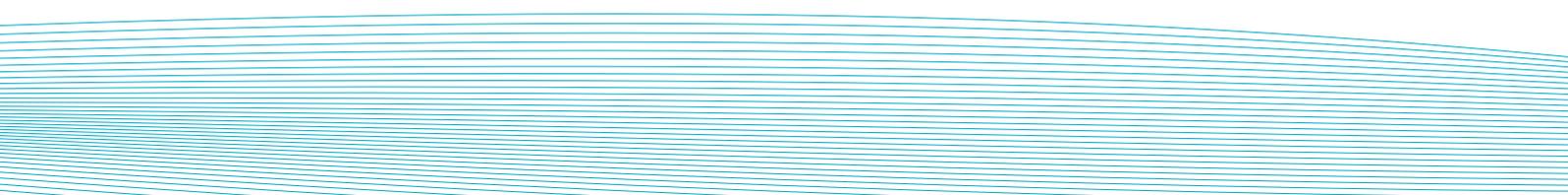


ANNUAL QUALITY REPORT

2017/18



Northern Health
and Social Care Trust



The Northern Health & Social Care Trust (NHSCT) provides health and social care services to a population of approximately 470,000, which is the largest resident population in Northern Ireland. The Trust employs approximately 11,900 staff across a range of disciplines.

As Chief Executive, I am pleased to share the Trust's sixth Annual Quality Report which demonstrates our commitment to delivering safe, high quality care, and our focus on the well-being of the people we serve, and those who work for us.

The report describes the achievements and challenges we have had during 2017/18. I can report that, over 2017/18, we have continued to make real progress against key objectives.



Service reform and modernisation (driven by our Reform and Modernisation Plan – RAMP, now in its third year) continued to be top of our agenda this year. Our Innovation and Quality Improvement (IQI) and Partnership and Engagement approaches are key enablers to RAMP, along with an active programme of supporting our people pulling collective leadership, and deliberately seeking close and seamless co-ordination of services across boundaries.

We recognise that continuous improvement in the way we do things and meaningful partnership between the communities we serve and all our staff is essential if we are to meet the challenges health and social care faces.

Central to RAMP and IQI is staff and patient engagement through co-production/design in the delivery of innovation and quality improvement approaches to delivery of care. We are working in partnership with Integrated Care Partnerships (ICPs), Councils, Community and Voluntary Sector organisations and Service Users and Carers with regard to the newly implemented locality based services.

In addition, during 2017/18 the Trust participated in the Institute for Healthcare Improvement (IHI) facilitated "Breaking the Rules for Better Care" week, and the 'What Matters to You?' campaign. Both of these initiatives provide an opportunity for staff and service users to tell us about the 'rules' that get in the way of patient care, and the aspects of our patient's care which are most important to them. Action plans have been developed based on the feedback and these are being progressed within the context of the IQI Strategy delivery.

The Trust has been recognised on a number of occasions for exceptional performance or individual achievement and, in May 2017, the Northern Trust was one of the CHKS (Caspie Healthcare Knowledge Systems) Top Hospitals, an accolade awarded to the top performing CHKS client trusts.

I would like to take this opportunity to thank all our staff for their hard work and continued dedication to providing the highest quality of care. I would also wish to acknowledge the centrality of our patients and clients in everything we do.

A handwritten signature in black ink that reads "Tony Stevens". The signature is written in a cursive, slightly informal style.

Dr Anthony Stevens

In 2011, the Department of Health, Social Services and Public Safety (now renamed to Department of Health (DoH)) launched Quality 2020: A 10 Year Strategy to 'Protect and Improve Quality in Health and Social Care in Northern Ireland'.

The Strategy defines quality under 3 main headings:

- **Safety** – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them
- **Effectiveness** – the degree to which each patient and client received the right care, at the right time, in the right place, with the best outcome
- **Patient and Client Focus** – all patients and clients are entitled to be treated with dignity and respect, and should be fully involved in decisions affecting their treatment, care and support

The Trust Annual Quality Report is set out in line with the 5 strategic themes within the Quality 2020 Strategy. These are:

1. Transforming the culture
2. Strengthening the workforce
3. Measuring the improvement
4. Raising the standards
5. Integrating the care

The Annual Quality Report aims to increase public accountability and drive quality improvement within the Northern Trust. It reviews past annual performance against corporate priorities and the goals that were set, and identifies areas for further improvement over the coming year.

The Northern HSC Trust clearly identifies continual quality improvement as a key priority in the delivery and modernisation of health and social care.

ABOUT THE NORTHERN TRUST

It has been a busy year for the Trust with increasing demand for our services, and this is reflected in the increase in our activity:



75,309
inpatients

(this figure includes acute, community and mental health)

261,965
acute outpatients



178,957
mental health
outpatients

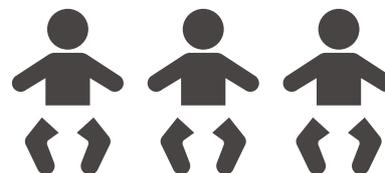


143,874
emergency
department
attendances

28,226
day case
patients



3,848
BIRTHS
(including homebirths)



674
children
looked
after by
Trust



467
children
on child
protection
register



4,370
domiciliary care packages for older
people provided in the community

THEME 1:
Transforming the culture



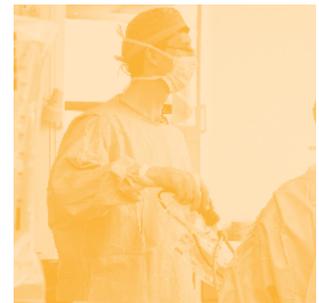
THEME 2:
Strengthening the workforce



THEME 3:
Measuring the improvement



THEME 4:
Raising the standards



THEME 5:
Integrating the care



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THEME 1:

Transforming the culture

The Trust's culture is defined by its CORE values of Compassion, Openness, Respect and Excellence. The Trust's quality improvement strategy, IQI, builds on these values to encourage innovation and new thinking and embrace change. We truly believe in a community of leaders where everyone has the chance to change and improve services, to "lead from the edge".

Our Vision
To deliver excellent integrated services in partnership with our community

Our Values

C COMPASSION We will treat the people who use our services and our colleagues with compassion.	O OPENNESS We will display openness and honesty with our patients, clients and colleagues, acting with integrity, providing professional, high quality services and support.	R RESPECT We will respect the dignity, diversity and individuality of all our patients, clients and colleagues, promoting equality and addressing inequality.	E EXCELLENCE We will strive for excellence, as a community of leaders through consistent delivery of services and applied learning.
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HSC Northern Health and Social Care Trust

PATIENT & SERVICE USER EXPERIENCE

The Trust has in place a programme of active engagement with service users (often using the 10,000 Voices approach) in the design of new models of care for outpatients, domiciliary care, reform of Child Development and Emotional Health and Wellbeing services, breast care surgery and unscheduled care.

10,000 VOICES

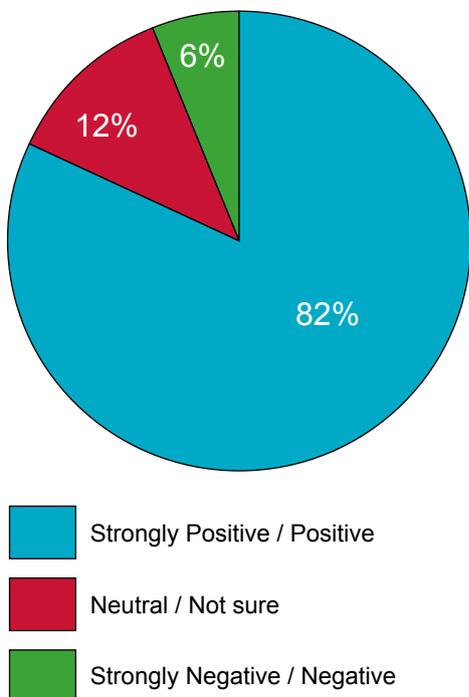
This initiative is based on the principles of Experience-led Co-Design where patients, clients, family members, carers and staff describe their experience of receiving and delivering health and social care in Northern Ireland. Their experience is documented in the form of a unique and individual story. The story is analysed and

interpreted to highlight areas for improvement within the specific service area.

The 10,000 More Voices initiative continues using a phased approach including regional and specialist projects. At 31st March 2018, a total of 12,670 patient stories have been returned regionally of which 2,897 (22.8%) are stories relating to care and treatment within the Northern Trust Area. Stories continue to illustrate compliance with the patient and client experience standards.

For the stories collected in NHSCT between April 2017 & March 2018, the following chart summarises the rating of the stories received.

Rate of experience of patients, clients and family in NHSCT, April 2017 - March 2018



continue to build on these areas of practice and continue to strive for excellence.

The Trust programme of data collection continues to support learning from patient experience feedback from wards, theatres and recovery and from services that provide care and treatment to adults who have diabetes.

Next Steps

The NHSCT are committed to the 10,000 More Voices Initiative and look forward in 2018/2019 to hearing from and listening to our patients, clients and their families about 'What Matters' to them. This information is recognised as a key element of quality to define what we do well and what we can do better providing the opportunity for reflection, learning and service improvement at Trust level as well as informing at regional level for improvement and commissioning.

We will continue to work on two always events as set out in the regional priorities:

**REGIONAL PROJECTS
APRIL 2017 – MARCH 2018**

EXPERIENCE OF EYE CARE SERVICES

This provided helpful feedback regarding Trust signage and appointment reminders.

MEALTIME MATTERS

The purpose of Mealtime Matters is to protect mealtimes from unnecessary and avoidable interruptions, providing an environment conducive to eating, and supporting good patient nutrition, assisting staff to provide patients/clients with support and assistance with meals, placing priority on food at mealtimes.

**NORTHERN HEALTH AND SOCIAL CARE TRUST PROJECTS APRIL 2017 – MARCH 2018
EXPERIENCE OF HEALTH VISITING**

Of the respondent stories received, 96% were positive / strongly positive. The feedback received allowed the service to identify areas of care that are important to our service users, such as friendly approachable staff, good quality information, timely visits and appointments, appropriate signposting to other services and staff that are knowledgeable, non-judgemental and confident in all areas of practice. The Service will

REDUCTION IN NOISE AT NIGHT

A number of actions are being taken forward on the basis of our inpatient survey. We will trial a noise monitor in one area to establish if this assists in increasing awareness of noise at ward level. Welcome packs containing eye masks, ear plugs and supporting information will be trialled in one acute ward.

PERSONAL & PUBLIC INVOLVEMENT (PPI)

Our vision is “to deliver excellent integrated services in partnership with our community.”

Partnership is a strong element of our vision and it is also a strong element of the culture we want to create. We want to work in partnership with staff, patients, service users, families and local communities to design and deliver excellent services.

Our senior management structure ensures that engagement and involvement of service users and carers is integrated into governance arrangements. The Deputy Chief Executive and Director of Operations is responsible for implementing PPI and for providing assurance to our Trust Board that we are complying with our statutory obligation to engage with service users and carers.

We have established good external support structures to ensure effective collaborative working and the sharing of good practice. Our User Forums are established groups of individuals and representative organisations who have a keen interest in the standard and quality of our services. They work in partnership with Trust staff to ensure that their views are part of the planning, delivery and monitoring of services.

The Trust believes that service users and carers have unique expertise which should be used to influence and redesign services. Through strong leadership we continue to embed PPI into our work and do all we can to make sure that our services reflect the feedback we have received from service users and carers, embracing co-production as the pinnacle of the engagement and involvement process.

This year has been busy for all our staff in the promotion of personal and public involvement in the planning and delivery of services.

The following are a few examples of how service users, carers and the public have had the opportunity to be involved across the organisation.

In December 2017, over 40 service users, carers and Trust staff attended a workshop called ‘Making Involvement Work’. Partnership is a strong element of the Trust’s vision and it is also a strong element of the culture we want to create. The purpose of the co-design workshop was to learn how service users and carers want to be involved in decision making and to design our new personal and public involvement (PPI) plan. We used the session to find out how people want to be involved. The workshop confirmed that participatory approaches to gathering service user and carer views also offer participants the opportunity to network and learn from each other. The information gathered will go towards shaping our new engagement and involvement plan.

In March we invited a number of carers to join us to co-design the new carer support events plan for the next year. The programme for the day was centred on the Public Health Agency initiative “Take 5 Steps to wellbeing” and was used to generate ideas. Working in partnership with the Northern Region Recovery College we will develop bespoke classes for carers to help them in their caring role. The workshop was an opportunity for carers to let us know how they see carer support and what events will help them develop their personal development and wellbeing. Carers will also help shape the events by sharing their experiences and supporting other carers in the next year through co-production of resources and training.

During the year the Trust’s Recovery College was awarded a certificate at the ‘Excellence in Co-Production Award’ presented by the Patient and Client Council for the successful involvement of its stakeholders in service provision through co-production. The College involves carers, service users and a range of professionals who all work together and each course is co-produced and co-facilitated by Recovery College trainers.

