



Northern Health
and Social Care Trust



ANNUAL QUALITY REPORT 2018-19



The Northern Health and Social Care Trust (NHSCT) is responsible for the delivery of safe and effective health and social care to approximately 470,000 people. We do this in partnership with general practice, communities and other Trusts.

As Chief Executive, I am pleased to share the Trust's seventh Annual Quality Report which demonstrates our commitment to delivering safe, high quality care.

We continue to modernise our services. We opened our redesigned and expanded Direct Assessment Unit (DAU), offering more people a real alternative to attending the Emergency Department. We also opened a Programmed Treatment Unit that provides a modern environment where patients who previously required admission can receive their treatment as day cases. These initiatives, part of our Reform and Modernisation Programme (RAMP), have been enabled through Transformation Funding which allows us to make best use of our acute bed stock while providing a better experience for patients and their families.

Implementation of our Innovation & Quality Improvement (IQI) Strategy is delivering positive change for staff and service users. One example is the initiative in surgery to create a supportive working environment. The IQI team continue to promote other global / regional initiatives such as the What Matter's to You?, World Quality Day, and Breaking the Rules Campaigns, and showcase the work carried out in the Trust at trustwide, regional, national and global events.

We also took further steps towards the integration of community and hospital services, ensuring the overlap between acute and social care was as seamless as possible. These transformational changes helped us mitigate the impact of rising Emergency Department attendances on patient care.

During the year we achieved Investors in People accreditation. This is an important milestone that helps chart the real and, I believe, positive journey that the Trust has been on, a journey of common purpose for all staff, based on a clear vision and our shared values. Accreditation points to real and meaningful engagement by staff with our three key goals of delivering best possible care, sound stewardship and creating a great place to work.

It is pleasing to note the continuing integration between the Trust and all of its partners in the community. We look forward to strengthening those relationships in the future through the development and ultimate delivery of an effective and integrated care system that meets the emerging needs of the population in the Northern area.

The Trust has been recognised on a number of occasions for exceptional performance or individual achievement and some of these successes are included in the Staff Achievements section under Theme 2.

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 important role that the people who use and own our services have had in shaping the way we work and develop.



Dr Anthony Stevens
Chief Executive

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

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:

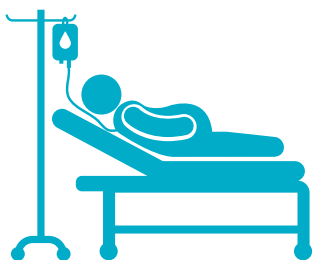
1. Transforming the culture
2. Strengthening the workforce
3. Measuring the improvement
4. Raising the standards
5. Integrating the care

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.

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:

76,100
inpatients
(increased from 75,309)



269,127
acute outpatients
(increased from 261,965)



150,558
emergency
department
attendances
(increased from 143,874)

168,536
mental health outpatients
(decreased from 178,957)

28,609
day case patients
(increased from 28,226)



3,809
births
(decreased from 3,848)



663
children looked
after by Trust
(decreased from 674)

468
children on child
protection register
(increased from 467)



4,422

domiciliary care packages for
older people provided in the community
(increased from 4,370)



Theme 1:
TRANSFORMING THE CULTURE

Theme 2:
STRENGTHENING THE WORKFORCE

Theme 3:
MEASURING THE IMPROVEMENTS

Theme 4:
RAISING THE STANDARDS

Theme 5:
INTEGRATING THE CARE

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Theme 1:

TRANSFORMING THE CULTURE



Northern Health
and Social Care Trust

**ANNUAL
QUALITY
REPORT**
2018-19

Our Vision

To deliver excellent integrated services in partnership with our community

Our Values

<p>C COMPASSION We will treat the people who use our services and our colleagues with compassion.</p> 	<p>O OPENNESS We will display openness and honesty with our patients, clients and colleagues, acting with integrity, providing professional, high quality services and support.</p> 	<p>R RESPECT We will respect the dignity, diversity and individuality of all our patients, clients and colleagues, promoting equality and addressing inequality.</p> 	<p>E EXCELLENCE We will strive for excellence, as a community of leaders through consistent delivery of services and applied learning.</p> 
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The Trust culture is defined by values of Compassion, Openness, Respect and Excellence. The Trust's quality improvement strategy builds on these values to encourage innovation as a means to create a community of leaders in which everyone has the ability to change and improve their service.

Following a period of consultation with staff and service users it is anticipated that a new set of HSC wide values will be launched in 2019/20. The proposed values of *openness and honesty*, *excellence*, *compassion* and *working together* are an evolution of the values already embedded within the Trust. Through their usage the values will help to create a consistent experience for staff and service users as they engage with the entire HSC system.

PATIENT & SERVICE USER EXPERIENCE

The Trust has in place a programme of active engagement with service users (often using the 10,000 Voices approach).

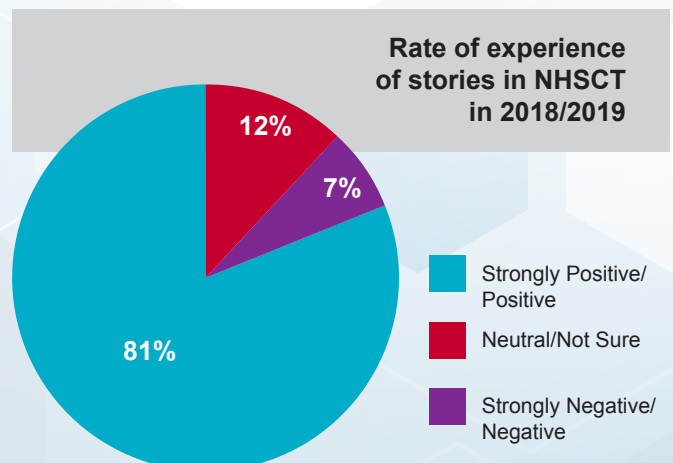
10,000 VOICES

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. Collectively this information provides both qualitative and quantitative

data using Sensemaker methodology. The information is analysed and interpreted to highlight areas for improvement within the specific area.

The 10,000 More Voices initiative continues using a phased approach including regional and specialist projects. At March 2019, a total of 14,162 patient stories have been returned regionally, of which 3,324 (23%) are NHSCT stories. Stories continue to illustrate compliance with the patient and client experience standards.

For the stories collected in NHSCT between April 2018 & March 2019, the table below summarises the rating of the stories received.



Projects April 2018 – March 2019

Regional Projects

Experience of Adult Safeguarding
 Experience of Bereavement
 Experience of Delirium
 Experience of Northern Ireland Ambulance Service
 Staff experience
 Experience of Mental Health Services
 Experience of staff in Mental Health Services

Local NHSCT Projects

Experience of Diabetic Foot Care
 Experience of DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) training
 Experience of PACE (Person Assessment plan of Care Evaluation) Project
 Experience of Breast Symptomatic Clinic
 Experience of Wheelchair Services

Regional Priorities for 2018/2019

Mealtime matters is focused on putting patients first at mealtimes, it is a follow on from Protected Mealtimes. The aim is to improve the “meal experience” for patients by avoiding unnecessary interruptions. The focus is ensuring the right meal is presented to the right patient, taking into consideration the patients nutritional and hydration needs, if assistance is required and overall education regarding dysphagia and food safety.

Family presence is an initiative endorsed by the Public Health Agency (PHA) that promotes family caregivers to be active participants in the patient’s care and welcomed at the patient’s side, regardless of the time of day. The aim is to eliminate traditional visiting hours and achieve an organisational cultural shift towards a family caregiver presence philosophy. The ultimate goal is to implement a set of guiding principles to create an environment that welcomes family caregivers as partners in care with flexibility to support safety and respect for all.

The Patient/Client Voice is recognised as a key element of quality and has informed improvement initiatives, such as:

Regional Project

The regional and NHSCT bereavement project report is still to be published, but the themes and trends from the stories received in the NHSCT are to be shared with the Trust bereavement champions and other ward staff. This will provide the opportunity for personal reflection and learning to help in improving our patients, families and carers’ experience of bereavement.

Trust / Local Projects

All Trust or Local projects reports are completed and shared with the appropriate division. Ward or

department feedback workshops are held at the end of local projects, this gives staff the opportunity to listen to both positive and less positive stories, to reflect, to learn from and to contribute to the action plan.

The Breast Symptomatic Clinic Project resulted in 98% of the patient experience stories being rated as strongly positive and positive, reflecting well upon the service provided. This proved reassuring and allowed the service to identify areas of care delivery that are important to our service users. Areas highlighted were:

- Feeling understood and listened to by staff who were friendly, respectful, courteous and professional.
- Receiving their results of investigations, all in the one day, which reduced the risk of any unnecessary stress or worry.
- Receiving clear information from staff and having the opportunity to ask questions.

The clinic will now be able to build on these areas of practice and continue to strive for excellence. A number of areas for service improvement were identified such as receiving more information about the process of the clinic prior to attending, providing more car parking spaces for disabled patients and providing patients with a better system for dressing and undressing when attending the clinic. To address these areas for improvement staff are developing a leaflet about the Breast Symptomatic Clinic, the car parking and disabled spaces are being reviewed by estate services and the undressing and dressing process is being reviewed by the department.

Noise at Night

In the NHSCT our Noise at Night project is titled Respect Everyone’s Sleep Time (REST). The purpose of the REST project is to reduce the noise at night in our hospitals and to raise staff awareness of noise at night time. We have tested a Chatter Tracker noise monitor which alerts staff to rising noise levels, eye mask and ear plug sets for patients and REST information cards to advise patients and relatives what they can do to aid restful sleep. This initiative was piloted in ward B2 and the learning from this pilot will inform future implementation in hospital wards. Restful sleep is an integral part of maintaining health and wellbeing, for physical repair and renewal and for patients to achieve a quality hospital experience.

Next Steps

The NHSCT is committed to the 10,000 More Voices Initiative and looks forward in 2019/2020 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.

Regional Projects for 2019/2020

- Experience of Children's Audiology Service
- Experience of Mental Health Services
- Experience of Living In a Care Home
- Experience of Dysphagia
- Experience of Engaging Health Service when Homeless
- Experience of being a carer in Intermediate Care Services
- Experience of Musgrave Street Custody Suite
- Experience of Falls

Local NHSCT Projects

- Experience of Oral Hygiene Care
- Experience of Temporal Lobe Biopsy
- Experience of Cardiac Rehabilitation
- Experience of Macmillan, Lung Cancer Team
- Experience of Community Occupational Therapy

PATIENT & PUBLIC INVOLVEMENT (PPI)

Patient and public involvement is broader and deeper than traditional ways of engaging. It involves the on-going process of developing and sustaining relationships, building strong, active partnerships, and holding a meaningful dialogue with stakeholders. Effective patient and public engagement leads to improvements in health and care services, and is part of everyone's role in public services. During the year we have held workshops with staff, service users, carers and communities to build on our network of partnership working. Effective partnership working depends on building and maintaining relationships that are based on mutual respect. We continue to ensure partnership working is within all aspects of our business agenda and have established a range of governance, management and reporting mechanisms to reflect this.

Jennifer Welsh, Deputy Chief Executive and Director of Operations continues to be responsible for the implementation of PPI and co-production across the Trust and assuring our Trust Board that we are abiding to our statutory duty to fully engage our service users and carers. Glenn Houston, Non-Executive Director continues to be the Non-Executive PPI and co-production lead and plays a key role in embedding involvement into the culture and practice of the organisation.

Our Engagement, Experience and Equality Group (Triple EG), chaired by Jennifer Welsh, seeks assurance that the Trust is compliant with PPI statutory requirements. Membership includes all divisional directors, non-executive directors and the Patient Client Council. The Triple EG reports directly to the Trust's Assurance and Improvement Group, then through to Trust Board.

Over the years the Trust has established and supported a number of service user panels in partnership with service users, carers and the community and voluntary sector. These partnerships ensure an effective network for on-going stakeholder involvement and co-production in our work. Each panel is user led, chaired by a service user or carer and provides an opportunity for stakeholders and their representatives to be involved

in the development and planning of services. We will continue to support and value the networks we have already established and work in partnership with them to ensure the most marginalised are involved. Members of Carer Pathway Steering Group are now members of the regional Expert Carers Panel and are influencing the carer strategy for Northern Ireland and the development of future services.

