Plan priority areas focused on:



Pressure ulcer prevention



Falls prevention



National Early Warning Scores



Mixed gender accommodation

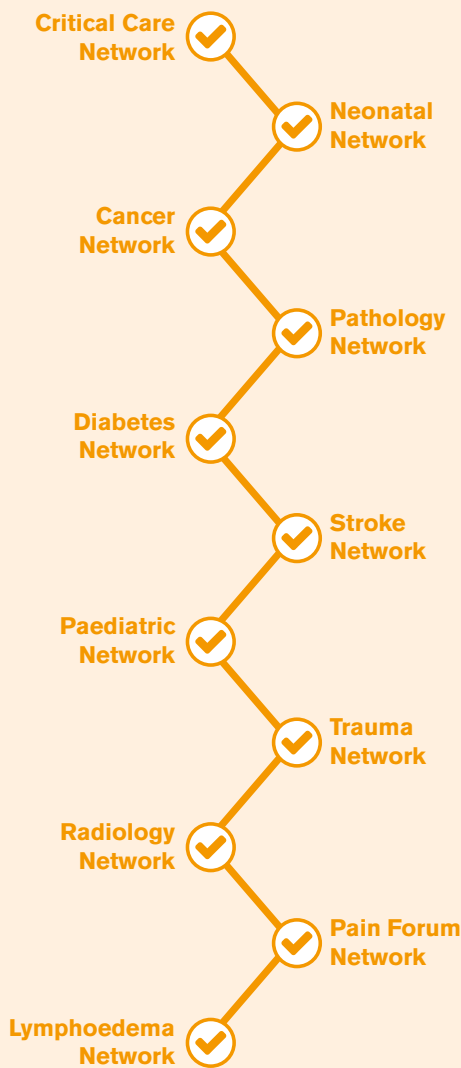
59 Technology Appraisals issued

Continued monitoring the implementation of

170 Clinical Guidelines

Raising the standards

Regional Clinical Networks implemented to achieve regional consistency in care & drive quality improvement, including:



Development of 'Quality Improvement Collaboratives', including:

- Maternity collaborative
- Sepsis collaborative
- Mental Health collaborative
- Paediatric Collaborative

8 antenatal, newborn & adult screening programmes commissioned & quality assured:

- 1 Antenatal infection
- 2 Newborn blood spot
- 3 Newborn hearing
- 4 Abdominal Aortic Aneurysm
- 5 Bowel cancer
- 6 Breast cancer
- 7 Cervical cancer
- 8 Diabetic eye

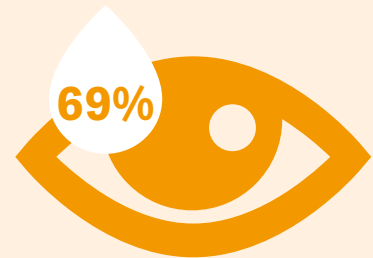
1,407
downloads

of the Learning Disability Hospital Passport from the PHA website



6,000

Learning Disability Hospital Passports & guidance notes distributed



As a result of the **Developing Eyecare Partnership** 69% fewer patients were referred for suspect ocular hypertension



Project launched with 3 bi-lingual staff - 4-year pilot programme supporting the **mental health & wellbeing needs of Black & Minority Ethnic communities**

Integrating the care



The A-Z Health Conditions

Platform was developed providing a suite of health information, supporting people to make decisions in relation to their personal illness & chronic conditions



3,464 key information summaries successfully completed by GPs enabling important accurate information to be quickly identified in an unscheduled care setting



26% increase in Health Service patients receiving specialist oral surgery care within primary care compared to the previous year, as a direct result of the Oral Surgery Personal Dental Services Pilot



In April 2018, **3,656 patients** received a home oxygen concentrator via the home oxygen service



22% increase in the number of children whose language development was age appropriate, as a direct result of the supporting speech, language & communication programme in Sure Start

Transforming the culture

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Integrating the care

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Theme one



**Transforming
the culture**

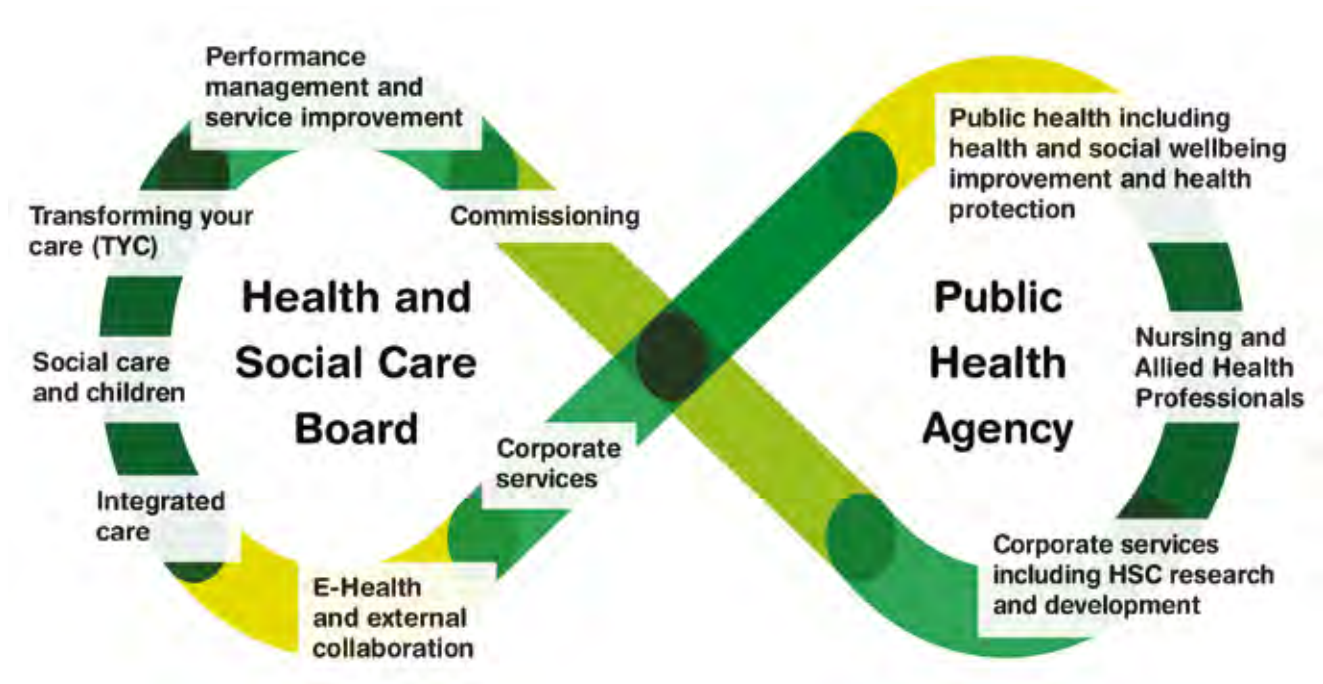
Transforming the culture

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, 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 of Health and Social Care (HSC).

1.2 Who we are

The HSCB and PHA are considered arm's-lengths bodies within HSC. The organisations have a different range of roles and responsibilities, as reflected in their directorate structure. Ensuring that HSC services are safe, high quality, effective and meet people's needs is a core function of the HSCB and PHA. The two organisations work collaboratively to improve the quality of services delivered and work towards the Quality 2020 vision "to be recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in Health and Social Care".



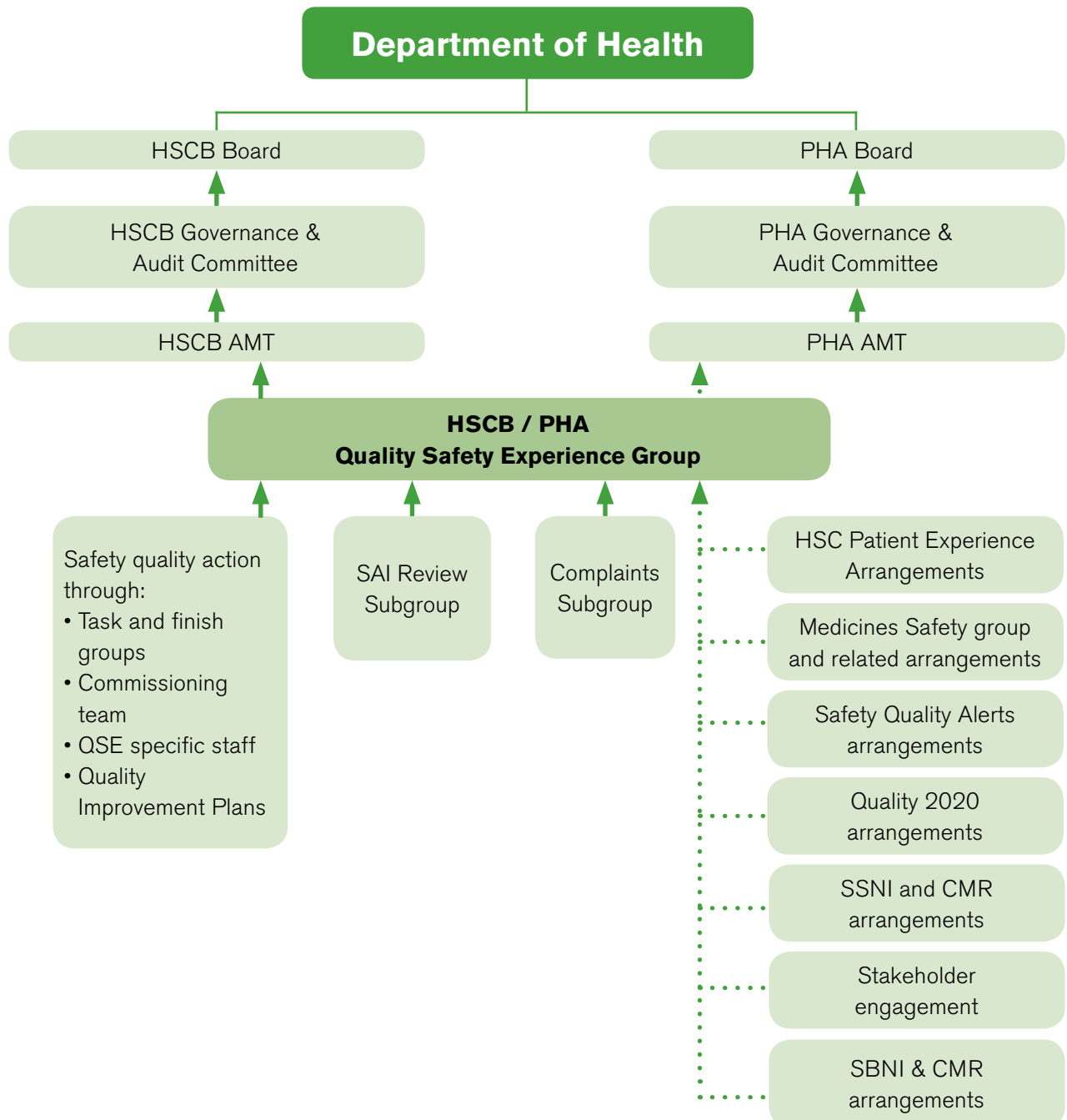
Transforming the culture

1.3 Leadership & governance

Within the HSCB and PHA, the **Quality, Safety and Experience (QSE) Group** monitors and reports on safety, effectiveness and the patient client experience. A number of other groups contribute to the work of improving the safety and quality of services as

shown in the overview of the PHA/HSCB QSE governance and assurance structure.

The Safety Quality Alerts Team, Regional Complaints Group, Serious Adverse Incident Group, Designated Review Officer (DRO) professional groups, and the Safety Forum, report to, and support the work of QSE.



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1.4 Learning

Regional learning from serious adverse incidents

The key aim of the Serious Adverse Incident (SAI) process is to improve patient and client safety and reduce the risk of recurrence, not only within the reporting organisation, but across the HSC.

For the majority of SAIs reported, local learning will be identified and actioned by the reporting organisation. However, as the HSCB/PHA have a role in reviewing all SAIs they may also identify regional learning for dissemination across the HSC through a number of mechanisms.

During the reporting period 361 SAIs were closed by the HSCB/ PHA following review. The following methods of regional learning were approved from SAIs closed in 2017/18:

| | |
|-----------|--|
| 12 | reminders of best practice guidance letters |
| 8 | professional letters |
| 42 | newsletter articles were identified |
| 56 | were referred to other specialist groups |
| 2 | thematic reviews were commissioned |
| 9 | were featured at learning events (SAI learning event) |

Listed below are four examples of regional learning identified last year:

• Management of needlestick injuries in patients presenting to emergency departments

This SAI related to a community pharmacy staff member who sustained a needlestick injury during the course of their duties. As a result, a reminder of best practice guidance letter was issued to the HSC and the HSCB and PHA worked with Trusts to ensure:

- Emergency departments within Trusts have a clear policy on managing people who present with needlestick injuries;
- All members of staff who may be involved in the management of patients presenting with a needlestick injury are aware of, and have received training in the Trust policy.

• Acute management of diarrhoea related to cancer treatment

A number of SAIs occurred in which people receiving systemic anti-cancer therapy were admitted to hospital with diarrhoea and subsequently died. A common feature in the incidents reported was that the seriousness of the patient's diarrhoea was not necessarily recognised and appropriate inpatient treatment was consequently delayed.

As a result, a reminder of best practice guidance letter was issued reminding Trusts of the requirements under current guidance and requesting this be brought to the attention of relevant staff.

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• Choking on food

Last year a thematic review of choking on food led by the HSCB/PHA in conjunction with key stakeholders was distributed to the HSC. The themes identified through analysis reinforce a need for co-ordinated efforts to facilitate learning and inform future quality improvement work with an aim of prevention or reduction of risk of choking in future. A number of key messages relating to the areas below are identified within the report. These include:

- Raising awareness
- Communication to staff delivering care directly
- Terminology
- Roles and responsibilities
- Education and training
- Reporting
- Support to staff

In response to the choking on food thematic review, a multidisciplinary and multiagency Adult Swallowing Difficulties Regional Steering Group has been established. The group uses a co-production approach and has four workstreams including awareness, identification; assessment and management and International Dysphagia Diet Standardisation Initiative (IDDSI) implementation.