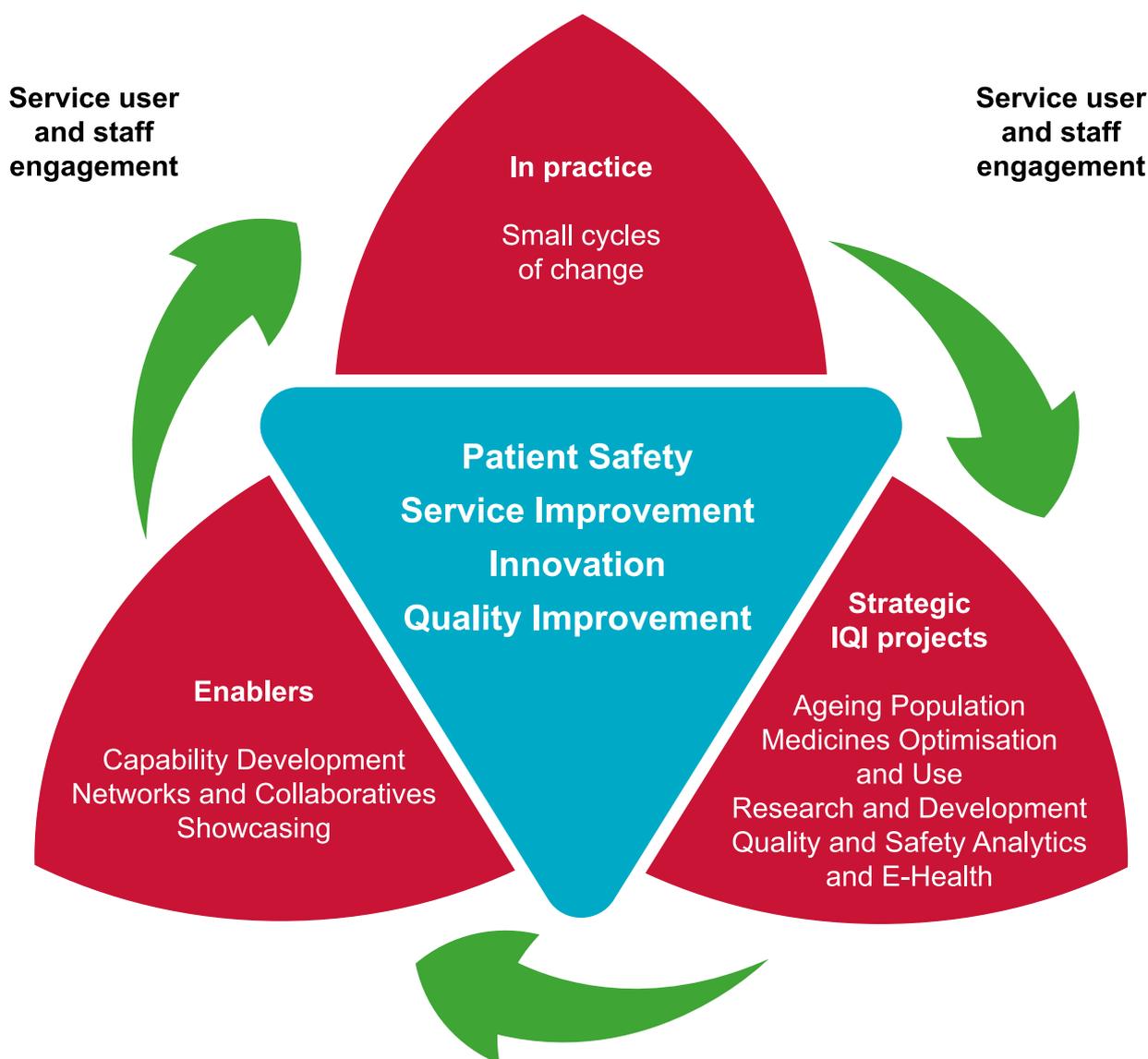
We continue to be committed to having equality and fairness as guiding principles for all of our engagement and partnership work, engaging

with local communities, in a meaningful and consistent manner. The development of four Locality Engagement Forums is increasingly important to ensure that personal and public involvement is clearly built into changes to services including the appropriate checks and balances that will ensure compliance with the statutory responsibility. Working together, the members of the Locality Engagement Forums will provide feedback on how the Trust is progressing its PPI agenda and work in partnership with us to enhance PPI across all of our services, which will benefit all our local communities.



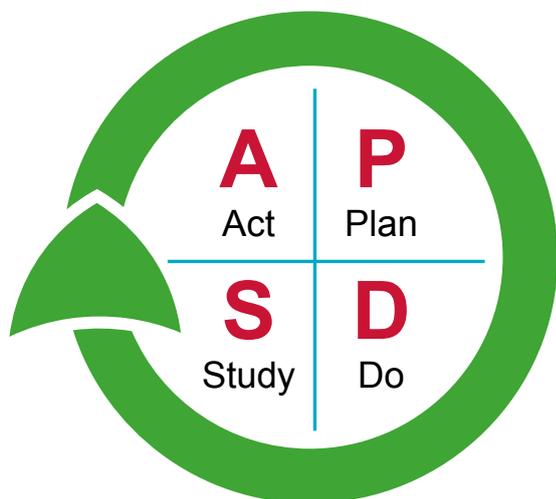
QUALITY IMPROVEMENT

The IQI Strategy and its associated training programmes and virtual hub were launched in March 2017, and since then the Trust has seen a high utilisation of these new resources designed to support our staff bring their ideas for improvement to life.





At March 2018, 250 new ideas from Trust staff for improvements were being taken forward – deploying the use of the Model for Improvement (*Plan, Do, Study Act*). This is in addition to continuing work to support the Strategy's 4 priority areas.



Staff are being supported through the delivery of the Trust's new IQI training and 'ideas' sessions. At the end of March 2018, 31% of staff had undertaken Level 1 training, with 189 staff availing of the NHSCT 'pocket IQI' Level 2 training. During the year the Trust continued to build its IQI infrastructure through the creation of IQI Coaches in Service Divisions, and recognition of staff innovation and quality improvements through the Chief Executive's award for IQI Team of the Month and celebration events to showcase and share quality improvement learning.

In October the Trust launched its multi-professional Research & Development

(R&D) plan, linking R&D to IQI and service modernisation and reform, and established its Intellectual Property (IP) Register to protect the IP created by the Trust. Work also continues to develop the Faculty and training courses available through Simulated Learning, using the Trust's high-tech simulation suite.

Developing partnerships is an enabler to the Trust's innovation and quality improvement plans and during the year the Trust played an active role in a partnership Alliance with other European health and social care partners – looking at solutions to common issues. The Trust is also working closely with academia and industry in taking forward innovations in medicines optimisation and use and the deployment of Smart Technologies.

Throughout the year the Trust ran a number of IQI events and participated in international quality improvement campaigns such as 'What Matters to You?', 'Breaking the Rules for Better Care' and 'World Quality Day'.

In 2015 the Trust set out a vision to deliver change and service improvement through the Reform and Modernisation Programme (RAMP), and in 2017 the Trust published 'The Journey So Far', followed in 2018 by 'Stepping Up' – an assessment of our progress to date with RAMP. Innovation and Quality improvement is a key tool to help the Trust bring about the changes required that will benefit our patients and service users.

COMPLAINTS & COMPLIMENTS

The Trust values all feedback received from patients and service users, including complaints, compliments and suggestions. The Trust is committed to listening to and learning from all of its patients and service users, so that we can continually improve the quality of its services; particularly when the care provided may not have been of the standard that we ourselves would expect.

Facts / Figures

- 807 formal complaints were received into the Trust (a decrease from 817 last year)
- 100% of complaints acknowledged within 2 days
- 74% of complaints were responded to within 20 working days (decreased from 78% last year)
- 1,416 compliments were received through the Chief Executive's office (compared to 1,061 last year)

The top 5 categories of complaints related to:

- Quality, Treatment & Care
- Staff Attitude/Behaviour
- Communication/Information to patients
- Policy/Commercial Decisions
- Waiting list, delay/cancellation for Outpatient appointments

LEARNING FROM COMPLAINTS

The Trust continues to investigate complaints in an open and transparent way and we consider complaints to be an important source of learning. Discussing and sharing the outcome of complaints investigations is one of the ways we improve the experience for people using our services. The 10,000 Voices initiative is another method through which we listen and learn from our patients, and by doing so improve the quality of care we provide for our service users.

NI OMBUDSMAN CASES

The Advice, Support Service and Initial Screening Team (ASSIST) is the public's first point of contact with the NI Public Services Ombudsman (NIPSO) Office. Where the ASSIST team decide that they cannot resolve the complaint, and there is evidence that the matter requires further detailed investigation, the case is forwarded to the Ombudsman's Investigations Team.

During 2017/18, there were 13 requests for information received from the NIPSO Office. Three cases were closed, two cases were not upheld and eight are still ongoing. Any learning from Ombudsman cases is disseminated across the Trust.

INCIDENTS

An incident is described as 'any event or circumstance(s) that could have or did lead to harm, loss or damage to people, property, environment or reputation, or a breach of security or confidentiality'.

The aim of the adverse incident reporting system is to encourage an open reporting and learning culture, acknowledging that lessons need to be shared to improve safety, and apply best practice in managing risks.

The Trust implemented DatixWeb® for incident reporting in April 2016. This web-based system has replaced the paper-based incident form and has made reporting more timely and information more accessible. This leads to more timely learning for the organisation.

In terms of wider risk management within the Trust, the Risk Register module in DatixWeb® was fully functional as at January 2018. The Safety Alerts module is currently being piloted and the Complaints module is at design stage. There are plans to incorporate SAls and interface incidents within the Incidents module later in the 2018/19 year. These advances will enhance risk management processes within the Trust.

A total of 12,029 incidents were reported in 2017/18, which is an increase of 7% from the previous year.

Top 5 Incident Types In 2016/17		Actions for improvement
Slips, Trips and Falls		The total number of slips, trips and falls that occurred in 2017/18 was 2,842 compared to 3,113 the previous year. Investigations are completed following an injurious fall, with learning identified, action plans compiled and implemented.
Violence and Aggression		The total number of incidents occurring in 2017/18 due to violence and aggression was 1,885, compared to 1,881 the previous year. Over half of these incidents occurred within Mental Health and Disability Services. Learning from incidents continues to be shared via the Trust's Governance processes.
Medication		The total number of medication incidents occurring in 2017/18 was 824 compared to 702 in 2016/17. All medication incidents continue to be routinely reviewed through divisional multidisciplinary working groups and analysed by the Medicines Optimisation Committee to identify common trends.
Left ward without agreement		The total number of incidents relating to absconding in 2017/18 was 622 compared to 649 in 2016/17. At the end of March 2018, the Trust achieved 80% compliance with the Anti-absconding Care Bundle Key Performance Indicator (KPI). The target for 2018/19 is to increase compliance with the bundle to 85%, within appropriate wards, and achieve an overall 10% reduction in the number of absconders.
Contact with equipment/ machinery		The total number of incidents occurring in this category in 2017/18 was 545 compared to 494 in 2016/17.

SERIOUS ADVERSE INCIDENTS

A Serious Adverse Incident (SAI) is 'an event which may have caused unexpected serious harm or death'. A total of 63 SAIs were identified during 2017/18, with 61 of these affecting service users. There were 76 SAIs reported in the previous financial year; a reduction of 17%.

HOW THE ORGANISATION LEARNS

The Trust recognises the importance of learning from incidents and SAIs. We acknowledge that lessons need to be shared to improve safety and apply best practice in managing risks. Incident reports are provided to a number of specialist groups, teams and across the organisation.

Specific to SAIs, a Review Group meets within the Trust on a quarterly basis and ensures that learning has been fully implemented and shared appropriately.

Safety Panel Meetings continued in 2017/18, as required, to ensure that:

- a robust investigation has been undertaken
- appropriate recommendations are made, that will improve safety
- learning is shared within the Trust, and regionally where appropriate
- involvement of service users/ family engagement is a key part of every investigation

LEADERSHIP WALKROUNDS

There are numerous informal and formal opportunities for senior leaders to engage with frontline staff and services, to demonstrate that their contribution to safe service delivery is valued and to strengthen collaboration between leaders and frontline staff. Leadership Walkrounds is one of the formal opportunities for senior leaders to talk and listen to frontline staff about issues and concerns relating to patient safety and encourage participation in quality and safety improvement at all levels of the Trust. During 2017/18 a total of 36 Leadership Walkrounds were carried out across the Trust. The Trust will continue to build on improving this further in 2018/19.