We have developed a reference group of service users and carers who are involved in our PPI and co-production work. This includes 210 service users and carers who we contact regularly with involvement opportunities. Involvement can range from membership of steering group or project team or by attending a workshop to provide feedback. Many members provide comments on our plans via email.

This year we carried out considerable work to take forward the DoH Co-production Guide. The principles of co-production build on our existing PPI infrastructure. Co-production is about 'realising value through people'. It will move us from a culture of 'you said, we did' to 'we said, we did it together'. During the year we held workshops with each Division to plan co-production projects for the year ahead. The workshops were attended by staff, service users and carers and other stakeholder representatives. We mapped our collective local stakeholders, partnerships and assets to develop robust co-production networks to support the work we have planned. To close the workshops, we identified key priorities for the year ahead and some practical next steps.

We held a Carers Co-Production day to plan what support a carer would find valuable in their caring role. We used the Take 5 initiative as a guide to plan what this support would look like. This co-designed support programme started in November, with events and classes provided across the Trust area, many co-delivered by carers. We have been in new areas and have met so many carers, some new and some friendly faces. By working with our carers, the community and voluntary sector and Trust staff, carers now have access to a co-designed and co-produced programme to support them in their caring role.

The Acute Co-Production Partnership continues to amplify the voices of our service users/carers and the community to enable effective and meaningful involvement in decision making which may affect our services now and in the future. Members of the Acute Co-production Partnership, staff, service users and carers had a workshop in March 2019 to discuss some specific pieces of upcoming service development and improvement work relating to endoscopy services and discharge procedures for patients. Members of the Partnership are now working with Trust staff on a range of improvement projects.

We would like to thank all involved in any of the PPI and co-production activity including service users, carers, volunteers, user panel members, Trust staff and community and voluntary organisations – our partners.

QUALITY IMPROVEMENT

Since the launch of the Innovation and Quality Improvement (IQI) hub and strategy in 2017, more than 530 projects have been progressed, with 272 projects being identified during the course of the financial year (compared to 250 the previous year). The Trust continues to use the Model of Improvement (Plan, Do, Study, Act) for all projects. In addition to this, the IQI team continue to support the Strategy's four priority areas.



to the Core Steps, this programme will now also include First Steps and Step Up curricula. In addition, the Safety Quality North (SQN) Programme is also being developed ahead of its first delivery in September 2019.

In November 2018, the Trust established the i-Link Curry Nights, offering staff with an interest in IQI the opportunity to meet and share knowledge, and learn new techniques to help them along this journey, whilst having some curry. The first meeting took place in January 2019, and continues to meet on a quarterly basis.

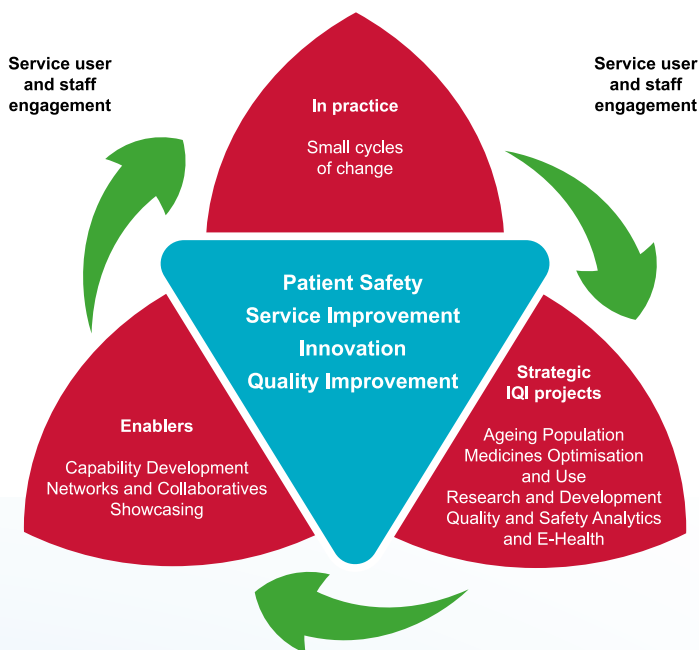
Since April 2018, the Trust has taken part in a number of international IQI events, including What Matters to You?, Breaking the Rules and World Quality Day. In February 2019, the Trust also held interactive sessions, and showcased a number of posters, to all regional Trusts as part of the Health and Social Care Quality Improvement (HSCQI) 'People, Power, Change' Event.

The Trust has celebrated six Teams of the Month from April 2018 to March 2019, allowing IQI teams to showcase and share their work with the Chief Executive or Deputy Chief Executive at each event, and with the wider Trust. In March 2019, the Trust celebrated its second IQI Annual Event at Mossley Mill, showcasing 48 posters from projects that had been completed during the course of the year. This was attended by approximately 120 members of staff from all levels and divisions, as well as guests. The main theme for this event was Person Centred Quality Improvement, with Guest speaker Sean Maher, Strategic Advisor for Person Centred Care and Quality Improvement, Scottish Government, sharing his experience from Scotland. Staff and visitors had the opportunity to take part in interactive rooms and share in learning about IQI work taking place across the Trust.

In March 2019, 15 delegates from the Northern Trust attended the International Forum on Quality and Safety in Glasgow where the Theme was 'People Make Change'. This programme emphasised the importance of stakeholder involvement in the transformation of healthcare. As well as showcasing several posters at this event, the team identified 24 IQI projects which will be taken forward in the coming year, inspired by the presentations delivered, and other exhibitions.

The IQI Lead continues to take a leadership role in the developing HCSQI infrastructure, inputting to Communities of Practice and sharing learning, in addition to ensuring that the NHSCT continues to showcase all its IQI endeavours, such as posters and projects, as well as feeding into the content of the website on a regular basis.

The NHSCT (represented by the IQI Lead) is an active member of the Health Improvement Alliance Europe (HIAE) group (facilitated by the Institute for Healthcare



Following on from the development of the multi-professional Research Plan in 2017, three new appointments were made within the Social Work, Nursing and Allied Health Professional fields; all new positions will be filled by mid-2019.

During the course of the financial year, the IQI team expanded with the addition of a Clinical Lead to drive forward quality improvement in the clinical settings, and with the appointment of a Senior Facilitator, which will also support the expansion of IQI within the Trust. The IQI 'Go To' people continue to provide support to staff throughout all Divisions, guiding those taking projects forward.

By the end of March 2019, the Trust had trained 56% of staff in IQI Level 1, with a further 5% being trained in the IQI Pocket Sized Level 2 course. Planning has begun to expand the Specialist Training in leadership Programme (STEP) course within the Trust; this was first delivered in 2018. The STEP programme is specifically designed to be delivered to Doctors in Training through to Consultant grade staff. In addition

Improvement). The Alliance is constituted from 10 member countries and 40 organisations, who work together on areas of shared interest, to address the challenges of an ageing population, an increase in chronic diseases and the escalation in healthcare costs.

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 our patients and service users, so that we can continually improve the quality of our services; particularly when the care provided may not have been of the standard that we would expect.

Facts / Figures

- 750 formal complaints were received into the Trust (a decrease from 807 last year)
- 100% of complaints acknowledged within 2 days
- 86% of complaints were responded to within 20 working days (increased from 74% last year)
- 2,634 compliments were received through the Chief Executive’s office (compared to 1,416 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 and ensure Trust staff take the learning on board. Learning is shared and discussed in various forums including Quarterly Complaints Review meetings with Operational Directors, Triple E Group which feeds into Assurance Committee and at monthly Directorate Governance meetings.

To ensure staff are aware of their responsibilities in respect of Complaints, The Complaint Team provides training via e-learning and offers face-to-face training when required. Within 2018/19, 967 staff completed Complaints & Service User Experience Training on E Learning and 83 members of staff were provided with face to face training (in response to where specific issues or concerns had been raised in regard to the team).

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 PUBLIC SERVICES OMBUDSMAN CASES

When patients or clients are dissatisfied with the outcome of the investigation into their complaint, they may contact the NIPSO Office directly. The Advice, Support Service and Initial Screening Team (ASSIST) is the public’s first point of contact with the office. Where the ASSIST team decide that they cannot resolve the complaint, the case is forwarded to the Ombudsman’s Investigations Team. In 2018/19 there were 17 requests for information from the NIPSO Office. Three cases were closed and not upheld, 14 are on-going. Three older complaints investigations were completed with consolatory payments recommended. 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 made information and reporting more accessible, leading to timely learning for the organisation.

In terms of wider risk management, the Risk Register module in DatixWeb® was fully functional as at January 2018 and it is planned that the Safety Alerts module will be fully implemented by May 2019. There are further developments planned for 2019/20 including implementation of the Complaints module which will further enhance risk management processes.

A total of
13794
 incidents were reported in
 2018/19, which is an increase of
14.67%
 from the previous year

Top 5 Incident Types in 2018/19	Actions for improvement
 <p>Slips, Trips and Falls</p>	<p>The total number of slips, trips and falls that occurred in 2018/19 was 2946 compared to 2844 the previous year. Investigations are completed following an injurious fall, with learning identified, action plans compiled and implemented.</p>
 <p>Violence and Aggression</p>	<p>The total number of incidents occurring in 2018/19 due to violence and aggression was 2332, compared to 1887 the previous year.</p> <p>A Challenging Behaviour, Violence and Aggression Working Group which is co-chaired by the Executive Director of Nursing and Executive Director of Social Work, was established as a sub-group of the Health and Safety Committee in January 2019. The purpose of the working group is to develop and oversee the strategy for reducing the level of challenging behaviour, violence and aggression within Trust services. It will propose an organisational strategic direction on the corporate position for the management of challenging behaviours, violence and aggression, and will relate directly to the regional work led by the Department of Health on Zero Tolerance.</p>
 <p>Medication</p>	<p>The total number of medication incidents occurring in 2018/19 was 1009 compared to 829 in 2017/18. All medication incidents continue to be reviewed by multidisciplinary working groups within each Division, with the Drugs and Therapeutics Committee providing an overview of all reported medication incidents. At least 84% of all medication incidents reported in the Trust were 'near miss/no harm' incidents, an indication that staff see the value in reporting less serious incidents.</p> <p>The Trust has pledged commitment to the WHO 3rd Global Patient Safety Challenge – 'Medication without harm'. A number of improvements will take place over the next 5 years aimed at reducing the level of severe, avoidable harm related to medications by 50%.</p>
 <p>Left ward without agreement</p>	<p>The total number of incidents relating to absconding in 2018/19 was 728 compared to 621 in 2017/18. Divisions monitor this through governance processes but there is a specific target within Mental Health Services. At the end of March 2019, the Trust achieved 82% compliance with the Anti-absconding Care Bundle Key Performance Indicator (KPI) within Mental Health services.</p>
 <p>Contact with equipment / machinery</p>	<p>The total number of incidents occurring in this category in 2018/19 was 602 compared to 546 in 2017/18. There is review of incidents through governance processes to learn and ensure a safe environment for patients, clients, staff and visitors.</p>

**Figures correct at time of publication, therefore figures may be subject to change*

Serious Adverse Incidents

A Serious Adverse Incident (SAI) is 'an event which may have caused unexpected serious harm or death'. A total of 96 SAIs were identified during 2018/19, with 89 of these affecting service users. There were 63 SAIs reported in the previous financial year; an increase of 52.38%.

Learning from Serious Adverse Incidents

Each SAI report is presented at a Safety Panel, which examines the recommendations and accompanying action plan to ensure the learning from the SAI is reflected in the outcomes and disseminated internally to staff and/or shared regionally. The SAI Review Group (which is a subgroup of the Trust's overarching Assurance Framework) provides oversight of those recommendations, including those which remain incomplete and ensures actions are taken and learning has been shared.

Recently an incident where a patient was connected to medical air rather than high flow oxygen resulted in the regional 'Never Events' list, being updated.

How the organisation learns

The Trust recognises the importance of Safety and Quality Alerts and Correspondence, both those received from external sources such as the HSC Board, Public Health Agency and Department of Health as well

as those issued internally within the Trust. These Alerts and Correspondence items enable the dissemination of national, regional and local learning to support safe and effective care and inform and support improvement in practice, where appropriate. Processes are in place to ensure appropriate dissemination, facilitate learning and to monitor implementation of required actions.