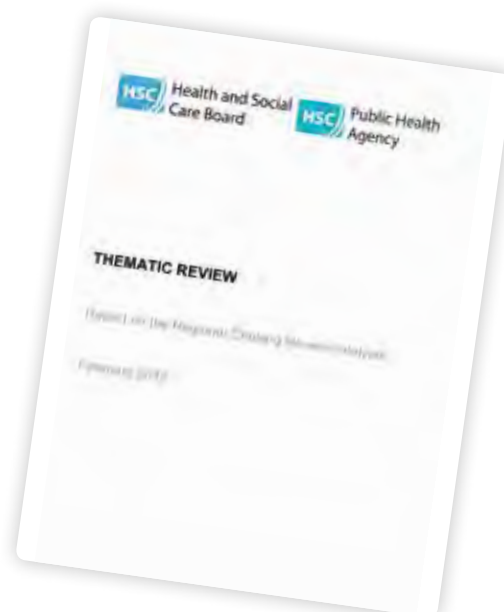
Funding has been agreed to support a number of specific actions within the work. Engagement activities have taken place to inform the work going forward. These include:

• Focus groups / workshops

Two focus groups & a regional workshop have been held to listen to issues from nursing/residential homes, domiciliary care sector and Trust staff in relation to the identification and management of adults with dysphagia, including staff training needs.

• Public awareness raising

Information stands were held across the region in hospitals on European Swallow Awareness Day on 14th March 2018. Speech and language therapists (SLT) and SLT students provided information on swallowing difficulties and catering departments provided samples of a dysphagia diet. A short survey was also completed to gain information on the public's knowledge of dysphagia.



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• Fire risk associated with use of product to treat head lice

This case involved a child treated for head lice who suffered severe burns following application of a treatment product and subsequent exposure to a source of ignition. Unfortunately due to the combustible nature of the treatment product the child's face and scalp. The child suffered 3rd degree burns to the face and neck. Although there are written warnings included with the product, these may not have been brought to the attention of the recipient by pharmacy staff.

As a result a Reminder of Best Practice Guidance letter was issued to the HSC with specific actions for Trusts, HSCB, GP practices, community pharmacies and the Regulation and Quality Improvement Authority (RQIA).



For further information on learning from SAIs please see following link <http://www.hscboard.hscni.net/publications/sai-learning-reports/>

Regional learning from complaints

The HSCB/PHA review complaints received from Trusts, family practitioner services (FPS), and those received directly by HSCB and PHA. For the majority of complaints, local learning will be identified and actioned by the reporting organisation. In some cases, 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.

Setting the context: during 2017/18

- Trusts received 5814 complaints
- HSCB received 240 complaints regarding Family Practitioner Services
- HSCB acted as 'honest broker' in 54 complaints regarding Family Practitioner Services.

Top 3 categories of complaints

- 1) Quality of treatment and care
- 2) Staff attitude/behaviour
- 3) Communication/information

During 2017/18, the HSCB hosted its fourth annual Learning From Complaints event, which focused on the themes of palliative care and the coordination of discharge packages. Both issues consistently feature in a significant number of complaints across primary and secondary care.

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Palliative care is appropriate for people with a progressive or life limiting condition, regardless of age. Dame Cicely Saunder quote – *How people die remain in the memories of those who live on.* Therefore complaints regarding palliative care is appropriate for people with a progressive or life limiting condition. Timely communication of information between patients, families, carers and HSC providers is therefore paramount in improving patient and carer experience of palliative and end of life care. The timing of discharge also needs appropriate consideration, with referrals to district/palliative care made in a timely fashion.

Key messages from the day included; recommendations identified by the Patient Client Council (PCC) to improve interactions between clinicians, patients and their families; how complaints have influenced the discharge policies across the WHSCT emergency departments; how complaints have made a difference to the Regional Palliative Care Programme and consideration given to the theme of “moral distress” within intensive care and the associated impact this has on relatives, doctors and nurses.

To raise awareness of these issues and to highlight learning and good practice, feedback from this event was compiled and disseminated to the HSC.



For further information relating to complaints can be accessed at <http://www.hscboard.hscni.net/publications/complaints-publications/>

Learning from experience:



Learning from patient and client experience is a key indicator of quality of care and is integral to the implementation of Q2020 across the region. The HSCB/PHA lead the implementation of the 10,000 More Voices initiative for Northern Ireland. The rich source of information from the stories received through the 10,000 More Voices initiative continues to provide opportunities for learning, reflection and informing improvement work, for example:

- Stories from the individual 10,000 More Voices projects are reviewed on a weekly basis – this provides an opportunity for the relevant staff to highlight areas of good practice as well as considering any immediate learning or action that needs to be taken.
- Findings and results from 10,000 More Voices projects are presented at analysis and interpretation workshops at which key stakeholders, including service users work collaboratively to themes and trends. Following this, recommendations are developed, alongside local and regional action plans.

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- Stories are used to inform education and training, including local induction programmes as well as pre and post registration education for medical, nursing and allied health professional students.
- 10,000 More Voices is now an integral part of quality improvement, informing 'Always Events' and quality improvement programmes within HSC Trusts.

To date over **12,000** stories have been collected, across a broad range of service areas, including: eye care services, hospital discharge, delirium and adult safeguarding.



Further information and completed project reports can be accessed at: <http://10000morevoices.hscni.net/>



10,000 More Voices Team at their celebration event in March 2018



When I heard about 10,000 More Voices I felt it was important to tell our story, I hope that by doing so other families will be listened to or receive better explanations in these circumstances..... If as you say our story is used to shape future healthcare, improve services and educate staff then I am content that this opportunity is available."

Thank you for taking time to listen to 10,000 Voices or even me.



Transforming the culture

Personal and Public
Involvement (PPI)



Involving you,
improving care

PPI is the active and effective involvement of service users, carers and the public in the commissioning, development and delivery of HSC services. Co-production is considered the pinnacle of such involvement. The PHA leads on the implementation of PPI in Health and Social Care. Recognising that core to quality improvement work is the involvement of service users and carers, a number of initiatives have been progressed in 2017/18. These include:

1.5 Involvement & co-production

Personal and public involvement (PPI)

- **Improving involvement in transformation** - Working closely with a number of the transformation workstreams, the PHA has provided guidance to ensure service users and carers are effectively and meaningfully involved in transforming HSC at all levels.
- **Improving access to information to improve involvement practices** - The PHA lead the co-production of the Engage website and e-learning resource for service users and carers. This has led to a significant improvement in the quality, availability and consistency of PPI information available. The PHA was also a partner in the quality improvement community of practice for PPI which has developed checklists for staff undertaking improvement work alongside service users and carers getting involved in this work.

- **Improving knowledge and skills** – The PHA continues to promote and deliver the Engage and Involve training programme, elements of which are now being delivered as part of quality improvement training in some HSC Trusts. In addition, innovative and high quality training for involvement, including an involvement leadership programme and specialist training for consultation has been commissioned.

- **Improving HSC performance for PPI**
 - The PHA continue to undertake performance monitoring for PPI across HSCT which focuses on what is working well and what can be improved. The HSCB / PHA were also subject to external PPI monitoring during this period.

- **Improving involvement standards – leading the way** - The PPI standards, developed by the PHA, have been used as the pathfinder for National Research Standards. The PHA has been working with the National Institute of Health Research (NIHR) and PPI leads from England, Scotland, Wales on this initiative.

Meaningful involvement across our services remains critical improvements in safety and quality. The PHA will continue to advance these core areas of responsibility in partnership with service users and carers.



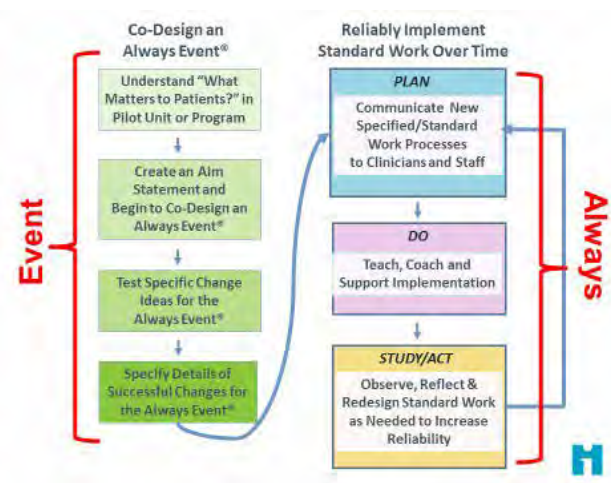
Further information on PPI is available at <http://engage.hscni.net/>

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Implementation of Always Events in Northern Ireland

Always Events are defined as those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health and social care delivery system.

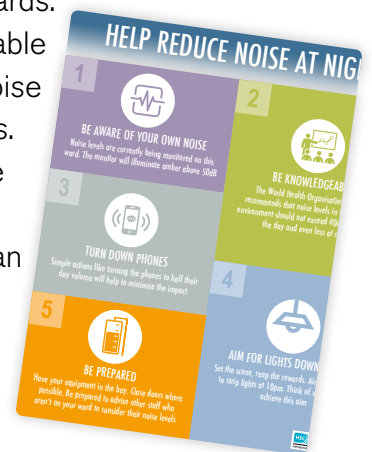
During 2017/18, the HSCB/PHA, through the regional Patient Client Experience Steering Group, have led the implementation of Always Events in each HSC Trust.



Using feedback from 10,000 More Voices, each Trusts identified a key area and pilot wards in which to test the methodology. A number of key improvements have been noted during the testing.

Belfast Health and Social Care Trust (BHSCT) will ALWAYS meet the World Health Organisation’s Noise at Night recommendation

- Trust has linked with estates/labs department to review the use & frequency of the pneumatic chute system, replacing the foam padding on existing pods.
- Noise at night checklists have been introduced into the pilot wards.
- A traffic light noise monitor has been introduced into pilot wards.
- Apps were made available for staff to measure noise levels on ongoing basis.
- Posters & leaflets have been developed to remind people of human noise that can be reduced – building on the Trust animation “there is nothing like a good night sleep”.



Northern Health and Social Care Trust (NHSCT) Mealtime matters: our pledge - we will ALWAYS protect patients mealtimes

- Core components of what should **always** happen at mealtimes have been established.
- A mealtimes bundle poster has been designed detailing the roles and responsibilities of nursing and catering staff at every mealtime.
- Electronic menu system has been introduced.
- A scale and spread plan was been developed with a view to total Trust-wide implementation by March 2019.

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Southern Health and Social Care Trust (SHSCT) - I will ALWAYS be supported to communicate at the Outpatients Department Ramone Ward, Craigavon Area Hospital.

- Yellow with black writing signage introduced in outpatients department and at front entrance to Craigavon Area Hospital.
- Sensory awareness training for all staff has been co-produced by deaf service users and staff. This will also be co-delivered by the deaf service users.
- Yellow name badges introduced in the department and for eye care clinic staff.
- 'I am deaf' card has been introduced to increase awareness of a deaf patient awaiting appointment with details of interpreter services on the reverse.
- Sonido digital hearing system is now in place – posters and leaflets have been developed to raise awareness.



South Eastern Health and Social Care Trust (SEHSCT) - To improve pain management satisfaction to 90% or greater throughout the inpatient setting.

- ABCDE approach to pain assessment and management developed / pathway & logo 'Prioritise Pain' developed.
- Launch of project in pilot wards. Promotional posters, pens, balloons were used and information was shared using social media and staff newsletters etc.
- Pain score standardised in pilot wards.

- Successful pain study day for registered nurses hosted by Trust pain team. Some initial results indicate:
 - 76% increase compliance in recording of pain score on revised NEWS chart;
 - 93.4% of patients reported that they were always/frequently asked about their pain;
 - 18% increase in staff knowledge in relation to pain management in pilot wards following the project;
 - Increase in number of referrals to the hospital acute team.



Western Health and Social Care Trust (WHST) Family presence: promoting a shared person centred approach to visiting times and participation within the hospital.

- Standardisation of core information to promote family presence which includes information on how to best support patients and clients, information relating to illnesses, helping with food and drink, car parking, and visiting times.
- Personalised ward based posters & leaflets designed and distributed.
- The Trust has linked closely with the *John's Campaign: for the right to stay with people with dementia in hospital* and promotes dementia friendly wards.

Transforming the culture

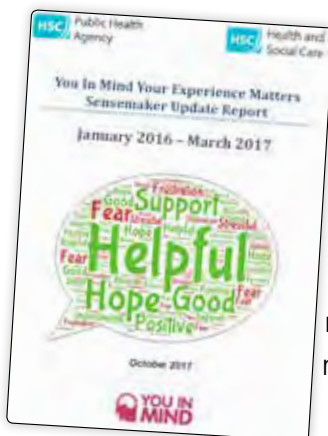
You in Mind ‘Your Experience Matters’ Sensemaker Re-Audit Report

In June 2017 the HSCB / PHA launched the ‘You in Mind – Your Experience Matters’ report on the re-audit of experience relating to mental health services. The survey, used to gather experience, was developed by service users and carers from each HSCT area using story telling methodology, enabling a more person centred / co-produced approach to improving experience.

Overall, the re-audit data suggests that there was a positive shift in how people perceive mental health care services. Approximately one third of all respondents said that they are hopeful for the future. For the majority of respondents, recovery focused practice was identified as an important part of their treatment.


Although it is recognised that there is still much to do, it is important to celebrate and acknowledge the positive work which has taken place across Northern Ireland. The launch event provided an opportunity to demonstrate the significant and valuable changes that have taken place in services

across the region since the first report was published in 2012. Some examples of service/organisational change being implemented as a direct result of the Sensemaker re-audit findings include:



- SEHSCT - Developing an outcomes framework for the Recovery College.
- NHSCT - Maternal mental health and wellbeing workshop.
- BHSCT - Physical health care pathway in acute wards.
- WHSCT - Service user involvement in planning their care and treatment.
- SHSCT - Transforming the workforce & employment of peer support workers.