THEME 2:

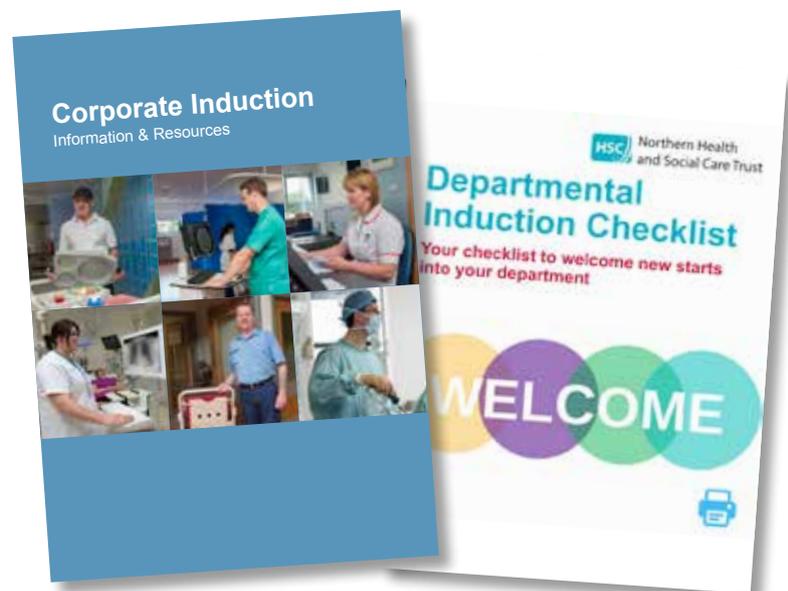
Strengthening the workforce

The Trust's core values of compassion, openness, respect and excellence are fundamental to changing culture in that they define the behaviours our staff have chosen for us as individuals, teams and as an organisation regarding how we do our jobs on a daily basis. Our belief is that our values are core to everything we do and through our commitment to the associated behaviours we will change culture in our organisation, impacting on everyone we come into contact with including our patients and clients, and our colleagues within the Trust and across the HSC system and beyond. Our organisation development plans, through our Reform and Modernisation Programme's 'People' workstream, outline our approach to improvement and culture change in how we work as an organisation. Our key themes under that framework of staff health and well-being, recognition and appreciation, leading together, building capacity, capability and learning and communicating and connecting complement our strategies for innovation and quality improvement and patient and client safety. We are committed to creating a great place to work for all staff and we believe that such an environment will bring further benefits to outcomes for our patients and clients.



INDUCTION

The Corporate and Departmental induction process and content has been reviewed, with supporting material now available via an interactive PageTiger document on Staffnet. A new process has also been put in place to automatically invite new starts to attend within 6 months of commencing their new role. Compliance regarding attendance at corporate induction is now also provided as part of the monthly Workforce Scorecard.



TRAINING STAFF

The Trust is committed to ensuring that all staff within the organisation are provided with the appropriate level of training required to undertake their role in a safe, competent and efficient manner.

88% of staff trained in Managing your Information

70% of staff trained in Cyber Security

80% of staff trained in Fire Safety

69% of staff trained in Controlling Hazardous substances

A Statutory and Mandatory Training Steering Group has been established to support the full and robust implementation of the Trust's Statutory and Mandatory Training Policy.

DEVELOPING STAFF

The Trust's Corporate Learning and Development Directory details all of the learning opportunities which are available for staff to support our organisational aims and objectives.



LEADERSHIP CONFERENCE

In October 2017, the Trust successfully held a Leadership Conference focusing on 'Leading from the Edge with Optimism' and how our staff are empowered to take the lead. We were delighted to secure excellent speakers including those with experience in leadership, public sector leadership and experts in coaching. The conference was attended by 150 members of front-line staff from across all divisions.

BUILDING LEADERSHIP CAPABILITY

Leadership Pathway



Buddy 2 Boss
Buddy 2 Boss has been designed to support the transition from colleague to supervisor or manager.



Inspired 2 Lead
These modules have been designed for our middle managers to support them with the right tools, skills and knowledge to perform.

Buddy to Boss (Bands 1-4):
124 people availed of this pathway

Inspired to Lead (Bands 5-7):
97 people availed of this pathway



INNOVATION & QUALITY IMPROVEMENT

The Trust launched its IQI Strategy, training programmes and Virtual Hub in March 2017.



IQI is a means by which all staff can get involved in quality improvement and innovation.

Level 1 – Know the basics and get curious

VOCATIONAL TRAINING

A number of vocational qualifications have been provided in social care in 2017/2018 at level 2, level 3 and level 5.

Completions 01/04/2017 to 31/03/2018	
Supporting Individuals with Learning Disabilities L2 Certificate	2
Health and Social Care Diploma Level 2 (Adults)	36
Health and Social Care Diploma Level 3 (Adults)	5
Health and Social Care Diploma Level 3 (CYP)	1
Clinical Health Care Support Diploma Level 2	3
Level 5 Diploma in Leadership for HSC & CYP Services (Adult Residential)	2
Level 5 Diploma in Leadership for HSC & CYP Services (Adult Management)	4
Total completions	53

THE APPRAISAL CONVERSATION

The Trust remains committed to ensuring that every member of staff has the opportunity to undertake an annual review or have an appraisal conversation with their manager.

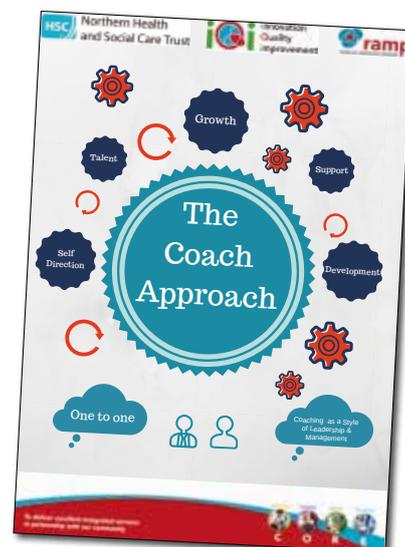
The review/appraisal conversation focuses on feedback, behaviours, health & wellbeing and objective setting for the coming year.

Updated appraisal forms and guidance for both the appraiser and appraisee were issued during 2017/18.

78%
of staff had
a review /
appraisal
during
2017/18

THE COACH APPROACH

Coaching is just one of a range of interventions the Northern Trust use to meet identified performance and development needs. NHSCT has 10 trained coaches and 8 in training. To date, 24 members of staff have availed of the opportunity to have a coach. A coaching network has been established to provide development, support and supervision for our organisational coaches. This is in addition to our cohort of coaches within Social Services.



CHAIRMAN'S AWARDS

The Trust's annual Chairman's Awards was held on 7th November 2017 and celebrated the success of staff from across the organisation who work to deliver high quality, effective and innovative services. There were six award categories based on the Trust Vision and are underpinned by our CORE Values. Winners were announced on the day with presentations made by the Chairman.



STAFF SURVEY

The Trust progressed the implementation of the Corporate and Directorate / Divisional Action Plans which were developed in response to the 2015 Northern Health and Social Care Trust (NHSCT) Staff Survey.

Outcomes

A lot of work has been completed throughout the year, both at a corporate and a directorate/divisional level. To ensure this work was shared and promoted further a 'You Said, We Did' newsletter was created.



RAISING CONCERNS

A new Trust Whistleblowing Policy was developed during 2017/18 with the aim of launching it in April 2018. Fourteen 'Advocates for Openness' have been appointed to signpost and provide support for members of staff who wish to raise a concern.

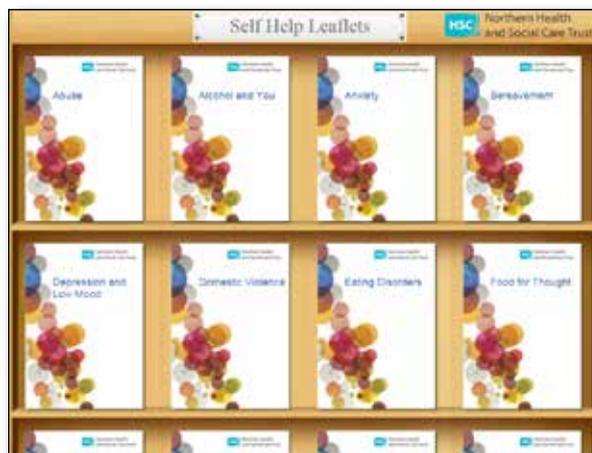
STAFF HEALTH AND WELLBEING

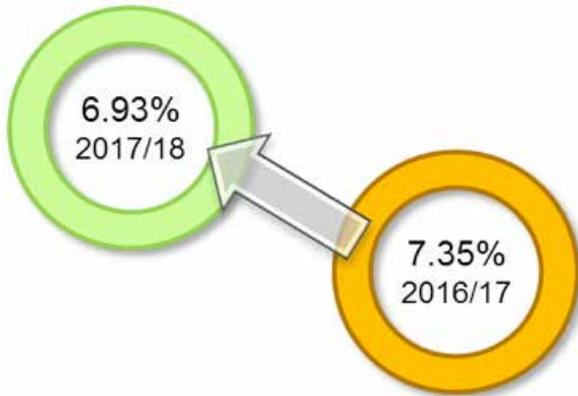
The Trust has embraced a pro-active approach to staff wellbeing implementing a stepped-care model (**promote, support, respond**) that involves partnership working across the organisation.

'**Promotion**' has seen the recruitment of 41 Health and Wellbeing Champions implementing and championing initiatives for psychological and physical wellbeing (e.g. pilates, couch to 5k) within their own teams, along with the development of Self-Help Leaflets for staff on issues ranging from alcohol use to social anxiety.

'**Support**' has seen the introduction of self-care skills training for staff and managers through brief courses on Resilience - 62 staff attended; Mindfulness – 142 attended; and a 4 week group based programme drawing from Mindfulness and Acceptance and Commitment Therapy was completed by 43 staff. We are also able to '**Respond**' when staff experience distress by offering psychological assessment and support within the Occupational Health and Wellbeing Service.

Over the period April 2017 and March 2018 there were 16,319 individual hits to the i-matter staff health and well-being on-line hub.





STAFF SICKNESS ABSENCE

The Trust sickness absence percentage was 6.93% at the end of 2017/18 - a reduction of 0.42 compared to the figure of 7.35% reported for 2016/17.

The reduction in absence was achieved following the completion of a co-ordinated piece of work that was designed to support the return to work for staff on long term sickness absence.

The Trust continues to proactively support the prompt and consistent management of absence with each of its Divisions working to an Action Plan to resolve specific absence issues and concerns within their areas of operation.

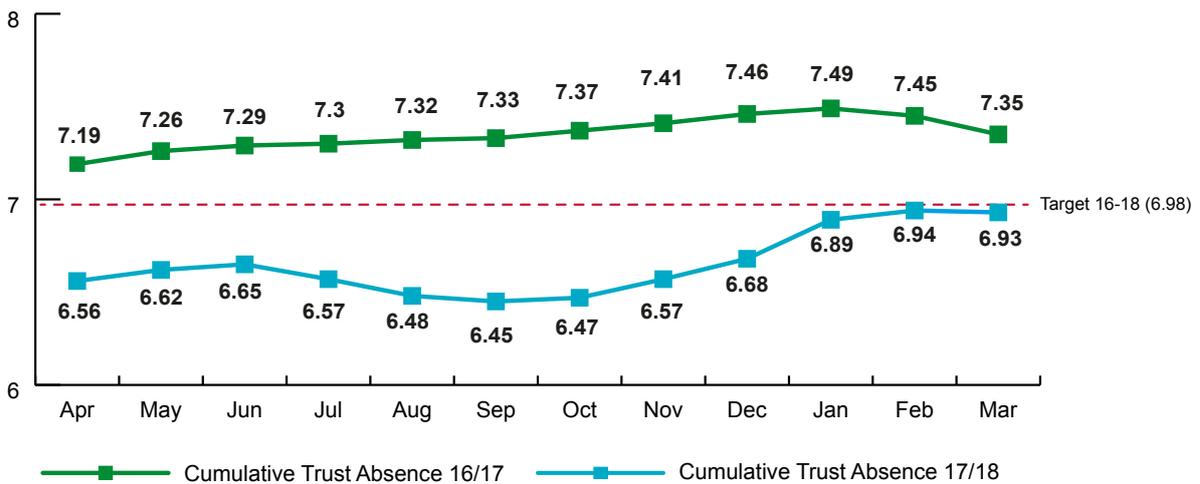
STAFF FLU VACCINATION RATE

During the 2017/18 flu season, utilising flu champions, senior management support and the introduction of a peer vaccination pilot in a number of wards in Antrim Hospital, the Trust vaccinated 34% of frontline staff. A total of 3897 Trust staff received the vaccine. In a continued effort to increase the uptake amongst staff the Trust intends to roll out the peer vaccination model throughout Trust localities to provide increased opportunities to provide the flu vaccination to staff in tandem with the Occupational Health and Wellbeing Service.