Trust representatives also contribute to and attend regional quality improvement collaboratives, organised by HSC Quality Improvement & Innovation (HSCQI). These collaboratives are attended by all Trusts, and provide a forum to share learning.

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 2018/19 a total of 44 Leadership Walkrounds were carried out across the Trust. The Trust will continue to build on improving this further in 2019/20.



Theme 2:

STRENGTHENING THE WORKFORCE



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Creating a Great Place to Work



Creating a great place to work

The Trust is committed to creating a great place to work for all staff and recognises the importance of an engaged workforce who enjoy coming to work.

The Trust aim is to create great leadership and a culture of high engagement in which staff are supported and valued as a means to support the continued delivery of positive patient experiences and safe, quality driven care.

Investors in People

IIP is the international standard for people management, defining what it takes to lead, support and manage people effectively to achieve sustainable results.



Following a formal assessment process, in January 2019, the Trust became the first Trust within the HSC and the largest organisation in Northern Ireland to receive Investors in People Generation 6 accreditation.

The accreditation lasts for three years and, in line with IIP's recommendations, the Trust will continue to make improvements throughout the organisation as part of the People RAMP Plan and the commitment to 'creating a great place to work'.

Collective Leadership

Leadership Pathway

- Buddy to Boss (Bands 1-4)
- Inspired to Lead (Bands 5-7)
- Leading 2 Succeed (Band 8A and above)
- Connect (Consultants)

Throughout 2018/2019, the Trust has focused on developing the leadership capacity of staff at all levels in line with the launch of the HSC Collective leadership strategy.

Leadership development pathways are now in place for staff at all levels within the Trust with each designed

to support and empower leadership. This includes the Connect leadership development programme for consultant medical staff that was launched on 14th September 2018.

Over 170 members of staff progressing through a leadership development pathway



51% of staff trained at level 1 of the Quality 2020 training attributes framework

63% of managers trained in Openness

75% of agenda for change staff undertaking an in-year appraisal

99% appraisal rate for medical staff in 2017

40% of frontline staff received the flu vaccination

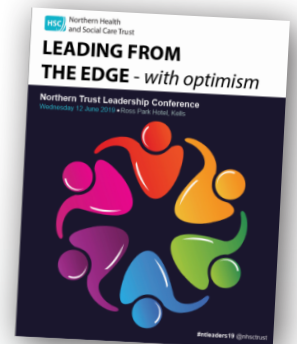
89% of staff trained in Information Governance Awareness

81% of staff trained in ICT Security

88% of staff trained in Fire Safety Awareness

Leadership Conferences

The Trust held two leadership conferences during the year that carried forward our 'Leading from the Edge with Optimism' agenda. Across the two events, nearly 300 front line managers had the opportunity to interact with a wide range of speakers with experience and expertise in all aspects of leadership.



Chairman's Awards

On the 4th December 2018, the Trust held its annual Chairman's Awards ceremony to showcase and celebrate the exemplary work taking place across the organisation. The awards recognise and reward colleagues who work to deliver high quality, effective and innovative services for the benefit of our service users.

Vocational Training

Over 100 members of Trust staff successfully completed vocational qualifications across a variety of different levels. During the year a new level 4 ILM Certificate in Leadership was also introduced for staff to undertake.

Completed Learners 2018/19	
HSC Diploma (Adult Management) Level 5	5
HSC Diploma Level 2	40
HSC Diploma Level 3	9
Supporting Individuals with Learning Disabilities L2 Certificate	30
Level 2 Award in Principles of Customer Service in Hospitality, Leisure, Travel and Tourism	34
Total Completions	118

Staff Induction and Corporate Welcome

Welcoming new staff to the Trust is a crucial aspect of the engagement process.

All new members of staff are automatically invited to attend a corporate welcome event. The event provides an opportunity for new employees to hear about the Trust’s values and priorities. Practical advice on training, personal development and health and wellbeing also form a central part of the welcome process.



NORTHERN HSC TRUST

Welcome to the Managers Induction Staffnet Resource for new Managers in the NHSC.

Newly appointed managers can also attend a Manager’s Induction session. The session provides essential material including tools and techniques for everyday use and signposts managers to relevant resources to support them in their role.

Statutory Mandatory Training

The Trust recognises the importance that statutory and mandatory training has to ensure the continued provision of safe, quality driven services to our patients and clients. A Statutory and Mandatory Training Steering Group was established to support the full and robust implementation of the Trust’s Statutory and Mandatory Training Policy. During the year, the Steering Group were able to successfully update the Trust’s statutory and mandatory training matrix which sets out the training expectations for all trust staff.

The Trust now undertakes formal corporate compliance for the following statutory and mandatory areas:

- Control of Substances Hazardous to Health
- Equality/Discovering Diversity
- Fire Safety Awareness
- Information Governance Awareness
- ICT Security

Quality 2020 Attributes Framework

51% of Trust staff have now successfully undertaken level 1 of the Quality 2020 training attributes framework. The Level 1 training programme provides staff with an introduction to Quality Improvement and the critical role that it plays in the provision of care for patients, clients and service users.



The Coach Approach

Coaching is a means through which staff can develop both themselves and the wider services in which they work. On a practical basis, it is about helping individuals to think through issues without the need for instruction.

The Trust now has 18 trained coaches who are providing active sessions across the organisation. Coaching is one of a range of interventions the Trust uses to meet identified performance and development needs.

Benefits of coaching



Source: International Coach Federation Global Coaching Client Study 2009

Promoting Openness

A significant effort has taken place to develop the Trust Openness agenda and 63% of managers within the organisation have now undertaken Openness training.



During the year, the Trust also hosted its annual Raising Concerns Awareness Week during which over 300 members of Trust staff had the opportunity to undertake Openness Training.

Improving Staff Health and Wellbeing

One of the key themes of the HSC Workforce Strategy 2026 is the promotion of health and wellbeing. Within the Trust, this work is coordinated by the Staff Health and Wellbeing Steering Group which is underpinned by four subgroups.

Psychological wellbeing at work

Promoting healthy living - Fit for Work, Fit for Life

Working with physical health conditions

Ageing well at work

Each sub group delivers on a three year action plan to support the staff health and wellbeing agenda.

Initiatives during the year included:

- ▶ The launch and implementation of the Recognising and Responding to Stress Policy that is supported by both manager and staff training.
- ▶ The Trust's first Staff Health and Wellbeing Fair held in November at Ballymena Health and Care Centre. At the event, over 200 members of staff were given the opportunity to undertake a number of free health checks and consider the importance of their personal health and wellbeing.
- ▶ The commencement of 'Move Well' a four week rehabilitation class running within the Occupational Health service. The aim of the class is to improve movement, strength and confidence for staff with musculoskeletal disorders
- ▶ The hosting of a lunch time 'Menopause and Me' seminar in September. The seminar was delivered by a Consultant in Obstetrics and Gynaecology and was attended by over 70 staff.
- ▶ Multiple Trust wide staff health and wellbeing events including step challenges, tennis for beginners and pottery lessons.
- ▶ The continued development of i-matter, the Trust on-line health and well-being hub which had close to 16,000 individual visits during the year.

The Trust also has a comprehensive range of Work Life Policies and a Special Leave Policy enabling staff to balance both home and work commitments and improve their working lives.

Staff Flu Vaccination Rate

At the end of the seasonal 2018/19 flu campaign a total of 3,484 (40%) of frontline staff were vaccinated. This year's flu vaccination campaign saw the introduction of 57 peer vaccinators who collectively vaccinated over 700 members of frontline staff. The work of the peer vaccinators was supported by the Trust Occupational Health service who delivered over 100 flu clinics.



Appraisal

The Trust remains committed to the appraisal process and the benefits that it brings to our staff and to the wider provision of services. The review/appraisal conversation focuses on feedback, behaviours, health & wellbeing and objective setting for the coming year. During 2018/19, 75% of Trust agenda for change staff had the opportunity to undertake a formal appraisal.

99% of medical staff within the Trust undertook an appraisal within the 2017 calendar year. Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work. It offers doctors an opportunity to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet their professional requirements.



Staff Survey

In July, the Trust released a final closure report setting out the actions that had taken place in response to the key themes that had arisen from the 2015 Staff Survey. The 'You Said, We Did' report allowed staff to see the practical changes that had taken place within the organisation as a result of their comments.

In March, the 2019 Staff Survey was launched and once again all members of staff have been given the opportunity to share their views about how it feels to work in the Trust. The results of the survey will now be collated by the Northern Ireland Statistics and Research Agency who will provide a Trust outcome report.

Revalidation of Medical and Nursing Staff

Revalidation is a mechanism for doctors, nurses and midwives 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.

Registration of Social Workers and Social Care Workers

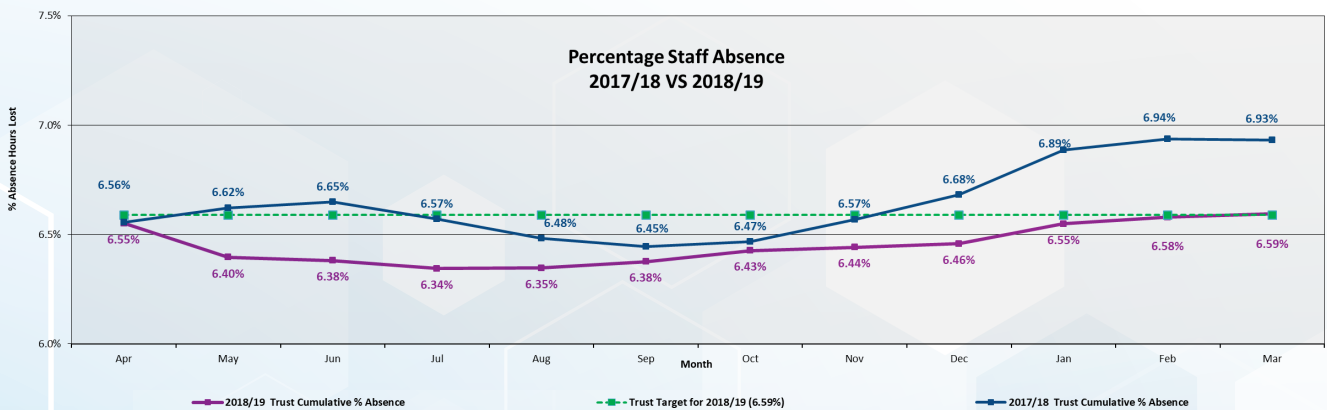
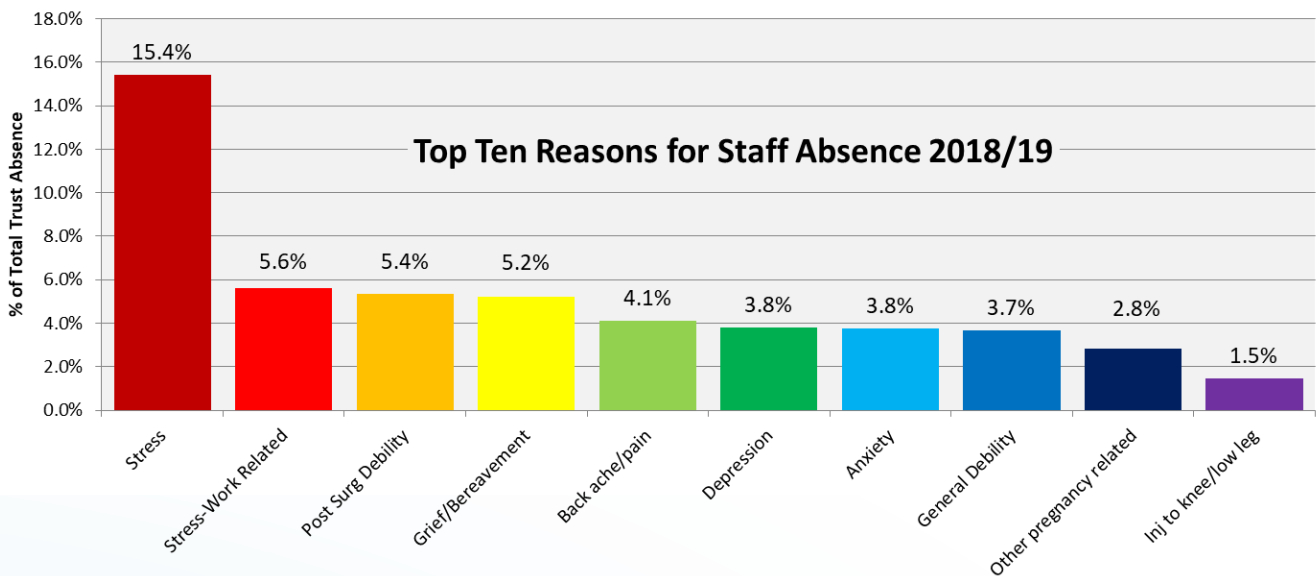
The Trust has continued to ensure that its social care staff have their required NISCC registration and this work remains on-going. Being registered means that staff are required to meet the NISCC Standards for their conduct and practice. It shows that they are suitably trained, professional in their practice and accountable for the standard of the care they provide.