Regionally, Recovery services continue to improve within mental health with minimal financial investment. This is a result of the Trusts undertaking the journey together, initially with facilitation from Implementing Recovery Through Organisational Change (ImROC) and continues with a regional steering group lead by the PHA.

 The full report is available here <http://www.publichealth.hscni.net/publications/you-mind-your-experience-matters%E2%80%99-sensemaker-re-audit-2015>.

Transforming the culture

Recovery newsletter

The PHA in collaboration with HSCB continues to work with Recovery Colleges and the ImROC Regional Group to co-produce a bi-annual newsletter. There have been five newsletters published providing a snapshot of peer support working, co-production, Recovery College activities and articles and poems from service users about their recovery journey.

The latest newsletter (Issue 5) was published at the end of March 2018 and highlights the establishment of the regional peer support workers into statutory mental health services. Also included in the newsletter is the launch of the European Union (EU) investment of €7.6 million in mental health recovery secured by the Co-operation and Working Together (CAWT) health and social care partnership.

i Copies of the Recovery newsletters can be accessed on the following link: <http://www.publichealth.hscni.net/publications/recovery-newsletter>



Service framework for Mental Health and Wellbeing 2018-21 (public consultation stage)

The draft service framework for Mental Health and Wellbeing 2018-21 is the regionally agreed model for mental health care in Northern Ireland. It sets out the standards of care and treatment that individuals, their carers and wider family can expect to receive from HSC. The HSCB/PHA are leading the development of this service framework which reflects the principles and values of the 'You In Mind' Regional Mental Health Care Pathway, launched in 2014. The pathway recognises that all treatment and care needs to be highly personalised and recovery orientated.

The 'You In Mind' care pathway explains how people can access mental health care and details the quality of service they can expect from the point of referral to the point that services are no longer required. It describes how mental health professionals will work in partnership with people to access mental health services, though assessment, diagnosis, care and treatment, self-management, and recovery. It outlines how care decisions are made with and for people. It places people, families, partners and nominated friends at the heart of all decision-making.



Transforming the culture



#EndPJparalysis

PHA is leading, supported by the HSCB, Northern Ireland's participation in the nationwide 70 day, #EndPJparalysis challenge. The campaign has been endorsed by Professor Charlotte McArdle and aims to get people up, dressed and moving about, thus giving patients back one million days of their time that would otherwise be spent in a bed in hospital gowns or PJs. #EndPJparalysis is a means of valuing patients' time so they return sooner to loved ones staff may never meet, to homes staff will never visit, to spend more of their last 1000 days in a place that is not a hospital. The challenge is about embedding that into normal practice.

At the midway point of the campaign there are a variety of areas from all Trusts taking part in the campaign with almost 5000 patients up dressed and moving. PHA has secured repeat visits from #EndPJParalysis creator Professor Dolan in June 2018. Professor Dolan will deliver his TODAY programme which further highlights why we should focus on time being the most important currency in Healthcare. This follows on from five similar workshops held across Northern Ireland in January 2018 with very positive feedback.

Benefits of #endPJparalysis include:

- Reduced length of stay (< 1.5 days in Nottingham University Hospital Trauma and Orthopaedic Ward)
- Reduced loss of mobility, deconditioning and risk of falls (37% in same Nottingham University Hospital Trauma and Orthopaedic Ward)
- Reduced food wastage due to greater patient mobility and energy need
- Reduced risk of needing institutional care on discharge
- Enhanced wellbeing of patients and staff

Theme two



**Strengthening the
workforce**

2.1 Introduction

The HSCB and PHA, who collectively employ over 800 staff, 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. The organisations' diverse range of responsibilities, coupled with current demographic changes and economic climate, requires a sustained focus on improving quality. The HSCB/PHA recognise the importance of the workplace as a setting to promote health and wellbeing. Similarly, the process of working together across all divisions has been important in understanding complexities and developing a commitment from staff to embed improvement techniques in daily activities.



2.2 Supporting HSCB/PHA staff

Promoting health and wellbeing in the HSCB/PHA as a workplace



During 2017/18 the HSCB/PHA have led the implementation of a number of programmes to assist in promoting health and wellbeing for staff such as:

(a) Lesbian, Gay, Bisexual and Transgender (LGBT) Forum

A forum for lesbian, gay, bisexual and transgender staff continues to provide confidential support for LGBT staff and students in the HSC workplace. An e-learning module has been developed and widely promoted within HSC settings. The dedicated website to support LGBT staff in HSC now includes an online gallery of staff who are 'out at work'.



For more info - <http://www.lgbtstaff.hscni.net/>

Strengthening the workforce

(b) My Mood Matters/Living Life to the Full

Staff in the HSCB/PHA have been offered the opportunity to attend the My Mood Matters and Living Life to the Full programmes. Staff evaluation of both programmes has been very positive.

(c) Physical activity

Staff are encouraged to increase their physical activity during the working day by promoting the use of stairs, lunchtime walks and gym facilities. An upgrade to the gym facilities in Linenhall Street, Belfast and the introduction of the 'take the stairs' initiative also helped boost opportunities for physical activity. This was further rolled out to Tower Hill, Armagh and County Hall Ballymena sites HSCB/PHA sites. The 'take the stairs' initiative; saw an increase in upward journeys using the stairs by 81% and an increase in downward journeys by 86%. A toolkit has now been developed that can help other workplaces introduce this simple, effective and low cost measure. A short video was developed to raise awareness of the scheme.



(d) Staff wellness day

A wellness day for staff was held in February 2018. This event proved to be highly popular with a range of activities and advice available including: cookery demonstrations; Belfast City Council bike scheme; active travel; Tapestry Staff Disability Forum; trade unions; Pure Gym; Here NI and the Rainbow Project.

(e) HSC Healthier Workplaces Network

The PHA in conjunction with the HSCB has established a HSC Healthier Workplaces Network. This Network aims to develop improved and consistent workplace health programmes aligned to HR and other policies and which bring increased focus to valuing staff and the advantages that a diverse workforce can bring to organisations. The Network's four subgroups are now addressing the following areas: common measures and indicators; ageing workforce; a healthy workplaces charter; and on-line tools and apps.



For further information and access to the materials see <http://www.choosetolivebetter.com/content/getting-active>

2.3 Project ECHO – innovation & learning for the HSC

What is ECHO?

ECHO (Extension for Community Healthcare Outcomes) is a pioneering tele-monitoring programme designed to address growing demand for secondary care services. Using video-conferencing technology, participants benefit by sharing evidence-based best practice guidance and case-based learning. The model provides an affordable solution to addressing growing need in the UK for training and support. The approach is seen as an effective way of[®] improving access to specialist supported care and ultimately improving patient outcomes.



Project ECHO

Project ECHO seeks to develop clinician capacity to safely and effectively treat common, chronic, complex diseases. The HSCB/PHA in partnership with Hospice UK, are currently rolling out the ECHO model in 30 clinical areas to include **elective care, prison health, optometry/ophthalmology and dementia**. The model is a method to help improve the reach and availability of a wide range of under pressure health care services across Northern Ireland.

It is hoped that, through working with Integrated Care Partnerships (ICPs) and associated networks, new ways of delivering service which better fit the need for more chronic care irrespective of postcode will be developed, thus freeing up capacity for more complex issues in our acute centres.

Project ECHO

*“Moving Knowledge
not People”*

Strengthening the workforce

Quality improvement ECHO

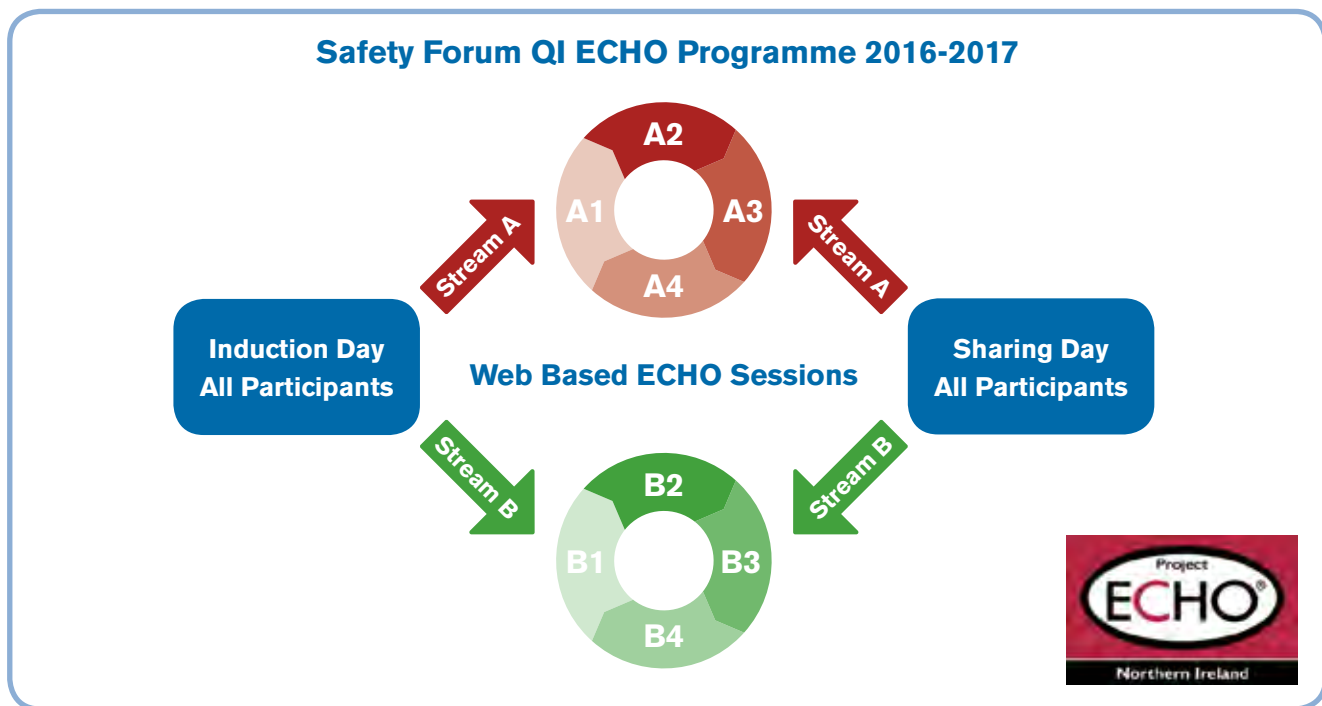
Last year the HSC Safety Forum led its first quality improvement (QI) ECHO programme which provided Trusts with training in QI methodology, supporting the development and success of current or proposed Trust-based QI projects.

The range a range of quality improvement projects within the programme included:

- Learning disability project aimed to increase time spent on physical activity and fun opportunities to improve health and

wellbeing. Activity levels increased from 48 minutes per child per week to 200 minutes.

- An outpatient team that aimed to reduce inappropriate urine sampling achieved a reduction in testing by 80%,
- A podiatry team exceeded their initial aim of increasing clinical capacity by increasing appropriate discharges from 5%-25%
- A mental health project aimed to increase the uptake and offer of carers' assessments in the community. The project demonstrated a 70% increase in carers' assessments completed



2.4 Sharing quality improvement

Q Community

Q is an initiative connecting people who have HSC improvement expertise across the United Kingdom. It is being led by the Health Foundation supported locally by the HSC Safety Forum based in the PHA.

The Q community is made of up a diverse range of people including those at the front line of health and social care, patient leaders, managers, commissioners, researchers, policymakers and others.

In 2017/18 a recruitment programme was undertaken in Northern Ireland. This programme was successful in attracting over 90 new members far exceeding initial expectations. New and existing members (123 in total) were invited to a welcome event in Titanic Belfast to learn from each other and from invited guests. This was followed up by a networking event in March 2018. In addition members have had access to a range of online resources, specialist training, networks and site visits across the United Kingdom. Members attended the national Q event in Liverpool, a site visit to explore artificial intelligence and problem solving and specialist patient experience training. Learning from these visits has been shared with the wider Q community through a series of reflective blogs.

PHA Safety Forum Awards 2017

The PHA, through the HSC Safety Forum invited organisations to nominate individuals or teams for the 3rd Northern Ireland Safety Forum Awards. The annual awards recognise and showcase the excellent work undertaken across the HSC system to drive improvement in quality of care and to strengthen patient safety

Four teams from across HSC were presented with their awards at a quality improvement event at the end of March. An award was made in each of four categories:

- Partnership working/co-production
- Innovation/transformation in care
- Integrated care
- Building reliable care

From the four categories, one overall winner was chosen. The winners covered a breadth of subjects, showed clear evidence of teamwork and tangible improvements to care.



2.5 Education and training for HSC

Primary care

Nursing: Last year the HSCB/PHA funded a bespoke foundation course, delivered by the HSC Clinical Education Centre (CEC), in line with the GP Nursing Framework, for general practice nurses (GPN) and healthcare assistants (HCA). The training was designed to meet the complex and changing service needs of patients in primary care settings. In total 141 GPN and HCAs accessed and positively evaluated the training. It is planned to roll out these regional training programmes in 2018.

Additional resources were secured to facilitate GPNs accessing post registration courses in local universities. In addition, courses were made available for general practice nurses via the Royal College of Nursing (RCN) and CEC. Additional courses included transformational leadership and cervical cytology.

In 2017/18, five Advanced Nurse Practitioners (ANP) have been working successfully in the Down GP Federation. Numbers are expected to increase over the next two years. This supports the career pathway of GPN to ANP level in primary care.

A regional network for GPNs has been established across Northern Ireland. A series of network events took place focusing on the management of long term conditions. Communication strategies for sharing correspondence, information on training and professional updates have been successfully re-established via the primary care intranet, the websites and social media.

Following a workforce review, a proposal has been developed that identifies the need for additional GPNs and HCAs to meet the increasing demands and pressures faced in general practice.