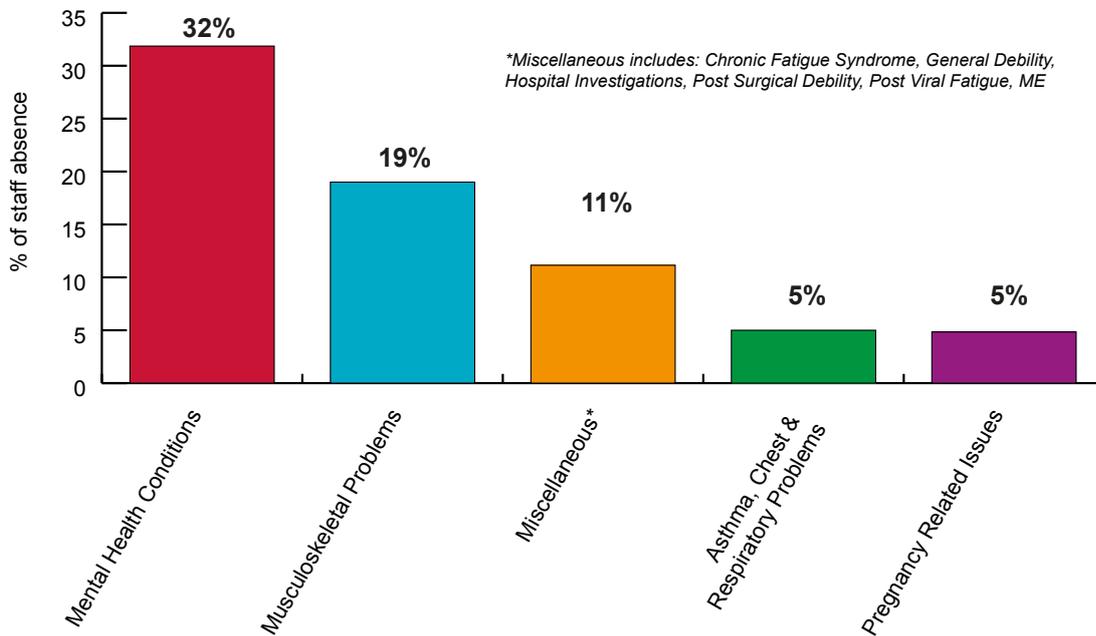
REVALIDATION OF STAFF

Revalidation is a mechanism for doctors, nurses and midwives, and social care and Allied Health Professional staff practicing in the United Kingdom to prove their skills are up to date and they remain fit to practise. The Trust continues to ensure that all relevant staff are revalidated.

Percentage Staff Absence 16/17 & 17/18



Top Five Reasons for Staff Absence 17/18



STAFF ACHIEVEMENTS

During 2017/18 the Northern Trust received a number of awards, both regionally and nationally for achievements in driving improvement and engendering a culture of excellence across health and social care. Listed below are only a few examples of awards by our staff.

SPIRIT OF NORTHERN IRELAND AWARDS

CAMHS specialist Eating Disorder Team won the Spirit of Health category at the prestigious Spirit

of Northern Ireland Awards ceremony for its work in supporting those young people with eating disorders, and their families. The team were nominated by a family within their service. There were some 1,200 nominations for this category, from which four finalists were selected. The judges’ citation referred to the work undertaken by CAMHS as that of “true lifesavers”. The award highlighted the dedication of the team members, but also underlined the increasing demand for the unique support which CAMHS offers those in desperate need.



LIFETIME ACHIEVEMENT AWARD FOR SOCIAL WORKERS



Liz McCurry was the 2018 recipient of this prestigious award for recognising a lifework contribution of the highest order to the Social Work profession in Northern Ireland. Liz has worked in frontline Children's Social Work for 37 years and is a great ambassador for social work. Throughout her career she has been driven by a desire to develop and improve practice, and delivers multi-disciplinary child protection training with a strong focus on ensuring the best interests of children and families are central. As a Principal Practitioner, Liz has led the development of high quality Child Protection services in Children's Services.

FOOD STANDARDS AGENCY AND NORTHERN IRELAND ENVIRONMENTAL HEALTH – CALORIE WISE

In partnership with suppliers and district councils, the NHSCT Acute and Community Catering Teams have developed Calorie Wise signage for all food items available within hospital



restaurants and coffee bars, to enable staff and visitors to make healthier choices. The Food Standards Agency (FSA) and district councils in Northern Ireland recognised the work undertaken by the Catering Teams in displaying calories on menus and to providing healthier options to help consumers make healthier choices when eating out.

INTIMATE CARE CLINICAL NURSING TEAM OF THE YEAR 2018

The REaCH[®] team were finalists in the NI 19th Healthcare awards in the Europa Hotel. This is the first year that the awards were opened to the nursing sector specifically which was very exciting for the profession to raise the nursing profile and the areas of good practice currently being undertaken. REaCH[®] were nominated for their work with Nursing Homes within the trust and the promotion of improved clinical management of residents with catheters. The team had strong competition and were



very pleased to have been recognised by the panel and were successful in receiving a highly commended award on the night.

NEW YEAR'S HONOURS 2018



Mary Glass, Diabetes Nurse Specialist working in the Causeway area, was awarded the Order of the British Empire in the New Year's Honours 2018. Mary was nominated by the public for this award for services to Nursing and the community in the Causeway Area, Northern Ireland.

INDIVIDUAL SOCIAL WORKER OF THE YEAR – FINALIST

Karen Harvey is an Assistant Director in Community Care Division. She was recently a finalist in the Adult Services Individual Award for her commitment to service development and excellent practice in Social Work. Karen has successfully led on the transformation of Mental Health Services for Older People and is currently leading on strengthening integrated teams and reform of day care and residential in Community Care.



PARTNERSHIP AWARD - LEARNING DISABILITY RESETTLEMENT TEAM - FINALIST



The learning disability resettlement team were finalists in the Partnership Award, recognising the principled person centered approach taken to enabling resettlement and the positive impact this has had on the lives of service users. The team included, from left, Una Cassidy, Lesley Jones, Teresita Dorman, and Head of Services, Pauline Cummings.



RCN NURSE OF THE YEAR

The RCN Awards are designed to recognise and highlight excellence in nursing, promote the achievements of the finalists and celebrate the contribution that nursing makes to the health and wellbeing of Northern Ireland. The Trust had 5 winners and 1 runner up in the RCN Awards in May 2017:

- Orla Mathews won the Nurse of the Year Team Manager award and works within the Emergency Admission Unit, Antrim Hospital;
- Ann Greg was runner-up in the Health Care Support Worker Category for her work with the Dementia Companion Service in Antrim Hospital;
- Sharon Love who works within the Falls Prevention Department won the Brownlee-Silverdale Leadership Award;
- Sarah McCann is an Epilepsy Nurse Specialist and won the Learning Disability Nurse Category;
- Sally Convery won the Cancer Nurse Award for her work in the MacMillan Unit and is based in Causeway House;
- Paul McAleer who is a Learning Disability Nurse won the Inspiring Excellence in Mental Health and Learning Disability Category.

MEDICINES MANAGEMENT AWARDS

The NHSCT Vaccine Services Pharmacy Team, led by Maureen Hetherington (Deputy Head of Pharmacy & Medicines Management), were joint winners of the Hospital Pharmacy Team of the Year Award at the Annual NI Healthcare Awards event in February 2018. The Team has implemented a new model for dispensing Childhood vaccinations tailored exactly to the Child Health System (CHS) reports for each GP Practice. Treatment Room nursing now no longer have to place vaccine orders. Vaccine stocks are managed more efficiently and overstocking of refrigerators is avoided. The new model has had a positive impact for patients as it has meant that the vaccines required are available at the time of their scheduled appointment and that “cold-



L-R – Martindale Pharma Sponsor, Kellie Donnelly (Lead Technician Community Services), Yvonne Rea (Senior Pharmacist Patient Services), Maureen Hetherington (DHPMM), Gillian Smith (Specialist Pharmacy Technician Vaccine Services) and Professor Scott (HPMM)

chain” maintenance has been significantly improved. A Specialist Pharmacy Technician for Vaccine Services undertakes Treatment Room governance audits, staff training and expenditure review.

Professor Mike Scott, Head of Pharmacy and Medicines Management, also received the Special Recognition Award.

This recognised his outstanding contribution to Pharmacy Services Development and Practice throughout his career. Professor Scott has led the development of Pharmacy Services at both a clinical and academic practice level within NI, the UK and Europe. He is also the Director of the Regional Medicines Optimisation and Innovation Centre (MOIC) which supports Medicines Optimisation through collaborative and innovative working.



Dr Tracey Boyce presented the Award to Professor Scott



THEME 3:

Measuring the improvement

What does measuring the improvement mean for the Trust? It is about exploring more reliable and accurate means to measure, value and report on quality improvement and outcomes. During 2017/18, each Trust was required to measure a number of quality improvement indicators, and listed below are some examples of measuring the improvement.

C DIFFICILE

Clostridium difficile (*C. difficile*) is a bacteria that some people may carry in their bowel and is normally kept under control by good bacteria. Certain antibiotics can disrupt the natural balance of bacteria in the bowel, enabling *C. difficile* to multiply and produce toxins that may cause mild to severe illness, including symptoms of diarrhoea. *C. difficile* bacteria are able to survive on surfaces for long periods of time and are easily transmitted via contaminated hands, equipment and environmental surfaces.

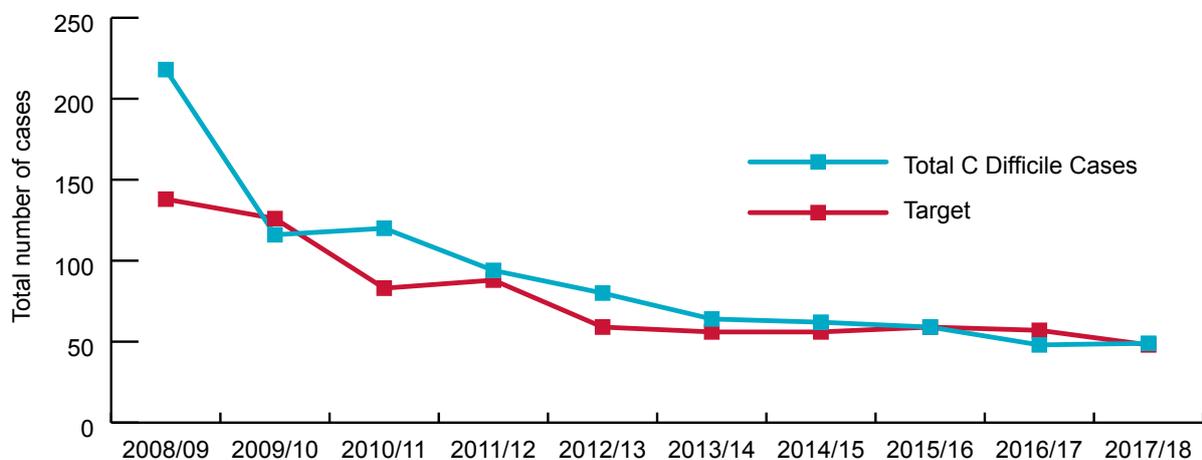
At the end of March 2018 the Trust reported 49 cases of *C. difficile* infection which was just slightly over the Public Health Agency target, set at 48 cases. The Northern Trust experienced an increase in the numbers of *C. difficile* cases in Quarter 1 of 2017 and given the capacity pressures and increased patient acuity seen over the winter months; this was a great achievement for all Trust staff.

MRSA

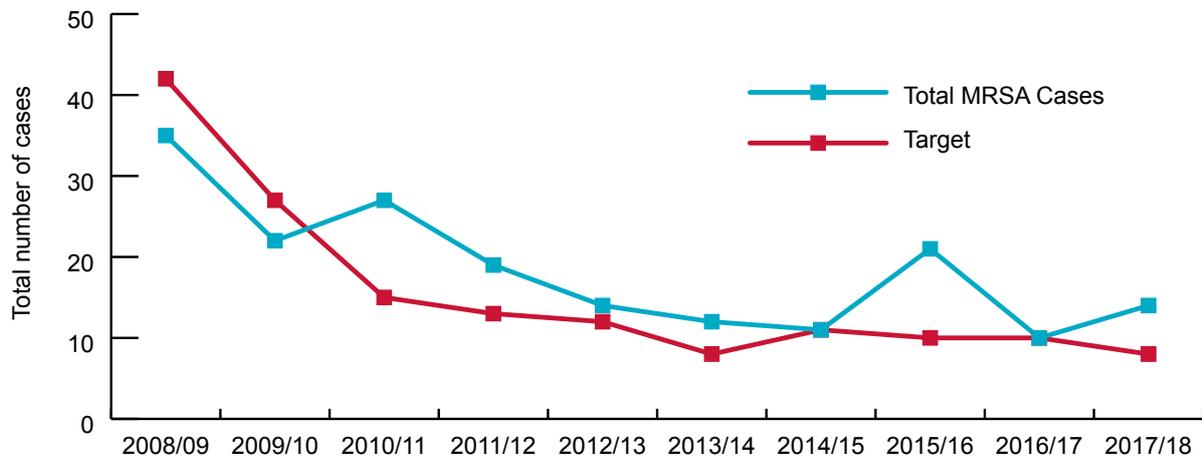
Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia is a type of bacterial infection that is resistant to a number of widely used antibiotics. As a result, it can be more difficult to treat than other bacterial infections.

At the end of March 2018, the Trust reported 14 cases of MRSA, which was higher than the target of eight, which had been set by the Public Health Agency. Notably, six of these cases were identified within 48 hours of admission. Currently all MRSA bacteraemia are ascribed to the Trust regardless of whether they are identified at ward level or within arrival at the Emergency department. Going into 2018/19 the Trust will undertake continuing work with Community Healthcare colleagues and PHA colleagues to address the community burden of MRSA and how it impacts on secondary care. Additionally as a priority, the Trust will continue to increase awareness of MRSA identification and management with all staff.