Staff Absenteeism

The Trust sickness absence percentage was 6.59% at the end of 2018/19 - a reduction of 0.34 compared to the figure of 6.93% reported for 2017/18.

The reduction in absence was achieved through the implementation of the Trust Absence Action Plan which set out a consistent plan that each Directorate/Division could use to address absence.

The Trust continues to proactively support managers with the management of absence and during the year additional staffing and training resources were put in place to support a number of operational Divisions.



STAFF ACHIEVEMENTS

During 2018/19 the 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.



Brigid McKeown, Lead Midwife for Community and Public Health won the RCM Leadership Award at the prestigious Royal College of Midwives (RCM) Annual Awards held on 5th March 2019.

Brigid was recognised for designing and implementing her succession-planning programme, which helps midwives to develop their ability to be future leaders. Gill Walton, Chief Executive and General Secretary of the Royal College of Midwives, said: “This year is the RCM’s Year of

Leadership and this is a wonderful project that shows leadership in action. Brigid’s project is a worthy winner of this award and I congratulate her and her colleagues for this well-deserved accolade.

Advancing Healthcare Awards 2018. The HSCB award for enhancing support in primary care



Finalist – **Alison Craig, Bernie McGreevy & Laura Sommerville**

This was for the Fatigue Management Workshop and the production of the online programme now available for all health care professionals on the All Ireland Institute of Hospices and Palliative Care.

Advancing Healthcare Awards 2019. Maximising

resources for success sponsored by the Department of Health Northern Ireland



Finalist – **Bernie McGreevy**

This was for the Lung Cancer Prehabilitation Programme established in the NHSCT for people newly diagnosed with Lung Cancer. It is the first Prehab Programme for this client group in the UK.

Health & Care’s Top 70

Stars 2018

Six members of staff were named ‘Stand Out Stars’ by the NHS Confederation in their campaign called “Health and Care’s Top 70 Stars”. As part of the NHS 70th birthday celebrations, the campaign saw patients, staff and members of the public nominating people who have made an exceptional contribution to patient care, services and local communities over the last 70 years.

Congratulations to Eleanor Coulter, Health Care Assistant; Brian Crilly, Support Services Supervisor; Geraldine Ward, Catering Production Manager; Alison Craig, Macmillan Clinical Specialist Occupational Therapist; Dr Yvonne Duff, Macmillan Consultant in Palliative Medicine and James Scott, Fleet and Operations Manager who were all named as one of healthcare’s Top 70 Stars

CHAIRMAN'S AWARDS 2018

RISING STAR AWARD WINNER

Nicola Reynolds Senior Care Assistant, Clonmore, Newtownabbey

Nikki is a Senior Care Assistant in Clonmore and her commitment and drive contributes to an environment where clients feel comfortable, valued and relaxed.



PARTNERSHIP AWARD WINNER

Regional Prescribing Support Pharmacy Service



Through engagement with external stakeholders the Team developed a re-modelled and seamless Regional service across all 5 HSC Trust geographical areas.

INTEGRATED SERVICES AWARD WINNER

Enhanced Respiratory Team



The Community Respiratory Team embraced new ways of working through an Integrated Care Partnership

(ICP) approach. The team built relationships across secondary, primary and community care settings delivering evidenced based patient centred care for those in the community and hospital with respiratory disease.

INNOVATION / QUALITY IMPROVEMENT AWARD WINNER

Sarah Glass, Parkinson Nurse Specialist - Service Redesign of the Nurse Led Parkinson's Service



Sarah was inspirational driving quality improvement across multidisciplinary teams in the development of a Parkinson Service for Northern Trust patients.

EFFECTIVE TEAM AWARD WINNER

Lissan 1, Male Psychiatric Intensive Care Unit (PICU), Holywell Hospital



Lissan 1 devised a Rapid Tranquillisation e-learning module which was then made available Trust-wide following their work to improve the interface and understanding of potential physical complications, thereby improving patient safety. This work has also influenced policy development, working closely with all relevant stakeholders to produce an evidence-based policy.

SPECIAL RECOGNITION AWARD WINNER

Kate Agnew, Lead Nurse, Theatres, Antrim Area Hospital, driving force behind the Hospital Choir. Kate is Lead Nurse managing theatre and day surgery services across the Trust. Her dedication and commitment to the patients and staff is exceptional. Kate has voluntarily established a Northern Trust choir that performs at many of the Trust's ceremonies and prestigious events.



CHAIRMAN'S SPECIAL AWARDS

Additional Awards

In 2018, we had 2 additional prize winners that were awarded Chairman's Special Awards. These entries while not fitting into one of the six main categories were so outstanding that they deserved recognition.

UNICEF UK Baby Friendly GOLD Award



Benzodiazepine and Z Drug Reduction in Community Services Outreach Programme



RCN Awards

Seven members of the Northern Trust nursing family were finalists at the recent RCN Nurse of the Year Awards out of thirteen categories - three of whom were named winners.

The awards ceremony took place on 7 June 2018 at the Culloden Hotel, Holywood.



Craig Chambers was selected as joint winner for the *Health Care Support Worker* award for his commended work in the Falls Team, making a difference to older people in the community.



Bernie Carlin, Family Nurse Practitioner, impressed the judges with her leadership and commitment to young mothers therefore winning the *Public Health* award.



Mary Kane jointly won the esteemed *Patients Choice* award as nominated by a young lady within her care, who referred to Mary as more than a nurse, but a friend.

Trust congratulates staff who achieved QCF qualifications

QCF qualifications help to develop knowledge and skills and can open up other career opportunities where staff can progress towards a professional qualification in the health and social care system, or through the management structure.



Domiciliary Care candidates with Assessors/Verifiers and Bob McCann, Marie Roulston.



Social Care Candidates with Assessors/Verifiers and Bob McCann, Marie Roulston.



Nursing candidates with Christine Cuthbertson (Assessor/Verifier) and Bob and Marie.



Candidate Speakers (L-R) Helen Darragh, Homecare Worker Ballymena; Peter Stanley, Senior Day care Worker Mountfern; Ellen Bradley, Support Assistant Triangle.



Triangle Housing Association with Assessors/Verifiers and Bob McCann, Marie Roulston and Chris Alexander, Chief Executive Triangle.



QCF Team of Assessors Verifiers and Admin Support.



Dr Petra Corr was presented with an Outstanding Contribution to Clinical Psychology award at the recent Northern Ireland British Psychological Society Division of Clinical Psychology.



Sharon Humphries, Trainee Advanced Paediatric Nurse Practitioner, was awarded the Professor Robert Bowman Memorial Award for Leadership in Nursing from the University of Ulster. The award is given to a post-registration nursing student who has performed outstandingly in the theory of leadership in a nursing context.

Isabel Kidd, Day Care Lead Manager- Was awarded NI Manager of the Year at the NI Learning Disability and Autism National Awards. This was the first time they were run in NI and Isabel was awarded the title from a shortlist of three finalists.



Regional AHP Neonatal Pathways Group

Trust members of the group were part of the team that won the DOH Award for Transforming the Workforce at the recent Advancing Healthcare Awards.

“Excellent example of collective leadership and a model which has really moved neonatal care forward across Northern Ireland.”

Ballymoney / Ballycastle Community Mental Health Team

The Trust's community mental health team based in Ballymoney / Ballycastle have very recently received accreditation from the Royal College of Psychiatry. This accreditation is for teams that provide treatment and care for people with a spectrum of mental health problems and the standards provide a means to support benchmarking and quality improvement.



Paediatrics

The dedicated staff within paediatrics continue to strive towards excellence:

- Highly commended at All Ireland Critical Care Nursing Conference for simulation projects
- Finalists at All Ireland Paediatric Simulation Competition, Queens University, Belfast
- Compassionate Nurse of the Year, Northern Trust

Theme 3:

MEASURING THE IMPROVEMENTS



Northern Health
and Social Care Trust

**ANNUAL
QUALITY
REPORT**
2018-19

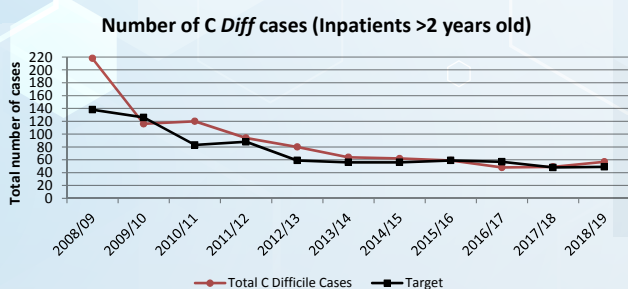
What does measuring the improvement mean for the Trust? It is about exploring more reliable and accurate means to measure, value and report on quality improvement and outcomes. During 2018/19, each Trust was required to measure a number of quality improvement indicators, and listed below are some examples 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 2019 the Trust reported 57 cases of C. difficile infection which was just slightly over the Public Health Agency target, set at 49 cases. A breakdown of these figures indicate that 34 cases had an onset of diarrhoea over 48hrs following admission and 23 cases were detected within 48 hours of admission. Once again the Trust experienced capacity pressures and increased patient acuity during the winter months which continues to present challenges by potentially increasing the risk of transmission.

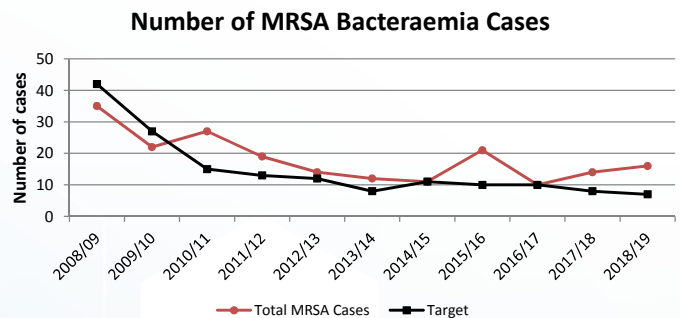
Reducing the number of C. difficile infections requires a multifaceted approach. The Post Infection Review process will continue at ward level for each new case identified and lessons learnt will be shared with clinical teams. Prudent Antimicrobial stewardship is a key element in reducing C. Difficile cases therefore Microbiology-led antimicrobial stewardship rounds and improvement projects to support appropriate antibiotic prescribing in clinical areas. Medical assessment of patients presenting with vomiting and/or diarrhoea is endorsed and supported by the IPC team who will continue to increase awareness of correct placement and management of patients presenting with diarrhoea with all staff. Another key element is the continued Intensive cleaning programme and a high standard of Environmental cleanliness standards delivered by Corporate Support services which will remain on-going across all inpatient areas.



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 2019, the Trust reported 16 cases of MRSA, which was significantly higher than the target of seven set by the Public Health Agency. Overall 12 cases were identified over 48 hours after admission and 4 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 2019/20 the Trust will continue to increase awareness of MRSA identification and management with all staff and in particular focus on elements of care for those patients with indwelling medical devices and those with complex care needs. Enhanced monitoring of compliance with the Trust MRSA Policy and MRSA Care Bundle will be the focus Trust wide. Post Infection Review will continue to be undertaken for every new case of MRSA bacteraemia and lessons learnt will be disseminated through clinical teams. Focused commitment by the IPC Nursing Team to visit daily Emergency Departments and high risk acute inpatient areas to increase awareness of MRSA identification, placement, decolonisation and management with all staff.