GP training numbers: The HSCB lead on the development of business cases to evidence the requirement to increase the GP training numbers. In response to workforce capacity concerns the number of GP training places has been increased from 65 (2015/16) to 95 (2017/18).

In a move to support retention of qualified GPs, there were 25 places on a two year retainer scheme covering 2016/17 and 2017/18. These GPs are attached to a practice and also commit to a number of out of hours sessions. In total 28 GPs took part in the scheme. Of the nine who left the scheme before their two year attachment was complete, five left to take up permanent GP jobs, either salaried or as a partner. A new cohort of retainer places will be available starting in 2018/19.

Strengthening the workforce



Dementia

As part of the implementation of the Dementia Together NI strategy a variety of training and education programmes have been delivered throughout Northern Ireland. These include:

- Development of the Dementia Learning and Development Framework has been used by local universities to inform course development / content for social workers and nurses
- A number of stand-alone training resources have been developed. in collaboration with the Northern Ireland Social Care Council (NISCC) including the development of a training app for domiciliary care staff and an online training resource for adult residential / nursing and day care staff on dementia, delirium and palliative care.
- In total 260 staff from across the statutory and independent sectors completed the dementia champion programme. This six month programme which included direct teaching and on-line learning required participants to complete a service improvement project within their area of work.
- One thousand copies of a training pack entitled 'Barbara's Story' were issued to HSC facilities, GPs, pharmacists, opticians, dentists, prison staff, PSNI and the Northern Ireland Ambulance Service (NIAS).
- More than 500 copies of a training pack entitled 'Supporting Derek' were issued to HSC staff working with people with learning disabilities.
- Development of a range of other bespoke training programmes for HSC staff including CLEAR (a model to assess and address unmet need) and the virtual dementia bus.
- HSC staff trained in the use of the delirium assessment and management tool totalled 2826. Forty staff have completed the relevant *train the trainer* programme.

Strengthening the workforce

Staff working with older people

- **Regional multi-professional educational awareness programme for the identification and management of frailty**

Frailty is a condition in which multiple body systems gradually lose their in-built reserves. Older people with frailty are at substantially increased risk of adverse outcomes including falls, disability, hospitalisation, nursing home admission and mortality. Early recognition of frailty and targeted interventions and management can significantly improve health outcomes for frail older adults. Staff knowledge and skills in relation to the identification and management of frailty is fundamental to achieving best outcomes. In order to improve HSC staff awareness in relation frailty the PHA commissioned the CEC to:

- Develop and pilot a face to face multi-disciplinary Frailty Educational Awareness Training programme.
- Develop an ELearning Frailty Educational Awareness Training programme.

This regional multi-professional educational awareness programme was designed to enhance health professional's knowledge and understanding of frailty with a view to improving prevention, identification, management and therefore outcomes for these older adults. Ninety three health professionals from across all disciplines

attended this training with excellent feedback. The plan going forward is to roll this training out across the HSC.

- **Loneliness aide-memoire for older people**

It is recognised that loneliness in older people is a public health issue affecting their health and well-being. A recent Age NI survey highlighted that:

- One in three older people in Northern Ireland said that they are lonely
- 100,000 older people in Northern Ireland say that television is their main form of company
- 26,000 older people in Northern Ireland feel trapped in their own homes

As a result of these facts, Allied Health Professionals (AHPs) across Northern Ireland have worked with Age NI to develop an aide-memoire for HSC staff to raise awareness of older people and loneliness. The aim is to make a difference to an older person who is lonely by looking, listening and asking to see if they are lonely. In this way people can be directed towards agencies who can help. Some reasons for loneliness may include bereavement, retirement, living alone, lack of money, not having transport to get out and about. The aide memoire encourages staff to be aware of these factors in their daily interactions with older people.

Strengthening the workforce

Age NI engaged with older people to hear their views on the development of the aide memoire, through a workshop at which older people, AHPs, representatives from PHA, Age NI, HSCB and Translink had the opportunity to contribute to table and larger group discussions. The aide-memoire provides useful contact details including:

- Age NI the leading charity for older people in Northern Ireland;
- Silverline helpline for older people for information, friendship and advice; and
- Translink for practical advice on transport queries.

Staff are also advised to approach appropriate Trust contacts for local information.

“An older person in Northern Ireland described loneliness as “An ache in your heart so bad that it physically hurts. Longing for someone who cares.”

• Rethinking Frailty Symposium

The PHA held a ‘Rethinking Frailty’ Symposium which provided an opportunity for the first time in Northern Ireland to bring together a wide range of stakeholders to look at and discuss all aspects of frailty and consider how best to take forward work in this area that would enable healthier and more fulfilling lives.

More than 100 people attended the event with representation from HSC, HSCB voluntary and community organisations, other statutory organisations and most importantly people with lived experience of frailty. Presentations

addressed current regional and national perspectives in relation to the identification and management of frailty. This work captured the views of older people on frailty and what matters to them. This symposium has marked the beginning of significant work across Northern Ireland which aims to engage with all relevant stake holders to agree a common understanding of frailty and to improve the experience and health outcomes for all individuals who are frail or at risk of frailty.

Adult learning disability

In line with the Learning Disability Service Framework, the HSCB/PHA aim to ensure that services for adults with a learning disability provide the opportunity for people to enjoy personal and sexual relationships while protecting vulnerable adults from abuse. They have led the development of the operational protocol: ‘Adults with Learning Disabilities: Personal and Sexual Relationships’ which is being implemented by the Trusts. Last year, the HSCB/PHA commissioned the Family Planning Association (FPA) to provide training to support Trust staff with the implementation of the operational protocol. To date over 300 HSCB staff have received awareness raising (level 1) training from FPA. Approximately 30 Trust staff from across Northern Ireland have received Level 2 Peer Educator training to provide support and guidance to peers and colleagues on how to implement the protocols within their Trust. Year three of the training is currently being implemented by FPA.

Strengthening the workforce

Nursing



Following obtaining a grant award for 2017/18 from the Burdett Trust for Nursing, the PHA is leading a regional initiative that aims to improve nurse retention and recruitment in care of older people's settings in Northern Ireland. This innovative and collaborative approach is delivering a programme of development activities including team coaching, practice support, supervision and professional and personal effectiveness. The PHA leads for the project have successfully participated in national events associated with the Burdett Trust stipulations for the grant award. The evaluation of the project has seen very positive results to date.

Implementation groups are now established within each of the Trusts to provide support and guidance. In addition to quantitative information including staffing levels, vacancies, absence rates etc, qualitative baseline information has also been obtained including:

Values Clarification Exercise (VCE)-

Understanding the values, beliefs and views that staff hold about working with older people including what staff think is important, and what staff feel should happen. This has been used to verify or inform local ward mission statements and develop training programmes.

• Workplace Culture Critical Analysis Tool (WCCAT) -

The WCCAT has been developed to help people involved in the development of practice to undertake observational studies of work place settings in order to inform changes in practice. Examples of good and not so good practices have been observed and results shared with the ward managers and some of the other ward staff.

• Nursing Workplace Satisfaction Questionnaire (NWSQ) -

used to evaluate nurse satisfaction with a new team model of nursing care delivery.

In addition, a bespoke training programme for staff in the 11 pilot wards commenced in January 2018. This programme has been tailored to meet the individual needs of staff. The programme includes: induction and preceptorship programmes, delivery of action learning sets by AGE NI peer facilitators, use of specialist nurses, training on resilience, assertiveness and coaching. The sustainability of this project will be further reviewed as part of the transformation agenda in nursing homes next year.

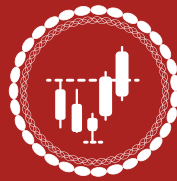
Strengthening the workforce

2.6 Delivering Care: A policy framework for nursing & midwifery workforce planning

Delivering Care is a policy framework aimed to support the provision of high quality care which is safe and effective in hospital and community settings. Initiated in 2012, it has used a phased approach to determine staffing ranges for the nursing and midwifery workforce in a range of major specialities. The PHA and HSCB, in partnership with Trusts and other key stakeholders lead the implementation of the eight phases underway.

| Workforce Phase | Staffing Model | Status |
|--|--|--|
| Phase 1: Acute medical and surgical wards | Staffing range | Funding for this phase has been secured and is in the process of phased implementation across designated wards in all HSCTs |
| Phase 1A: Elective care treatment care environments | Recommended range for 24/7 wards including day and short stay wards | Guidelines currently being scoped in HSCT 2018 |
| Phase 2: Type 1 emergency departments | Nurse to annual attendance ratio | Recommendations endorsed by CNO. 1st phase of implementation due in 2018. |
| Phase 3: District nursing | Population based model | 1st phase of implementation due in 2018 dependent on resources |
| Phase 4: Health visiting | Population based model – caseload weighting | 1st phase of implementation due in 2018. |
| Phase 5: Mental health | Acute – nurse/bed ratio community – caseload and population based model | Phase 5A completed for acute inpatient mental health facilities. A number of workshops have been facilitated by the PHA and the expert reference group. The proposed recommendations around the staffing ranges for the category of inpatient environments have been shared for endorsement with the CNO. Phase 5b community staffing model to be progressed mid-2018 |
| Phase 6: Neonatal nursing | Based on level of activity | Final proposals underway |
| Phase 7: Primary care nursing | Population based model from the GPN framework 2016 | Finalised and with the CNO for endorsement 2018 |
| Phase 8 | Independent sector nursing homes | This phase is underway in 2018. |

Theme three



Measuring Improvement

Measuring Improvement

3.1 Introduction

The HSCB and PHA recognise that gathering information and examining data is important in assessing performance. They also recognise that it is vital that lessons from the information are learned, areas of high performance are duplicated and areas of lower performance are supported to improve. Last year the HSCB and PHA continued to promote the use of accredited improvement techniques to drive improvements and have worked with Trusts and other HSC bodies to provide support to improve outcome measurements in a range of quality indicators.

3.2 Quality improvement plans

The quality improvement plans (QIPs) focus on key priority areas to improve outcomes for patients and service users. The HSCB and PHA support Trusts on a range of initiatives to assist with the achievement of the QIP targets and facilitate a regional platform to enable good practice to be shared throughout Northern Ireland.

- In 2017/18 QIP target areas were:**
- **Pressure ulcer prevention;**
 - **Falls prevention;**
 - **National Early Warning Scores (NEWS);**
 - **Mixed gender accommodation.**

Pressure ulcer prevention

The PHA along with HSCB supports Trusts through the Regional Pressure Ulcer Prevention Group to implement SKIN (an evidenced based collection of interventions proven to prevent pressure ulcers) in all hospitals in Northern Ireland. This group provides advice and support and shares regional learning across Northern Ireland. It focuses on strategies for pressure ulcer prevention and management across the Trusts.

Last year the focus was on the prevention of avoidable grade 3 & 4 pressure ulcers. These create deeper cavity wounds which can result in increased pain and suffering to patients.

Regionally a variation in the rate of avoidable grade 3 and 4 pressure ulcers was noted with a range of 0.01 to 0.33 between Trusts. For the purpose of quality improvement work, Trusts continually review their data to compare improvement over time and to learn from local variation.

In recognition of the need for continual evaluation and improvement, and to ensure that potential regional variation in recording and reporting of data across Northern Ireland is minimised, the PHA, in collaboration with the HSCB and Trusts are:

- Undertaking an improvement project in relation to measurement, display and interpretation of improvement data;
- Reviewing the current operational definitions including current regional application of same;

Measuring Improvement

- Reviewing the process for root cause analysis and process for obtaining bed day figures which reflect exactly the wards & clinical areas within which pressure ulcer data is collated and submitted to PHA;
- Developing a regionally agreed schedule for validation of data;
- Working with Trusts to ensure local and regional learning is identified and shared.

Falls prevention

During 2017/18 the PHA and HSCB through the Regional Falls Prevention Group have supported Trusts to implement and spread the Royal College of Physicians 'Fallsafe' bundle, an evidence based collection of interventions proven to reduce falls; in inpatient settings.

Trusts measure compliance against the Falls Safe Bundle and report to the PHA and HSCB on a quarterly basis. The Regional Falls Prevention Group provides advice, support and shares regional learning across Northern Ireland and focuses on strategies for falls prevention and management across the Trusts.

The Business Services Organisation (BSO) internal audit team carried out an audit of learning from serious adverse incidents (SAIs) and from falls across HSC organisations. This audit found that definitions were not consistent with the Trusts' classifications of falls and recommended that the current definitions should be brought into line with the regional incident grading matrix. There was regional agreement that this should commence from April 2017.

During 2017/18 the focus was on prevention of the number and rates of falls incidents classified as causing moderate to major/catastrophic.

Regionally, for this period there has been a reduction in falls incidents resulting in moderate to major/catastrophic, the rate during 2017/18 is between **0.08** and **0.09** per 1,000 bed days.

NEWS (National Early Warning Scores)

As part of its leadership role, the HSC Safety Forum has led the regional implementation of NEWS in Trusts, including appropriate escalation arrangements to improve care of the deteriorating patient. This tool helps professional staff identify early deterioration in a patient's condition. Abnormal scores prompt specific actions and/or referral to greater expertise. Part of this work involved facilitating Trusts to clearly define their expectations regarding intervention when NEWS are abnormal. Trusts are committed to ensuring escalation of NEWS is a priority and have worked with the HSCB and PHA to measure compliance with accurately completed NEWS charts.

Measuring Improvement

Mixed gender accommodation (MGA)

HSC is committed to the delivery of person centred care. International and national evidence has highlighted that the provision of single gender accommodation has been identified by patients and relatives/carers as having significant impact on maintaining privacy and dignity whilst in hospital. There is therefore an expectation that men and women will not be required to sleep in the same area.

In line with the DoH Guiding Principles for Mixed Gender Accommodation, each Trust has developed a policy for the management of MGA in hospital. During 2017/18 the PHA has engaged with Trusts to review the current processes for recording MGA to agree operational definitions and develop a regional monitoring template for reporting occurrences. Trusts have been using the Institute for Healthcare Improvement (IHI) improvement methodology to test and evaluate the revised monitoring process. Initially on a small scale within a small number of wards per hospital site, with view to scale and spreading during 2018/19.