Number of C difficile cases (Inpatients >2 years old)



Number of MRSA Bacteraemia Cases



HAND HYGIENE

World Hand Hygiene Day is promoted by the Trust every year to underline the importance of hand hygiene in healthcare in helping to prevent the spread of infection and reduce an avoidable burden on healthcare systems. To mark the World Health Organisation (WHO) World Hand Hygiene Day in May 2017 the Infection Prevention and Control Nurses (IPCN's) raised the profile of hand hygiene through promotional posters, staff photographs and awareness sessions throughout the Trust hospitals. IPCN's invited staff and visitors to take the 'Hand Hygiene Challenge' demonstrating the correct hand washing technique and take part in a simple hand washing test using ultra-violet light boxes.

SAFER SURGERY / WORLD HEALTH ORGANISATION (WHO) CHECKLIST

The World Health Organisation (WHO) Surgical Safety Checklist is a tool used by clinical teams to improve the safety of surgery and reduce deaths and complications. The checklist is designed to reduce the number of errors and complications resulting from surgical procedures by improving team communication and checking essential care interventions. The Trust has continued to achieve above 95% compliance with the WHO Surgical Checklist consistently over the past 5 years.

MATERNITY SERVICES

Waterbirths in Causeway Hospital

The aim of this quality improvement programme was to offer women the choice of an improved waterbirth experience following the installation of a static birthing pool and refurbishment of a delivery room. The benefits of waterbirth include;

- Promotion of normal birth
- Reduction in length of labour
- Decrease in use of epidural analgesia
- Excellent pain relief
- Women centred care
- Positive birthing experience
- Cheap and available
- No difference in neonatal outcomes

The objectives were to explore the numbers of water births, to undertake a telephone review of care focusing on satisfaction, and to explore how the midwifery team promote midwifery led care in Causeway maternity. The interventions included waterbirth training and awareness sessions for midwives.

The outcomes reflected a 700% increase in waterbirth since the installation of the pool and the interventions. Some of the user feedback included:



Early Intervention Implementation Programme

As part of the Northern Trust RAMP Programme the Early Intervention Implementation Programme “Getting Ready for Baby” team have been involved in a large regional change management project to implement group based antenatal care and education for first time parents across the Trust. The overarching aim is to give every child the best start in life through evidencing and improving outcomes for children and young people, laying foundations for effective parenting and learning for life, supporting and empowering parents, families and communities and re-orienting the system towards early intervention, making best use of resources and improving foundations for better physical, emotional and mental health.

Outcomes based accountability data reviews satisfaction, confidence in parenting, breastfeeding and smoking habits with further research underway by Queens University. Evidence already suggests 79.5% attendance, breastfeeding rates of 82.5% attempting breastfeeding with 65.5% either

totally breastfeeding or partial breastfeeding on discharge. Early indications suggest these couples keep in contact after the programme finishes, thereby reducing social isolation, promoting resilience and overall positive mental health. User views are collected at each contact, 36 weeks gestation and 14 weeks postnatal, with positive feedback to date. As of 31st March 2018, 52 programmes had been delivered; 386 mothers had completed the programme and 27 programmes were ongoing. Overall, 99% of women at 36 weeks valued seeing the same midwives at their appointments; 98% of users were of the opinion that combined care and education is a good idea; 96.5% felt their confidence to parent had been improved; and 98% were prepared to interact and nurture their baby.

The team have been recognised for their innovation in quality improvement. Co-facilitation with the wider community midwifery team, and sharing of knowledge and skills has been integral in preparation to sustain the programme within mainstream services.

STAR BABIES

Star Babies is an enhanced universal home visiting service for all first-time parents, offering monthly visits from the antenatal period until the baby is 12 months of age. The focus is on promoting infant mental health and supporting the transition to parenthood. Star Babies was developed in response to evidence on the impact of early childhood experience and parenting relationships on later outcomes. Local parents indicated the need for more contact with their health visiting team and a greater focus on nurturing and emotional support, especially with a first baby. By increasing the number of home visits available to first time mothers and fathers, the health visiting service has more opportunity to provide quality support and information about activities that promote sensitive, responsive parenting and the quality of secure attachment relationships. Key information and knowledge about aspects of child development, health and wellbeing and parenting support, paced within an enhanced framework of visits up to twelve months.

Baby & Me

Baby & Me is a parenting group support model provided by the Public Health nursing service supporting the transition to parenthood, especially for first-time mothers and fathers, and is integral to supporting sensitive, attuned parenting. A resource pack was produced to support practitioners to deliver each group session. Parents meet in a local

venue & share their parenting journey with other parents. Weekly topics and themes include: getting to know your baby, nurturing relationships, growth and development, healthy minds and bodies and day-to-day parenting.

SHORT STAY PAEDIATRIC UNITS

In November 2016, the Department of Health in Northern Ireland published a regional strategy for paediatric services called 'A Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community 2016 - 2026'. This regional strategy promotes the development of more short stay paediatric units in hospitals, both working alongside acute inpatient units and also independently in suitable hospitals with appropriate clinical staffing and infrastructure. National evidence suggests that up to 97% of children who come to hospital as an emergency can be safely cared for in the unit without the need to be admitted as an inpatient.

Since November 2016, the NHSCT have operated a unit within Antrim hospital, separate to the children's ward; the hours of opening being Monday to Friday 1pm – 5pm. On average over the past year, 38 children per month have been assessed in the unit, the majority of whom were discharged home, negating the need for an overnight admission to the children's ward.

Baby and Me
A Parent Group Model for the Health Visiting Service

Clara Robinson, Children's Health Consultant and named National Lead for Public Health Nursing Service, NHSCT

The first few years of life are a critical timeframe for healthy social and emotional development due to the rapid period of infant brain development. Supporting the transition to parenthood, especially for first-time mothers and fathers, is integral to supporting sensitive, attuned parenting. The provision of parent group support is a requirement of the Child Health Promotion Programme for Northern Ireland, Healthy Child, Healthy Future (CHOPPF, 2010). It is also consistent with the Infant Mental Health Framework for Northern Ireland (IHMFI, 2013) and the Trust Infant Mental Health Strategy (NHSCT, 2017). There are around 6,300 births in NHSCT every year, and a third of those are to first-time parents.

What was the issue?
 Parents were not getting the support they needed to transition to parenthood. The health visiting service was not providing the support needed to support sensitive, attuned parenting.

What Parents Said
 Local parents indicated the need for more contact with their health visiting team in group sessions. Greater inclusion of fathers and a greater focus on nurturing and emotional support, especially with a first baby.

What Practitioners Said
 A working group of practitioners was established. Representatives agreed that local parent groups were at different levels of development, and content across teams.

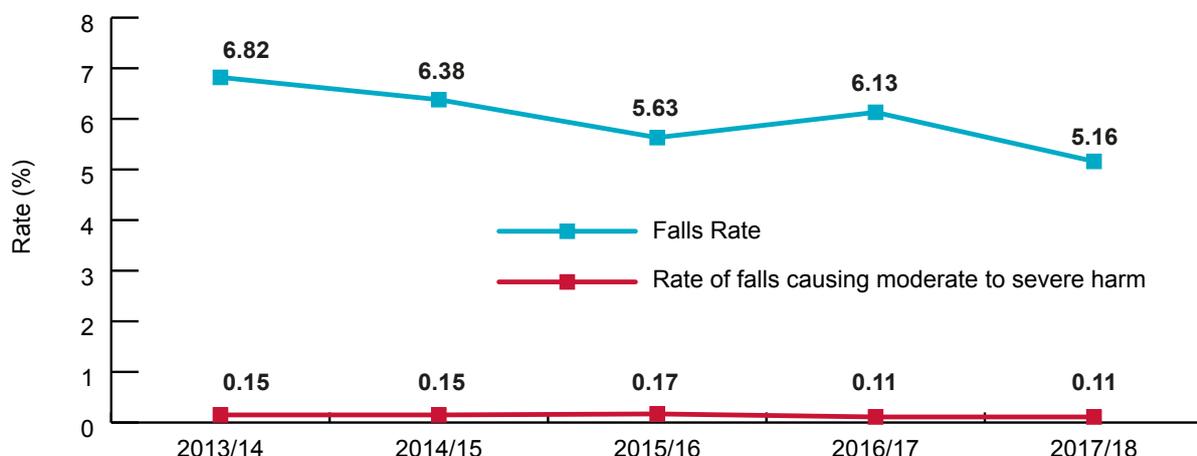
Supporting Existing Practice
 It is important to build on healthy and consistency of existing practice. An information toolkit was provided for practitioners regarding local delivery, content and activities. Practitioners shared ideas to increase and adapt practice.

Resource Pack Developed
 A resource pack was developed to guide and support local practitioners. Weekly topics and themes include: getting to know your baby, nurturing relationships, growth and development, healthy minds and bodies and day-to-day parenting.

90%
 Local Baby Therapy
 Infant Message
 Social Approach
 Baby and Me
 Star Babies

"This group is fantastic. My baby loves playing with the other toddlers and engaging in the activities. The information provided by the health visitors is so interesting and informative. I just love building my relationship with my baby!" - Mum

ramp | iqi Innovation Quality Improvement | NHSCT Northern Health and Social Care Trust

Falls Rate (Number of falls / occupied beddays) x 1000**PREVENTION OF FALLS**

Slips trips and falls remain the number one reported incident within the Trust.

The National Institute for Health and Care Excellence (NICE) - Assessment and prevention of falls in older people, states that people over the age of 65 admitted to hospital are at risk of falls. Compliance with the evidence based FallSafe bundle continues to be monitored and reported. FallSafe validation audits were implemented during 2016/17 to help improve compliance.

We continue to complete post fall investigations, with learning discussed with managers, action plans compiled and implemented to address gaps in practice.

Education regarding the FallSafe bundle and falls prevention and management continues to be delivered to Trust staff. Falls awareness training is also delivered to commissioned services staff.

The Trust continues to offer falls follow up screening, or advice forwarded, to patients referred from Northern Ireland Ambulance Services (NIAS) or the Trust's Emergency Department (ED).

Falls rate per 1000 bed days

The falls rate across all adult inpatient areas is

5.16 over the period 2017/18. This is a significant reduction from the 2016/17 rate of 6.13. The rate for moderate to catastrophic harm is 0.11 for 2017/18.

ACTION THE TRUST HAS TAKEN

- Commencement of a FallSafe validation audits programme for participating wards
- Permanent funding allocated for expansion of the Falls Referral Pathway team

Next steps

Pilot regarding the expansion of the Falls Referral Pathway into GP practices.

PREVENTION OF PRESSURE ULCERS

A pressure ulcer is a localised injury to the skin and /or underlying tissue, usually over a bony area, as a result of prolonged pressure. Pressure ulcers are caused by multiple factors which increase the patient's risk such as, immobility, poor nutrition, weight loss, skin moisture, and advanced age. In order to reduce the risk of pressure ulcers from developing, nursing staff assess patients on admission to hospital to identify if they are at particular risk of developing a pressure ulcer and implement an appropriate individualised plan of care to prevent pressure ulcers occurring. Pressure ulcers are graded



or staged by their severity. The grades range from one to four - the higher the grade, the more severe the pressure ulcer. The Trust, in line with the remainder of the region, has a focus on the prevention of pressure ulcers.

Key facts

Since the implementation of the new reporting system in 2016 there has been an increase in the overall number of hospital acquired pressure ulcers reported by the Trust. During 2017/18 the Trust reported 343 grade 2 and above hospital acquired pressure ulcer incidents. Of that, 112 were grade 3 & 4 pressure ulcers. Of the total number of grade 3 & 4 pressure ulcers, 82 were deemed avoidable.