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 2018 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.

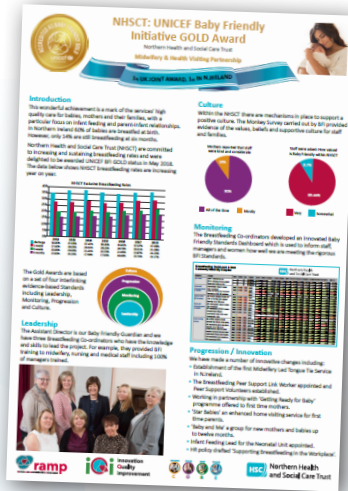
SAFER SURGERY / WORLD HEALTH ORGANISATION (WHO) CHECKLIST

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.

Theatre areas audit 20 charts per month to identify the percentage compliance of completion as well as 3 monthly observational audits which are carried out by the Band 6 sisters in each other's areas. The band 6 then discusses the results with the theatre manager. If the audit results fall below 95% then the theatre manager must complete an action plan to improve the practice and submit this to the Lead Nurse Theatres. The results are displayed on a white board in each theatre department which is designated to audits for all staff to see. The audit results are also discussed at theatre managers meetings and theatre users groups.

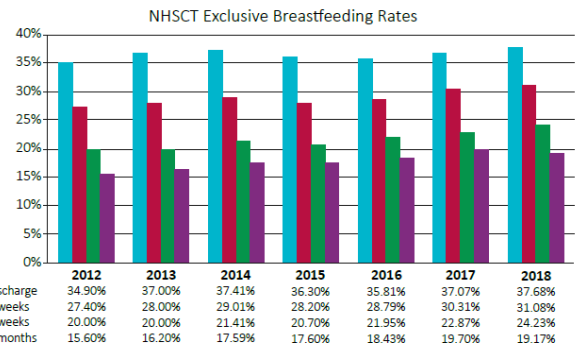
MATERNITY SERVICES REACCREDITATION OF BABY FRIENDLY GOLD AWARD

Maternity and Health Visiting services have recently been successful at reaccréditation of the Baby Friendly GOLD Award. This accolade is a recognition that our service is not only implementing the Baby Friendly Initiative standards, but that they also have the leadership, culture and systems to maintain this over the long term.



GOLD standards provide a solid foundation on which services can sustain and progress the Baby Friendly standards into the future, helping them continue to promote, protect and support breastfeeding and also to support all mothers to build a close and loving relationship with their baby, whatever method of feeding they choose.

This achievement has the potential to impact on future health and social well-being. It is estimated that the cost of not breastfeeding is £40 million in UK through avoidable cancers, osteoporosis and heart disease in the mother and chest infections, gastroenteritis, ear and urinary infection, diabetes, allergies, SIDS for baby.



JOINT MIDWIFERY AND NORTHERN IRELAND AMBULANCE SERVICE (NIAS) OBSTETRIC EMERGENCY TRAINING

NHSCT are proud of our Home Birth Service and the award winning community midwifery team that promotes and provides the service.

When facilitating a safe Home Birth Service, feedback from community midwives and NIAS highlighted a desire to "Work together, Train together".

A simulated learning programme was developed to promote

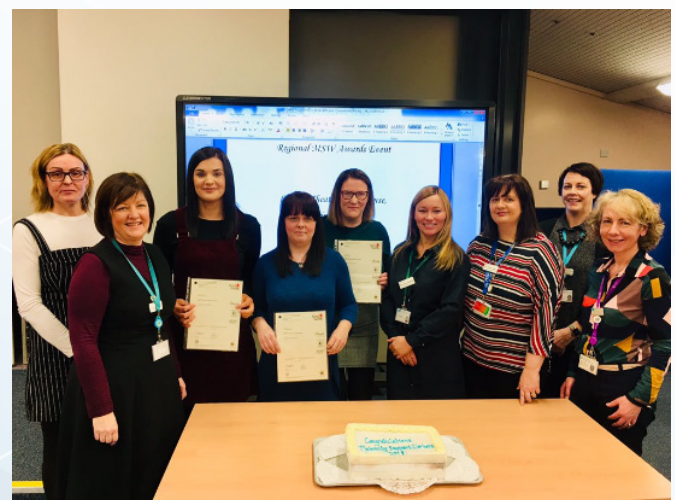
- Multi Professional Training
- Situational Awareness
- Communication skills

Next Steps

Extend training to larger cohorts

MATERNITY SUPPORT WORKER

NHSCT were delighted to host the regional celebration for our latest cohort of Maternity Support Workers. A great achievement to complete the programme while balancing work, life and study. Their role is an important and integral part of our maternity teams.



PAEDIATRIC SERVICES

Education

Developing our staff is key in continuing excellence. This has been enhanced with the use of simulation in practice which has been well received and valued by the paediatric team and service users. Simulation used in:-

- Sepsis 6 roll out
- Regional QI demonstration
- Care of critically ill child
- ‘Pop-up’ ward based simulation
- Hosting regional neonatal simulation training event
- Initiated and hosted regional Paediatric and Neonatal Educators Network



Clinical

Our focus has been on improving our patient and family experience across Paediatric and Neonatal services in NHSCT and beyond through:

- Redesign of Neonatal Unit intravenous fluid and observation chart
- Introduction of High Flow Nasal Cannula therapy to A2, delivering enhanced treatment closer to home
- Development of the Paediatric Diabetes service through improving the experience of children transitioning to adult services
- Roll out of Paediatric Safe Asthma Care Pathway to ED, AAH
- Co-development of a Regional Paediatric Epilepsy E-Learning programme for all NHSCT staff and partner agencies
- Introduction of play specialist service to acute Paediatric wards transforming the child and family experience through the provision of structured play



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, completed by the Falls Prevention Team, continued during 2018/19 to help identify areas for improvement.

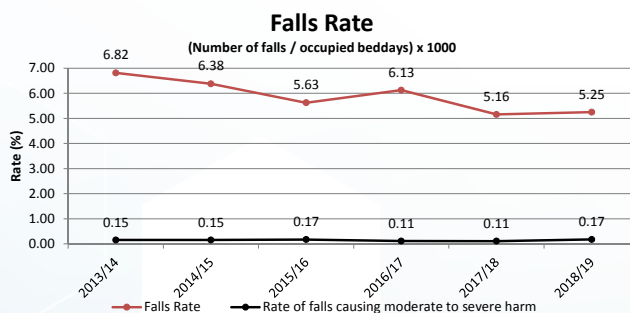
We continue to complete post fall investigations, with learning discussed with clinical teams to support improvements in practice.

Education regarding the FallSafe bundle, falls prevention and management of falls continues to be delivered to Trust staff. Falls awareness training and a telephone advisory service is also available to support staff working in services where care is commissioned for clients.

The Trust continues to offer falls screening during home visits to all patients referred via the Northern Ireland Ambulance Service. Telephone screening, is offered to patients referred from the Trust’s Emergency Department.

Falls rate per 1000 bed days

The falls rate across all adult inpatient areas is 5.25 over the period 2018/19. The rate for moderate to catastrophic harm is 0.17 for 2018/19.



Action the Trust has taken

- FallSafe validation audits programme for participating wards
- Introduction of a close observation form for patient deemed at high risk of falls

Next steps

- The Trust is in the process of engaging with GP practices in relation to expansion of the Falls Referral Pathway.

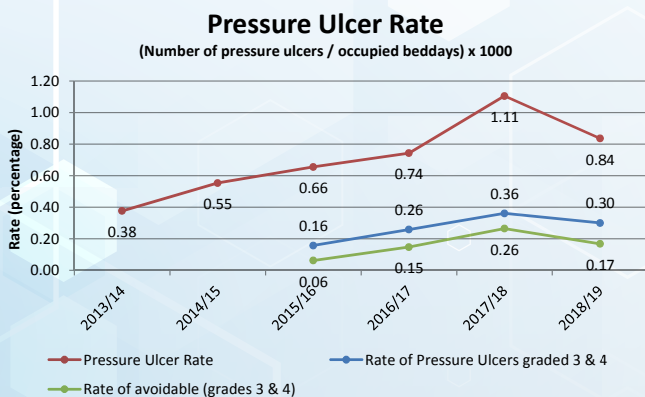
PREVENTION OF PRESSURE ULCERS

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 and implement an appropriate individualised plan of care to prevent pressure ulcers occurring. Pressure ulcers are graded or staged by their severity. The stages range from one to four - the higher the stage, 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

During 2018/19 the Trust has built upon the foundations laid in previous years aiming to reduce the number of avoidable pressure ulcers. During 2018/19 the Trust reported 259 Stage 2 and above hospital acquired pressure ulcer incidents. Of that, 93 were staged at the higher stages of 3 & 4 pressure ulcers. Of the total number of Stage 3 & 4 pressure ulcers, 52 were deemed avoidable.



Action the Trust is taking

It is a mandatory requirement that all registered nurses and nursing assistants attend face to face pressure ulcer prevention training, at the point of induction and three yearly thereafter. It is also a requirement that registered nurses update their knowledge by completing the HSC ELearning “Prevention of Pressure Ulcers in Adults for Registered Practitioners” within 18 months of their face to face training to ensure that their knowledge remains current.

The updated version of the SSKIN bundle is now in use on all adult inpatient wards on Antrim and Causeway sites. The next stage of spread will be to introduce the new bundles into the community hospital adult inpatient settings.

The introduction of the SSKIN bundle has been accompanied by additional training. To date over 600 members of nursing staff have attended training related to the implementation of the revised document.

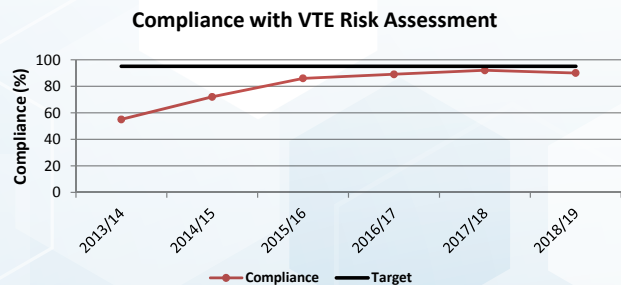
The multidisciplinary investigation of all grade 3 and 4 pressure ulcers is ongoing, and the learning from these is shared to inform continuous and sustainable improvement.

Action occurring regionally

The tissue viability service has worked on a regional approach to quality improvement in this area alongside the Public Health Agency and the other HSC trusts. Their workstreams have included publication of a regional guidance document with agreed local definitions, e-learning package and standardised pressure ulcer screening documentation.

PREVENTION OF VENOUS THROMBOEMBOLISM (VTE)

VTE is a condition in which blood clots form (most often) in the deep veins of the legs (known as deep vein thrombosis, DVT) and can travel through the blood circulation and lodge in the lungs (known as pulmonary embolism, PE).

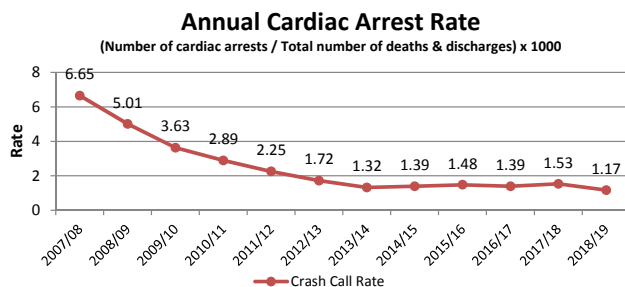


Admission to hospital increases your risk of blood clots (DVT, PE); however, VTE can be preventable. To help prevent VTE in patients admitted to our hospitals, a risk assessment is carried out at admission to determine the level of risk of developing VTE, and anti-clotting medicines are prescribed if appropriate.

The Trust is committed to achieving 95% compliance with the completion of the VTE risk assessment to ensure patients are provided with the most appropriate and safe care in the prevention of hospital-acquired VTE. At March 2019, the Trust achieved 90% compliance with the completion of a VTE risk assessment 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 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).