3.3 Key performance indicators (KPI)

A regional group has led the development of high level KPIs for nursing and midwifery to measure, monitor and evidence the impact and unique contribution the nursing has on the quality of patient and client care. There are three domains which many Trusts are currently presenting via dashboard systems, which allow data sets to be viewed collectively across all wards and departments.

Examples of indicators

Organisational: absence rates; normative staffing ranges and vacancy rates.

Safe and effective care: incidence of falls, pressure ulcers, omitted or delayed medications, absconding etc.

Patient experience: consistent delivery of care against identified need; involvement of the person receiving care in decisions made about their nursing care; time spent by nurses with the patient.

Measuring Improvement

Below are two examples of KPIs which are measured within mental health and learning disability services:

• **Anti-absconding KPI**

Research evidence has demonstrated that patients who abscond from inpatient mental health settings have increased risk of harm to self and others, suicide, self-harm, and self-neglect.

The anti-absconding intervention draws on empirical research into patient and staff experience of absconding and outlines effective practice based activities that can be employed by staff to reduce episodes of absconding.

In May 2014, the South Eastern Health and Social Care Trust (SEHSCT) initiated a pilot of the East London and City Mental Health Trust Anti-Absconding Work Book. The results from the pilot were extremely encouraging, showing a reduction in absconding rates of 70% as compared to the base line audit. Following the success of the pilot, the PHA/HSCB worked with all Trusts to develop the first regional mental health KPI, focused on the anti-absconding intervention.

Data is collated using an agreed audit tool and reported quarterly to the HSCB/PHA. Year two data is now complete and Trusts are working on increasing compliance with all elements of the KPI Intervention with evidence suggesting that compliance with the KPI is having an impact on reducing incidents of absconding.

The PHA working closely with the HSCB hosted a regional learning event in October 2017. The event facilitated the sharing of learning from year one of the implementation of the Anti-Absconding KPI intervention and reflection on the experiences of front line staff, service users and carers.

Following presentations from each Trust participants had an opportunity to take part in group activity designed to encourage staff to think about what it is like for patients, who are often admitted without having had the time to prepare for the admission, and the impact this can have on them. Participants were then asked to discuss how they could facilitate home and social contact for patients which might help reduce the risk of absconding. Feedback from those who attended the event was very positive and the regional learning identified has been used to inform the ongoing implementation of the KPI.

Measuring Improvement

• Review of Psychological Therapy Training in Nursing

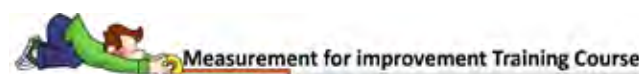
The provision of evidence based psychological therapies is fundamental in enabling psychological and personal recovery.

As set out in the 'You In Mind' Regional Mental Health Care Pathway, and other relevant guidance, mental health nurses are required to embed evidence based psychological therapies and recovery practice in the provision of all treatment and patient centred care.

In order to establish a baseline of psychological therapy practice across mental health nursing an audit tool was developed to test the psychological therapies KPI. Two cycles of data collection were completed as a pilot. This identified the need to establish the accredited training of registered in mental nursing across NI.

In October 2017, the PHA commissioned the HSC Clinical Education Centre (CEC) to carry out an audit which included training record audits and an online survey with staff working across all mental health settings and facilities in Northern Ireland. The findings of the audit have informed the next stages for the KPI.

3.4 Measurement for improvement masterclasses



During 2017/18 the HSC Safety Forum hosted a series of "Measurement for Improvement" masterclasses, facilitated by Paul Rafferty. These interactive sessions challenged participants to ask the following questions:

- Why measure?
- Is there an art to measurement?
- How can we illustrate and analyse variation?
- What are the steps for effective measurement?

Participants had the opportunity to explore the functionality of Excel and to bring along their own data to discuss and improve presentation. The technical skills were balanced with the clear message that data can win or lose hearts depending on how it is used to engage people. Feedback from the 50 participants, who were from a range of clinical and administrative positions, was extremely positive and further sessions are planned for 2018/19.

3.5 Implementation of National Institute for Health and Care Excellence (NICE) guidance

NICE is a non Departmental Public Body responsible for providing national guidance and advice to improve health and social care.

NICE

National Institute for
Health and Care Excellence

NICE produces different types of guidance, including:

- Technology Appraisals (new drugs, medical treatments and therapies);
- Clinical Guidelines (recommendations on the appropriate treatment and care of people with specific diseases and conditions); and
- Public Health Guidance (recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health).

The HSCB/PHA have put in place processes to take forward the implementation of Technology Appraisals, Clinical Guidelines and Public Health Guidance published by NICE and endorsed by the DoH.

During 2017/18, the HSCB/PHA issued 59 Technology Appraisals to the HSC and continues to monitor the implementation of 170 Clinical Guidelines which have been issued to the service.

The implementation of NICE guidance can often be the driver for change in a wide range of areas, as it provides commissioners, clinicians and other health care professionals with evidence based methodologies to improve and sustain higher quality outcomes for patients and clients.



More information about the Technology Appraisals and Clinical Guidelines that are being implemented can be found on the HSCB NICE webpage. (<http://www.hscboard.hscni.net/nice/>)

Measuring Improvement



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. Below are examples of outcome quality improvement secured, through a number of interventions.

4.2 Managed clinical networks

The purpose of a managed clinical network is to provide a regional platform to achieve consistency in care and drive quality improvement within the network and beyond with a family centred approach. The HSCB/ PHA lead the implementation of a number of clinical networks, some of which include:

- Paediatric Network
- Critical Care Network
- Neonatal Network
- Pathology Network
- Stroke Network
- Cancer Network
- Trauma Network
- Diabetes Network
- Radiology Network
- Pain Forum Network
- Lymphoedema Network

Below are two examples of how standards of health and social care have been improved through the work of the Northern Ireland Trauma Network.

Northern Ireland Major Trauma Network

The Northern Ireland Major Trauma Network supports the coordination of regional trauma services enabling patients with serious injury to receive timely, skilled, high quality hospital care, including rehabilitation and repatriation. In collaboration with all HSC, the Network is taking a whole system approach to developing processes and services to reduce mortality and morbidity rates for patients assessed as 'major trauma'.

In 2017/18 the Network Manager, Regional Clinical Lead and Local Clinical Leads (representing each HSCT) were appointed, as were a team of Trauma Audit Data Coordinators. Monthly meetings of the Network Board have provided strategic direction to the Network in line with its aims and objectives and the HSC Chief Executives' Forum supported the principle of a regional bypass and repatriation protocol.

A model for a designated Major Trauma Centre (MTC) has been agreed that includes a consultant-led trauma ward with additional intensive care beds that will support the introduction of a regional bypass protocol. This protocol has been developed in conjunction with the Belfast Health and Social Care Trust and HSCB/PHA and reflects NICE guidance for major trauma services and National Trauma Quality Indicators (TQUINS).

Raising the standards



Over 80 colleagues from trauma related specialties within the Trusts attended the Major Trauma Network's stakeholder engagement event in 2017. This provided an opportunity for people to learn about the Network and give feedback on suggested priorities to help develop the Network's first annual plan.

A Network Clinical Advisory Group (CAG) has agreed a Major Trauma Triage Tool and regional clinical protocols. This includes protocols for Whole Body Computed Tomography (CT), Traumatic Cardiac Arrest, Massive Blood Loss and a standardised Emergency Department Trauma document.

The Network's Nursing & AHP group provide multidisciplinary input and has undertaken a review of trauma training across Northern Ireland and developed a programme to support ward-based staff involved in providing care to patients following repatriation from the MTC's trauma ward.

In late 2017/18 service user representatives from the HSCB's Unscheduled Care Clinical Reference Group were engaged on the development of guidance and patient information relating to the Network's bypass and repatriation protocols.

A workshop on Supporting the Concept of Damage Control Surgery was held for surgical colleagues with expert speakers providing perspectives from various specialties on this subject. This supports regional preparedness for a mass casualty response as well as individual trauma cases. Future work on this will be to encourage clinical skills training for surgical colleagues.

Important work commenced in 2017/18 to submit trauma data to the national database of the Trauma Audit Research Network (TARN). TARN monitors and measures standards of care and patient outcomes for trauma in the region and by hospital site. Two Northern Ireland TARN clinical reports were received providing core data on trauma, a focus on head and spinal injuries and abdominal and thoracic injuries. This information will be used for service improvement and to underpin the Network's programme of work to improve standards of care and reduce mortality and morbidity for seriously injured patients.

Raising the standards

Modernising Radiology Clinical Network (MRCN)

The HSCB/PHA established the MRCN in 2013 following the 2011 RQIA investigations into unreported plain film examinations. The Network's primary role was to oversee implementation of the recommendations outlined in the reports. The Network currently functions as a clinical advisory and implementation collaborative aimed at ensuring high quality, safe and sustainable diagnostic imaging services for the people of Northern Ireland. It is led by a Network Manager from the HSCB, supported by a Consultant in Public Health.

Diagnostic imaging is an integral part of modern healthcare and provides approximately 1.8million investigations in Northern Ireland each year. Imaging services play a role in diagnosing and screening for virtually all major illnesses and contribute to the planning of treatment. There is increasing recognition of the need to place imaging early in care pathways to reduce the time to diagnosis and treatment and to improve efficiency and effectiveness.



Some of the key achievements in 2017/18 include:

- Continued collaboration with the DoH in the recently published review of imaging services. The MRCN was represented at all of the public consultation events for the review.
- Detailed workforce review of radiologists, radiographers and assistant practitioners which will inform the regional workforce exercise being led by the DoH.
- Securing annual increases in the number of training places for consultant radiologists, which has seen the scheme recurrently expanded from 37 to 49.
- Development of a new regional pathway to expedite CT staging of new known cancers.
- Continued collaboration with other cancer / clinical reference groups.
- Appointment of the first consultant radiographer in Northern Ireland to the breast service in the Western Health and Social Care Trust.
- Continued investment in training radiographers to optimise the skills of advanced practice radiographers.
- Collaboration with colleagues from the University of Ulster to inform the undergraduate training requirements for advanced nurse practitioners in radiation protection for referring rights.
- Fully operational regional programme of Imaging Services Accreditation Scheme (ISAS) accreditation outlined below.

Raising the standards

Imaging Services Accreditation Scheme (ISAS)

The Society and College of Radiographers (SCoR) and Royal College of Radiologists (RCR) have worked together to develop ISAS to provide assurance that diagnostic imaging services offer patients consistently high quality services, delivered by competent staff, working in safe environments.

ISAS is based on current professional guidance updated annually and is independently assessed by the United Kingdom Accreditation Service (UKAS).

The ISAS scheme focuses primarily on the patient and their pathway through the imaging system. This includes how they access care, how they are cared for after their discharge and the quality of the services provided for them.

The Modernising Radiology Clinical Network (MRCN) considers ISAS to be fundamentally important for the future safe, effective provision of quality imaging services for the people of Northern Ireland.

A regional approach to deliver ISAS has been agreed in order to optimise opportunities for sharing learning across Trusts. A lead ISAS radiographer and lead ISAS radiologist have been appointed in each Trust and a regional lead from the HSCB oversees the programme.



A special interest group for diagnostic imaging has also been established which will consider relevant clinical guidance, audits and standards relating to diagnostic imaging as well as actively contribute to future revisions of the ISAS standard itself. This is a positive development for Northern Ireland and a real opportunity to participate and contribute to clinical development across the UK.

The regional ISAS programme has been commended as an exemplar model for collaborative working and a number of health economies in England are now adopting the network approach to ISAS based on the Northern Ireland model.

4.3 Collaborative working

Mental Health Collaborative

The Mental Health Quality Improvement Collaborative, led by the HSC Safety Forum, continues to grow in strength. Since 2016 the work of the Collaborative has been focusing on the learning from the Thematic Review of Mental Health SAI Reports relating to Patient Suicides.

Templates have been developed by Trusts for safety briefings and the use of structured communication tools such as SBARD (Situation, background, assessment, recommendation, decision). These are now being tested, embedded and spread across mental health facilities in the Trusts.

The Collaborative also developed a core set of principles for reflective practice along with self-assessment questions and measures and Trusts are reporting success with these sessions.

To measure improvement in the overall culture, a Staff Safety Climate Survey was adopted. This was carried out in 2016 (baseline) and in 2017. In the 2017 survey more than 50% of the survey questions demonstrated positive increases in responses given.

Further developing the work of the Collaborative, the next topic will focus on communication with carers and, whilst in the early stages, there is already strong user and carer involvement.

Maternity Collaborative



In 2017/18 the Maternity Collaborative, led by the HSC Safety Forum has continued to support improvements in maternity services across Northern Ireland. The focus of the work has been safety in the intrapartum period of care. To support this work the HSC Safety Forum facilitated bringing the UK Practical Obstetric Multi-Professional Training (PROMPT) team to Northern Ireland to deliver the PROMPT programme in 2017. PROMPT is an evidence based multi-professional training package for obstetric emergencies. It is associated with direct improvements in perinatal outcome and has been proven to improve knowledge, clinical skills and team working.

In total there were 52 participants from Northern Ireland joined by 24 colleagues from the Republic of Ireland.

To reduce variation and improve patient safety, the Collaborative have continued work on cardiotocography (CTG) evaluation and management of sepsis. The Collaborative has also agreed a regional dosing regimen for the administration of oxytocin, for use in the induction or augmentation of labour. This has now been incorporated into all Trust policies and guidelines.

Raising the standards

The work of the Collaborative has been recognised as an exemplar of good practice in an international publication entitled 'Healthcare Systems Improvement Across the Globe' (Braithwaite 2017). Additionally, the SAI process, which is administered by the HSCB, runs a regional group for maternity SAI's. The learning identified through this process is referred to the HSC Safety forum Maternity Quality Improvement Collaborative to ensure regional consistency when implementing learning.