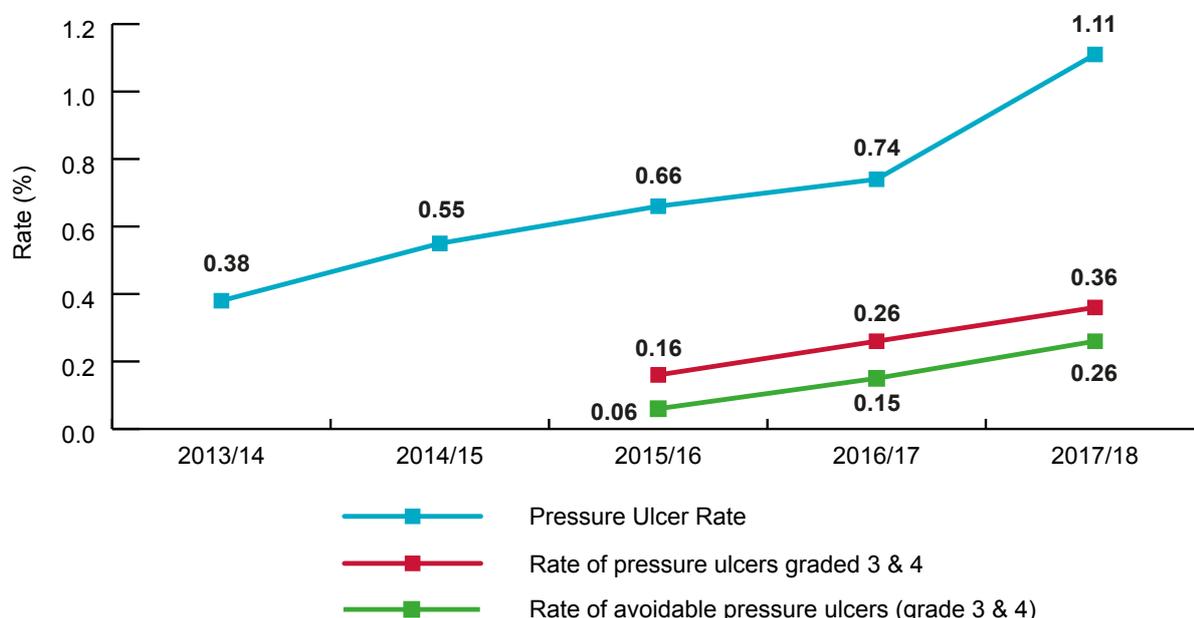
ACTION THE TRUST IS TAKING

- A Fast Fact Sheet has been developed, outlining key messages regarding pressure ulcer prevention, appropriate reporting of pressure ulcers grading and a summary of the key components of the SKIN bundle
- Testing of reconfigured SKIN bundle documentation has been completed, and spread of the updated version of the SKIN Bundle is in progress in the inpatient wards in Antrim Area and Causeway Hospitals
- The introduction of the SKIN bundle has been accompanied by additional training
- The multidisciplinary investigation of all grade 3 and 4 pressure ulcers is ongoing, and the learning from these is shared to inform improvement

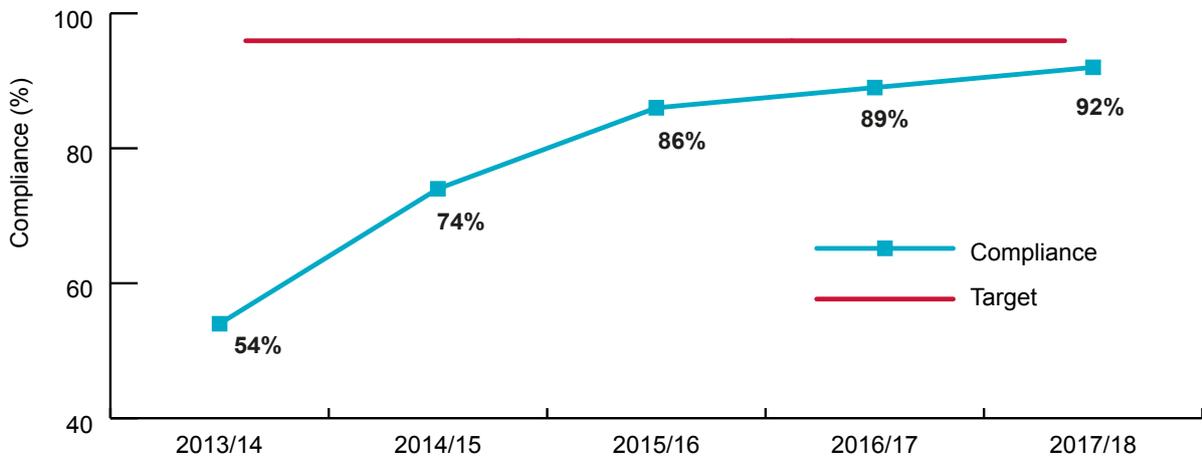
ACTION THE REGION IS TAKING

- Review and regionally agree standardised operational definitions and reporting schedules for pressure ulcers.

Pressure Ulcer Rate (Number of pressure ulcers / occupied beddays) x 1000



Compliance with VTE Risk Assessment



PREVENTION OF VENOUS THROMBOEMBOLISM (VTE)

Patients whose condition or treatment causes immobility, for example during or after surgery or following a broken bone are at increased risk of developing a blood clot in the veins of their legs. These clots are called venous thromboembolism and can cause complications which are occasionally serious. To help prevent such clots we assess patients for risk of developing a clot and, where appropriate, provide anti-clotting medicines (thromboprophylaxis). Completing this risk assessment and subsequent preventative action reduces the risk of patients developing a

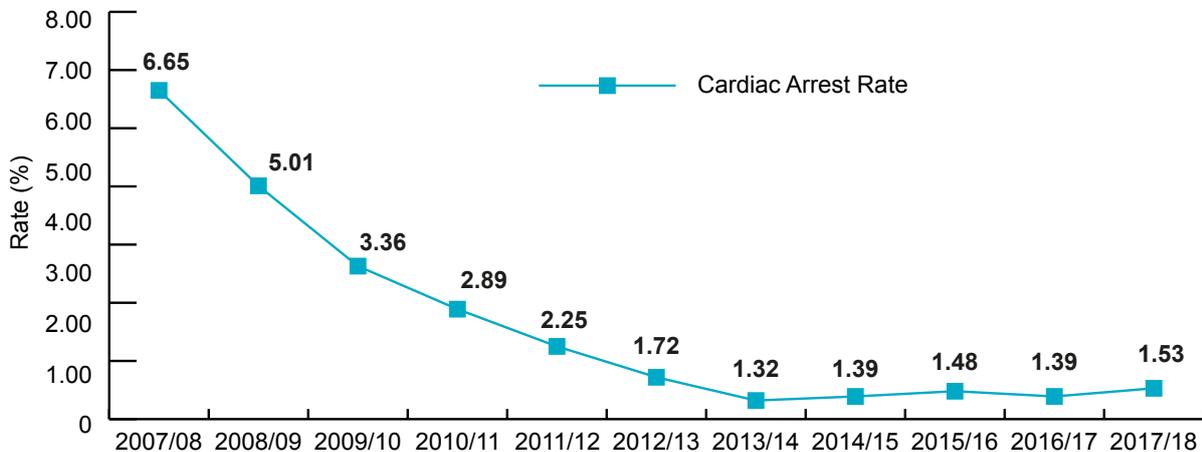
clot. Patients are also given written advice on how they can reduce any likelihood of developing a VTE after they have left hospital.

At March 2018, the Trust achieved 92% compliance with the completion of a VTE risk assessment, which was carried out within 24 hours of admission for patients to acute and community hospitals.

CARDIAC ARREST RATES

A cardiac arrest is where a patient requires chest compressions and/or defibrillation by the

Annual Cardiac Arrest Rate (Number of cardiac arrests / Total number of deaths & discharges) x 1000



hospital resuscitation team. Evidence suggests that the number of hospital cardiac arrests can be reduced through earlier recognition and treatment of patients whose clinical condition is deteriorating. The chart below shows the annual rate of reported cardiac arrests for Antrim and Causeway Hospitals (excluding Emergency Departments, Intensive Care Units, Coronary Care Units and Paediatrics).

OMITTED AND DELAYED MEDICINES

Omission or delay of medicine doses can lead to harm for patients, particularly when critical medicines are involved such as antimicrobials, drugs for control of Parkinson's or diabetes. A new improved audit process, introduced in 2016, remains ongoing, which has raised awareness amongst staff and resulted in better data to monitor omitted and delayed doses. Monthly feedback to ward staff has led to better awareness and quality improvements on reducing omitted or delayed medicines.

- During 2017/18 a total of 13,610 medicine kardexes were audited across 29 wards
- 299 of these kardexes (2.20%) were found to have at least one omitted/delayed dose where there was no reason for the omission/delay documented on the kardex
- Data is also collected when relevant on whether the medicine is a Critical Medicine
- The Critical Medicines list is displayed in every inpatient ward area

MEDICINES RECONCILIATION

Medicines Reconciliation on admission continues to improve. During 2017/18 the overall medicines reconciliation rate for Antrim and Causeway Hospitals was 74%.

In addition to this a Specialist Pharmacist is now working with the Home Treatment Team in Mental Health carrying out medicines optimisation for clients based in the Southern Sector of the Trust.

INSULIN SAFETY

The Trust introduced a new subcutaneous insulin chart into all adult acute areas to support improvements in prescribing and administration of insulin alongside better record keeping in the monitoring of blood glucose results. The new chart is very different to previous insulin/glucose charts used in the Trust and so extensive training on the safe use of the new chart was rolled out across all relevant sites.

Subcutaneous Insulin Prescription and Administration / Glucose Monitoring Chart
(Oral Hypoglycaemic therapy is prescribed on Kardex)

Target capillary blood glucose (CBG) (Usually 5 mmol/L)
Frequency of monitoring: (See below)

Write in CAPITAL LETTERS or use addressograph
Surname: _____
First name: _____
H & C No: _____
DOB: _____

Pre-Administration Insulin

Pre-Administration Insulin	Time	Dose	Device used
		Units	<input type="checkbox"/> Prefilled Pen
		Units	<input type="checkbox"/> Cartridge
		Units	<input type="checkbox"/> Vial/Syringe
		Units	<input type="checkbox"/> Pump

Hypoglycaemia
In the event of hypoglycaemia (CBG <4.0 mmol/L), refer to NHST Hypoglycaemia Guidelines. Document treatment below.

Hypoglycaemia Incident	Dose administered	Results of administration	Frequency	Prescribed by (signature)	Administered by (signature)	Date	Time (24 hr clock)
Gluzagon	mg	IM	mg as per Hypoglycaemia Protocol				
Rapilose®	mg	ORAL	mg as per Hypoglycaemia Protocol				

Blood Glucose (BG) Monitoring Frequency (Minimum monitoring frequency)

- Unwell or unstable diabetes: 4 BG or more/day
- Basal bolus insulin (three mealtime injections and one background injection per day): 4 or more BG per day
- Insulin pump therapy (Continuous subcutaneous insulin pump): 4 or more BG per day
- Other insulin injection patterns, other types of diabetes injections and/or 1 diabetes tablet: 2 or more BG/day
- Metformin or diet alone: 1 or more BG/day
- Long stay patient on diet or metformin with stable control: Once weekly BG or more
- These recommendations are NOT applicable if on insulin IV infusion (See individual monitoring guidance on each)
- ALWAYS agree to a patient request for an extra BG check above routine frequency
- If on steroids, check before lunch and evening meals. If Capillary Blood Glucose (CBG) is >10 then check four times daily and refer to the steroid induced hyperglycaemia protocol.

Correction Dose Insulin (Do not use these scales as monotherapy in insulin requiring patients with diabetes)
Always adjust patients insulin before considering additional subcutaneous correction doses suggested below. However, supplemental or correction dose insulin can be used in addition to scheduled or regular insulin injections as a dose finding strategy and where changes in insulin requirements lead to hyperglycaemia. If correction doses are frequently required, the appropriate scheduled insulin doses should be increased to prevent recurrent hyperglycaemia.
Correction doses may also be used in patients with type 2 Diabetes Mellitus who are not on regular insulin treatment, to treat or prevent excessive hyperglycaemia when rapid changes occur e.g. as a result of sepsis.

Correction Dose Insulin Scales (4 Hourly)

Capillary blood glucose (mmol/L)	Subcutaneous rapid acting insulin		
	Scale 1	Scale 2	Scale 3
<4.2	<input type="checkbox"/> Novorapid®	<input type="checkbox"/> Aspart®	<input type="checkbox"/> Humalog®
4.2-5.9	0	Units	Units
6.0-7.9	0	Units	Units
8.0-9.9	0	Units	Units
>10	0	Units	Units

Check units for ketones and refer to M.O.
When out-of-hours contact the diabetes team or medical team for advice

A new Insulin Safety Group has also been established in the Trust to lead and implement initiatives that will improve the quality and safety of insulin use in the Trust. The group is made up of medical, nursing, pharmacy and Allied Health Professional staff with a shared expertise in insulin/diabetes management. The focus of the group will be analysis of insulin related medication incidents, implementation of local/national audit results, and the development of Trust policies/guidance relating to insulin. The Trust aims to audit this in 2018/19.



THEME 4:

Raising the standards



The Trust is committed to raising the standards by putting in place robust and meaningful standards against which performance can be assessed, involving service users, carers and families in their development, monitoring and reviewing of standards.

RISK ADJUSTED MORTALITY INDEX

The Risk-Adjusted Mortality Index (RAMI) is calculated by CHKS, an independent healthcare benchmarking company. Based on the age and condition of patients in the Trust's hospitals, it works out how many patients died compared to how many would have been expected to die. A RAMI of 100 means that mortality was exactly in line with expectations; over 100 means more deaths than would be expected, and below 100 means fewer than expected deaths. The Trust's RAMI for 2017/18 (excluding palliative care patients) was **84.97**.

The chart shows the Northern Trust's RAMI (blue dot) compared to all English acute Trusts (one green dot per Trust). The further a dot is to the right the more patients the Trust treated during the year, and the higher up the chart the higher the RAMI. Dots within the funnel are inside the

normal limits of variation. The Trust's RAMI is below 100 and within the normal limits of variation, which gives assurance that the Trust is providing safe care to its patients.