MEDICINES MANAGEMENT OMITTED AND DELAYED MEDICINES

Omission or delay of medicine doses can lead to harm for patients, particularly when critical medicines are involved where the timeliness of administration is critical, such as antimicrobials, drugs for control of Parkinson's Disease or diabetes.

- During 2018/19 a total of 15,973 medicine kardexes were audited across 29 wards
- 156 of these kardexes (0.98%) were found to have at least one omitted/delayed dose where there was no appropriate 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

The Trust is working collaboratively with the PHA to establish an improved mechanism for recording and reporting omitted medications. To date a quality improvement initiative is underway within an acute respiratory ward. The aim is to reduce the number of inappropriate omitted medication doses by 20%. In the Emergency Department, pharmacy technicians help reduce omitted/delayed doses by ensuring the use of patients' own medicines and ordering medicines for patients waiting on a bed.

MEDICINES RECONCILIATION

In line with the DoH Medicines Optimisation Quality Framework 'patients should have their medicines reconciled by a trained and competent healthcare professional, ideally by a pharmacist'. This has been shown to reduce omitted medicines and the patient's length of hospital stay. During 2018/19, 72% of patients admitted to Antrim and Causeway Hospitals had medicines reconciliation on admission completed. A Specialist Pharmacist is also now working with the Home Treatment Team in Mental Health carrying out medicines optimisation for clients based in the Southern Sector of the Trust. In addition to this a pilot project has also been undertaken with Regional Cardiology Centre to improve the medicines reconciliation process for transferred patients.

ANTIBIOTICS

Antibiotics are losing their effectiveness at an increasing rate with inappropriate overuse being a major factor in the rise of drug-resistant infections. The NHSCT are committed to improving the appropriate use of antibiotics and in November 2018 a new Antibiotic Review Kit (ARK) was launched to help staff stop antibiotics in patients who no longer need them. ARK is part of a national study to improve antibiotic prescribing by 'review and revision' of antibiotics.

INSULIN SAFETY

Insulin is one of the top 5 'high risk' medicines used within healthcare which when used incorrectly can lead to serious harm to patients.



The Trust Insulin Safety Group continues to meet quarterly with a focus on the following:

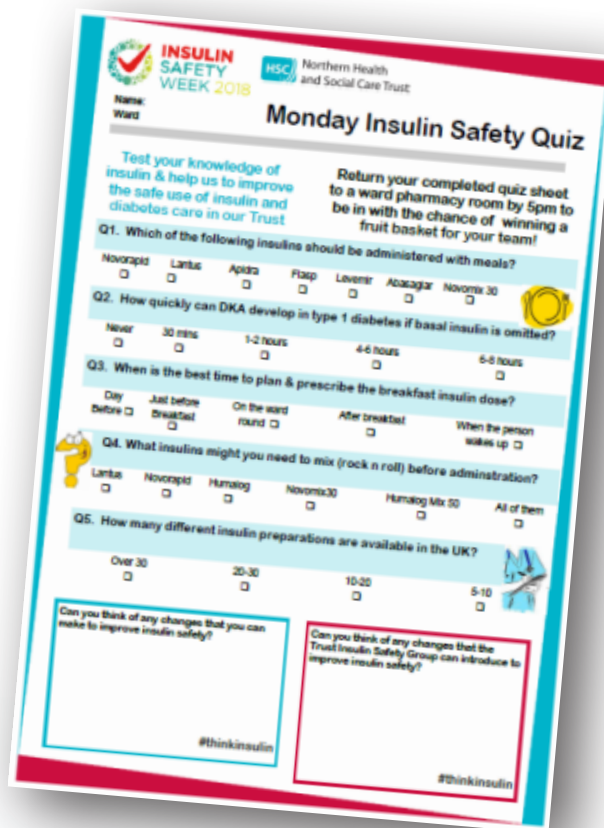
- Review of incidents involving insulin and sharing of learning through the Insulin Safety Bulletin
- Implementation of national and regional audits on insulin use
- Implementation of regional safety alerts relating to insulin use
- Self-administration of insulin
- Education in insulin safety



An audit of the insulin subcutaneous chart was undertaken in 2018/19 to help identify any issues or concerns with the newly introduced chart. The Trust participated in Insulin Safety Week (14th – 20th May 2018), a national campaign aimed at increasing awareness among healthcare staff and patients of the risks associated with insulin use and to encourage staff to work together with patients to make insulin therapy safer. A daily quiz on insulin safety, educational events

and ward visits by the Diabetes Team were among the many activities that took place during Insulin Safety Week.

The Trust also participated in Hypo Awareness Week (24th – 30th September 2018) hosting many activities including a quiz, virtual reality experience of a hypo, education and awareness sessions.



Theme 4:

RAISING THE STANDARDS



Northern Health
and Social Care Trust

**ANNUAL
QUALITY
REPORT**
2018-19

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.

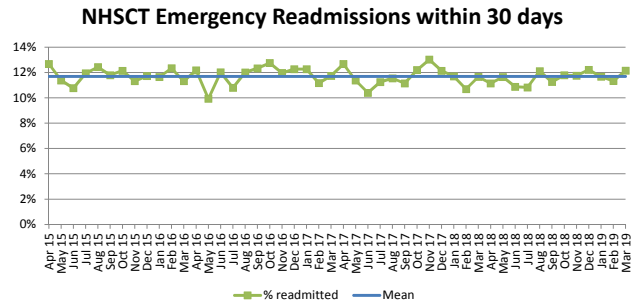
RISK ADJUSTED MORTALITY INDEX

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 2018/19 (excluding palliative care patients) was 75.92, a reduction from 84.98 in 2017/18.

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 2018/19, and the average readmission rate has remained steady at below 12% for the past four years.



EMERGENCY DEPARTMENT

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

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

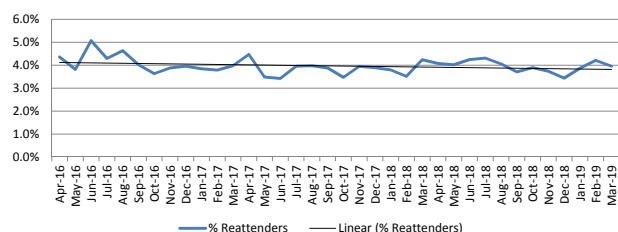
RAMI (Risk adjusted mortality index) 2017



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%
	2018/19	87,366	63.03%	4,330	43.5%	3.5%	3.6%
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%
	2018/19	48,115	71.30%	1,193	66.2%	2.6%	4.4%
Target			95%	0	--	--	--

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

Unplanned Reattenders within 7 days



Actions taken to improve standards

The Northern Trust’s Emergency Departments experienced their busiest year ever in 2018/19, with over 140,000 attendances at Antrim, Causeway and Mid-Ulster Hospitals. The teams working in these departments have been developing new ways of ensuring patients are treated quickly and safely. In Causeway Hospital for example there is now a new minor injuries area, and patients arriving with minor injuries can opt to go directly to see an Emergency Nurse Practitioner. There they will be treated quickly without waiting in the general ED queue – in Causeway in 2018/19, 99% of all ENP patients were seen, treated and discharged within 4 hours of arrival at ED.

Antrim’s Direct Assessment Unit (DAU) is an area where suitable patients can be directly referred by their GP, bypassing the Emergency Department and gaining direct access to diagnostic tests and medical assessment. The unit saw a 15% increase in activity to an average of 570 patients per month in 2018/19, with three-quarters of patients discharged straight home without a hospital admission. DAU expanded in December 2018 to include a Programmed Treatment Unit (PTU). This is a service for patients coming to hospital for a planned procedure or infusion, who would previously have had to go to a bed on an inpatient ward. The development of PTU means that patients can have their treatment in a calmer environment, and reduces the pressure on beds in Antrim Hospital.

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.

In April 2018, the Trust developed sepsis folders and distributed them to ward areas. The Trust continues to participate in the regional Sepsis collaborative. The aim is to improve the management of sepsis across the region. As part of this collaborative, we are reviewing the data collection process to ensure it is robust and, in line with other Trusts, we intend to present the data to look at 2 or 3 separate elements of the bundle which are proven to improve outcome, e.g. time to antibiotics and IV fluids.

Next steps

The Trust plans to:

- Work with Sepsis Champions to improve compliance
- Continue to participate in the HSC Safety Forum’s regional Sepsis Collaborative
- Establish a Trust Sepsis Working Group to help drive improvements with identification and management of Sepsis

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

	Target	2015/16	2016/17	2017/18	2018/19
14 days	100%	78%	97%	89%	71%
31 days	98%	98%	90%	93%	92%
62 days	95%	72%	72%	73%	68%

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 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 2018/19, 17 clinical guidelines endorsed by the Department of Health were received into the Trust and initial review and implementation planning commenced.

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

Audits of NICE clinical guidelines provide an opportunity to measure practice against the recommendations and provide assurance on implementation.

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.

Trust staff have continued to be involved in regional clinical or social care audit projects with most funded by the Regulation and Quality Improvement Authority (RQIA) as part of its annual clinical audit programme. Clinical audit reports published by RQIA during 2018/19 were reviewed with regard to recommendations made and actions required by Northern Health and Social Care Trust services.

WHERE DOES ALL THE BLOOD GO IN NORTHERN IRELAND?

This regional audit funded by RQIA was undertaken by the Northern Ireland Transfusion Committee as a pilot to a larger project. The audit report has been shared widely and discussed at Hospital Transfusion Team, Hospital Transfusion Committee and the Haematology Transfusion Committee. Most actions are regional which are being taken forward by the Northern Ireland Transfusion Committee.

Haemovigilance staff are continuing to promote implementation of the recommendations locally, where possible. For example, through use of the new Trust transfusion record (introduced November 2018) advocating the practice of single unit transfusion in non-emergency situations. In addition, training sessions were organised throughout the Trust in the use of the new record. Each ward/department was given a poster to display about not giving two units without review of patients' haemoglobin levels.

National clinical or social care audit projects and service evaluations also provide an opportunity to measure practice and services against evidence based standards and validated tools enabling comparison and benchmarking with other Health and Social Care Trusts and Hospitals elsewhere in the United Kingdom.

SERVICE EVALUATION OF BEREAVED RELATIVES' SATISFACTION WITH END OF LIFE CARE

This service evaluation was co-ordinated by the Association for Palliative Medicine and involved completion of the FAMCARE 2 tool by the bereaved main carers of patients referred for end of life care. The questionnaire was issued to carers 4-6 weeks following the patients' deaths to seek feedback on the palliative care received and the ways in which the palliative care team may have assisted or communicated with families or carers who supported the patients.

As well as site specific data information was received on comparable (anonymous) data from other services. Overall, satisfaction levels were high in the responses received in relation to the questions posed. Qualitative feedback was also positive. The results have been presented to the Macmillan Unit multidisciplinary team and circulated to members of the Northern Health and Social Care Trust Palliative Care Partnership Board. A further evaluation will be undertaken during the summer of 2019 to ensure that the high standards continue to be maintained.

NATIONAL AUDIT FOR CARE AT END OF LIFE (NACEL)

This organisational level audit was co-ordinated by the NHS Benchmarking Network and involved all 5 Health and Social Care Trusts in Northern Ireland. The overall aim of NACEL is to improve the quality of care of people at the end of life in acute, mental health and community hospitals. Data collection was completed in 2018.

A Northern Ireland NACEL feedback event was held during March 2019 to consider the Northern Ireland findings including the 6 recommendations. Next steps including implementation of the recommendations will be discussed at the Trust Palliative Care in Partnership Board meeting planned for September 2019.

The Trust is participating in the second round of this audit in 2019 which includes both case note review and an organisational audit.

END OF LIFE MODEL

The Service Improvement Lead was piloting an end of life care model in a care of the elderly/stroke ward in the acute hospital. The baseline data revealed that multidisciplinary senior clinical staff were not routinely identifying patients who were potentially in the last year of life. This therefore did not allow for appropriate planning to take place or to alert other professionals to anticipate the patient's potential needs. Overall care at end of life needed to be improved so that the right care could be provided at the right time.