Sepsis Collaborative

Improving sepsis care in Northern Ireland has been recognised as a strategic priority by the DoH. A regional quality improvement group has been established to take this forward.

In 2017/18 a new Sepsis Collaborative was established, led by the HSC Safety Forum, to scale and spread implementation of the Sepsis Six care bundle. Sepsis Six is the name given to a collection of medical therapies designed to reduce mortality of patients with sepsis. Sepsis is a life threatening condition that arises when organ failure occurs in the context of infection. The focus of the work is on early recognition and treatment of sepsis in emergency departments, acute medical and surgical, intensive care and high dependency settings. A workshop was held in March 2018 where a range of health professionals from all Trusts had an opportunity to listen to Dr Vida Hamilton, National Clinical Lead for Sepsis, Health Service Executive, discuss the work to improve sepsis care in the Republic of Ireland.

The sepsis work in Northern Ireland is being deliberately linked to the regional antibiotic governance agenda given how important it is that these two strands of work coexist effectively.



Raising the standards

All Island Collaborative: Enhanced Care Guidelines

An All Island Collaborative Task Group has been set up by the Chief Nursing Officers in Northern Ireland and the Republic of Ireland, to take forward a piece of work to develop key principles for enhanced care that will be applied in both jurisdictions. The PHA has been involved in this collaborative initiative and has provided funding for the progression of the Northern Ireland pilot site. This work has been developed in line with the principles of Quadruple Aim. The Quadruple Aim model suggests that healthcare institutions simultaneously pursue four dimensions of performance. Namely:

- Improving the health of the population;
- Enhancing the patient experience;
- Reducing costs; and
- Improving the work life of healthcare providers, clinicians and staff

Enhanced care refers to the requirement of care outside of normal staffing levels. It is an activity where an allocated member of staff is constantly aware of the precise whereabouts of a patient through visual observation or hearing. Enhanced care should benefit both the patient and the staff involved. It is crucial that therapeutic activities appropriate to the patients' needs are undertaken as part of the enhanced care process.

Through collaborative working and aligning best practice guidance, the All Island Collaborative seeks to:

- Provide information through the development of a national all island guideline on shared key principles and outcome measures based on best practice;
- Provide guidance for the use of enhanced care observations that meets agreed patient needs, is cost effective and justifiable in each jurisdiction;
- Improve quality of care by ensuring that staffing and intervention reflect patient need;
- Support use of enhanced care in acute hospital and continuing care settings across the island of Ireland;
- Ensure decision making processes around assessment, alternative interventions, recording, and reassessment and monitoring of enhanced care are in place;
- Develop, test and implement local guidance to assess need and maintain safe patient care in each jurisdiction;
- Reduce the number of incidents relating to patient safety enhanced observations eg falls, complex behaviours etc.

Raising the standards

4.4 Strategy Implementation

Q2020

The PHA linking closely with HSCB, Trusts and Arm's Length Bodies lead the regional implementation of the Q2020 Strategy on behalf of the DoH. A number of taskgroups have been established to take forward work aligned to the Strategy. The focus for 2017/18 has been in the following areas:

- **Developing Professional Leadership** – this regional task group, chaired by Professor Charlotte McArdle, DoH, last year focused on standardising level 2 & level 3 training programmes aligned to the Q2020 Attributes framework.



- **Supporting staff involved in SAIs and other incidents** – this regional task group was chaired by Dr Cathy Jack, Belfast Health and Social Care Trust and Bob Brown, Western Health and Social Care Trust. Last year the group focused on understanding the level of support that was available to staff following an incident, and explored the concept of Schwartz rounds, in order to inform the development of a model of support for staff.
- **Strengthening our response to adverse incidents** – this task group, lead by Director of Nursing in Southern Health and Social Care Trust, focused on testing models to identify and implement learning following adverse incident within the Trust.

- **Developing a model for the development of Always Events in NI.** Last year the regional group, chaired by Mary McElroy, PHA focused on piloting an Always event in each Trust based on feedback from patient and client experience.

- **Improving patient safety through multi-disciplinary simulation & human factors training.** This regional group, chaired by Dr Mike Morrow, Northern Ireland Medical and Dental Training Agency and Caroline Lee, Clinical Education Centre focused on the development and testing of faculty relating to human factors and de-briefing last year. Additionally, the NI Simulation and Human Factors Network (NISHFN) continued to evolve, establishing specialist interest groups pertaining to human factors and paediatrics.



- Last year work began, led by Dr Mark Roberts, Safety Forum which aimed to ultimately **reduce the reoccurrence of the 3 main categories of Never Events.** This work will be progressed during 2018/19.

The PHA /HSCB hosted a regional Q2020 Event in November 2017 to coincide with world quality day. The aim of the event was share the work ongoing relating to Q2020 with the HSC. The event provided an opportunity to highlight the positive work which is on-going in relation to Quality 2020 and the wider quality agenda and provided a platform to share, learn and generate new ideas in relation to quality improvement.

Raising the standards

Dementia Together NI



The HSCB and PHA led the regional implementation of the Dementia Together NI (DTNI) project which ended in March 2018. This three year project far exceeded all expectations and targets.

The Dementia Together NI project received a number of prestigious awards and all four strands of the project have been independently evaluated by external evaluators and the findings were very positive.

Awareness raising, information and support

- Development of a public information website.
- Publication and distribution of 11 information booklets covering subjects as diverse as communicating effectively with a person with a dementia and choosing a care home to dental care, sight loss and planning ahead with dementia.
- Appointment of ten (Band 6) dementia navigators and development of operational guidance based on the findings of an external evaluation of the initiative.
- Appointment of 19 dementia companions in acute hospitals
- #STILLME, an extensive and effective public awareness campaign that included TV, radio outdoor, press, online and social advertising.
- Information developed for GPs and available on the GP intranet.

Short-breaks and support to carers

- Design (in collaboration with service users) and delivery of five short break pilot schemes. Schemes included extended domiciliary care services, befriending, night services and the provision of short vacations to 229 individuals.
- One hundred and eighty individual training courses provided information, training and support to 2463 informal carers.

Future of Dementia Together NI

Building on the success of the project, proposals have been submitted to the DoH in relation to the following, all of which are at various stages of development or implementation:]

- Publication (including promotional materials) and implementation of an agreed regional Dementia Care Pathway including the roll out of the Occupational Therapy Cognitive Rehabilitation Model which was initiated through the regional memory services collaborative. All Trusts have begun to look at how this pathway can be implemented and identifying the resources required.
- On-going work of the Delivering Social Change Phase 2 Dementia Project to develop improved e-health and social care systems and the collection and analysis of dementia care data. This project also includes a raft of research programmes over the next three years.

Raising the standards

- Improvements in dementia care in hospitals including implementation of recommendations from the audit of dementia care in acute hospitals and the roll out of John's Campaign.
- Improved locality planning processes to ensure meaningful engagement with local communities to build sustainable models for dementia care as new commissioning structures and processes are established.
- On-going work to embed the Learning and Development Framework and promote staff development within Dementia Care services.
- Promote research in three main areas - *cause, cure and care*.



Further information in relation to Dementia

<http://www.hscboard.hscni.net/dementia/>
www.NIDirect.gov.uk/dementia

Promoting Physical and Sensory Disability Strategy

The Physical and Sensory Disability (PSD) Strategy Implementation Group have operated on a co-production model. During 2017/18 a range of improvements which resulted in co-produced support for service users and staff have progressed including:



Regional communication support services

- Following extensive public consultation transition plans commenced in 2017/18 to transfer current communication support services for deaf and hard of hearing people to a regional shared service supplied by the Business Services Organisation

Sensory support service DVD

- Belfast Health and Social Care Trust Sensory Support Team produced a regional DVD on behalf of the PSD Strategy Implementation Group to provide information on sensory disability, possible causes and effects and supports. Service user's co-produced the DVD and shared their experiences of Sensory Support Team services.

Social networking services

- Social networking services were commissioned last year for people with physical and sensory disability. These services enable sustained community engagement for disabled people with the view to helping prevent disabled people needing care and support in the first place or from developing long-term dependencies on health and social care provision. All Trusts have implemented this initiative.

4.5 Improving partnerships

Developing eye-care partnerships

The Developing Eyecare Partnerships (DEP) strategy was launched in 2012 and led to a five year project to improve the commissioning and provision of eyecare services in Northern Ireland. The HSCB/PHA are jointly implementing the strategy. Below are some of the reported impacts of the work of the DEP project.

- **Patient**

I thought I had to go to the hospital to have my red eye checked but now I can go to my local optometrist.

- **GP**

Patients had come to me, then the optometrist, back to me, then to the hospital. Now they can go straight to their optometrist and onto the hospital for treatment.

- **The ophthalmologist**

I can now offer care to more glaucoma patients due to the extension of the roles of allied health professionals.

- **Nurse specialist**

I can now provide additional care to patients in the macular clinic as I have been trained in giving intravitreal injections.

- **Optometrist**

I can now view the details of my patients eye problem, straight from their electronic care record so that, like their GP and hospital clinic staff I can involve the patient in their care more.

THE DEP EFFECT

The Developing Eyecare Partnerships strategy was launched in 2012 and led to a five year project to improve the commissioning and provision of eyecare services in Northern Ireland.

Below are some of the reported impacts of the work of the DEP Project. For a copy of the final project report, please contact Ophthalmic Services within the Health and Social Care Board.

- 1 THE PATIENT**
I thought I had to go to the hospital to have my red eye checked but now I can go to my local optometrist.
- 2 THE GP**
Patients had to come to me, then the optometrist, back to me, then to the hospital. Now they can go straight to their optometrist and on to the hospital for treatment.
- 3 THE OPHTHALMOLOGIST**
I can now offer care to more glaucoma patients due to the extension of the roles of allied health professionals.
- 4 THE NURSE SPECIALIST**
I can now provide additional care to patients in the macular clinic as I have been trained in giving intravitreal injections.
- 5 THE OPTOMETRIST**
I can now view the details of my patient's eye problem straight from their Electronic Care Record so that, like their GP and hospital clinic staff, I can involve the patient in their care more.
- 6 THE SENSORY SUPPORT TEAM**
Patients in Northern Ireland are no longer "registered blind" so it is easier for us to offer vital support without causing anxiety.
- 7 THE EYE CASUALTY TEAM**
Optometrists now work alongside ophthalmologists in eye casualty which speeds things up for the patients.
- 8 THE HSC TRUST MANAGER**
Collective management of eyecare services has led to smarter use of resources.

The Developing Eyecare Partnerships (DEP) Project 2012-2017 was led by the Health and Social Care Board and the Public Health Agency on behalf of the Department of Health for Northern Ireland.

Raising the standards

- **The sensory support team**
Patients in Northern Ireland are no longer 'registered blind' so it is easier for us to offer vital support without causing anxiety.
- **The eye casualty team**
Optometrists now work alongside ophthalmologists in eye casualty which speeds things up for patients.
- **The HSC trust manager**
Collective management of eye-care services has led to smarter use of resources.

i For further information
<http://www.hscboard.hscni.net/our-work/integrated-care/ophthalmic-services/developing-eye-care-partnerships/>

Palliative Care in Partnership



Palliative Care in partnership

Palliative Care is about improving the quality of life for those with needs and improving the experience of those important to them. The Regional Palliative Care Programme – *Palliative Care in Partnership*, is led by the HSCB/PHA and brings together people with palliative care needs, those who care for them, clinicians and other professions, service providers, planners and DoH to ensure the delivery of a whole system, holistic approach to support and care. Ensuring that “what matters to me” is addressed for each person with palliative care needs, whether the need be physical, psychological, social or spiritual.

“
You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die.”
Dame Cecily Saunders

Raising the standards

For some people, where they are cared for, matters to them. Given the choice most people would prefer to be cared for in their own home (which include residential and nursing home) at the end of life. In 2016, 47% of all deaths occurred in hospital, compared with 52% on 2010. The Programme aims to support a greater number of people who wish to be supported in their own home. In order to achieve this aim, Palliative Care in Partnership Programme is working to:

- **Raise awareness of palliative care which includes events during palliative care week in September.**

Last year's theme was 'What have you heard?' which aimed to clarify some myths about palliative care.

- **Implement processes to have proactive earlier identification of palliative care need.**

Currently there are 46 GP practices engaged in an early identification prototype project with plans to expand to all practices in the coming year.

- **Allocate those with identified palliative care need a keyworker to help co-ordinate care across the system.**

Typically the keyworker will be the persons District Nurse. Some resources have been allocated towards District Nursing. District Nurses have also undertaken additional training to enable them support people with palliative care needs and those important to them as part of their role.

- **Provide tools to enable the opportunity for the public to have advance care planning conversations and record them if they wish to do so.**

In partnership with Macmillan Cancer Support the partnership has developed a free resource for the public to help them understand more about making plans for the future eg such as making a will, funeral plan or their wishes and preferences for care at end of life. In addition approximately 1000 staff have been trained in advance care planning.

- **Improved access to generalist and specialist palliative care services.**

There has been additional specialist palliative care posts across the region to ensure those with complex palliative and end of life care needs can be supported. Tools and guidance have been developed to support specialist palliative care professions such as the management of symptoms in palliative care & the role of the specialist palliative care professional.

4.6 Population Screening in Northern Ireland

Early diagnosis through screening can lead to improved outcomes for a number of health conditions. The PHA is responsible for commissioning and quality assurance (QA) of eight antenatal, newborn and adult screening programmes:

Antenatal and newborn screening programmes:

- Antenatal infection
- Newborn blood spot
- Newborn hearing

Adult screening programmes:

- Abdominal Aortic Aneurysm
- Bowel cancer
- Breast cancer
- Cervical cancer
- Diabetic Eye

The key aim of population screening programmes in Northern Ireland is the early detection of disease as early detection often produces better outcomes for patients. The programmes demonstrate and reflect the highest levels of service quality as set out in national guidance and specifications. In addition, assuring the quality of screening is a fundamental objective embedded within all population screening programmes. This remained a key task of the PHA within

2017/18. Rigorous checks and measures have, and continue to be, in place. Where necessary, recommendations to improve practice have been provided to HSC providers.