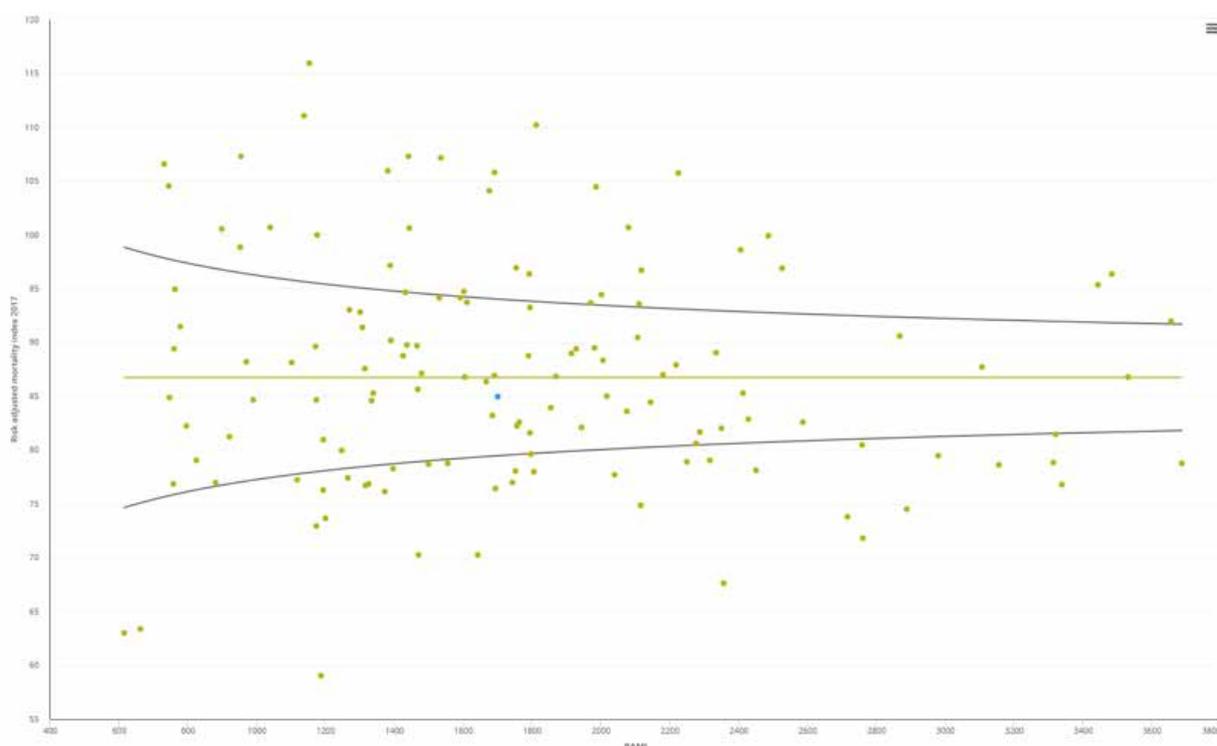
EMERGENCY READMISSION RATE

Despite increased demand, the Trust has maintained its performance for 2017/18, and the readmission rate has remained steady at around 11.7% for the past three years.

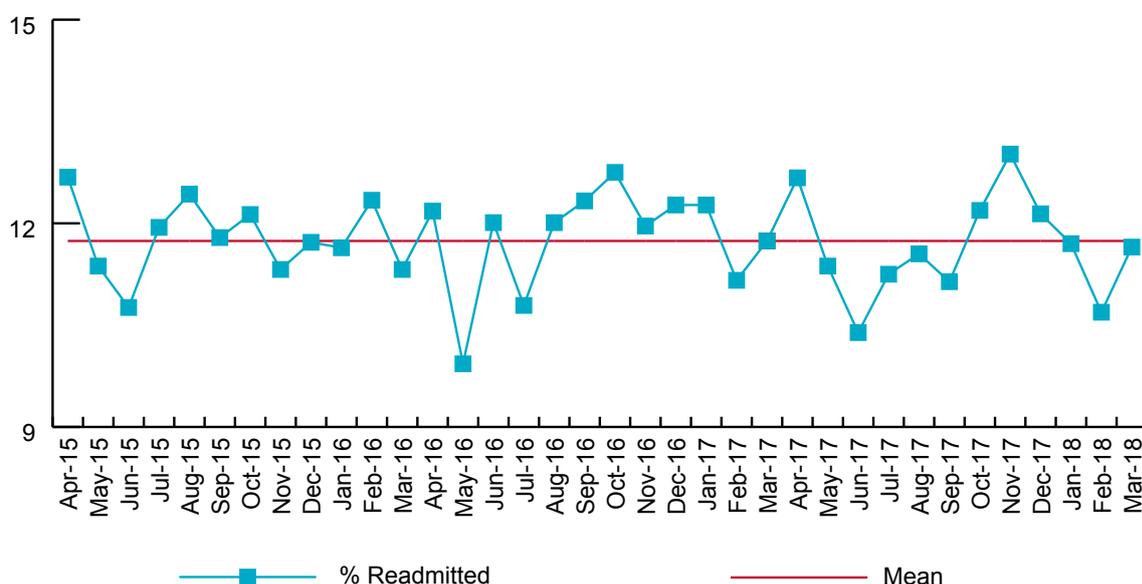
EMERGENCY DEPARTMENT

The table shows Antrim and Causeway performance for the past three years for:

- Total number of attendances
- Percentage of patients seen and admitted or discharged within 4 hours of arrival at ED

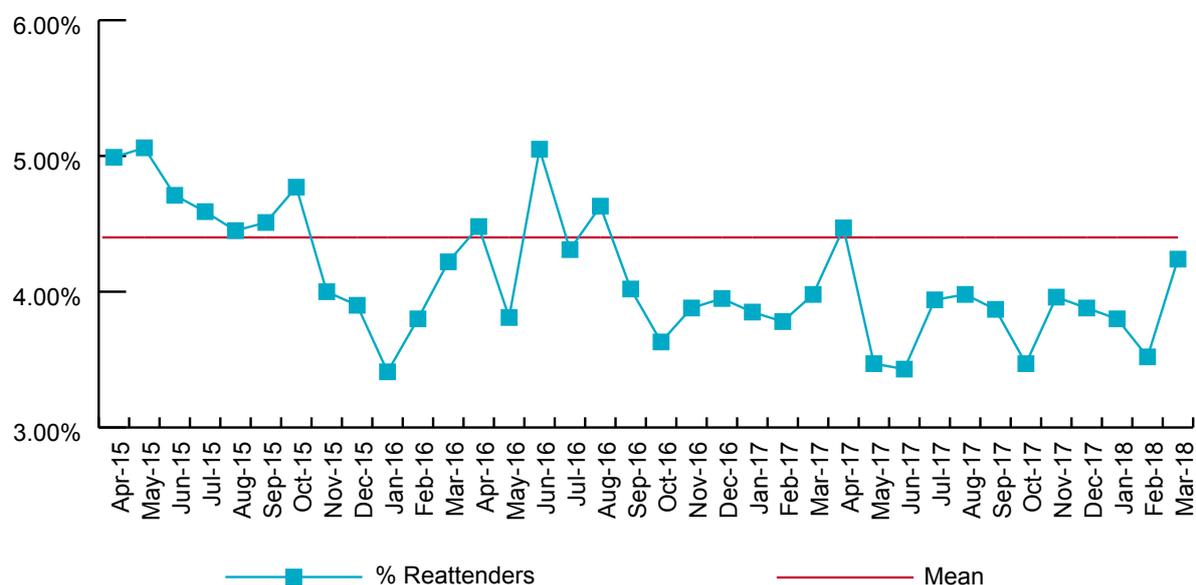


Emergency Readmissions within 30 days



Site	Year	Attendances	4 hrs	12 hrs	Seen <1 hour	Did not wait	Reattenders
Antrim	2015/16	78,425	62.49%	1,058	40.2%	3.2%	3.4%
	2016/17	82,437	66.83%	1,586	45.9%	2.5%	3.1%
	2017/18	85,196	64.32%	3,544	43.3%	3.6%	3.5%
Causeway	2015/16	44,293	66.61%	29	53.6%	6.2%	6.1%
	2016/17	44,302	62.78%	306	50.7%	7.0%	6.0%
	2017/18	45,143	66.38%	940	59.2%	4.0%	4.5%

Unplanned Reattenders within 7 days



- Number of patients spending more than 12 hours in ED
- Percentage of patients seen by a clinician within 1 hour of arrival
- Percentage of patients who did not wait to be seen
- Percentage of patients who re-attended within 7 days with the same complaint

The previous chart shows the percentage of patients who re-attended within 7 days (Trust total).

Actions taken to improve standards

The Trust has now embedded a site management model in both Antrim and Causeway Hospitals. Each hospital has a site coordinator responsible for the overall safety and flow of the site, 7 days per week. The benefits of introducing this model have been felt throughout the hospital and include:

- A single named person with overall responsibility for the site on a given day
- A central point of coordination for all escalation issues and actions
- Live, high quality information on the status of the site and current and predicted pressures
- The ability for operational managers to focus on the day job
- A constant focus on discharge and flow, with delays being addressed as they arise
- Improved communication across all areas of the hospital and into community-based services.

IDENTIFICATION AND MANAGEMENT OF SEPSIS WITHIN EMERGENCY DEPARTMENTS

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs.

The Trust participated in the regional Sepsis initiatives, arranged by the regional HSC Safety Forum. The aim was to improve the management of sepsis in the region and to improve

implementation of the Sepsis 6 bundle (oxygen, serum lactate measurement, blood cultures, IV fluids, antibiotics and measuring urinary output) and NG 51 NICE guideline.

Within the Trust Emergency Departments, during 2017/18, there has been improved compliance with the Sepsis 6 bundle from 39% to 47%. Trust sepsis policies for 3 patient groups (adult in-patients, pregnant and recently pregnant, and paediatrics) have been developed and adopted by Policies and Guidelines Committee and these were officially launched in September 2017. The Trust also developed posters and a patient information leaflet to help raise awareness of Sepsis.

Next steps

The Trust plans to:

- Continue to audit compliance with the Sepsis 6 bundle, and work with Sepsis Champions to improve compliance
- Develop Sepsis Folders and resources for each ward area
- Continue to participate in the HSC Safety Forum's regional Sepsis Collaborative
- Implement guidelines in pilot ward areas outside the emergency department and, in time, spread to other clinical areas

CANCER TARGETS

The table below shows performance against the three cancer targets:

- Urgent suspected breast cancer referrals seen within 14 days
- Patients diagnosed with cancer who receive their first definitive treatment within 31 days of a decision to treat
- Patients urgently referred with a suspected cancer who begin their first definitive treatment within 62 days

The breast service is under considerable pressure, with demand well in excess of funded capacity. While the service regularly runs extra clinics it is not always possible to meet peaks in demand and

	2015/16	2016/17	2017/18
14 days	78%	97%	89%
31 days	98%	90%	93%
62 days	72%	72%	73%

patients do sometimes wait slightly longer than 14 days to be seen. The Trust is working with the HSC Board to secure additional funded capacity so this performance can be improved in future.

NICE GUIDANCE

The National Institute for Health and Care Excellence (NICE) uses the best available evidence to develop recommendations that guide decisions in health, public health and social care. During 2017/18, 15 clinical guidelines endorsed by the Department of Health were received into the Trust and initial review and implementation planning commenced. Implementation of a further 26 clinical guidelines endorsed in 2016/17 has continued to progress, except in those instances where the recommendations within the guidance are not applicable to the Trust or where regional co-ordination and/or additional resources are required to fully implement the guidelines.

A wide range of different resources published by NICE including for example, clinical guidelines, public health guidelines, Technology Appraisals and clinical knowledge summaries are also utilised by staff in the review and updating of Trust policies and guidelines. Once approved, these are disseminated for reference by staff and are available within the Trust Policy Library.

REGIONAL AND NATIONAL AUDITS

Clinical and social care audit is a way to find out if care and professional practice is in line with standards, and informs care providers and service users where a service is doing well and identifies what is not working with the aim of changing it. This allows quality improvement to take place where it is most needed and as a

result improve treatment, care, safety and service quality for service users.

During 2017/18 Trust staff either co-ordinated or were involved in regional audit projects with most of these being funded by the Regulation and Quality Improvement Authority (RQIA) as part of its clinical audit programme. The Weekend Handover in Acute General Surgical Units in Northern Ireland project was managed by Trust staff in conjunction with others. Handovers are an integral part of daily medical practice and occur within and between professional groups and teams. The aim of the project was to improve documentation and communication through use of a sticker handover tool and rapid cycle audit review.

Both regional and national audit projects provide an opportunity to measure practice and services against evidence based standards and compare with other Health and Social Care Trusts and Hospitals elsewhere in the United Kingdom and in Northern Ireland. Necessary improvements to service quality are identified and required actions considered, as appropriate.

National Audit of Inpatient Falls

Trust staff participated in a wide range of different national audit projects including the National Audit of Inpatient Falls during May 2017. This is a national clinical audit run by the Falls and Fragility Fracture Programme (FFFAP) at the Royal College of Physicians. The audit measures compliance against national standards of best practice in reducing the risk of falls within acute care.

An organisational audit of Trust policies, protocols and paperwork, leadership and service provision was undertaken as well as a clinical audit involving review of clinical records and observation at the patients' bedside. Both national and Trust reports were published in November 2017 and the results have been reviewed. Various actions are being taken forward to improve care and practice supported by ongoing training and auditing of practice. The revised regional nursing documentation once introduced will also assist in improving some aspects of compliance.