Through the work of the End of Life (EoL) Facilitator and following a patient's admission to an acute inpatient care setting, the EoL care model will trigger an assessment to identify their care and support needs if thought to be in the last year of life. This also includes the last days and hours of life and signposting to appropriate services as appropriate. Before implementation a scoping of recent inpatient deaths (2017/2018), informed the EoL Facilitator of potential wards (in addition to ward A1 pilot ward). There are now a total of 5 wards in different stages of developing the end of life care model in AAH. There are also 2 wards in Causeway. The wards with the highest mortality rates are identified as those with the greatest need for end of life care.

The end of life model has 4 elements and each ward must have an identified medical champion, which is usually a Consultant. Together, alongside the multidisciplinary team within each ward the project will seek to establish best practice initiatives around;

- Recognising when a person may be in the last year of life using best practice tools, such as Gold Standards Framework or Supportive and Palliative Care Indicators tool (SPICT)
- Key Performance Indicators (KPIs) for the dying phase have been developed locally and this enables practice to be benchmarked against best practice guidelines (NICE NG31)
- Education and training
- Ascertaining the experience of bereaved relatives

The EoL Facilitator receives monthly KPI data on the expected deaths for each of the wards. This information is reported to the project teams at their monthly meetings which includes senior management. There has been a steady improvement across all KPI's for the expected deaths. The monthly identification figures of last year of life albeit low indicate consistent improvement. This is a positive outcome demonstrating more patients are being offered the opportunity to make plans for their future.

Theme 5:

INTEGRATING THE CARE



Northern Health
and Social Care Trust

**ANNUAL
QUALITY
REPORT**
2018-19

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.

The Causeway Hospital Frailty Team is a new development aimed at meeting the needs of frail older people who are at risk of hospital admission. The team brings together a range of specialist staff including doctors, nurses, physiotherapists, social workers, pharmacists and others. The team moves suitable patients from Causeway Emergency Department to the Frailty Unit where patients receive a full assessment and more often than not can return to their own home rather than being admitted to hospital. Launched in December 2018, the Frailty Team has already helped many patients to return home safely without a hospital admission, helping to reduce pressure on hospital beds and improving both the experience and outcomes of frail elderly patients.

The Trust's renal dialysis team has increased the number of patients on home dialysis by 56% over the past year. Home Dialysis provides patients with greater flexibility, an increased understanding of their illness and enables them to remain independent at home, as well as reducing pressure on the renal unit in Antrim Hospital. We recently hosted a Home Therapy Road Show to showcase our unit and home dialysis in particular; this event was extremely well attended by the public and those who will require dialysis in the future. We also hold regular patient focus groups where we invite a group of patients and relatives to the renal unit to learn more about the different types of dialysis. The group have the opportunity to see and speak with patients on each type of modality. This provides education and support to assist patients to make an informed decision on which type of dialysis would suit them.

Mid-Ulster Hospital has been selected as one of the three regional sites for the prototype elective care centres for cataract day surgery. This is an important milestone in the reorganisation of NI hospital services and for the Mid-Ulster area and represents a significant step forward in the transformation of health care. Regional centres for routine day case surgery will secure important progress in the efficiency and effectiveness of care. Crucially, they will operate on separate sites from urgent and emergency hospital care – meaning they will not be competing for operating rooms and other resources, leading to fewer cancellations of operations. While some patients may be asked to travel further for their treatment, they will be seen faster and have a better experience.

The NHSCT has recently installed its second MRI scanner and two new state of the art CT scanners in Antrim Hospital. The MRI scanner will provide capacity to scan an additional 3,120 patients each year. It

provides the patients of NHSCT access to one of the most modern and up to date MRI systems available and will allow the expansion of the service for patients with compatible heart devices such as pacemakers and also scanning of children who require a general anaesthetic. The advanced safety features on the new CT scanners allow for a 10-fold decrease in radiation doses for some of the examinations performed. The project will also allow for the re-location of one of the CT scanners on the Causeway site, providing a much needed second CT scanner for Causeway.

The pharmacy department has been open at weekends and providing services on the Antrim site for a number of years and from November 2018, the pharmacy department in Causeway opened at the weekends to provide medicines for newly admitted patients and facilitate the safe and efficient discharge of patients.

SERVICE REDESIGN OF PARKINSON'S NURSE LED SERVICE

In September 2018 the Parkinson's nurse caseload was 350, with a waiting list of 68 referrals, dating back to 2012. Some reviews were 36 months behind schedule. Patients living in certain areas were seen more regularly than others. The vision was to modernise the Parkinson's Nurse Service, to redesign, improving patient safety and quality, appointment waiting times and equal access for all regardless of their location within the trust. This was in keeping with the Northern Trust's Corporate Objectives. It was important to do this within existing resources. The Parkinson's nurse engaged with service users, carers and organisations like Parkinson's UK to develop the service.

Auditing our practice against the standards in NICE guidelines: Parkinson's disease in adults (2017), identified key areas for improvement. An action plan with clear objectives was devised. Barriers identified included lack of clinic space at outpatient departments and lack of additional finances. A virtual clinic was developed which allowed stable patients to be reviewed by phone, improving communication and access for patients. It also enabled patients in nursing home environments to be assessed.

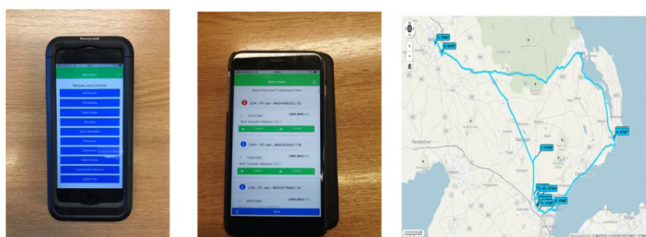
The booking of nurse clinics moved to an electronic system in January 2018. This freed up nursing time to concentrate on the specialist nursing role and provides more efficient use of outpatient appointments.

There has been a significant increase in the number of new referrals to the service, approximately 40 per month. To manage the increasing number of patients with this lifelong condition, it was necessary to encourage patients to self-manage their condition with specialist support. This is in keeping with The Making Life Better framework. Some patients who meet the criteria have now been placed on open reviews, aware of how to access the service if required.

COMMUNITY CARE

Antrim / Ballymena

During 2018/19 the Community Equipment Service in partnership with the Informatics Department implemented a new IT system known as ELMS2 (Equipment Loan Management System) as a replacement for MES@Ls (Managing Equipment Stores and Loans System). The Northern Trust was the first Trust to implement and led on testing and system modifications to facilitate rollout to the remaining 4 Trusts. ELMS2 has provided a paperless system improving Information Governance compliance and service evaluation on every contact with service users.



Significant investment has been secured to support the provision of 7 day working by Acute Occupational Therapy staff along with Physiotherapy and Hospital Social Work in supporting timely assessment and discharge from both Antrim Area and Causeway Hospitals. This has facilitated a greater number of discharges on Saturdays and Sundays, supporting people to return home or to a setting appropriate to their needs. Likewise, investment in community based rehabilitation has been made and over 900 Homecare staff have been trained in reablement which supports people to improve their independence.

The number of people presenting with diabetes is increasing annually. Following a very positive pilot of the diabetes foot pathway in Causeway Hospital, this approach has now been implemented in Antrim Area Hospital, bringing a Trust wide rapid response to service users presenting with foot ulceration which places limbs at risk.

Staff are the Division's greatest resource, and as a means of supporting staff in the provision of services, senior management engagement has taken place throughout the year and staff given the opportunity to attend a number of engagement events equipping them with skills in increasing resilience and opportunities for networking.



Causeway

Frailty Pilot (Robinson Hospital)

Frailty is a progressive age-related decline in physiological systems that results in decreased reserves of intrinsic capacity which confers extreme vulnerability to stressors and increases the risk of adverse health outcomes.

Funded by the Public Health Agency the Trust is piloting a project aimed at mapping the journey of patients with frailty through the Robinson Community Hospital capturing what is working well and identifying areas of improvement.

Working in partnership with voluntary and community colleagues the pilot aims to contribute to an agreed definition of frailty, test the effectiveness of selected stratification and assessment tools, implement evidence based practice interventions known to reverse or improve the condition of frailty and contribute to the development of a range of outcome measures that will impact on population health.

The NHSCT team will connect with other Trusts and experts through the Frailty ECHO (Extension of Community Healthcare Outcomes) project to share knowledge and expertise.

Ballymoney OT Equipment Substore Quality Improvement Project

Technical Instructor Virginia Stevenson and Community Team Manager Christine Little recognised patients were being disadvantaged through poor stock control and an inability to trace equipment issued from the community sub-stores. Working with a technology supplier, Healthcare Analytics, and in partnership with the Connected Health Innovation Centre of Ulster University, Virginia and Christine designed and implemented an electronic tracking system that enabled recording and replenishment of stock making more efficient use of equipment and improving the availability of equipment to service users when needed.

The project was a finalist in the NHS Employers Award for outstanding achievement by an apprentice, support worker or technician working alongside an Allied Health Professional or healthcare scientist.

Living Well Moyle

Living well Moyle was introduced by the Dalriada Pathfinder Partnership to identify people in the community who may be lonely and isolated. The project represents excellent coproduction with partners from the community, voluntary and statutory agencies. A recent interim evaluation has demonstrated the positive outcomes that are being achieved for those people connected to the project. The project is going from strength to strength.

Neighbourhood Nursing

An exciting new neighbourhood district nursing model of care is being piloted in the Moyle Team. This nursing team, which is part of the wider multi-disciplinary team, takes a public health approach, caring for a designated population, aligned to GP Practices, promoting independence, safety, quality and experience with the ethos of home being the best and first place of care.

Rathlin Island Nursing Service

A 24 hour district nursing service is delivered by the Trust on Rathlin Island. A multiagency Emergency Preparedness group, involving the Trust, NI Ambulance Service, the Rathlin Development and Community Association, Coastguard agency, and other statutory agencies have commenced work reviewing the needs of the island regarding emergencies. This will greatly support the nurse in their role dealing with emergencies on the island.

East Antrim Carers Event

Within the Community Care Division, East Antrim Locality brings together members of the East Antrim Integrated Care Partnership, Locality Planning Group, members of the community, community and voluntary organisations and Trust staff. The most recent Event focused on carers, providing information and drawing on personal experiences to enhance knowledge of the caring role and what resources are available to support carers. The Event saw the local launch of Mary Henderson’s training pack Time2Care previously launched in Stormont earlier in the year.



Domiciliary Care

Work is being carried out to enhance the role of Homecare Workers within the Trust. Several Engagement Events have been held to demonstrate the value of Homecare Workers’ input, recognising the vital role they play in maintaining people in their own homes. Future steps will see Homecare staff being involved in IQI projects allowing them to put their improvement ideas into action.

Mid Ulster Compassionate Communities

A steering group has been established and its aim is to develop the concept of ‘Compassionate Communities’ within the Northern Health and Social Care Trust. Compassionate Communities is a public health approach to end of life care. It encourages communities to support people and their families who are dying or living with loss. It will enable people to live well within their communities to the very end of their lives.

This work is enabled through promotion of ‘The Heart of Living and Dying’ conversations which encourages people to think about what is important to them in their living and also their dying. It very much encourages people to think about planning for the future and to have these important conversations with those people important to them. A number of these have been planned throughout the Trust with various community groups.

Work is also on-going to raise awareness of planning for the future through ‘Dying Matters’ and other public events. This includes planning for the future, including writing your will, planning for funeral wishes, consider organ donation, most importantly communicating your wishes to those people important to you. These events have been very successful to date and are helping to break the taboo to talking about death and dying.

One of the community groups, Mid & East Antrim Agewell Partnership, is working closely with arts care in promoting conversations about death and dying through art. They are engaging with a number of private nursing homes and residential homes across the Trust over the summer months. This work is hoped to be completed by the end of the year.

The service improvement team are also keen to raise the awareness of palliative and end of life care with staff across all care settings. They are available to provide raising awareness sessions to staff and are happy to be contacted.

Mid Ulster Agewell

In conjunction with the Health and Wellbeing Team, Mid Ulster Agewell has developed a model for Falls Prevention. Good Morning Advisers from Mid Ulster Agewell are trained in OTAGO funded by the Northern Health and Social Care Trust.