• Cancer screening

Early detection of disease through population screening programmes often produces better outcomes. However, it is recognised that deprivation is associated with lower rates of participation in cancer screening. The PHA awarded a three year contract to the Women's Resource and Development Agency (WRDA) to raise awareness and promote informed choice in uptake of the cancer screening programmes. In 2017/18, peer facilitators delivered 127 educational awareness sessions to participants from disadvantaged, diverse and sometimes remote backgrounds. This included Africa House Women's Group, Kates Bridge Rural Support Group, Rathlin Development and Community Association, and Shankill Sure Start.



Raising the standards

• Cervical screening

During 2017/18, the PHA worked with laboratories and primary care colleagues in the HSCB to take forward a number of initiatives to support the quality of the cervical screening service being delivered at primary care level. This included:

- Developing a process which enabled sample takers to record their own unique code against each sample. This improved the process for audit of individual performance, such as activity levels and inadequate rates and will allow audit reports to be generated for each primary care practice or clinic. The PHA also collaborated with primary care colleagues in the HSCB to develop an audit tool to support practices in undertaking audits and to help assure the quality of cervical samples being taken within practices.
- Developing a regional practice protocol for the provision of cervical screening services which was shared with all GP practices. The template may be adapted for use in each general practice and is aligned with current national and regional policy, standards and guidance for cervical screening. The intention is that this protocol will assist in standardising the service delivered at primary care level across Northern Ireland.



• Abdominal aortic aneurysm screening

Working with service users to explain individual programme aims and to increase uptake is clearly important. Within Abdominal Aortic Aneurysm (AAA) screening, service user engagement is facilitated through a range of recurring and targeted mechanisms. This includes the programme's annual service user event which brings together service users and programme providers to receive updates on programme performance, recent service developments suggested by service users and potential areas for improvement. Three patient representatives contribute to the programme's commissioning group to further support Personal and Public Involvement (PPI) and co-production initiatives related to the continued advancement of AAA screening in Northern Ireland.



• Training and development for screening

A key element of work has been to support and facilitate the ongoing training and personal development of staff within population screening programmes. For example, within the Diabetic Eye Screening Programme staff have undertaken eye screener-specific training. Likewise, staff within the AAA and Breast Cancer Screening Programmes have benefited from peer review training (professional and clinical advisor training) alongside colleagues from similar English NHS Screening Programmes. This is integral to maintaining excellence and high standards of programme delivery. It also ensures staff are trained and equipped to both undertake and participate in external quality assurance visits - the key benchmark for population-based screening programmes.



For further information on screening programmes please see <http://www.publichealth.hscni.net/directorate-public-health/service-development-and-screening/screening>

4.7 Working with marginalised communities

Black and Minority Ethnic (BME) Groups

The health of migrants and Black and Minority Ethnic groups is an important area of focus, because of the poorer pattern of health experienced by these groups. Whilst many minority ethnic communities have close social networks and strong cultural beliefs and practices which can promote health and social wellbeing, it is also known that their experience has led to patterns of health inequality.

In April 2012, the PHA in collaboration with the HSCB, commissioned the BHSCT to provide the Northern Ireland New Entrant Service (NINES) by building on their existing Tuberculosis (TB) screening and BCG vaccination programme for 'at risk children'.

NINES offer a range of clinics which include:

- an holistic assessment of the health and well-being needs of new entrants
- continuing the TB screening and targeted BCG programmes
- increasing uptake of vaccinations (other than BCG)
- assisting with primary care registration
- supporting transition to mainstream services
- signposting to appropriate health services.

Raising the standards

It has been essential to work closely with BME communities to increase engagement and participation and develop appropriate health promotion and peer education programmes to improve equity of service and the quality of care provided. Housing, poverty, community relations and education have a significant impact upon health and wellbeing and, in order to assist in addressing these issues, the NINES team has developed multi-agency links with other statutory and voluntary organisations.

A new 4 year pilot programme funded by PHA, '*Mental Health 1+1 Project*', supports the mental health and emotional wellbeing needs of BME communities. Three bi-lingual workers have been appointed to deliver support to local BME communities.

The project also aims to raise awareness within BME communities of wider services available beyond the project, and to make service providers aware of the need to adapt approaches to increase access from BME Communities. The project has highlighted that for European clients (clients predominantly Polish, Portuguese, Lithuanian) with little or no English, the main issue appears to be the language barrier, rather than a significant difference of cultural perspective on mental health. For African and East Timorean clients (predominantly Portuguese speaking) and for Chinese (both Cantonese & Mandarin speakers), a key cultural issue has been familiarising the client with the concept of mental health and emotional wellbeing, as something that they should and could enjoy.

Since 2012, the PHA has funded STEP (South Tyrone Empowerment Programme) to develop, manage and sustain an inclusive, collaborative, regional minority ethnic health and social wellbeing, good practice and information sharing network. A website has been developed which allows members to share good practice and keep up to date with BME activity. This, alongside regular e-alerts, seminars and an annual conference, focuses on members' needs and current issues which impact upon our BME population. This work builds on the strengths of members and has been an important mechanism for developing connections and improving outcomes.



For further information on STEP programme see www.strongertogetherni.org

Raising the standards

Travellers

It is difficult to accurately assess how many Travellers are currently living in Northern Ireland. The All Ireland Travellers Health Study (AITHS) carried out in 2010 estimate a population of 3,905 Travellers living in 1,562 families. The study also shows that the age profile of the Traveller community in Northern Ireland is markedly different from that of the general population, with 75% of people under the age of 30 years. Only 1% of Travellers are over 65 years compared to over 15% of non-Travellers. There are significant differences in life expectancy and other health and wellbeing outcomes for Travellers.

Consequently, addressing improvements in the circumstances in which Travellers live, learn and work, as well as improving access to services is essential. The Travelling community experience prejudice and racism in almost every aspect of life. This experience has a very detrimental effect on health and wellbeing.

The PHA and HSCB convened a Travellers Health and Wellbeing Forum in October 2010. The Forum, which includes Trusts, Education Authority, Traveller Support Groups, voluntary sector organisations and the HSCB/PHA, is committed to progress the



recommendations outlined within the *All Ireland Travellers Health Study*, particularly with regard to health and wellbeing. This is achieved through the development of a yearly action plan with the Forum meeting four times a year to report on progress and agree new priorities. A particular emphasis has also been given to emotional health and wellbeing and PHA commission *Aware NI* to deliver regional mental health and emotional wellbeing programmes for Travellers. The Forum also works with other agencies and seeks to influence a more coordinated approach to meeting need alongside informing mainstream services so that access is improved.

In addition to the Forum, the PHA commission services from the Southern, Western and Belfast Trusts to deliver a range of programmes to address the needs of Travellers.

Services include:

- community development
- family support
- health programmes
- training and education
- signposting to services such as smoking cessation, cancer screening
- drug & alcohol services
- support to engage in local services e.g. Healthy Living Centres
- cultural awareness training
- support to engage in conflict resolution within families and communities

Raising the standards



Event speakers pictured at the Dementia Together NI celebratory event. Back row (from L-R): Eleanor Ross, PHA, Seamus McErlean, hscb, Chris Matthews, DoH, Tara Collins, Dementia NI, and Professor Assumpta Ryan, Ulster University. Front row (from L-R): Jerome Dawson, DoH, Andrew Dougal, PHA, Lorna Conn, HSCB and Sarah Penney, Ulster University.



Above pictured at the Q2020 Event in November 2017. L-R Dr Carolyn Harper, PHA, Dr Michael McBride, DoH, Carol McCullough, service user representative, Prof Charlotte McArdle, DoH, Mary Hinds, PHA.

Theme five



**Integrating
the care**

5.1 Introduction

The HSCB and PHA are committed to ensuring the integrated HSC system in Northern Ireland is effective and that there is seamless movement across all professional boundaries and sectors of care. A number of key improvements were led by the HSCB/PHA last year. This made a significant contribution to raising the quality of care and outcomes experienced by patients, clients and their families.

5.2 Centre for Connected Health and Social Care

The Centre for Connected Health and Social Care (CCHSC), located within the HSCB and PHA, promotes the use of technology and innovation in the HSC system in Northern Ireland. The primary purpose of CCHSC is to improve patient/client experience and to provide better quality and more effective care.

During the year the CCHSC continued to contribute to improving health and wellbeing through a number of partnership activities including:



e-Health and Care strategy

CCHSC has led the implementation of the eHealth and Care Strategy, ensuring that the strategic aims of the HSCB/PHA are fully reflected contributing to all of the workstreams, with a focus on supporting people, sharing information and fostering innovation projects. The CCHSC has also been supporting work on the 'encompass' programme, supporting various engagement activities and developing the Personal Public Involvement model to support involvement of patients, carers and the public.

HSC Online

A health conditions A-Z platform is being developed which will provide a comprehensive suite of health information, supporting people to make decisions in relation to their personal illness and chronic conditions. Hosted by *Nidirect*, the HSCB eHealth initiative developed in conjunction with the PHA will promote self-management where appropriate, and help people decide whether their condition has reached the threshold where advice or clinical assessment is required. It will link to signposting of appropriate services, assisting people in accessing services they require. Links will be provided to GP practices to book appointments online and order prescriptions, where these services have been made available by practices. In parallel, work will continue migrating content currently hosted on HSCB/PHA websites, to the *Nidirect* platform.

eHealth and Data Analytics Dementia Pathfinder Programme

CCHSC has been delivering the eHealth and Data Analytics Dementia Pathfinder Programme of work. The programme can be divided into two distinct areas:

- **eHealth projects** comprising of:
 - a **patient portal** and **app** for people with a diagnosis of dementia and their carers linked to the Northern Ireland Electronic Care Record (NIECR), as well as providing the IT infrastructure and security to support such portals and apps;
 - the development of a new patient care pathway, through the support of **"Project ECHO"** for dementia;
 - a local enhanced service for the completion of **key information summaries (KIS)** in the NIECR for the majority of dementia patients. This will mean that the patients will be recognised and flagged as having dementia across the electronic system.
- **Data analytics** projects comprising of:
 - **Setting up of data analytics platform and team** to undertake a scoping study to develop data analytics capability within health and social care;
 - **Commissioning Queen's University Belfast research** to develop a strong academic research base, ensuring clinical input and data analytics expertise is at the heart of the programme and can link, learn and disseminate information to the

data analytics team from international and best practice approaches;

- **Dementia analytics and research projects** - to commission ten dementia analytics projects exploring issues critical to patient outcomes and service planning and to assist in service development and design.

EU Engagement and projects

CCHSC is a member of DoH-led EU Engagement Forum set up to inform strategic directions and co-ordinate information about EU funding streams and networks. CCHSC led by HSCB / PHA works with Trusts, universities and industry to pursue both UK and EU funding opportunities to support HSCNI's contribution to the work of the European Innovation Partnership on Active and Healthy Ageing (EIP AHA).

5.3 Integrating care at home

24 hour District Nursing care

During 2018, *A District Nursing Framework 2018-2026 - 24 Hour District Nursing Care No Matter Where You Live* was launched. The Framework aims to provide the strategic direction for the provision of district nursing services in Northern Ireland. It paves the way for developing a service that is innovative, collaborative and transformed, available 24 hours a day, seven days a week, no matter where the patient lives. An outcomes based approach has been adopted for the four principles in the framework, which are

- Person centred;
- Efficient and effective;
- Expert;
- Integrated and population based around General Practice.

A number of improvement priorities, actions and indicators of success have been identified for each of the four principles. The PHA will be responsible for taking forward the implementation plan linking closely with HSCB and other stakeholders to progress the outcomes in this Framework, using a collective leadership approach.

Prof Charlotte McArdle, DOH Chief Nursing Officer:

“I believe this Framework sets the way forward for all of us to work together to deliver a world class district nursing service. I am confident that the implementation of the Framework will have a valuable impact on

delivering safe and effective person centred care by district nurses and their teams in community settings.”

Transformation of the home oxygen service

Oxygen therapy is vital in supporting adults and children with breathing difficulties, including those with long-term medical conditions such as cystic fibrosis and chronic obstructive pulmonary disease (COPD). Access to oxygen at home helps users to manage their symptoms so that they can live effectively in the community, rather than needing to be cared for in hospital.

The provision of oxygen therapy involves a range of health professionals in secondary and primary care settings who contribute to the patient's journey of care from initial clinical assessment to the supply of oxygen at home.

Currently there are approximately 4,000 patients on oxygen therapy at home in Northern Ireland.



Old service model

In Northern Ireland, oxygen therapy can be prescribed by GPs. The GPs assess the clinical needs of patients and determine the appropriate oxygen flow rate and hours of use per day. The service model required a large amount of communication between secondary care to advise GPs on prescribing. The service does not make any provision for the modern modalities to supply long term oxygen, nor does it make provision for a four hour response rate to allow discharge from hospital, offer a tapped install service to allow a safer installation of oxygen, or offer a 24/7 call-out service.

Transformed service model

Advances in oxygen technology, especially portable and transportable concentrators and liquid oxygen mean that patients with high oxygen demands can be supported to live at home, be active and have greater freedom and autonomy in managing their oxygen needs. In April 2017, 3752 patients received a home oxygen concentrator via the specialist oxygen contract. This may have been a standard, portable, transportable or self-fill concentrator. The average number of new patients per month is 210.

Community pharmacy hidden carers pilot

The Community Pharmacy Hidden Carers pilot began in the South Eastern Local Commissioning Group (LCG) area. Evidence shows that many carers become isolated through the demands of their caring role and are twice as likely as those who are not in a caring role to suffer from ill health. The aim of the pilot was to use community pharmacists to identify those carers who were not currently in touch with services and therefore unidentified. The role of the community pharmacist was to promote the Carers Support Service and thereby enable carers presenting at pharmacies to avail of the services.