Refered Radiologist

QVX

88511 19

Image Name: 10102

INSTRUMENT

THEME 5:

Integrating the care

The Trust is committed to integrating care across all sector and professional boundaries to benefit patients, service users and families. Listed below are some examples of these projects.

REaCH® (Responsive Education and Collaborative Health programme for Nursing Home Registrants)

Achievements: - International Integrated Care Award finalist May 2017/ Highly Commended – NI Intimate Care Healthcare Awards 2018 / Publication RCNI Nursing Older People Journal. <https://journals.rcni.com/nursing-older-people/reducing-avoidable-emergency-department-attendances-through-bespoke-education-nop.2017.e973>

The REaCH® team is engaged with 38 out of 68 registered nursing homes in the NHSCT area (1610 residents). The REaCH® team initiative is to enhance the skills set of registrant nurses in nursing homes to improve the patient experience for those residents whose attendance at ED could potentially be avoided. This has a positive impact on avoidable Emergency Department attendances from care homes. The REaCH® team has also facilitated other strands of work such as:-

- A sepsis awareness poster for nursing home staff for prompt referral for urgent sepsis assessment and treatment.
- Development of an SBAR communication tool (Situation, Background, Assessment, Recommendations) for use with out-of-hours services.
- R&D application to develop a resident early detection of hydration tool for proactive management of patient dehydration. Two pilot homes were involved in scoping a visual educational and innovative tool to support nursing home registrants and promote early hydration interventions.
- IPT proposals for extension and rollout of the REaCH® project to the remaining Trust nursing homes submitted and there is a regional scoping underway for other trusts to adopt REaCH®.

Community Care

LIVING WELL MOYLE

A celebration event showcased the first year of this project with a large attendance from all stakeholders. Living Well Moyle forms part of a Dalriada Pathfinder Project which represents excellent co-production, where a range of individuals in the Moyle area came together to create true equal partnerships, finding very real and practical solutions to help people live well in their own community.

The project has supported the local community tackling loneliness and others with presenting health and social care conditions through exciting links with organisations and networks working locally such as Arts Care NI, Coast, and Good Morning to name just a few.



STEPS TO SAFETY

The 'Steps to Safety' safeguarding awareness raising in care homes initiative is a current innovation, quality improvement project within the NHSCT. At present, working with one nursing care home, we are delivering a mix of training and focus groups with staff and service users: raising awareness of adult safeguarding, improving engagement in the process and improving outcomes and the quality of experience for service users, their families and staff.

Work is continuing to co-produce an information leaflet about adult safeguarding which will improve the accessibility to information about adult safeguarding in the Northern Trust.

DELIRIUM SUPPORT SERVICE

Following a test of the Bed-Based Delirium Support Service in an Independent Nursing Home, the Delirium Support Service has now been established in one Statutory Residential Home, with 3 beds in Pinewood, Ballymena and plans to open a further 3 beds in the Roddens, Ballymoney in the very near future.

The wrap around service is now staffed by permanent staff following 3 recent appointments to Psychology, Nursing and Social Work. The service continues to be beneficial to those people with a resolving delirium, allowing them to be cared for outside of an acute hospital setting within a Care Home where the staff have received appropriate training to meet the service users' specific needs and where they receive the additional intervention from the Delirium Support staff. The success of the model is evident by the number of service users being able to return to their own homes.

ACCESSING SERVICES IN THE COMMUNITY

Across the Northern Trust Community Access Support Workers have been employed to assist adults with a physical disability using a strength based approach their practice fosters and promotes social wellbeing. The community access support workers encourage service users to integrate into the local community. By advocating and liaising on the service user's behalf they have been able to re-engage with activities in the community. By supporting people to explore and address what is meaningful to them, building on their strengths, has enabled service users to take greater control and ownership of their lives enhancing their social wellbeing, independence, choice, and inclusion.

DESIGNATED ADULT PROTECTION OFFICERS (DAPO)

As part of the enhancement of the Designated Adult Protection Officer role they have been trained to carry out Capacity Assessments in relation to domicile. This has proven beneficial in supporting the timely flow through Community Beds. The prompt response from the DAPO service has reduced the length of stay in the Community Beds and has enhanced the quality of future care-planning for service users in that they no longer have to wait for Capacity Assessments to be carried out.

STEPPING ALONG MAKES LEGS STRONG PROGRAMME

Residents in residential homes are to be encouraged to increase their mobility. Research has identified that residents within care homes spend up to 80 to 90% of their day in the sitting or lying position which can have a detrimental impact on both their physical and emotional wellbeing.

A walking programme was set up working in conjunction with the Trust Falls Team with the emphasis that each resident would try and improve their daily / weekly number of steps. The results were very positive and demonstrated not alone an increase in the individual's functional tests but also up to a 50% reduction in the number of falls experienced.

This project has demonstrated that you can get improvement in residents' levels of mobility and confidence. Participants and staff all reported enjoying the programme and stated that it was worthwhile.

Mental Health

RAPID ASSESSMENT INTERFACE DISCHARGE (RAID)

A high proportion of patients treated for physical health conditions also have co-morbid mental health problems, and there is increasing acceptance of a need to improve the awareness and treatment of mental health problems within acute hospitals.

The NHSCT RAID services are a multidisciplinary liaison psychiatry and psychological medicine team operating in the two acute hospitals (Antrim Area and Causeway hospitals). The RAID model involves rapid assessment of patients presenting in ED and those admitted to general hospital wards so that they can receive appropriate interventions for their physical and mental health, either in the community or in hospital.

In the last year RAID has continued the development of rapid response services and the introduction of the Delirium Pathway in the Early Assessment Unit in Antrim Area Hospital with daily intervention from RAID Practitioners. Furthermore over 300 staff in Antrim Area Hospital and Causeway Hospital have attended Delirium management training. A RAID Pathway for Learning Disability has also been established.

Work has continued to target top repeat mental health presentations to the Emergency Department within a 30 day period. Through a range of acute psychological interventions there is a decreasing trend in re-attendances through the provision of interventions targeting behaviours that contribute to Emergency Department attendance.

MENTAL HEALTH ACUTE CARE PATHWAY

The Mental Health Acute Care System is under significant strain with inpatient bed occupancy running at greater than 100% and a consequent use of beds in other Trusts under regional

protocol. This compromises the quality of inpatient care and patient experience.

The establishment of the Mental Health Acute Care Pathway in the last year has focused on improving the mental health acute care pathways across generic and specialist community mental health teams and acute inpatient services to see an overall reduction in both numbers and durations of admissions and a reduction in levels of bed occupancy. The programme has focused on:

- Collaborative working across a range of services including the Crisis Response Home Treatment Team and Community Mental Health Teams, focused on achieving the earliest possible discharge for the benefit of patients.
- The introduction of an enhanced pathway for people with a Personality Disorder.
- A reduction in mental health bed occupancy resulting in reduced pressure on mental health acute inpatient beds.
- The development of timely step down initiatives to support service users following discharge from Crisis Response Home Treatment Services.

ZERO SUICIDE

The Suicide rate in Northern Ireland continues to be the highest in the UK. The recently published statistical report 'Health Inequalities – Life Expectancy Decomposition 2017' (DoH) analysing life expectancy across our population highlights that life expectancy in NI remains lower than in England or ROI and suicide was identified as being the largest contributor to the NI-England male life expectancy gap.

Zero Suicide is an approach that challenges healthcare systems to relentlessly pursue a reduction in suicide and improve the care of those who seek help, on the premise that a systematic approach to quality improvement is necessary.

In September 2017 'Defining Zero Suicide Workshop' was organised to bring together senior leaders in

Mental Health Services from across the five H&SC Trusts. It was agreed that the Zero Suicide approach should be taken forward within Northern Ireland on a consistent regional basis. Mental Health Services in the Northern Trust are pleased to be leading the way in this approach and have developed an action plan that will be taken forward in the next year. Service user and family involvement will be integrated to all elements of project design and implementation.

RECOVERY COLLEGE

The concept of the Recovery College is to offer educational programmes co-produced and co-facilitated by people who use services alongside people who deliver services. The courses are delivered to all in the community free of charge and are for service users, carers staff and the general public.

The courses are to help people on their recovery journey following mental and physical challenges and to support the premise that having open discussions about these challenges can assist in reducing the impact of stigma on individuals and their families.

The courses have a wide range and cover understanding specific conditions, living with specific challenges, managing and facilitating self-management tools to support ways of doing things differently. The courses are delivered in four areas of the trust, and we work alongside existing staff teams, partner agencies and service users to ensure that all 34 courses are delivered in each area. In 2017/18 we had 1,350 student applications with some people attending 5 or more courses. There was a 35% drop off rate for courses but feedback was very positive and we take into account what people would like to see in the future and we have been developing 8 new courses for the new college terms.

Social Care

CHILD PROTECTION

Regional Child Protection procedures require children identified as being at risk to be seen within 24 hours. Overall, 100% (474) children or young persons in the Northern Trust were seen by a Social Worker within 24 hours of a Child Protection referral being made.

LOOKED AFTER CHILDREN

Children 'looked after' by Health and Social Care Trusts must have their Care Plan reviewed to ensure the care provided meets their needs. Out of a total number of 1,541 reviews held, 61 were outside agreed timeframes. Therefore 96% of "Looked After Children" within the NHSCT therefore had reviews held within regionally agreed timescales.

PERMANENCY PLANNING

Every 'Looked After Child' needs certainty about their future living arrangements and must have a Permanence Plan that supports this. Overall, 100% (674) of Looked After Children in care more than 3 months during 2017/2018 had a Permanence Plan.

LEAVING AND AFTERCARE

Research tells us young people who leave care do not always achieve the same levels in education, training and employment as others in the community. Overall, 77.5% (286) young people leaving care in the NHSCT are in education training and employment.

TRANSITION PLANNING

For children with a disability there is a process to support effective transitions from Children's to Adult Services. Early collaboration between Children and Adult Services enables Adult Services to anticipate service demands enhancing the quality of care delivered.

DIRECT PAYMENTS

The NHSCT promotes Self-Directed Support (SDS) to give people choice and independence about how their care is provided. Direct Payments is one method of SDS. During the period 2017/2018, 124 children received Direct Payments, an increase of 36% from last year.

Julie Philpott, (mother) articulates the benefits Direct Payments have made to their family unit. "We have been in receipt of Direct Payment/SDS for about six years for our daughter Jessica, who has a rare craniofacial condition ... (pictured left). Direct payments have been a vital component in ensuring we as a family get some respite from caring. DP is an excellent system as it gives families a little flexibility ...we decide who the carer is. In our case it's a family member who is familiar with Jessica's needs. We can also decide how hours given are used ... in one go for an overnight stay or we can split them up. The administration side can appear daunting at the outset but once you get it up and running it's very straightforward. Our Social worker has been most helpful in ensuring the package we have best meets the needs of our family and we are so grateful to have that support. I would strongly support the SDS system - it empowers families to be able to source and implement a care package that best meets the needs of a loved one".

A total of 634 adults were also in receipt of Direct Payments, an increase of 8.7% from last year. Feedback from service users and carers below describes positive outcomes from SDS.



CARERS ASSESSMENTS

Carers must be offered individual assessments to support them in their role. During 2017/18 a total of 6249 Carers' Assessments were offered within the Northern Trust.

"My son's quality of life has been enriched immeasurably by the creativity that is possible through SDS and his Direct Payment".

"I am now living in my own place with the help of my personal assistants all because of SDS".

"SDS allowed me to do all I could to help dad stay at home which was his wish".

"I like being independent and planning my future goals".

"I couldn't be happier with this placement for my son".

"This is a great place for my grand-daughter".

"I see such a difference in my niece since she moved here".

"It makes all the difference to see her happy and settled".

LEARNING DISABILITY

During 2017/18 the Adult Community Learning Disability Community Teams operational policy was launched alongside a number of quality initiatives to improve the service user's experience of receiving services. Enhanced service provision in day services and short breaks provided increased capacity to meet assessed need and these are key areas in providing support to family carers.

During the period April 2017-March 2018, 8 adults with a learning disability were integrated from hospital back into their community. One individual's placement irretrievably broke down, resulting in a readmission to hospital.

Service users and families continue to highlight the positive impact of resettlement:

NHSCT Health Care Facilitators link with GP practices to support adults with a learning disability to manage their own health more effectively. A total of 1,560 adults with a learning disability had Annual Health Checks completed during 2017/2018; a 3.86% increase from last year.

ADULT SAFEGUARDING

The Northern Trust responded to 942 Adult Safeguarding referrals this year. 81% of these adults (767) required an Adult Protection Plan. The Trust continues to work in partnership

with relevant stakeholders and agencies to prevent abuse and develop appropriate support mechanisms and services in accordance with safeguarding policies and procedures.

APPROVED SOCIAL WORK

Sometimes people must be detained in hospital for assessment under legislation to prevent them causing harm to themselves or others. Good practice says applications should be made by an Approved Social Worker (ASW) where possible, to reduce stress to families. During this reporting period 334 of applications for assessment were made by ASWs.

An evaluation of the revised ASW service model introduced within the Trust, 1st November 2017 was recently completed.

ASW staff were exceptionally positive about the revised ASW model and recommended this approach as an effective ASW Service Model, which may be considered for regional roll out.