OTAGO was developed in Otago New Zealand in response to frequency and severity of fall injuries amongst older adults in New Zealand. It is a Strength and Balance Programme developed to promote good bone health and falls prevention:

- Improve our balance and stay strong
- Improve muscle strength and range of movement
- Improve control and posture

- Improve performance of everyday functional and activities
- Improve general fitness, health and wellbeing
- Increase confidence and reduce anxiety
- An opportunity to socialise

Health/public sector professionals and community/voluntary groups are fully involved and motivated to make a real difference.

Local Engagement Partnerships (LEP)

The Community Care Division has taken the lead responsibility for improving the LEP priorities within NHSCT. There has been significant achievements by embedding 4 locality focused LEP across the NHSCT geographical boundary. This new approach was launched via 4 LEP workshops which seen frontline social workers from all divisions join together with carers, service users and external agencies to agree new ways of improving the LEP in their local area. There were 182 representatives across the 4 workshops. The workshops illustrated improvements by:

- Bringing together social workers, service users and partner agencies from across the system to better understand the NHSCT Local Engagement Partnership (LEP).
- Providing an opportunity to share knowledge and expertise and gain different perspectives on our LEP priorities; recognising engagement at all levels.
- Creating new networking opportunities with all partners to generate ideas, demonstrating a shared responsibility for the LEP across the NHSCT.

The next steps to achieve the common goal of our LEP is to agree a set of core values, identifying LEP champions and building the capacity of 4 locality LEP forums with service users and carers. NHSCT has been approached by other HSC's who wish to replicate this LEP format.

MENTAL HEALTH

MENTAL HEALTH LIAISON SERVICE (MHLS)

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 Mental Health Liaison service (formerly known as RAID) a multidisciplinary liaison psychiatry and psychological medicine team operating in the two acute hospitals (Antrim Area and Causeway hospitals). The Mental Health Liaison service provides rapid assessment to 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 during their hospital admission.

In the last year MHLS has continued the development of rapid response services throughout the hospital across a wide range of clinical areas. It has also continued to work in close liaison with wider systems including specialist community services, public service agencies and services within the voluntary sector in order to ensure appropriate pathways of support are available at the right point in time for service users.

In 2018, Northern Trust commissioned the Strategy Unit to complete a comprehensive evaluation of the MHLS (then RAID). The findings from the review were extremely positive demonstrating significant reductions in bed days for patients seen by MHLS and also decreased likelihood of admission from the ED. Service user satisfaction surveys continue to reflect high levels of satisfaction with all aspects of service provision. The MHLS has become fully embedded within the acute hospital sites and is now a recurrently funded service.

Specifically over the last year the MHLS has completed the embedding of the Delirium Care Pathway in the Elderly Assessment Unit in Antrim Area Hospital in addition to providing training to over 300 staff in Antrim Area Hospital and Causeway Hospital. Over the past year the MHLS has continued to embed the delirium care pathway throughout the hospital with on-going training and scale and spread of quality improvement initiatives. MHLS has also completed an initiative to embed the delirium care pathway within ward C3 with the vision of replicating across further wards. The delirium project has also gathered wide interest and involvement from throughout the acute sector and Mental Health Liaison Service has been instrumental in influencing and shaping policy and practice in this regard.

In addition to this, the MHLS has worked in close collaboration with colleagues from the ED to embed an alcohol screening and brief intervention initiative across both ED sites and continue to work in collaboration with colleagues in specialist addictions services and the acute general hospital to implement and embed the regional Alcohol Disorders Care pathway within the hospital.

Furthermore, in partnership with Learning Disability Services the MHLS has refined and enhanced the Learning Disability Care pathway ensuring that a seamless, co-ordinated and safe assessment and discharge process is in place for all Learning Disability service users requiring mental health assessment when attending the hospital. A highly effective alert and response system has been established and regular interface meetings ensure a cohesive and robust pathway for service users between pathways.

Alongside this, work has continued to target top repeat mental health presentations to the Emergency Department. Through a range of acute psychological interventions and close working relationships with the ED, existing community services, the voluntary sector and inter-agency networks we have continued to see a reduction in re-attendance rates for previously high frequency mental health re-attending service users.

RECOVERY COLLEGE

The concept of the Recovery College is to offer educational programmes co-produced and co-facilitated by people who have lived experience and people who have learned experience. The courses are delivered in the community free of charge and are available to service users, carers, staff and the general public. The courses are designed 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. There are a wide range of courses on offer such as, understanding specific conditions, living with specific challenges, managing and facilitating and self-management tools to support ways of doing things differently. The courses are delivered in four areas of the trust, with support from existing staff teams, partner agencies and service users/peers to ensure that all courses are delivered in each area. At the end of 2018, the first graduation was hosted for individuals who attended 5 or more courses within the Recovery College.

During 2018/19 the Trust delivered courses to a total of 762 students. Analysis of post course evaluations identified that individuals had expressed an interest in evening and weekend courses. This feedback was considered with intention to pilot this revised schedule throughout 2019/20. At the end of each year, all courses are evaluated with appropriate amendments made to the prospectus. Nine new courses will be added to the 2019/20 prospectus, bringing the total to 32 courses being delivered in four areas of the Trust. The courses range from one-off workshops to 8 week workshops.

MENTAL HEALTH ADDICTION SERVICE

Recent research has identified that the use of benzodiazepines is high in Northern Ireland, with the highest usage within the Northern Trust area, compared to other Trusts in the region. This finding identified a need for a withdrawal programme to reduce usage. It was determined that a pilot exercise combining an innovative multi-disciplinary team approach of both pharmacy and specialist nursing would prove beneficial. Positive outcomes can be optimised when a collaborative approach is taken involving GP's, pharmacy and specialist nursing, working together to support and enable patients who have been identified as suitable for the reduction programme. Patients who

are using benzodiazepines and have been prescribed them in the past 4 months will be identified in GP practices as potentially suitable for the programme.

Improved health and wellbeing is regularly reported by patients who stop using benzodiazepines with improved sleep, concentration and cognitive functioning being achieved that in turn helps patients to become more socially engaged in day to day life. It can be difficult for some patients to successfully engage in a benzodiazepine reduction programme due to the nature of the psychological and physical dependency problems encountered with these drugs. The initial pilot programme has proven successful with a number of practices successfully addressing the benzodiazepine/Z drug prescribing. This has resulted in recurrent funding being secured to continue this new service.

TOWARDS ZERO SUICIDE

An Integrated Cross Trust Quality Improvement Structure has been established to support:

- Strategic planning;
- Operational and professional decision-making;
- Treatment and care pathway developments;
- Service User Involvement;
- Staff development and planning.

Service Improvement Leads for Towards Zero Suicide are in place with an additional Prisons Lead and a Regional Coordinator. An organisational self-study and a clinical safety audit tool are both being conducted across Mental Health Divisions in each Trust to determine current position. These are aligned to identified suicide reduction standards and also intended to explore the culture of suicide safety and prevention across services. Ulster University have undertaken a review of the evidence around Zero Suicide, and Quality Improvement projects and are now progressing to develop regional models for safety planning and reducing restrictive practice. The Institute for Healthcare Improvement (IHI) are committed to supporting scale and spread across services and region. Trusts and other HSC bodies are in the process of considering the development of a suicide information and safety measurement framework that is capable of capturing all forms of information currently held within Trusts.

A comprehensive staff engagement process is being carried out across all Trusts with Mental Health staff. The aim of this process is to build ownership of the Towards Zero Suicide Ambition and gather insights and ideas from staff as to where gains can be made within their practice and services. This should harness ideas and share the good practice that is already in place, identifying how best staff can be supported to innovate and develop within services. The Towards Zero Suicide Collaborative is working closely with Mersey Care NHS Trust to capture learning from its implementation

of the Zero Suicide model, and also with the National Confidential Inquiry into Suicide and Harm which researches closely suicide profiles and safety issues across mental health services in the UK.

LEARNING DISABILITY SERVICES

The 2018/19 year saw the launch of 4 Learning Disability Community teams and the introduction of the Learning Disability Client Care Pathway. This improved the management structure through the recruitment of 2 senior manager locality posts and also the establishment of an early intervention scheme for individuals who would have previously been hard to reach.



Learning Disability Day Care Services welcomed the opening of new facility 'Anchor House'. This is a Community Hub associated with the Larne Adult Centre. During the summer of 2018, after extensive refurbishment, the hub opened its doors to 18 service users who had previously attended the adult centre.



Antrim Adult Centre also opened their Community Hub in the autumn of 2018. 12 adults who would have attended Antrim Adult Centre transitioned to the Hub, service users, carers and staff are delighted with the new premises.

The 2018/19 year saw various new developments/successes in respect of the Learning Disability service including:

- The re-establishment of the Learning Disability service user forum and the production of an Annual Report.
- The appointment of a Project Lead across all 5 local Health Trusts to develop a regional care model for Learning Disability services.
- The involvement of service users on recruitment and selection panels.
- Day Services Lead for Adult Centres, Isabel Kidd, received a regional award for best Senior Manager.

SOCIAL CARE



Child Protection

Regional Child Protection procedures require children identified as being at risk to be seen within 24 hours. 100% (233) 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. A total number of 1986 reviews were held, 77 were outside agreed timeframes. 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. 100% (663) of Looked After Children in care more than 3 months during 2018/2019 had a Permanence Plan.

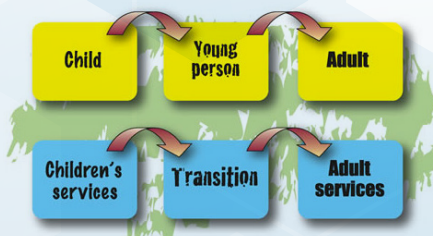


Leaving and Aftercare

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. 65% (624) 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 2018/2019, 672 adults received Direct Payments, an increase of 6% from last year.

Adam is a young man who has a Learning Disability and is living independently in the community with support provided by his family, friends and a Direct Payment. Direct Payments was effective in preparing Adam for the transition from the family home to independent living. The flexibility of Direct Payments enabled Adam’s mother Marlene Ritchie to employ a Personal Assistant to ensure Adam’s needs are met in the way he wants them to be. His Personal Assistant is of a similar age with the same hobbies and works alongside Adam at his pace.

158 children received Direct Payments, an increase of 22% from last year.

Evan and Luke Ashby are brothers. Both boys have autism and severe learning disabilities. Their mother finds Direct Payments ensures their needs are fully met by Carers they have built up a strong rapport with, enabling consistency of care.



“There are daily challenges and uncertainties about the future, but for the last number of years, Adam’s quality of life has been enriched immeasurably by the creativity that is possible through Self Directed Support and his Direct Payment”

“The boys now get opportunities to enjoy trips to the park, outings and activities they enjoy individually. The payments give us control to ensure the hours are being used in a way which benefits our family the most, enabling us to enjoy 1-1 time with each boy and also giving them a break from each other. It also gives flexibility that I can confidently go out with the boys on my own knowing I’ve a Carer at hand with us if my husband is at work. The package just gives us options which are invaluable when life can be unpredictable at times”

Carers Assessments



Carers must be offered individual assessments to support them in their role. During 2018/19, a total of 7915 Carers' assessments and reassessments were offered within the Northern Trust.

Learning Disability



During the period April 2018-March 2019, 1 adult with a learning disability was successfully integrated from hospital back into their community. The

positive outcomes for the individual are evident in their feedback. -*"I am happy with my placement and I am happy I am discharged from hospital – I feel free". I have settled into my placement, I feel safe."*

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 1589 adults with a learning disability had Annual Health Checks completed during 2018/2019 which is a 2% increase from last year.

Adult Safeguarding



The Northern Trust responded to 1415 Adult Safeguarding referrals this year. 87% required an Adult Protection Plan implemented and the other 13% received had alternative adult safeguarding responses risk

management/care management. The NHSCT are currently reviewing the Adult Safeguarding structures in response to this increase in demand, to ensure the continued appropriate response to Safeguarding referrals.

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 (287) applications for assessment were made by ASWs. The revised ASW service model supports timely assessments by ASWs reducing the stress on families/nearest relatives. The Mental Capacity Act is being partially implemented in October 2019 which will require training for current ASWs and changes to the course for new applicants.