Forty four pharmacies in the LCG area took part in the pilot and mandatory training sessions were held. An evaluation of the pilot was undertaken and the results showed that there were 61 referrals across the participating pharmacies. Thirteen of the carers were contacted for detailed feedback of the service. Ten of those contacted reported that they would not have known that the Carer Support Service was available if they had not been identified by the pharmacist. The evaluation recognised the value of community pharmacies in identifying hidden carers and recommended continuation of the pilot in the area and consideration of rollout across other areas. The service has been extended for a further six months across the South Eastern LCG. Both the Northern and the Western Trusts have identified funding to commence the project. The Southern Health and Social Care Trust hope to introduce the service and provisional discussions have also been held with Belfast Health and Social Care Trust.

5.4 Local enhanced services

Key Information Summaries

HSCB developed a Northern Ireland local enhanced service to introduce and train GPs in the use of key information summaries in 2017/18. The key information summary (KIS) is a summary of medical history and patient wishes. It allows GPs to record useful data about their patients which is then visible on the electronic care record (ECR) in unscheduled care settings such as GP out-of-hours and emergency departments. The information contained in the KIS helps to ensure improved patient safety and continuity of care. It allows accurate information to be quickly identified in an emergency and avoids key information having to be repeated several times.

Patients with dementia were identified as a group who would particularly benefit from use of the KIS therefore there was a particular focus on this group of patients.

A total of 152 GP practices were contracted to provide the KIS enhanced service in 2017/18 and have all completed the relevant training. The contracting GP practices are expected to have completed 5781 KIS assessments by the end of June 2018 with KIS assessments completed on 50% of their registered dementia patients. This will equate to 3374 assessments on dementia patients by the end of June 2018. By 31st March 2018 a total of 3464 KIS assessments had been successfully completed by GPs.

Oral Surgery - Personal Dental Services Pilot 2017/18

In 2017/18 an oral surgery Personal Dental Services (PDS) pilot was established to improve patient access to specialist oral surgery treatment within primary care and to reduce demand on secondary care. Within primary care in Northern Ireland there are six specialist high street oral surgery (HSOS) practices which treat health service patients on referral from general dental practitioners. However, in recent years HSOS activity under the health service has declined dramatically with providers citing economic reasons.

The oral surgery contractual arrangement being piloted offers HSOS practices a more viable business model but at the same time requires from them a greater commitment to health service provision. The pilot benefits the wider HSC through reduced pressure on secondary care, more effective use of Trust resources, increased value for money and greater financial control and predictability.



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Outcomes are positive for patients as well as overall waiting times are reduced. Although in its infancy and still being evaluated, the pilot has clearly been successful in reversing the downward trend in the high street oral surgery service.

Additional key 2017/18 pilot outcomes include:

- Approximately 3000 more patients in 2017/18 received specialist oral surgery care within primary care than during 2016/17 (an increase of 26%).
- Equity in patient access has improved as service provision has increased across all five LCG areas.
- 1271 fewer oral surgery referrals were made to secondary care during the pilot period than in the same months of the previous year (a reduction of 12%).

A second phase of the oral surgery pilot is currently ongoing to allow for continued primary care oral surgery service provision, more extensive pilot evaluation and potential further refinements to the future service model.

Management of *Clostridium difficile* in the independent sector care and residential home setting



Laboratories in Northern Ireland notify the PHA of all *clostridium difficile* infections. On notification a reporting proforma is completed which contains information about the patient and associated risk factors, including antibiotic history in the last four weeks. Following completion of the proforma prompt Infection Prevention and Control (IPC) is given in relation to isolation of those infected, hand hygiene, appropriate use of personnel protective equipment, environmental and equipment cleaning and decontamination. A guidance pack containing the advice is also emailed to the facility.

A twice weekly risk assessment review of all notifications is completed where they are risk assessed and decisions are made about the ongoing management. These meetings aim to provide assurance about IPC practice and can include;

- The provision of further expert advice and support via telephone or through the completion of support visits to the facility. The visit can also be used to gather information about IPC practice.

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- Sharing of audit tools to help provide assurance of IPC and control practice such as hand hygiene and equipment audit.
- Support through teaching sessions for staff in relation to IPC – including the theory and practice.
- Providing a link between independent sector care home, GPs, Trusts and the Regulation Quality Improvement Authority (RQIA). These links ensure the direct dialogue of all stakeholders, continuity of approach will enhance resident safety.
- Encourage compliance with antimicrobial stewardship through awareness of Northern Ireland primary care guidance and through direct access to HSCB pharmacy colleagues.

A root cause analysis is carried out where appropriate, following a confirmed case of *clostridium difficile* infection. This analysis can identify factors that may have contributed to the person acquiring the infection. Learning is then shared with the relevant agencies.

5.5 Criminal Justice Healthcare

The DoH and Department of Justice (DoJ) consulted on a draft joint healthcare/criminal justice strategy in 2017/18. The PHA and HSCB were instrumental in driving forward a number of recommendations for the regional action plan. Progress has included:

- An associated services multidisciplinary team for prison healthcare has been reconstituted; a mandate and work plan has been agreed.
- As part of commissioning team, work has been ongoing to formulate a plan to outline the requirements for the future service.

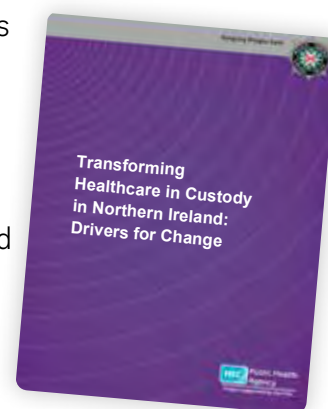
- As part of a ten point plan, proposals have been made to the DoH to take forward a number of transformation proposals to build on and progress the health needs assessment in prison environments.

During 2017/18 a multidisciplinary workforce review has been initiated and this will be evaluated in line with the service requirements, demand and supply of the recommended workforce for prison healthcare.

Joint PHA and PSNI Police Custody Pathfinder

A number of consultations and a regional workshop has taken place with key stakeholders to progress recommendations for the development of a Trust led model for healthcare in custody. The PHA in conjunction with DoH, DoJ and PSNI and the Belfast Health and Social Care Trust is leading work to develop a Trust led model for healthcare in custody. A joint funding envelope has been agreed to progress and test the model through a nurse led pathfinder in 2018.

The specification for the pathfinder has been successfully established with a plan to have this in place by September 2018. In parallel to this the regional roll out for nurse led services in custody suites is being progressed by a regional Task and Finish group co-chaired by PHA and PSNI.



5.6 Integrating the care for Learning disability services

Annual health check: patient pathway to support the development of a health and wellbeing plan

Health and wellbeing plans identify the personal health and wellbeing needs of individuals and describe the actions to empower individuals to make healthy choices to improve their health. Within the learning disability services a core quality indicator specifies that each person with a learning disability who receives an annual health check should have a health and wellbeing plan in place.

A patient pathway has been developed as well as detailed guidance in order to assist Trusts with the implementation of individual health and wellbeing plans for adults with a learning disability. The pathway and guidance will facilitate a consistent regional introduction to the development and implementation of health and wellbeing plans. A multi-disciplinary approach will describe roles and responsibilities and ensure the plans become integral and routine to existing assessment, care planning and review processes.

HSC Hospital passport for people with learning disability

The PHA has worked with HSCB and Trusts, education providers, people with a learning disability and their families and carers, to design the Hospital Passport and guidance notes for staff.

This involved consultations with a wide range of individuals with a learning disability, healthcare staff, voluntary organisations involved in the support and delivery of services to people with a learning disability, and family and carers.

The purpose of the Hospital Passport is to provide important information about the person with a learning disability. This information will help staff in general hospital settings make reasonable adjustments in order to support safe and effective care. This in turn will improve patient/client experience of care and treatment.

HSC Hospital Passport

For people with a learning disability in contact with a general hospital

Your Hospital Passport will help to let hospital staff know all about your abilities and needs. This will help them give you better care when you are in hospital. Please ensure that your information is up to date.

To staff:

Please read this regional Hospital Passport and make reasonable adjustments *before* you undertake any assessment, examination, treatment or care. Try to make this passport easily available to all staff involved in care.

HSC Health and Social Care

The Passport was launched in May 2017, with copies being distributed to each of the Trusts and to a number of the larger community and voluntary sector organisations working with people with learning disabilities across Northern Ireland.

In August 2017 following feedback received from healthcare professionals and carers the Passport was also made available in an accessible format. Individuals can type onto the document, print or save to a mobile device. The PHA has also provided a PPI award to an Association for Real Change (ARC) project called *Telling It Like It Is* (TILII). TILII is an organisation that works with individuals with a learning disability, who assisted with the evaluation of the Passport. TILII has engaged with peers to develop an easy read evaluation tool that can be used as part of the wider PHA evaluation.



Both the Passport and guidance notes are also available to download from the PHA website. <http://www.publichealth.hscni.net/publications/hsc-hospital-passport-and-guidance-notes>

5.7 Quality improvement: babies, children & families

Getting Ready for Baby



The Early Intervention Transformation Programme (EITP) aims to improve outcomes for children and young people across Northern Ireland through embedding early intervention approaches. There are a total of three workstreams within EITP. Workstream one is divided in to two areas

1. Getting Ready for Baby
2. Getting Ready for Toddler.

Getting Ready for Baby is a new way of delivering care and supporting first time parents through pregnancy, labour and birth and preparing for the early days of baby's life. It links antenatal appointments and parenting group support for the first time in Northern

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Ireland. This means that first time mothers will be part of an antenatal parenting group that meet at various points during pregnancy and will also receive antenatal care at this visit.

Getting Ready for Baby helps new parents get to know and develop a relationship with their baby using the Solihull Approach, an evidence based programme focused on emotional health and wellbeing. Getting Ready for Baby is currently only for first-time mothers with no major health issues.

Extensive data collection has been ongoing and the programme has received excellent feedback from a number of sources using questionnaires to evaluate. Feedback comments included:

“The assurance of knowing others are experiencing the same ups and downs as you makes pregnancy much easier. You will leave armed with knowledge, confidence and a support group for life. The midwives are fantastic and will guide you through this wonderful time”.

3+ Review

Work Stream One of EITP has designed an evidence informed approach to the 3+ Health Review using an integrated health and education review for children in their pre-school year. Whilst this is intended to be a holistic review, particular focus is on social, emotional and behavioural development.

As part of the programme the health visiting service will work together with nursery school principals and pre-school leaders to offer a 3+ Health Review for children attending pre-school education. The 3+ Health Review requires the parent/carer to complete a questionnaire and attend a short interview at the pre-school setting with the health visitor. The pre-school leader/nursery school teacher also has the opportunity to highlight any concerns or issues. It is designed to be easy to complete by parents at home or in the pre-school education setting with minimal support.

The 3+ Review has been well received by parents and this has been highlighted in the parent questionnaires.

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EITP Publications

The PHA worked with a number of key professionals across Northern Ireland to standardise child development public health information which was supported by the EITP.

A targeted consultation supported by Parenting NI, was conducted alongside the development of these messages to ensure they were appropriate to service user needs. This information has been distributed to Trusts, GP practices, Early Years settings and libraries to ensure messages are cascaded to help improve the health and well-being of children.



<http://www.publichealth.hscni.net/publications/playing-parents-number-one-three-posters>

<http://www.publichealth.hscni.net/publications/helping-your-baby-learn-talk>

<http://www.publichealth.hscni.net/publications/helping-your-child-learn-talk>

Safe sleeping

As a result of the findings of the Northern Ireland Infant Death Thematic Review (2015) we have a better understanding of sudden and unexpected infant death in Northern Ireland.

The PHA used the findings from the thematic review to highlight the key messages which aimed to prevent further deaths, and improve

the health, safety and wellbeing of children. In consultation with practitioners from the key disciplines across the Trusts two new resources have been developed to assist practitioners to provide consistent messages about safe sleeping regularly both in the antenatal period and postnatally. The resources include a Parent Information Card and a Risk Assessment Tool.



Children with Special Educational Needs

The PHA hosted a number of regional workshops with staff from Trusts, the Education Authority and Department of Education to improve health input to the educational statutory assessment process. From these events a number of recommendations and actions have been put in place which will ensure regional standardisation of health advice in the statutory assessment process. This will ensure that children with Special Educational Needs (SEN) are identified and assessed in a timely manner, and advice provided within the statutory assessment process is provided within the specified timeframe. There was a high level of co-operation between health and education in ensuring this work meets the legislative requirements of the Children's Services Co-operation Act (Northern Ireland) 2015 to improve children's wellbeing.

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Supporting speech, language and communication (SLC) in Sure Start

There are 39 Sure Start projects delivering services in the 25% most deprived areas in Northern Ireland. The supporting speech, language and communication (SLC) programme in Sure Start aims to:

- support parents and staff to provide language rich environments;
- support early identification of SLC need; and
- ensure timely access to appropriate additional support.

To achieve the aims of the SLC programme, the PHA, working with key stakeholders, implemented *Wellcomm*, a speech and language screening tool in order to:

- help with the early identification of speech, language and communication needs

- help identify the appropriate type of SLC support
- monitor the SLC progress of the children

The Wellcomm Screening tool uses a red, amber, green scoring system to indicate if a child's language is age appropriate (green), has some difficulties (amber) or is delayed (red). It was administered in Sept/Oct 2016 prior to the SLC development programme being implemented and then re-administered in May/June 2017 following the SLC development programme.

| SLC Programme Target | Achieved |
|--|---------------------------------|
| 100% of eligible children 2-3 year old will be screened using the Wellcomm Screening tool. | 96% |
| Wellcomm Screening will be carried out by Early Years staff in 100% of 2-3 year old. | 97% |
| To ensure consistency in the accuracy of screening, annual regionally agreed Wellcomm training will be delivered by SLTs in 100% of Sure Start projects. | 100% |
| There is consultation with SLT regarding all children who score red on Sept/Oct screen and these children are signposted to appropriate services. | Achieved within each local area |

Did the SLC programme improve the outcome for 2 3year old children?



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